

University of Edinburgh

Risk Management Committee

26 September 2012 at 10am

Torrison Room, Charles Stewart House

**** Revised Agenda ****

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|----|--|--------------------|-----------------|
| 1. | Minutes of the meeting held on 9 May 2012 | RMC 12/13 4 | A |
| 2. | Matters arising not elsewhere on the agenda | | |
| 3. | Update of College, SG and UoE subsidiary company risk registers
3.1 UoE Subsidiary companies (ERI, ETTC, RIR, Roslin Cells) | RMC 12/13 4 | B |
| 4. | Annual Institutional Statement to SFC | RMC 12/13 4 | C |
| 5. | Update of ELIR Response | RMC 12/13 4 | D Closed |
| 6. | RUK fees – review and proposal | RMC 12/13 4 | E Closed |
| 7. | Anti-Bribery and Corruption | RMC 12/13 4 | E 1 |
| 8. | Risk Management Committee Year End 2011/12 | | |
| | 8.1 College and Support Group annual questionnaire returns and summary of college, school and subsidiary companies returns | RMC 12/13 4 | F |
| | 8.2 Law and regulation return | RMC 12/13 4 | G |
| | 8.3 KPMG audit questionnaire | RMC 12/13 4 | H |
| | 8.4 IT infrastructure assurance | RMC 12/13 4 | I |
| | 8.5 Procurement assurance | RMC 12/13 4 | J |
| | 8.6 Year end health and safety assurance | RMC 12/13 4 | K |
| | 8.7 Risk Assurance Map | RMC 12/13 4 | L |
| | 8.8 RMC draft report for year end 31 July 2012 | RMC 12/13 4 | M Closed |
| 9. | Programme of risk reviews 2012/13 | RMC 12/13 4 | N |

STANDING ITEMS

10. In-Year Record of Events:
Any new events, projects or activities which may give rise to risks during the year
11. Any Other Business
12. Dates of meetings:
17 January 2013, Torrison Room, CSH, 2.30pm (next meeting)
27 March 2013, Elder Room, OC, 2.30pm
10 May 2013, Elder Room, OC, 10am

Minutes of a Meeting of the Risk Management Committee
held on 9 May 2012 at 2.30 pm in the
Elder Room, Old College

Present: Mr Nigel Paul (Convener)
Mr Terry Fox, Assistant Director of Finance (substituting for Mr Jon Gorringe)
Dr Bruce Nelson, College of Science and Engineering
Mr Hugh Edmiston, College of Medicine and Veterinary Medicine
Mr Hamish McKay, Chief Internal Auditor (attendee)
Mr Frank Gribben, College of Humanities and Social Science
Professor Jonathan Ansell, Academic Member
Mr Brian Gilmore
Mrs Margaret Tait, University Court Member
Ms Helen Stocks (Secretary)

Apologies: Mr Jon Gorringe, Director of Finance
Dr Kim Waldron, University Secretary
Dr Tina Harrison, Assistant Principal Academic Standards and Quality Assurance

1. **Minutes of the Meeting held on 12 April 2012**

The minutes were approved as a correct record.

2. **Matters arising not elsewhere on the agenda**

There were no matters arising.

3. **Convener's Business**

There was no Convener's business.

4. **Risk Reviews 11/12:**

The Committee discussed the following risk reviews and were satisfied that, subject to the following comments, mechanisms were in place to appropriately manage risk.

4.1 Risk 1: Insufficient funding to maintain and develop the University

A small correction was suggested: that in the list of further actions, it should be net income, rather than purely just income in which we should be diversifying.

4.2 Risk 6: Maintenance of financial sustainability

It was agreed that much has changed over the past year in the area of this risk.

4.3 Risk 10: Failure to provide a high quality student experience

It was agreed that what we are doing to address this risk is the appropriate way forward, but the group recognised that some underlying elements of the experience were long term cultural change issues for which there were no quick fixes. Also it was recognised that student expectations were key to their feedback.

4.4 Risk 12.3: Implementation of PURE systems

No further comments were made.

5. Review of EUCLID

This paper was welcomed by the Group, and the College Registrars emphasised the concerns they had regarding the tail of work still to be addressed (point 6 in the executive summary). The hope was that with the additional resource for this that the position would be much improved in a year's time. It was noted that the improvement in PGT recruitment was probably due in part to the much easier online application process. It was agreed that a further EUCLID report was not needed by RMC, but that it would be expected to be covered within the risk registers of both SASG and ISG in future.

[KW, BG]

6. Update to assurances map

Comments received on this will be incorporated into the final version which is part of the end of year report.

[HS]

7. Update of university risk register

Various issues around the draft were discussed and will be taken account of in the next version. It was noted that PSG will discuss the update to the university risk register at its next meeting, before a further draft is submitted to CMG and onward through the committee cycle.

To update the URR and submit to PSG for discussion before passing to CMG.

[NALP, HS]

Post-meeting note: This paper was withdrawn after the meeting when it was identified that the circulated paper, in error, did not contain the latest draft of the URR available at that time.

8. Update of College, SG and UoE subsidiary company risk registers

8.1 College of Humanities and Social Science

It was noted that this version submitted to RMC was a minor update, but now that the College Resource and Planning Committee had discussed it there would be further changes.

To provide updated version for website.

[FG]

8.2 College of Medicine and Veterinary Medicine

No issues were raised.

8.3 College of Science and Engineering

This version has only some minor changes since last year. However, since this version was produced for the Planning Round, the financial situation has markedly improved for the School of Informatics therefore this risk will be removed in the next version, but a risk on having sufficient estates capacity for increased intakes is now needed.

8.4 Information Services Group

This was a minor update.

8.5 Student and Academic Services Group

No substantive issues were raised.

8.6 Corporate Services Group

The immediate issue was flagged to be managing the uncertainty around intakes with regards accommodation.

8.7 Development and Alumni

A clarification was requested on risk 1.6 as to the meaning of the election of a new government. Also it was noted that the Alumni Engagement function needs to be covered by the register.

[Deputy Director Development & Alumni]

8.8 UoE Subsidiary companies

No substantive comments were made on this paper.

9. Risk Management annual year end questionnaire

Changes to question 16 were agreed, otherwise the Group were content for this to be circulated this summer.

10. Business Continuity Update

The Group commended this paper as a comprehensive and helpful summary of the activities taking place around contingency and business continuity planning, and agreed that it would be useful to communicate this paper more widely e.g. to Schools and other units.

[NALP]

11. Court Effectiveness Review of RMC

In discussing how to assess the extent of awareness of risk management across the university, there was a view from each of the members that the awareness of Risk Management amongst senior staff was much better and it was more embedded in project and planning processes etc. Concern was expressed about introducing more bureaucracy, and there was a desire for an efficient, fit-for purpose approach.

It was suggested that it might be worthwhile getting the views of committees to whom RMC reports as to how the satisfied they are with the reporting that takes place.

Further, since there has been a change of membership on AC since the last combined meeting between it and RMC, it may be worth considering repeating such a meeting.

[NALP/HS]

STANDING ITEMS

12. In-Year Record of Events:

Nothing was raised.

13. Any Other Business

No other business was raised.

14. Date of next meeting:

TBC

Helen Stocks

The University of Edinburgh

Risk Management Committee

26 September 2012

Subsidiary Companies' Risk Registers

Brief description of the paper

Attached are the latest risk registers for ERI, ETTC and Research into Results Ltd, in accordance with the annual timetable.

Action requested

For information / comment as appropriate.

Resource implications

Does the paper have resource implications? No

Risk Assessment

Does the paper include a risk analysis? No

Equality and Diversity

Does the paper have equality and diversity implications? No

Any other relevant information

None

Originator of the paper

David C.I.Montgomery, Deputy Director of Finance
18th September 2012

Freedom of information

Can this paper be included in open business? Yes

Roslin Cells Risk Register

													Updated:		03-Apr-12	
													Classification - F= Financial, P= Performance, D= Disruption, S= Strategy, R=Reputation			
Description of Risk				Classification of Risk					Actions to be Taken				Progress on Risk Mitigation			
Ref No.	Date Raised	Raised by	Risk Description	Causes	Classification FPDSR	Date of Impact	Probability	Impact	Risk Rating	Strategy	Risk Owner	Risk Management Plan (Mitigating Actions)	Target Closure Date	Status of Action	Notes/Lessons Learned	
1	01-Mar-06	IB	Corporate Non-compliant operation of the Roslin Cells Ltd Entity	Financial/Reporting non-compliances	D, R	Ongoing	1	5	5	Reduce	RC Board	PM Oversight+ Monthly reports + Asset management; Aug '11 - SE Stage 5 Review recommendations include tighter monitoring & possible SE Board member; Oct '11- more regular updates from CEO to Board including future scenarios	Ongoing	In progress	Observer on Board? Apr '08 - EH is SE observer. Appropriate monitoring and reporting in place; Oct '11- closer monitoring of cashflow by SE PM & SRO	
2	20-Jan-11	JD	Regulatory Non-compliant operation of Roslin Cells - risk of losing HFEA/HTA licences & loss of licencee	Non-Compliance with HFEA & HTA Licenses	R/P	Ongoing	1	4	4	Reduce	JD, PDS, AC, RC Board	Maintain communication with HFEA, HTA, MHRA, EMA & others; back-up licencees identified	Ongoing	In progress	Strict adherence to SOPs, company regulations & licence terms. Jan '10 - successful inspections by licensing bodies; Successful Inspection by MHRA and HTA in April 2011 . Successful HFEA inspection Nov 2012.	
3	11-Dec-08	EH	Non-sustainable operation after five years - by 2014	Lack of revenue, lack of cost control	R,D,S,F	Ongoing	3	5	15	Contingency	EH	Aug '11 - Review of RC capabilities & maximisation of marketing opportunities; Jan '12 - aim to utilise new GMP facilities in SCRM - not just focus on hESC; March '12 - implement cost saving measures; Mar '12 - Closer SE monitoring of RC Cashflow & financing - SRO attended Mar RC Board meeting	Ongoing	Not started	Feb '12: Year 5 SE contributions brought forward to help alleviate cashflow shortfalls; Mar '12: Scenario plans developed by RC CEO & Chairman- implementation of cost-saving measures; development of iPS capability; Mar '12 - lack of business development & marketing a concern preventing revenues/sales to be secured	
4	25-May-06	IB	IP constraints	IP situation not fully settled globally; requirement for IP to facilitate investment interest for NewCo	F, P	Ongoing	2	3	6	Reduce	RC Board	Business Plan does not rely solely on owning IP. Ensure regular IP review and 'freedom to operate'; licence relevant IP to attract VC investment for NewCo	Ongoing	In Progress	Jan '12 - recent EU ('Brustle') patent ruling prevents any IP approval on hESC that results in the destruction of the embryo	
5	20-Jan-11	EH	Breakdown of partnership with UoE re management of SCRM GMP facility by Roslin Cells	Delays in signing legal agreement; inability of parties to reach agreement on Licence to Occupy terms	P,D,R,F,S	Ongoing	1	5	5	Prevent	JD, AC, RC Board	Legal agreement, T&Cs etc to be finalised asap; ensure communication & engagement to negotiate agreement	Ongoing	In progress	Building effective relationships with UoE College and Estates. Principal agreement and LtO agreed pending final sign off on OQ completion.	
6	27-May-06	IB	Inability to grant exclusivity to commercial partners	UKSCB policy of 'free access' to deposited stem cell lines	R,P,F	Ongoing	2	5	10	Prevent	AC	Enter into discussion with UKSCB and get current policy changes/clarified; deposit research lines whilst continuing discussions re GMP lines; continue to apply for authorisation to deposit cell lines	Ongoing	In progress	Dec '08 - legal advice sought. Sept '10 - RC continuing to work closely with UKSCB; Jan '12 - RC complies with UKSCF regulations - continuing discussions regarding availability of RC cell lines	
7	05-Mar-07	AC	Shortage of staff	Loss of key personnel, failure to recruit more; financial constraints	P,D	Ongoing	3	4	12	Reduce	AC	Maintain salary premium, continually recruit; ensure training & development program in place; specific & goal-minded; more efficient; generate more income	Ongoing	In progress	Jan '11 - Requirement for appropriate training & development provision; Jan '12 - Cashflow uncertainties threaten staff levels - cost saving measures taken to avoid redundancies	
8	05-Mar-07	AC	Failure to sell cells	Immature market; Customers see RC offer as too expensive; failure to capitalise on Pfizer agreement - no wider uptake; poor marketing	F,S	Ongoing	2	4	8	Reduce	AC/PDS	complete market appraisal; develop value added product offering; Jan '12 - Develop capabilities so as not to rely on sales of hESC lines; Mar '12 - Development of iPS capability planned	Ongoing	In progress	BDM recruited to market Roslin Cellab. Jan '11 - Requirement for additional BD support for Roslin Cells	

Roslin Cells Risk Register



Updated: 03-Apr-12

													Classification - F= Financial, P= Performance, D= Disruption, S= Strategy, R=Reputation			
Description of Risk				Classification of Risk						Actions to be Taken			Progress on Risk Mitigation			
Ref No.	Date Raised	Raised by	Risk Description	Causes	Classification FPDSR	Date of Impact	Probability	Impact	Risk Rating	Strategy	Risk Owner	Risk Management Plan (Mitigating Actions)	Target Closure Date	Status of Action	Notes/Lessons Learned	
9	28-Aug-07	JG	Health & Safety Violations	Industrial Accident in cryostorage; unmonitored release of liq N2	T/R	On-going	1	5	5	Prevent	JD	Ensure proper SOP's in use to address H&S issues; Low oxygen alarm. Strict procedures in place. Special extract fan to limit N2 in place	Ongoing	In progress	Safety controls in place for LN2 at the SCRM are strictly adhered to and the facility design provides additional confidence.	
10	15-Dec-08	JD	Reduction of embryo supply from ACUs	Change in key personnel; change in R&D direction	P	Ongoing	2	3	6	Reduce	AC/JD	Develop & maintain strong relationships and support for IVF clinics; Mar '12 - Decision taken to not generate any further hESC cell lines (in short-medium term), switching focus to development of iPS capability	Ongoing	In progress	Jan '11 - Relationships with edinburgh clinic needs partic attention due to loss of key clinicians; Aug '11 - Glasgow supply from Jul; no supply from London as from nov '11; Mar '12 - manage exit from current arrangements with clinics	
11	20-Jan-11	JD	Continuity of licences as a result of move to SCRM	Length of time taken for move; not applying for licences in time; not having infrastructure in place to be licenced	D, R,P,F	01-Jun-11	1	5	5	Prevent	AC/JD	1. Contact HTA & HFEA; 2. Ensure entry into SCRM on time; 3. Investigate flexibility on exit date from RI;	Ongoing	In progress	HTA Licence for the SCRM in place, HFEA licence for clinical grade derivations pending PQ completion. Both HFEA and HTA inspections of SCRM were successful.	
12	15-Dec-08	JD	Loss of stocks of cell lines	Breakdown of cell storage equipment	D/P	Ongoing	1	5	5	Prevent	AC/JD	Liq N2 back-up to maintain temp if loss of power; back-up in place. Jan '11 - quality & technical agreements in place for off-site storage	Ongoing	In progress	Back Up generator in pace at SCRM for mechanical freezers. Back up LN2 vessels in place for LN2 storage. All storage containers are alarmed with full out of hours cover.	
13	17-Aug-11	JD	MHRA not granting an MIA IMP certification for SCRM facility	structureal/equipment issues	P,D,R	Ongoing	2	5	10	Prevent	AC/JD	Initial pre-inspection with MHRA; maintain close communication with MHRA & Validation specialist	Ongoing	In progress	RC & SNBTS experience of GMP & MHRA licenced facilities will also help to mitigate risk; GMP action plan in place to ensure all necessary procedures are in place. Sufficient staff resouces are critical to meet target of inspection Mid August 2012	

Classification risks can impact on

- cost - Financial Loss/Cost Increase F
- quality and delivery of targets -
 - time – Disruption D
- alignment of objectives – Strategy S
 - Reputation R

**RESEARCH INTO RESULTS LIMITED
RISK REGISTER AS AT JUNE 2012**

Process	Risk	Consequences	Impact of Risk Event/Likelihood of Consequences (given mitigating actions)	Current Management Processes and Mitigating Activities	Senior Managerial Responsibility	Future Developments (initial views – to be updated)
ESPA PROJECT	Loss of key staff, through death or long-term illness from the Directorate and partners in the ESPA consortia	Possible loss of ESPA contract if ESPA Director is no longer available. Serious impairment of delivery for other staff	Impact: High Likelihood: Low	Document all procedures, key passwords and documents so that roles can be taken up by other team members Apply strict H&S guidelines for all international travel Develop systems for staff shadowing so that work can be transferred within the team if required	ESPA Director	Regular review of this risk
	ESPA Director leaves RIR employment (UoE ends secondment or headhunted)	probable loss of ESPA contract from RIR	Impact: High Likelihood: medium	Regular review of secondment agreement with UoE, School of GeoSciences Appropriate employment package for senior RIR staff	RIR Board	Regular review
	Changing priorities of funders for ESPA and ESRC-DFID scheme resulting in reduction of funding available to the projects	Requirement to either downsize or cease activities	Impact: Medium Likelihood: Medium	ESPA Director to maintain regular contact with funders to ensure that the projects response to changing needs and opportunities. Monthly meetings with ESPA PMG and ESRC-DFID programme managers	ESPA Manager	Regular review

Process	Risk	Consequences	Impact of Risk Event/Likelihood of Consequences (given mitigating actions)	Current Management Processes and Mitigating Activities	Senior Managerial Responsibility	Future Developments (initial views – to be updated)
	ESPA or ESRC-DFID projects fail to deliver high value products or value for money, for example through poor quality subcontracts	Reputational risk to RIR and senior staff on the projects	Impact: Medium Likelihood: Low	Application of sound project management and quality control procedures. Each project to maintain its own risk register and to cascade key issues to RIR Board	ESPA Manager ESRC-DFID Researcher	6 monthly review of ESPA and ESRC-DFID implementation plans, monitoring frameworks and risk registers
RIU PROJECT	Funding for proposed RIU equity investment not secured	No additional funding beyond June 2012	Impact: Slight Likelihood: Possible	Time allocated under RIU extension will be used to formulate and market RIU+ business plan to potential investors	Andy Frost/Ian Maudlin	
	Lack of in-country expertise to take business options forward	Start-up businesses failed to take-off	Impact: Slight Likelihood: Possible	Mentoring role planned throughout RIU extension to ensure capacity built-up.	Andy Frost/Ian Maudlin	
RIR CORPORATE	Failure to manage relationships with shareholder (UOE) and other key stakeholders e.g. DFID, NERC etc.	Loss of reputation/credibility with stakeholders	Impact: Critical Likelihood: Rare	UOE representation on RIR Board Regular Board meetings Regular reporting and dialogue with other stakeholders	Paul van Gardingen Ian Maudlin Andy Frost	
	Lack of Financial Resources	Inability to continue in business	Impact: Critical Likelihood: Possible	Project Budgets Management Accounts Timing of grant payments	Ian Lamb Andy Frost	
	Inadequate financial control – both managerial and operationally	Financial loss Disruption of activities Qualified audit	Impact: Moderate Likelihood: Rare	Annual budgets Authorisation procedures Monthly financial	Ian Lamb Andy Frost	

		opinion Loss of confidence in company Loss of reputation		reporting Reports to F & GPC UOE representation on RIR Board Operational controls External audit		
	Non-compliance with legislation e.g. Companies Act, Taxes Acts, Health & Safety Act, Bribery Act etc.	Financial loss/penalties Loss of reputation	Impact: Moderate Likelihood: Rare	External Audit Professional Advisers Staff training Advice from central UOE resources if needed	Ian Lamb Andy Frost	

Edinburgh Technology Transfer Centre Ltd – Risk Register

Risk	Consequences	Impact of Risk Event/Likelihood of Consequences (given mitigating actions)	Current Management Processes and Mitigating Activities	Senior Managerial Responsibility	Future Developments (initial views – to be updated)	Risk Type
1. Failure to manage relationships with stakeholders (UOE and CEC)	Loss of reputation/credibility with stakeholders	Critical Rare	UOE and CEC representation on ETTC Board Regular Board meetings Regular reporting to all parties	DW/ST		Environmental
2. Lack of Financial Resources	Inability to continue in business	Critical Possible	Annual Budgets Management Accounts	DW		Financial
3. Inadequate financial control – both managerial and operationally	Financial loss Disruption of activities Qualified audit opinion Loss of confidence in company Loss of reputation	Moderate Rare	Annual budgets Authorisation procedures Monthly financial reporting Reports to F & GPC UOE and CEC representation on ETTC Board Operational controls External audit	IL		Financial

Risk	Consequences	Impact of Risk Event/Likelihood of Consequences (given mitigating actions)	Current Management Processes and Mitigating Activities	Senior Managerial Responsibility	Future Developments (initial views – to be updated)	Risk Type
4. Non compliance with Companies Act, Taxes Acts etc	Financial loss/penalties Loss of reputation	Moderate Rare	External Audit Professional Advisers Staff training Advice from UOE central finance	IL	Ensure good ongoing relationships with advisers	Environmental
5. Non compliance with Health and Safety requirements	Penalties Loss of reputation	Moderate Rare	Health and safety policies and procedures Staff training Advice from UOE H & S specialists	GW		Environmental
6. Lack of availability of facilities through major incident e.g. fire/vandalism	Inability to carry out business Loss of paper records	Critical Rare	Smoke/Fire alarms UOE Security Internal security procedures	GW	Development of contingency plan	Physical
7. Failure to find tenants for Centre	Loss of rental income	Moderate Possible	Marketing effort from ETTC staff Flow of companies from ERI/SIE company creation activities	GW		Financial

Risk	Consequences	Impact of Risk Event/Likelihood of Consequences (given mitigating actions)	Current Management Processes and Mitigating Activities	Senior Managerial Responsibility	Future Developments (initial views – to be updated)	Risk Type
8. Potential financial failure of Tenants/inability to pay in current economic climate	Potential bad debts Loss of income and cash flow to the Company	Moderate/Severe Possible	Aged debtors listings Short notice periods on leases Close working relationship with tenants	GW /IL		Financial

Responsibilities:

DW – Derek Waddell – UOE

ST – Sarah Thiam – City of Edinburgh Council (“CEC”)

GW – Grant Wheeler – ETTC Manager

IL – Ian Lamb, Company Secretary

EDINBURGH RESEARCH AND INNOVATION LIMITED
 TOP RISKS IN THE RESEARCH AND COMMERCIALISATION PROCESS – JUNE 2012

Process	Risk	Consequences	Impact of Risk Event/Likelihood of Consequences (given mitigating actions)	Current Management Processes and Mitigating Activities	Senior Managerial Responsibility	Future Developments (initial views – to be updated)
<p>A.</p> <p>Grant application process – Pre Award Admin</p>	<p>7. Drop in our success rates due to current financial climate or increased competition from other HEI's</p>	<p>Reduction in number and value of awards</p> <p>Reduced FEC recovery</p> <p>UOE position in league tables drops</p>	<p>Impact: Significant</p> <p>Likelihood: possible although unlikely to markedly affect UoE position in league tables</p>	<p>Continuing to focus on EU funding, with good results now being seen.</p> <p>Continue to regularly monitor Edinburgh's success rates</p> <p>Working with CHSS to facilitate their internal peer review procedures.</p>	<p>H Macandrew</p>	<p>: continue to increase awareness of/ support for ERC funding</p> <p>-Continue to work with VP Europe on preparations for Horizon 2020.</p> <p>-Increased working with LERU membership.</p> <p>-Overhaul and planned re-launch of our Dossier of Good Practice, Summer 2012, to give novice PI's examples of successful applications</p> <p>-Re-launch of new look Research Professional , summer 2012, to enable academic colleagues to create personalised funding searches.</p> <p>-Pilot learning and development programme planned for RS&D personnel, based on the new ARMA Professional Development Framework</p>

Process	Risk	Consequences	Impact of Risk Event/Likelihood of Consequences (given mitigating actions)	Current Management Processes and Mitigating Activities	Senior Managerial Responsibility	Future Developments (initial views – to be updated)
<p>A.</p> <p>Grant application process – Pre Award Admin (cont'd)</p>	<p>1. Drop in application activity, due to lack of knowledge of the schemes available, a perception of Recession-related lack of funding, or to there being fewer directed calls from sponsors</p>	<p>Reduction in volume of applications, resulting in slower recovery once conditions improve</p> <p>Reduced fEC recovery</p> <p>Edinburgh's position in league tables drops</p>	<p>Impact: Moderate</p> <p>Likelihood: Possible to less likely</p>	<p>Continuing programme of funder visits</p> <p>Continued promotion of Research Professional, with relaunch scheduled for summer 2012</p> <p>Increased promotion of EU opportunities, including ERC</p> <p>Refreshed Research Development offering for HSS</p> <p>New-look RS&D website</p> <p>New improved Funder Blog</p>	<p>H Macandrew</p>	<p>Re-launch of the new-look Research Professional, Summer 2012 and evaluation of new Funding Insights product, due January 2013</p> <p>New Research Development offering for MVM and CSE, commencing Autumn 2012</p>

Process	Risk	Consequences	Impact of Risk Event/Likelihood of Consequences (given mitigating actions)	Current Management Processes and Mitigating Activities	Senior Managerial Responsibility	Future Developments (initial views – to be updated)
Replacement Research Grant System	<p>Introduction of New Research Grant System</p> <p>Project-specific risks covered in the RMAS Project Risk Register</p> <p>Risk issues for ERI:</p> <p>Insufficient human resource to lead, procure and implement the project, causing delays</p> <p>Deterioration in ERI's main services caused by need to focus on RMAS project</p> <p>Loss of key staff</p>	<p>Possible delays to the project, implementation of an inferior product</p> <p>Delayed costings, missed deadlines, delayed set-up of grants and associated contracts</p> <p>Loss of institutional memory, insufficient expertise to be able to implement the project</p>	<p>Impact: significant</p> <p>Likelihood: possible to less likely</p>	<p>RMAS Business Case now drafted for approval by RMAS Board June 2012</p>	<p>H Macandrew</p>	<p>as per RMAS Business Case.</p>

Process	Risk	Consequences	Impact of Risk Event/Likelihood of Consequences (given mitigating actions)	Current Management Processes and Mitigating Activities	Senior Managerial Responsibility	Future Developments (initial views – to be updated)
F. Consultancy Operations	UOE staff engage in private work, holding themselves out as agents of UOE	Possible liability issues arising from sub-standard work/non-completion No PI cover Under-recording of activity Loss of reputation	Impact: Moderate Likelihood: high, although should move to possible	Awareness and staff training New version of SAM 5.6 now approved by CMG	D Waddell	Awareness raising amongst academic colleagues High level support
NEW	<u>Loss of key consultancy active academic staff from the UOE</u>	<u>Loss of income to ERI</u> <u>Reduction in KTG metrics returns and income to UOE</u> <u>Inability to offer specialised consultancy services</u>	<u>Impact: Moderate to severe</u> <u>Likelihood: Possible</u>	<u>Development of alternative sources of consultancy income</u> <u>Awareness raising amongst academic colleagues</u>	<u>D Waddell</u>	
I. Contractual arrangements	Bad' or inappropriate commercial arrangements made	The University loses financially or otherwise or assumes too high a risk	Impact: Moderate to severe Likelihood: Possible	Skill and knowledge of business development staff Some training Legal review	W Nicholson I Murphy G Wheeler	Further programme of on-going training and development to be introduced for relevant ERI staff

Process	Risk	Consequences	Impact of Risk Event/Likelihood of Consequences (given mitigating actions)	Current Management Processes and Mitigating Activities	Senior Managerial Responsibility	Future Developments (initial views – to be updated)
J. ERI Funding	Changes to the SFC KTG may bring about a reduction in funding for commercialisation activities to the UOE/ERI.	Loss of funding Reduction in activity Inability to meet financial/operational targets Possible job losses	Impact: Moderate to severe Likelihood: Possible	Consultation completed in Summer 2011, but more complex KTG return process introduced Scottish HE funding settlement better than anticipated at this time last year. On-going dialogue with funding council and sector	D Waddell	<u>Change in focus of SFC to possible single KT office – see K below may have a more significant impact.</u>
K. Environmental	Changing political and funding council agenda in respect of single KT Office and moves to encourage “easy access IP”	Potential loss of IP income to UOE Loss of autonomy	Impact: Moderate to severe Likelihood: <u>Probable</u>	Dialogue and awareness raising with politicians and other policy makers Seeking opportunities to offer ERI services to other HEI's Use of common legal agreements across sector Expansion of ERI web site to offer “free” IP	D Waddell	Positive PR strategy required to promote the value that is added to the commercialisation process by ERI

The University of Edinburgh

Risk Management Committee

26 September 2012

Annual Institutional Statement to the Scottish Funding Council on Internal Review Activity for Academic Year 2011/12 & Update on Statement of Assurance from 2013

Brief description of the paper

The attached paper is the University's annual report to the Scottish Funding Council on the University's internal review activity, including engagement with professional, statutory and regulatory bodies (PSRBs). This report is to fulfil the requirement outlined in SFC/30/2008 *Council guidance to higher education institutions on quality*, section A2, paragraphs 15-20.

The paper includes the final text of the statement of assurance required of institutions' governing bodies in reporting to the Council from September 2013 on internal review activity.

This paper was endorsed by Court earlier this month.

Action requested

For noting

Resource implications

None

Risk Assessment

Does the paper include a risk analysis? No

Equality and Diversity

Does the paper have equality and diversity implications? Yes

Equality and diversity issues are considered as part of internal subject reviews.

Any other relevant information

To be introduced by Dr Tina Harrison

Originator of the paper

Dr Linda Bruce, Academic Services, August 2012

Freedom of information

Can this paper be included in open business? Yes

Annual Institutional Statement to the Scottish Funding Council on Internal Review Activity for Academic Year 2011/12 Update on Statement of Assurance from 2013

Update on Statement of Assurance from 2013

The Scottish Funding Council has updated its guidance for institutions on quality for internal review activity carried out from August 2012.

In addition to the existing requirement for an annual report by institutions on their internal review activity of academic provision and student support services, institutions are required from September 2013 to return an annual statement of assurance to the Council to accompany the annual institutional statement. The Chair of the governing body is asked to sign off the statement of assurance and indicate when it was endorsed. The template for the statement of assurance statement is:

“On behalf of the governing body of [name of institution], I confirm that we have considered the institution’s arrangements for the management of academic standards and the quality of the learning experience for AY [year just elapsed], including the scope and impact of these. I further confirm that we are satisfied that the institution has effective arrangements to maintain standards and to assure and enhance the quality of its provision. We can therefore provide assurance to the Council that the academic standards and the quality of the learning provision at this institution continue to meet the requirements set by the Council.”

THE UNIVERSITY OF EDINBURGH

ANNUAL INSTITUTIONAL STATEMENT OF INTERNAL SUBJECT REVIEW ACTIVITY FOR ACADEMIC YEAR 2011/12

Summary of key findings

The University held eight internal subject reviews and reviewed ten student services in 2011/12. In all cases of the former the review teams had confidence that teaching, learning and assessment of the subject area under review were soundly based, that the academic standards achieved were at least equal to those of the University of Edinburgh's peer institutions and that procedures for quality assurance and enhancement adhered to accepted Scottish and UK good practice. Student services were found to deliver a comprehensive and high quality range of services to students, demonstrating the significant contribution student services make to the overall student experience.

Among the key issues to surface in reviews were:

- The focus on research-led teaching
- Supporting and developing staff to provide effective learning for students
- Student academic and pastoral support
- Placement learning
- The Student Voice
- The continuing development of peer-assisted learning
- Ongoing evidence of engagement with embedding graduate attributes in the curriculum

Good practice and positive features

Internal subject review

Research-led teaching

Research and independent learning skills were highlighted in some reviews as being a specific focus of the curriculum. Students interviewed by review panels were vocal in support of research-led teaching and indeed of the four-year degree. Many students had chosen to study at the University because of opportunities to take research-led options in their Honours years and to be taught by academic staff whose research was of international calibre.

Supporting and developing staff to provide effective learning for students

Reviews emphasised the key role being played by the Institute for Academic Development [IAD] in supporting and developing staff in this respect. In addition to support for academic staff in learning and teaching roles, the IAD offers support for staff in advice and support roles, and for tutors and demonstrators. Reviews continue to stress the importance of postgraduate tutors undertaking training via the IAD and receiving feedback from academic staff. Instances were again noted in 2011/12 of highly effective support for postgraduate tutors at subject area level. Student views sought during reviews brought out the important and high quality contribution postgraduate tutors make to the overall learning experience.

Placement learning

Reviews continue to explore the student experience in placement learning, often with meetings dedicated to this aspect forming part of the review visit. One subject area that features placement learning reviewed this year ensures that placement supervisors from the field are fully briefed regarding the importance of the work they do and its relationship to the taught programme. Self-

reflection is particularly encouraged for both students and supervisors. Placement supervisors undertake a course offered by the subject area on student supervision, which is accredited by the relevant standards body. The training and ongoing support delivered by the subject area are recognised by the standards body as best practice. This subject area practice relates to an institutional focus on work-based and placement learning. A task group of Senate Quality Assurance Committee on 'Collaborative and Distributed Learning' has operated in 2011/12, and has included a focus on employer engagement and study placements. Among other outputs the task group drew on institutional good practice such as that drawn from the review mentioned above, mapped University provision to the QAA Indicators of Sound Practice, and developed a Code of Practice on Work Based and Placement Learning, which will further support subject areas in delivering effective provision in this area.

Student academic and pastoral support

Review teams pay particular attention to the effectiveness of structures for academic and pastoral support, considering the effectiveness of support in relation to the University's Standards and Guiding Principles for Academic and Pastoral Support and exploring provision in these areas with staff and students. In 2011/12 good practice was identified in particular in a high number of nominations for the Director of Studies category in the Edinburgh University Students' Association annual Teaching Awards, consistency of administrative support for individual cohorts, and the provision of a support role tailored to the needs of postgraduate research students. The Enhancing Student Support project is addressing variability in this area identified in previous reviews and in ELIR.

Until now good practice identified in this area has been included in the annual report on 'Learning from Internal Review' made to Senate Quality Assurance Committee. From academic year 2012/13 a Senior Tutors' Network will operate as a forum as part of the University's enhanced student support framework, and will also receive throughput from internal subject reviews.

The Student Voice

Reviews continue to evidence good practice in gathering and responding positively to feedback from students, with particular commendations for intelligently constructed feedback forms and practices aimed at maximising response rates. In some instances subject areas have made fundamental changes to procedures in response to student feedback, including marking and feedback processes, and major changes to pre-Honours teaching. Review teams have commended in particular evidence of a supportive environment where experimentation is encouraged whilst the consistency of quality is maintained, and continue to encourage subject areas and Schools to take action in response to the student voice. Good practice identified in reviews will contribute to Phase Two of the Senate Quality Assurance Committee task group on 'Assuring the Quality of the Student Experience' in 2012/13 [See also 'Areas for further development'].

Peer-assisted learning

Peer-assisted learning continues to develop, most commonly involving students from Honours and Masters years supporting pre-Honours students with aspects of their course which they find difficult. Social media is used effectively by students in this context, with dedicated Facebook pages set up by students for mutual academic support. Such initiatives are highly valued by students.

Use of the PeerWise system in some first-year courses allows students to submit their own questions to a database and to answer and rate a number of others students' questions. The pre-Honours External Examiner for the subject area has commented favourably on the levels of student participation and engagement in this system. The wide use of workshop-based teaching in pre-Honours years supports the development of a strong student group identity.

Graduate attributes

Subject areas and Schools continue to engage with embedding graduate attributes in the curriculum. Review documentation provided evidence of development of problem-solving, team-working skills, oral communication skills and computing skills. In an example of good practice in the postgraduate research area, students are assisted in constructing an effective employability plan by School 'exemplar training plans' to illustrate potential options. Three plans are available – one for academia, one for industrial or entrepreneurial careers and one designed to assist international students adapt to the UK education environment as well as enhance their employability.

Accessible Learning

Review teams noted commitment to making accessible learning provision available to the student body as a whole, in keeping with the University's aims in this area.

Student support service interaction with subject areas and Schools

Reviews explore the broad support service provision available to students within the subject areas. A common theme to emerge from reviews has been encouragement for closer integration of support service activity with academic disciplines, in some instances at the behest of students. As an example, several subject areas have included activities in the annual University-wide Innovative Learning Week to encourage students to explore their careers options widely, with events addressing the need to link academic scholarship with real-world agencies and outcomes.

Management of Quality and Standards

One School has implemented an online course evaluation (for students) and course monitoring system. The review identified the system as having significant potential. It was demonstrated to Senate Quality Assurance Committee and welcomed by the committee as having the potential to be developed as a template for University-wide use.

Student support service reviews

The University reviewed ten student support services in 2011/12, under its new process. These are listed at Appendix 3. The University provides a comprehensive and high quality range of services to students. The services are well used by students and there is evidence to indicate that students appreciate the services offered and rate them highly. This demonstrates the significant contribution that the services make to the overall student experience and the need to continue to develop the services to meet the needs of an increasingly diverse student population.

The increasing diversity of the University's student population presents ongoing challenges in terms of meeting the demand from students and the changing need for often specialist services and support.

All services reviewed reported an increase in the number of students using their service. Improvements to service provision in some instances have led to increased usage, notably the 40% increase in students using the Main Library following its refurbishment.

The reviews noted a range of indicators of quality:

- The Student Disability Service was re-validated by the Scottish Government in May 2011 to carry out DSA Needs Assessments.
- The Student Counselling Service is the only student counselling service of any Scottish University and one of only four Russell Group Universities to be accredited by the British Association for Counselling and Psychotherapy.
- The Careers Service and The Advice Place are accredited to the Matrix Standard.

- All services are rated very highly in external and internal surveys, but some very high results are worth noting.
- The ISB survey ranks the University of Edinburgh's Student Disability Service 3rd for satisfaction out of all participating institutions and 2nd out of the Russell Group institutions.
- The ISB survey rates the University's Chaplaincy Centre as 'World class' for faith provision: 90% satisfaction level in 2010, placing it in the top 2% in Scotland, top 5% in UK and top 7% in the world. In terms of pastoral support, 22% of international students report using the Chaplaincy with 98% satisfaction, placing it top in Scotland and 6th in the World.
- The ISB survey reveals 92% satisfaction for the International Office.
- The Centre for Sport and Exercise is listed in the 'Scotland the Best' review as 'best gym in town' from 2002 to 2010 inclusive. It is consistently top rated for sports facilities in the Times Good University Guide. It is rated 6th out of 150 higher education institutions across the UK in the British Universities and Colleges Sport year-end rankings 2011.

All services are currently dealing effectively with increased demand. A key issue common to the support services is how to deal with increased demand from postgraduate and international students. Many of these require specialist advice and support (e.g. visa support) and are beginning to make disproportionately increasing demands on certain services. The review process noted that males do not use the services in the same proportion as females, as seen for example in use of the Careers Service and the Student Counselling Service. Work is ongoing to encourage uptake of services regardless of gender.

Areas requiring further development and improvement

Internal Subject Review

The Student Voice

Several reviews explored how to increase student engagement in their learning experience through the provision of feedback on courses and programmes. Discrepancies between response rates for electronic and paper student surveys reflect sector experience. Information from internal subject reviews and reviews of student support provision will continue to inform the University task group on 'Assuring the Quality of the Student Experience'. This task group ran during academic year 2011/12 and will continue its work in 2012/13. Amongst its other activity in 2011/12 the task group produced University Principles on Learning From and Responding to the Student Voice: <http://www.docs.sasg.ed.ac.uk/AcademicServices/regulations/Introdocs/Pol/StudentVoicePrinciplesNewJuly2012.pdf>. Reviews will explore the effectiveness of engagement with the Principles and the impact on the student experience.

Feedback to students

Review teams continue to support the embedding of the University's Feedback Standards and Guiding Principles. Among aspects identified for further improvement in reviews in 2011/12 was the communication to students of clear expectations about the timing of feedback on assessed work. Strategies are currently being developed to address issues highlighted by students in their response to surveys, including the National Student Surveys. The post of Vice Principal Assessment and Feedback has been created.

Academic and pastoral support

Reviews in 2011/12 took place in a context where proposals for changes to the University's arrangements for academic and pastoral support for students were developing throughout the year. Recommendations for further development emphasised the importance of clarity of structures and roles, and this has formed a key aspect of the enhanced support structures that will be put in place from Academic Year 2012/13. The Enhancing Student Support project aims to ensure that, over the

next decade and beyond, students have access to a framework of guidance and support that builds on the best of current practices, meets contemporary needs, and is of a quality and consistency appropriate to a university of high global standing. This is a major priority project for the University, with up to £4 million of investment. Improvements will be phased from academic year 2012/13 and delivered over the next three years. There are a number of initiatives, building on and developing existing good practices:

- A new system of Personal Tutors to replace the Director of Studies System. Personal Tutors will be supported by Senior Tutors and Student Support Officers in Schools and by a Dean of Students in each College.
- A EUSA-led development of student peer support
- A review and strengthening of university-wide student services
- Producing IT tools to help staff and students
- Briefing and training for the new roles and a range of resource materials
- Revision of the University's Academic and Pastoral Support Standards and Guiding Principles

Graduate attributes

Reviews identified existing good practice in this area and recommended further steps to embed graduate attributes in course and programme materials, including putting in place simple and frequent methods to highlight where courses deliver graduate attributes and focusing on how such attributes will enable the students to make a positive contribution in their future work and personal lives. Recommendations were also made to encourage the highlighting to postgraduate tutors of the employability skills gained through their tutoring activity.

Internal review guidance for subject areas and review teams will be revised to ensure that reviews include consideration of the effectiveness of opportunities for students to develop the graduate attributes declared in degree programme specifications. Completion of this action will be reported to the University's Employability Steering Group. Commendations and recommendations made by review teams in the area of graduate attributes will be reported annually to the Employability Steering Group.

Supporting and developing staff to deliver effective learning for students

The vital contribution to the student learning experience of support staff in academic areas was emphasised in reviews, with recommendations aiming to improve this further by highlighting the need for ongoing career development opportunities for support staff. The establishment of close links with the Institute for Academic Development [IAD] will help advance this aspect; see section on 'Continuing Development of the Review Process' below

Accessible Learning

Review teams highlighted the importance of effective communication of agreed adjustments to all concerned in their delivery, particularly where student learning was spread across several modes of delivery. Related developments stemming from the work of the Accessible Learning task group of Senate Quality Assurance Committee continue to be taken forward.

Peer observation of practice

The development of peer observation of teaching across the University is being expanded to encompass peer observation of practice more generally, in order to reflect the diversity of the student learning experience. Exploration of this area in reviews has identified scope for further development, supported by practically-orientated recommendations from review teams. These illustrate the value of practitioner-led reviews, with suggestions based on successful practice in other subject areas of the

University or from the institutions of the external team members. The IAD, in collaboration with the University's staff development framework, is developing a package of work to consider the role and format of continuing academic professional development.

Induction

The student induction experience continues to be the focus of activity across relevant University processes. Contributing to this, reviews have made recommendations aimed at improving the experience of students taking an academic discipline unfamiliar to them, including induction into subject-specific study and writing skills. These aspects form a key strand of a major project to deliver an enhanced University student support framework. The project resulted from a strategic review of student services in 2011/12, resulting in the launch in May 2012 of a three year project to develop a stream of enhanced student support running from application to graduation.

Academic and social community

Review teams have again explored aspects of this theme. Recommendations were made aimed at helping subject areas make creative use of available space for small group and informal working, and at the postgraduate level to encourage student communities and engagement within Graduate Schools. The enhanced student support project noted above will include consideration academic and social community. .

Student support service reviews

Overall the need was identified to involve student support services at an earlier stage in the planning and consultation of developments, whether these are major academic initiatives that impact on the services themselves or strategic developments to increase student numbers. Earlier involvement will maximise the ability of services to be proactive and to propose solutions in the best interest of the student experience. Such involvement will include academic initiatives.

The new review process encouraged an approach to student support services in which there is the potential for the University to consider student support more holistically and in particular to consider the synergies that can be developed at the boundaries of individual services. The review process also identified the need for student support services to become more joined up with the academic units to ensure buy-in and endorsement. Many services already have very good relationships with individual schools, but reviews identified scope to consider this more holistically in order to reinforce the shared responsibility of student support across the entire University. It was emphasised that specialist services should not be seen as the sole provider of support in their area.

Outreach to other University sites was identified as an area for improvement. Student support services recognise that students outwith the University's Central Area and/or with heavy timetable commitments could have problems accessing the central service locations. The services are finding ways to overcome this by establishing satellite branches at other campuses and outreach schemes. In a number of instances, however, appropriate venues are scarce and there are difficulties in funding additional out of centre resources. Reviews recognised that the increase in distance education will bring further challenges in extended services to students at a distance, but may also allow for innovative solutions to be developed that will also be of benefit to on-campus students.

In order to build on existing links, many of which are well embedded and operate successfully, information on core student support service provision will be made available to academic subject areas, Schools and review teams during preparations for the review. This will allow clarification of the possible ways in which the services can interact, and facilitate discussions in advance of reviews. The enhanced student project referred to above will include front-line single points of contact and the development of new ways of partnership working by the support services.

Student engagement in institution-led review and more widely

Student membership of review teams includes sabbatical officers and students from the wider student body. The inclusion of the latter has a very positive effect on student engagement in quality processes, with students who do not necessarily hold high representative office becoming enthusiastic proponents of the value of reviews, actively promoting student engagement to their peers.

Student members of review teams play a full role in the reviews. Convenership of the meetings during the review is allocated among team members before the review. At this point the student member is encouraged to convene a meeting during the review, although this is not compulsory. While the student member often convenes the meetings with student representatives, efforts are made to identify where student members have expertise in other aspects of the review remit and may wish to convene a relevant meeting.

Briefing material has been introduced for students on how to engage with reviews and their follow-on through staff-student liaison committees, and for Schools on how to engage students, including contributing to the subject-specific remit for reviews and to the analytical report produced by the subject area as part of the documentation for the review. The guidance reflects the experience of students on all types of provision, including online distance learning. Skype has been used to allow the remote attendance of a student member of review team who was unable to attend the physical meeting. Student and staff guidance is available at <http://www.docs.sasg.ed.ac.uk/AcademicServices/Quality/QA/Int%20reviews/TPRPPRInformationForStudents.pdf> and <http://www.docs.sasg.ed.ac.uk/AcademicServices/Quality/QA/Int%20reviews/TPRPPRSubjectAreasSchoolsStudentInvolvement.pdf>

Review visits include evening meetings where necessary to accommodate part-time students and to allow graduates of relevant subject areas to attend meetings with the review team.

The student support services sub-committee which reviews service reports annually includes student membership. In addition, student support services use a wide range of evaluation methods and considerable good practice is evidenced in services' gathering and responding to student feedback. The 'Assuring the Quality of the Student Experience' task group in 2011/2 has included members drawn from several student support services.

Continuing development of the review process

Review teams have significant externality in their makeup and include at least two reviewers from outside the University, although there is the option for subject areas to nominate additional team members to cover complex or particularly wide-ranging provision. Reviewers are encouraged to challenge, question and make suggestions, and not simply to acknowledge that existing systems are satisfactory.

Following the pilot in 2012/11 of systematic gathering of feedback from subject areas and review teams on the review process itself, feedback was gathered in 2011/12 via Bristol On-line Surveys. Incremental process developments continue to be informed by this feedback. Among these during 2011/12 was the inclusion in the initial cross-University briefing for subject areas and review teams of presentations by academic staff who had held the roles of review team convener, review team internal member and subject area liaison. These presentations gave first-hand accounts of what to expect in the roles and in addition affirmed the value of reviews to colleagues who will be involved in 2012/13.

The University's standard remit for internal subject review was further developed to provide expanded guidance under each remit item, tailored to taught and research provision as flagged in the University's forward look in its 2010/11 report.

In keeping with the focus on the student learning experience, the coverage of individual reviews in 2011/12 was agreed on a review-by-review basis according to whether the subject area and School judged that most value would be delivered by a focus on teaching, with undergraduate and taught postgraduate provision being reviewed together, or on a postgraduate basis, with taught postgraduate and research provision being reviewed together. This flexibility of approach has been welcomed by subject areas and Schools as being responsive to their provision while continuing to apply a University-wide approach to the assurance of quality and standards.

Student engagement in the review process continues to be developed. Subject areas are briefed one year ahead of their review to outline key advance preparation, and from September 2012 this briefing will be expanded to allow more time for subject areas to engage with the key early stages of preparation. This includes guidance for subject areas and Schools on how to engage students in the review and its follow-up, and parallel guidance for students. As part of the University's commitment to the provision of public information this information and other review guidance is available on the University website at <http://www.ed.ac.uk/schools-departments/academic-services/quality-unit/quality-assurance/internal-review/teaching-programme-review/guidance>

Engagement of students with reviews in 2011/12 included in one subject area student access to a wiki set up by the subject area to host review documentation, including the analytical report, and discussion boards for on-line distance learning MSc students in another.

Following their review subject areas are asked to use the summary review report both to inform students about the immediate review outcome and on an ongoing basis to provide students with updates on progress towards meeting the review recommendations.

Arrangements for monitoring the implementation of actions from reviews have been strengthened for Academic Year 2012/13, with all internal subject review reports being submitted to Senate Quality Assurance Committee. An initial action plan has been introduced from subject areas and Schools at 14 weeks after the review, and onward reporting on progress towards completion of review recommendations on an annual basis is a requirement. These reports will also be submitted to Senate Quality Assurance Committee for ratification and comment.

Collaboration with the IAD has aimed to provide subject areas with support and follow-up in responding to relevant recommendations from internal subject review, and at increasing the effectiveness of good practice from reviews by integrating themes identified through reviews with ongoing or planned IAD activity. A range of actions are now in place throughout the key stages of the review process. The collaboration has identified the potential for sharing of practice and discussion of issues emerging from programme reviews to be included in institutional enhancement theme planning.

The merger between the University of Edinburgh and Edinburgh College of Art took place in August 2011. The first reviews of Edinburgh College of Art (ECA) provision post-merger will take place in 2012/13. Forward planning during 2011/12 to support the first review has included involvement of an academic member of staff from the area to be reviewed in the team for review taking place prior to the ECA review and tailored briefing for ECA staff.

Representation of professional, statutory and regulatory bodies [PSRB] continues where appropriate on review teams. This involvement is contributing to potential dovetailing of certain aspects of University and PSRB reviews with a view to managing the resource requirements of quality assurance.

Development of student service review process.

The remit for student service reviews has been further developed to include specific reflection on Graduate Attributes as relevant to the service and commentary on the Enhancing Student Support project as appropriate. Formal reporting on the Enhancing Student Support project for academic cycles 2012/13 to 2014/15 will be carried out using a separate process. As with internal subject review, an annual report will be made to the Employability Steering Group on commendations and recommendations to student support services in respect of graduate attributes.

The first thematic review on ‘The International Student Experience’ was planned for 2012/13. This will now take the form of a theme running through all student service reports rather than a full thematic review, in recognition of the commitment of student services to a number of institution change projects in the same period. The student service review process will continue to develop to take account of parallel enhancements in the University’s student support framework.

Equality and Diversity

Consideration of equality and diversity forms part of the University remit for internal subject review. Subject areas reflect on their provision in the analytical reports they produce as part of the documentation for the review. Among instances of good practice commended by review teams in 2011/12 was the approach to placement organisation in a subject area where the student body comprises a large number of mature students. Students’ personal circumstances are taken into account in order to extend the breadth of placement opportunities available to them. The review team in this instance suggested building on this existing good practice and further engaging students in their learning by involving students in exploring alternative models of placement. The good practice and suggestion for further enhancement will be disseminated further across subject areas and School.

The University’s estate is large and varied in terms of age of buildings, with some having listed status. Review teams consider accessibility issues and make recommendations where necessary, aimed for example at locating support staff to take into account physical mobility needs of students.

Subject areas reviewed in the sciences are taking part in national initiatives to encourage uptake of the subjects by female students, and have received awards or certified status. These activities have been commended by review teams, and the subject areas encouraged to pursue further action.

Subjects reviewed 2011/12 (Appendix 1)

Subject and programme reviews by Professional, Statutory and Regulatory Bodies, 2011/12 (Appendix 2)

Reviews of Student Support Services, 2011/12 (Appendix 3)

Forward Schedule for Reviews 2012/13 (Appendix 4)

Internal Subject Review 2011/12

The following reviews took place during academic year 2011/12:

Teaching Programme Review

- Biomedical Sciences (Undergraduate & Taught Postgraduate Provision)
- Community Education
- English Literature
- Physics and Astronomy
- Social Anthropology (Undergraduate & Taught Postgraduate Provision)
- Sociology

Postgraduate Programme Review

- Chemistry
- Engineering

Subject and programme reviews by Professional, Statutory and Regulatory Bodies 2011/12

The University of Edinburgh Programmes accredited in 2011-12						
School	Programme	Award Qualification	Accrediting Body	Outcome	Date of Review	Expected Next Review Date
Physics & Economics	BSc Physics with Meteorology	UG	Royal Meteorological Society	Accreditation	13-OCT-2009	06 July 2011
Physics & Economics	BSc Physics	UG	Institute of Physics	Accreditation	30-NOV-2005	31/09/2012
Physics & Economics	BSc Astrophysics	UG	Institute of Physics	Accreditation	30-NOV-2005	31/09/2012
Physics & Economics	BSc Computational Physics	UG	Institute of Physics	Accreditation	30-NOV-2005	31/09/2012
Physics & Economics	BSc Mathematical Physics	UG	Institute of Physics	Accreditation	30-NOV-2005	31/09/2012
Physics & Economics	BSc Physics with Meteorology	UG	Institute of Physics	Accreditation	30-NOV-2005	31/09/2012
Physics & Economics	BSc Physics with Music	UG	Institute of Physics	Accreditation	30-NOV-2005	31/09/2012
Physics & Economics	BSc Chemical Physics	UG	Institute of Physics	Accreditation	30-NOV-2005	31/09/2012
Physics & Economics	MPhys Physics	UG	Institute of Physics	Accreditation	30-NOV-2005	31/09/2012
Physics & Economics	MPhys Astrophysics	UG	Institute of Physics	Accreditation	30-NOV-2005	31/09/2012
Physics & Economics	MPhys Computational Physics	UG	Institute of Physics	Accreditation	30-NOV-2005	31/09/2012
Physics & Economics	MPhys Mathematical Physics	N/A	Institute of Physics	Accreditation	30-NOV-2005	31/09/2012
Physics & Economics	MChemPhys Chemical Physics	UG	Institute of Physics	Accreditation	30-NOV-2005	31/09/2012
Physics & Economics	MChemPhys Chemical Physics with Industrial Experience	UG	Institute of Physics	Accreditation	30-NOV-2005	31/09/2012
Law	Professional Competence Course/Trainee CPD	CPD	Law Society of Scotland	Successful	01-SEP-2009	31 December 2013
Health in Social Science	BN with Honours	UG	UK Nursing and Midwifery Council	Registered Nurse Adult branch	30/5/12	31 May 2013
Education, Moray House	BA Community Education	UG	The Standards Council for Community Learning and Development for Scotland	Accredited	01-03-2006	01 March 2012
Education, Moray House	MSC/PG Dip Community Education	PGT	The Standards Council for Community Learning and Development for Scotland	Approved	01-MAR-2006	01 March 2012
Law	LLB	UG	Law Society of Scotland	Successful	1/9/12	31 August 2016
Health in Social Science	DClinPsychol	PGT	HPC (Health Professions Council) and BPS (British)	Approved and fully accredit	25/6/12	24 May 2017
Law	Diploma in Professional Legal Practice	Postgraduate Taught	Law Society of Scotland	Successful	18-MAY-2011	01-Sep-14
Edinburgh College of Art	MSc Landscape Architecture	Postgraduate	http://www.landscapeinstitute.org/	Awaiting award letter	18/05/2012	
Edinburgh College of Art	Architecture - Master of (MArch) (ARB/RIBA Part 1)	Postgraduate Taught	Royal Institute of British Architects	Full validation	30-MAY-2011	23-May-14
Health in Social Science	Master of Counselling (Interpersonal Dialogue)	PGT	COSCA	Conditional accreditation (as a new programme)	01-JUN-2009	01/08/2012

Reviews of Student Support Services 2011/12

The following reviews took place in 2011/12

- Academic Registry with particular emphasis on Student Centre, Student Appeals and Discipline Services
- Accommodation Services
- Advice Place
- Careers Service
- Chaplaincy
- Centre for Sport and Exercise
- Information Services with particular emphasis on Library Services, Computing Services and e-learning
- International Office
- Student Counselling Service
- Student Disability Service

Internal Review Forward Schedule 2012/13

The following reviews are scheduled to take place during academic year 2012/13:

Teaching Programme Review

- Childhood Practice
- Classics
- Earth Sciences (Undergraduate & Taught Postgraduate Provision)
- Economics
- Engineering Combined (Undergraduate & Taught Postgraduate Provision)
- History of Art
- Philosophy

Postgraduate Programme Review

- College of Medicine and Veterinary Medicine (Postgraduate Research)
- Edinburgh College of Art
- GeoSciences
- Literatures, Languages and Cultures

Student Support Service Review

Reports from Student Support Services will have a common theme addressing ‘The International Student Experience’.

- Academic Registry with particular emphasis on Student Centre, Student Appeals and Discipline Services
- Accommodation Services
- Advice Place
- Careers Service
- Chaplaincy
- Centre for Sport and Exercise
- Information Services with particular emphasis on Library Services, Computing Services and e-learning
- International Office
- Student Counselling Service
- Student Disability Service

The University of Edinburgh Programmes to be accredited in A/Y 2012-13						
School	Programme	Award Qualification	Accrediting Body	Outcome	Date of Review	Expected Next Review
Edinburgh College of Art	Architectural Design MA (Hons)	UG	Architect's Registration Board	Annual Validation	19-APR-2011	31/08/2012
Edinburgh College of Art	Architectural Design MA (Hons)	UG	Royal Institute of British Architects	Full Validation	30-SEP-2010	31/08/2012
Business School	MA Accounting and Finance	UG	Institute of Chartered Accountants of Scotland	Successful	01-SEP-2010	01/09/2012
Business School	MA Accounting and Finance	UG	Institute of Chartered Accountants of England & Wales	Successful	01-SEP-2010	01/09/2012
Business School	MA Accounting and Finance	UG	Chartered Institute of Management Accountants	Successful	01-SEP-2010	01/09/2012
Business School	MA Accounting and Finance	UG	Association of Chartered Certified Accountants	Successful	01-SEP-2010	01/09/2012
Business School	MA Business Studies and Accounting	UG	Association of Chartered Certified Accountants	Successful	01-SEP-2010	01/09/2012
Business School	MA Business Studies and Accounting	UG	Chartered Institute of Management Accountants	Successful	01-SEP-2010	01/09/2012
Business School	MA Business Studies and Accounting	UG	Institute of Chartered Accountants of England & Wales	Successful	01-SEP-2010	01/09/2012
Business School	MA Business Studies and Accounting	UG	Institute of Chartered Accountants of Scotland	Successful	01-SEP-2010	01/09/2012
Business School	MBA (FT)	PGT	Association of MBAs (AMBA)	Successful	30-JUN-2007	30/09/2012
Business School	MBA (PT)	PGT	Association of MBAs (AMBA)	Successful	30-JUN-2007	30/09/2012
Business School	MBA in International Business	PGT	Association of MBAs (AMBA)	Successful	30-JUN-2007	30/09/2012
Not Applicable	MBChB Bachelor of Medicine & Surgery	UG	General Medical Council	Meeting the requirements of Tomorrows Doctors	22-NOV-2008	01/12/2012

The University of Edinburgh

Risk Management Committee

26 September 2012

ELIR Implementation

Brief description of the paper

The paper presents proposed actions for responding to the recommendations of the University's 2011 Enhancement-Led Institutional Review. Reporting on progress with the actions will form the basis of the University's year-on report to the Quality Assurance Agency in April 2013.

The paper is relevant to the Strategic Goal of 'Excellence in Education' and the Strategic Theme of 'Outstanding Student Experience'.

Action requested

For approval

Resource implications

Does the paper have resource implications? Yes, in relation to resource already approved for major student experience enhancement projects.

Risk Assessment

Does the paper include a risk analysis? No, however failure to progress ELIR recommendations constitutes a major institutional risk.

Equality and Diversity

Does the paper have equality and diversity implications? Recommendations relating to institutional consistency will have a positive impact on the student experience in this respect.

Any other relevant information

None

Originator of the paper

Dr Tina Harrison, Assistant Principal Academic Standards and Quality Assurance
31 August 2012

Freedom of information

Can this paper be included in open business? No. Its disclosure would substantially prejudice the effective conduct of public affairs. The paper must be withheld until submission of the year-on response to the QAA on 20 April 2013.

The University of Edinburgh

Risk Management Committee

26 September 2012

Proposed fee level and bursary scheme for undergraduate students who usually live in England, Wales or Northern Ireland (RUK-domiciled students) for academic year 2013-14

Brief description of the paper

The purpose of this paper is to:

- update RMC following the University's introduction of £9k fees and associated bursary scheme for undergraduate students who usually live in England, Wales or Northern Ireland (Rest of UK (RUK) domiciled students) in 2012-13; and to
- propose that Court reaffirm its position that the University should set fees of £9,000 for RUK-domiciled students entering in 2013-14, and continue the RUK bursary scheme set up for 2012-13 (this proposal was approved by Court on 11 September).

Action requested

For information to inform RMC of the outcome of the year's intakes and the decision of Court on RUK Fees and to indicate that the risks associated with the change to the fee regime have been satisfactorily managed.

Resource implications

Financial sustainability is a primary responsibility of governing bodies. Court needs to be satisfied that our fee-setting strategy takes account of the environment in which the University is operating and is financially sustainable.

Risk Assessment

The issues discussed in this paper are of broad relevance to the University's Risk Register. Risks 2, 10 and 11 in the University's Risk Register are particularly pertinent.

Equality and Diversity

An Equality Impact Assessment (EIA) prepared by Anderson Strathern is included as an appendix. FGPC took the EIA into account when reaching its decision to endorse the proposal set out in this paper.

Any other relevant information

None

Originator of the paper

Professor Mary Bownes, Senior Vice Principal External Engagement
Professor Jonathan Seckl, Vice Principal Planning, Resources and Research Policy
Dr Alexis R Cornish, Director of Planning and Deputy Secretary - 6 September 2012

Freedom of information

Can this paper be included in open business? No. Disclosure would substantially prejudice the commercial interests of any person or organisation.

The University of Edinburgh

Risk Management Committee

26 September 2012

ANTI-BRIBERY AND CORRUPTION

Brief description of the paper

This report summarises the activities over the past year to implement Anti-Bribery and Corruption policies and processes to reduce the risk of prosecution under the Bribery Act 2010.

Action requested

For consideration and noting.

Resource implications

Does the paper have resource implications? Yes – implementation of actions to ensure the University has adequate procedures in place and that staff are appropriately trained will have time and cost implications

Risk Assessment

Does the paper include a risk analysis? Yes – the paper addresses the progress of managing the Bribery Act risk

Equality and Diversity

Does the paper have equality and diversity implications? No

Freedom of information

Can this paper be included in open business? Yes, apart from Appendix C which should remain closed as its disclosure may prejudice the effective conduct of public affairs

Originator of the paper

N A L Paul
27 August 2012

ANTI-BRIBERY AND CORRUPTION

Introduction

This paper provides an update on actions to mitigate the risk of the University or a member of its staff, or an associated person, committing an offence under the provisions of the Bribery Act 2010 which came into force on 1 April 2011. It will be recalled that the legislation introduces a new comprehensive anti-bribery code. A summary of provisions is shown in Appendix 1.

Activities undertaken over the past year

The main activities undertaken over the past year were as follows

- Training of staff in the provisions of the Bribery Act

Training was carried out by Pinsent Masons for key staff in the University, and Anti-Bribery and Corruption matters have been incorporated into training and induction for Heads of Schools, Insights courses, and Project Boards

- Anti-Bribery and Corruption Policy

The University Anti-Bribery and Corruption Policy was developed and approved by CMG, F&GPC and Court, and was communicated to staff in the University and subsidiaries. It was recently decided that University subsidiary companies should be asked to formally adopt the University Anti-Bribery and Corruption Policy. To date Edinburgh University Press Ltd, FlowaveTT Ltd, and UoE Accommodation Ltd have formally adopted the policy. The other subsidiaries will formally adopt the policy at board meetings during this semester.

- Bribery Act Risk Reviews

An initial set of Bribery Act risk reviews were undertaken by the managers of the relevant areas using a standard pro-forma. These were then reviewed by the Steering Group and representatives from Pinsent Masons. The initial set of reviews comprised

- International Activity
- Procurement
- Grant funded research
- Commercialisation inc ETC/OCC
- Edinburgh Technology Transfer Centre
- BioQuarter (Collaboration & Licensing Agreements; Capital Raising and Investment capital; BioQ Innovation Competition; BioQ Marketing Services Procurement)
- Accommodation Services (Business Development; Catering; Property and Residential Services; Support Services; Residence Life)
- RIR Ltd (RIU programme)
- Overseas field trips

The Reviews identified a number of actions to strengthen controls and training, many of which are already being implemented. The steering group provided feedback on areas where reviews could be improved, recognising that these first reviews also served as an initial exploration of the approach of undertaking such reviews. The main messages were that the reviews should be more explicit in identifying the types of people, associates, partners, counterparties etc with

whom areas of the University interacts, and be more detailed in describing the due diligence, control processes, and guidance given to staff on how to handle situations where some sort of facilitation payment is demanded. It was recognised that the reviews will provide an evidence trail in the event of an incident which the Regulator investigates, so need to be written not only to provide a path for improvement, but also with potential external scrutiny in mind.

A copy of the notes from the Steering group review meeting and the individual reviews are shown in Appendices 2 and 3.

- Annual Risk Questionnaire

The following questions have been incorporated into the Annual Risk Questionnaire relating to Anti-Bribery and Corruption. The Annual Risk Questionnaire is part of the assurance process from Risk Management Committee which is reported to CMG, F&GPC, Audit Committee and Court (November/December cycle of meetings) which supports the statements of internal control made in the Annual Financial Statements. This ensures governing body and senior management visibility of any incidents.

		Yes	No	If YES, provide details ¹
11	Have there been any instances of whistle-blowing under the University's whistle-blowing policy? ²			
12	Have there been any instances of fraud or suspected fraud affecting the University including involving <ul style="list-style-type: none"> - management and those charged with governance - employees who have significant roles in internal control - others where the fraud could have a material effect on the financial statements - academic fraud 			
13	Have there been any allegations of fraud or suspected fraud communicated by employees, former employees, regulators, or others?			
14	Have there been any instances of bribery or suspected bribery (as defined in the Bribery Act 2010) affecting the University including			

¹ Please attach further details on supplementary pages if necessary. If the question has no relevance to a particular area, then please indicate "Not Applicable" (for instance: support groups are unlikely to be able to respond to the question related to course structures)

² The University Audit Committee wishes to be aware of instances of whistle-blowing

	Yes	No	If YES, provide details ¹
involving employees or persons associated with the University making or receiving bribes			

Plans for the current year

Over the next year it is planned to update the reviews above and undertake the following additional reviews.

- Honorary Degrees/Benefactors
- Development and Alumni & Fund Raising (incorporate learning form Woolf report)
- Fees and admissions
- EUP Ltd
- ERI Consultancy
- Technopole
- HPCx Ltd
- FloWaveTT
- RIR (ESPA / ESRC projects)
- Recruitment, Reward, and other HR processes
- Financial Control Environment

Conclusion

This year has been the first year of the Bribery Act and all organisations are learning how best to adapt their processes to ensure that adequate procedures are in place. The University has taken the view that the main thrust of the Act is to change the culture of commercial organisations, particularly those trading overseas; however it is important that the university ensures that it has established adequate procedures. A risk based approach to reviewing the activities of the University in the light of the Bribery Act provisions is therefore being adopted.

RMC is asked to note the progress and provide comment on the processes and reviews

N A L Paul

Summary of Bribery Act 2010

1. Background

The Bribery Act is driven by the UK wishing to demonstrate that it is “getting tough” on bribery and corruption, and it aims to

- establish a culture of anti-bribery and corruption in organisations including strong governance and compliance processes, and
- assist regulators and prosecuting authorities in their investigations of allegations of corruption both in the UK and overseas

As such, it is one of the most draconian pieces of anti-bribery and corruption legislation in the world. The British government wants to drive organisations into radical action. According to the Serious Fraud Office (SFO) the law “will bring about behavioural change within businesses themselves and will create corporate cultures in which no form of corruption is tolerated.”

The act is primarily aimed at commercial organisations however it covers all organisations incorporated under UK law so encompasses Universities.

2. The Bribery Act 2010

The main provisions of the act are

2.1 *Definition:*

A bribery act is undertaken where

- (a) a person offers, promises, or gives financial or other advantage to another person, and
- (b) the advantage is to induce another person to perform improperly a relevant function or activity, or to reward another person for improper performance of a function or activity.

It does not matter whether the person to whom the advantage is offered is the same person who performs the function or activity

2.2 *Offences:*

The Act contains essentially 4 offences of bribery

- active bribery (bribing someone)
- passive bribery (being bribed)
- bribery of a foreign public official
- corporate failure to prevent bribery

The first three are primarily focussed on individuals however the latter is a new crime for which the only defence is that the organisation ‘had in place adequate procedures designed to prevent a person associated with it from undertaking such conduct’

2.3 *Scope:*

The scope of the Act is very widely drawn and extends the jurisdiction of the UK prosecuting authorities. It allows for prosecution for bribery offences of:

- any body incorporated under UK law
- any body which carries on business in the UK regardless of where incorporated
- “associated persons” – being anyone performing services for or on behalf of the organisation regardless of capacity or location, with the intention of obtaining or retaining business, or a business advantage for the organisation.

Senior officers (or those purporting to be so) of the organisation may also have personal liability if an offence is committed with the “consent or connivance” of that officer.

Corporate ignorance of individual wrong-doing will provide no protection against prosecution

In essence, the offences of giving and receiving bribes and bribing foreign public officials apply to employees and persons associated with UK organisations (whether located in the UK or overseas), UK citizens, and individuals ordinarily resident in the UK regardless of where the relevant act occurs. They also apply to non-UK nationals and commercial organisations if an act or omission forming part of the offence takes place within the UK. This means that all organisations that carry on any part of their business in the UK will also be subject to the Act, regardless of where they are incorporated or formed and regardless of where the alleged bribe takes place. The corporate offence of failure to prevent bribery also applies to UK organisations or non-UK organisations regardless of where the alleged bribe takes place.

2.4 Penalties

The penalties under the Act are severe: unlimited fines on commercial organisations; up to 10 years imprisonment for individuals involved; debarment from tendering for public contracts within the EU. Obviously in addition to the formal penalties the adverse PR impact could be huge for organisations investigated or prosecuted

2.5 “Adequate Procedures”

The Ministry of Justice undertook a consultation on what guidance should be given to commercial organisations about “adequate procedures” that can be put in place to avoid committing the corporate offence. From the draft guidance it is clear that procedures will need to be tailored to the individual circumstances of each business based on an assessment of where the risks lie. Ultimately, it will be left to the courts to assess whether an organisation has “adequate procedures” in place and it will be for the organisation to prove that it has.

The draft guidance identifies six management principles that should be considered when assessing and implementing “adequate procedures” These are:

Risk assessment – regular and comprehensive assessments of the bribery risks in the organisation’s sector and market;

Top level commitment – establishing a culture across the organisation in which bribery is never acceptable. This includes ensuring that the organisation’s anti-bribery policy is clearly communicated to all levels of management, the workforce and any relevant external bodies;

Due diligence – The organisation should have due diligence policies and procedures which cover all parties to a business relationship including the organisation’s supply chain, agents and intermediaries, all forms of joint venture and similar relationships where the organisation conducts business. The aim is to ensure that the organisation can satisfy itself that all relationships are transparent and ethical

Clear, practical and accessible policies and procedures – organisations should have policies and procedures covering all relevant risks such as political and charitable donations, gifts and hospitality, promotional expenses, facilitation payments and reporting suspected bribery;

Effective implementation – anti-bribery must be embedded in the organisation’s internal controls, recruitment and remuneration policies, communications and training. Mere ‘paper compliance’ will not be sufficient;

Monitoring and review – organisations must ensure that they have review mechanisms in place including auditing; that financial controls are transparent; that there are regular reviews of the policies and procedures; and should consider whether external verification is appropriate.

Implementation of Bribery Act – Review Meeting Notes

Attendees:

N A L Paul, Director of Corporate Services

Sheila Gupta, Director of HR

David Rigby, HR

Jon Gorringe, Director of Finance

Karen Bowman, Director of Procurement

Angus Currie, Director of Estates (for International and Procurement discussion)

Neil McInnes, Pinsent Masons

Tom Stocker, Pinsent Masons

1. The group noted the activity that had been undertaken over the past year (having previously briefed CMG, Risk Management Committee, Audit Committee and F&GPC on the provisions of the Act and the proposed approach to its implementation) including:
 - Training of key staff in the provisions of the Act
 - Incorporation of Anti-Bribery and Corruption matters into training and induction for Heads of Schools, Insights courses, and Project Boards
 - Draft of University Anti-Bribery and Corruption Policy and approval by CMG, F&GPC and Court
 - Communication of Anti-Bribery and Corruption policy to staff in University and subsidiaries
 - Completion of an initial set of Risk Reviews and their review (see below)
 - Incorporation of questions relating to Anti-Bribery and Corruption in the Annual Risk Questionnaire
 - Formal adoption of the University Anti-Bribery and Corruption Policy by subsidiary company Boards of Directors (in progress – will go to some Boards at their meetings in the next semester)

2. The group reviewed the AB&C Reviews noted below. The following general comments were made
 - The reviews enable us to identify improvements in processes and practices to ensure we avoid potential prosecution under the Bribery Act 2010. They also will become part of the formal defence by the University in the event of a prosecution, and will be used to demonstrate that we have identified and managed the risks, both locally and at a University level. They therefore have to be prepared recognising the fact that they could be subject to judicial/regulator scrutiny.
 - There tends to be insufficient detail in the reviews of the categories of people at risk, categories of associated persons/organisations, and categories of counterparties with whom the University is interacting, and insufficient detail on the processes for managing the risk scenarios
 - Action: NALP to provide feedback and more guidance for next update of reviews*
 - Action: NALP to consider amending proforma (Pinsents to provide their views)*

- There are indications in the documents that parts of the University are to develop separate policies – the approach should be that there is only one University policy i.e. that agreed by Court, however there may need to be some additional more specific local guidance in some areas on interpretation of the policy
 - *Action: SG/DR to contact relevant area, and agree approach for*
 - *local guidance, clarifying links to employee T&Cs*

- There are a number of references to gift and donations policies, and facilitation or emergency payments
 - *Action: SG/DR/KB to review and update the gifts and donations policy*
 - *Action: SG/DR/Pinsents to review and consult international office on additional guidance regarding facilitation/emergency payments, in particular training/ documented guidance on how to respond when facilitation payments are sought*

- There are a number of areas where there may be conflicts of interest to be managed more actively
 - *Action: NALP/Kim to consider updating conflict of interest policy/register (may need to link to learning form Woolf Report)*

- There are a number of reviews where the overall assessment of risk was that the current management of processes and mitigating actions are not yet operating satisfactorily. There needs to be follow up to ensure proposed actions are undertaken.
 - *Action: NALP to seek updates in the next update of the review documents*

- There needs to be a clear statement of devolved management responsibilities (like we have for H&S).

Action: SG/DR to determine where this should go

3. The following comments were made on the first set of AB&C reviews

a. International Activity

Review regarded as a good initial review. Suggested improvements were: inclusion of more detail on types of agents, associated persons, and people with whom there are interactions; more examples of scenarios and instances where risks may occur; explain due diligence process in more detail; highlight training and documented guidance on how staff should respond when facilitation payments are sought.

b. Procurement

Review regarded as a good initial review. Suggested improvements were: consider whether to develop a separate review for estates procurement and Accommodation Services Property and Residential Services (with AC), inclusion of more detail on types of supplier and risk; provide more detail on training and processes that exist to challenge people going off contract; provide more detail on how to handle

procurements undertaken by others (e.g. consortia/subcontractors) on behalf of the University.

c. Grant funded research

Suggested improvements were: inclusion of more detail on categories of organisations and people with whom there are interactions; more examples of scenarios, instances where risks may occur; explain due diligence process in more detail; highlight training/ documented guidance on how to respond when facilitation payments are sought; rephrase point 2 as it may be read (e.g. in judicial review) that the university is not fully supportive of the Bribery Act, which is obviously not the case.

d. Commercialisation inc ETC/OCC

Use of agents in overseas markets is an area of particular focus for the Regulator particularly commission arrangements (regulator appears to regard commission in excess of 2 1/2% as worthy of examination). Suggested improvements were: inclusion of more detail on types of agents, associated persons, and people with whom there are interactions; more examples of scenarios, instances where risks may occur; explain due diligence processes and arrangements for managing agents in more detail; highlight training/ documented guidance on how to respond when facilitation payments are sought; explain when and how conflicts of interest are managed

e. ETTC

ETTC regarded as low risk

f. BioQuarter (Collaboration & Licensing Agreements; Capital Raising and Investment capital; BioQ Innovation Competition; BioQ Marketing Services Procurement)

It was noted that there have been a number of enforcement actions with Pharma companies so the Regulator regards interaction with Pharma as higher risk. (Pinsents to provide note of areas which should be addressed). Suggested improvements were: inclusion of more detail on types of groups, associated persons, and people with whom there are interactions; more examples of scenarios, instances where risks may occur; explain due diligence process in more detail; highlight training/ documented guidance on how to respond when facilitation payments are sought; explain when and how conflicts of interest are managed given a number of staff in MVM have equity and other interests in companies and angel/VC funds and are on boards of funding bodies. Risks related to Innovation Competition thoughts to be low. Consider whether related to Marketing Services procurement should be linked to procurement assessment.

g. Accommodation Services (Business Development; Catering; Property and Residential Services; Support Services; Residence Life)

Suggested improvements were: definition of bribery needs to align with Act (business development); further development of the scenarios, both regarding receiving bribes but also the scenarios of staff giving bribes in order to obtain business (business development); inclusion of more detail on types groups/people with whom there are interactions; more explanation of guidance/training etc of staff in how to deal with approaches that could be regarded as bribery. Property and

residential services are to be considered with estates procurement, as similar issues (see above). Catering processes leave little scope for bribery. Support Services and Residence life are low risk.

h. RIR (RIU programme)

NALP explained that the current RIU programme had been completed and that the team were planning to bid for the next DFID programme. Given that overseas development activity has a higher risk of Bribery, it was concluded that a fuller assessment should be undertaken as part of the bidding process and the development of the future programme

i. Overseas field trips

The group concluded that the Bribery Risk was low. Organisers and student going on such trips should be comply with the overseas travel policies and be provided with the guidance to be developed on how to handle demands for facilitation or other payments (see International Activity above)

4. The next steps taking forward the reviews were as follows

- a. Share reviews and comments on them with the University Risk Management Committee
- b. Update pro-forma to incorporate learning from this first set of reviews (Pinsents to provide any comments from learning elsewhere)
- c. Ask the people who prepared the initial reviews to update them, incorporating the comments made above, and also providing an update on the actions laid out when the current reviews were undertaken
- d. Launch the next set of reviews – see below

5. The next set of reviews to be undertaken are

Honorary Degrees/Benefactors	Kim Waldron
Development and Alumni & Fund Raising (incorporate learning form Woolf report)	Kim Waldron/Mary Bownes/
Fees and admissions	Rio Watt/David Montgomery
EUP Ltd	Timothy Wright
ERI Consultancy	Derek Waddell
Technopole	Ian Murphy
HPCx Ltd	Arthur Trew
FloWaveTT	Bruce Nelson
RIR (ESPA / ESRC projects)	Paul Van Gardingen
Recruitment, Reward, other HR processes, and the university culture risk	Sheila Gupta
Financial Control Environment (SFO have list of risk areas which should be addressed in the review)	Phil McNaull/David Montgomery

6. It was noted that the subsidiary SSTRIC is on a track to be made dormant and ultimately struck off, with the assets and activities moved into the University. It was decided that this should not now be a priority given these changes are in progress
7. Further consideration of the approach to the following reviews needs to be given

Interactions with students, assessment and award of degrees	College Registrars to determine whether reviews are required at College or School/Institute etc level
Conduct of research, Research Partnerships and collaborations	College Registrars to determine whether reviews are required at College or School/Institute etc level

NALP
14/08/12

BRIBERY ACT REVIEW

The aim of this review is:

- to enable the Senior Responsible Manager to review and assess whether adequate procedures/controls are in place to prevent an act of bribery (involving staff and associated persons) and to identify what further actions should be undertaken to improve the procedures/controls
- to provide a documentary record that can demonstrate that the Senior Responsible manager has performed such an assessment
- to enable the Senior Responsible Manager to report their views of corruption risks affecting activities under their responsibility and to provide assurances to the Risk Management Committee, and through them, the University Court, that adequate procedures are in place or are being developed and being regularly reviewed. It forms part of the University's overall risk assessment process

Area of Review:

International Office, Student and Academic Services Group

<p>Senior Responsible Manager: Alan Mackay</p> <p>Risk Review prepared by: Alan Mackay</p>	<p>Alan Mackay Director International Office</p> <p>Alan Mackay Director International Office</p>	<p>Date:</p>	<p>Tuesday 6 September 2011</p>
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Scenarios

1. Country Risk

There are risks in operating the University's overseas offices in Beijing (China) and Mumbai (India) which are managed by full-time University employees in each country. Potential situations that could occur with an elevated risk of bribery and/or corruption are; local services procured from third parties in country connected with the University's operations and delivery of business services connected to our Offices and business practices that could involve facilitation payments.

2. Transaction Risk

There are risks involved in transacting with organisations and officials across a range of nations that International Office works with and our overseas Offices. For example, this may involve requests for facilitation payments to ensure safe passage by immigration/border officials; facilitation payments to ensure services are provided or maintained or to ensure that materials/goods arrive without delay.

3. Business Partnerships

The International Office manages contracts with a range of education agents/representatives across various nations worldwide. There are risks of bribery and corruption for entities contracted by the University to provide or perform services for prospective students when reflecting on the Transparency International's Corruption Perceptions Index. Many nations where we maintain business partnerships with are ranked highly for corruption and/or bribery

reinforced by business culture and accepted practices. There is a risk that current contracts do not specifically refer to the new Bribery Act and that there is no specific provision or reference to this when contracting with agencies/organisations or institutions overseas.

4. Internal Processes

There are risks that current internal processes do not provide sufficient levels of information regarding what is acceptable or unacceptable in terms of gifts and/or hospitality received; that contracts do not highlight our collective and individual obligations under the new Act; staff training and policies require to be updated to reflect legislative changes under the Act and that these are regularly reviewed;

Current Management Processes / Mitigating Actions

1. University overseas representative and agent contracts

All contracts with overseas representatives and agencies, which the International Office are responsible for, are being updated to include the following specific anti corruption clauses relating to the Bribery Act. This ensures that all of our agency contracts are covered in this regard and that should any malpractice be identified or concerns are raised the contract can be terminated. The contract has been developed with the University's lawyers.

2.1.5

Comply with all codes of practice, manuals, publications and guidance provided by the University, including, but not limited to, the University of Edinburgh Code of Practice for Appointed Overseas Representatives (a copy of which is attached); the Enrolment Procedures; the Agents Manual and the University's policy and guidance on the Bribery Act 2010;

2.1.6

Abide by all applicable, statutes, laws, codes and Local Regulations and obtain all necessary licences and consents; and

2.1.7

Comply with all applicable laws, statutes, regulations and codes relating to anti-bribery and anti-corruption including but not limited to the Bribery Act 2010.

The International Office background report for agencies and representatives will be updated to enhance pre contract due diligence and evaluation with regards to the experience and reputation of the third party, the rationale for engaging the third party and ensure reasonable steps are in place to monitor transactions.

2. Country Risk

Annual training will be provided for all staff regarding the Bribery Act, its provisions and the University's and the member of staff responsibilities with regards to this Act. This will specifically cover the procurement of services and goods in country, transactions with third parties, agencies and institutions and a process for reporting any suspicions or concerns in this area. Staff located in overseas Offices will be provided with the new University of Edinburgh policy regarding Bribery and be required to complete the new register for all gifts and hospitality received which will be reviewed monthly by the Director.

All Overseas Office accounts are monitored regularly and require to be approved by the Director of the International Office before they are sent to the Finance Office for payment. All cash expenditure or expenses require to be verified and approved by the Director of the International Office and all must have a receipt and description of the expenditure. This applies to all members of International Office staff with senior management approving all expenditure.

3. International Office Staff

All staff will receive annual training in the University's policy on Bribery and Corruption and the provisions of the Bribery Act. This will ensure that each member of staff has an enhanced level of awareness regarding situations where bribery and/or corruption may occur in relation to their positions and are fully aware of their responsibilities with regards to the Bribery Act and the University's policy in relation to this.

4. Transaction Risks

Annual staff training and awareness of the provisions of the Bribery Act and University policy will mitigate risks in this area. All contracts and/or services contracted by the International Office overseas will seek to incorporate anti corruption clauses relating to the Bribery Act.

5. Business Partnerships

A new register for recording all hospitality/gifts received will be introduced for all staff. All contracts will now include anti corruption clauses outlining the third party and University responsibilities with regards to the Bribery Act.

6. Internal Processes

The Director of the International Office will introduce the following changes to internal policies and procedures to ensure we have enhanced compliance, monitoring and review with regards to our obligations in relation to the Bribery Act;

1. Annual date for staff training to be introduced for which attendance is mandatory
2. New International Office Anti Corruption Policy introduced
3. New departmental requirement to register commercial interests for staff and any conflicts of interest in relation to the department's work
4. All staff to be issued with the University's policy on Bribery
5. All staff to be required to enter details of gifts/hospitality received on International Office register
6. All contracts to include specific clauses relating to the Bribery Act
7. All staff to be aware of the new process for reporting concerns or situations where bribery and/or corruption may have occurred
8. All international agents/representatives will be issued with an updated contract or sent addenda which outlines their responsibilities and those of the University relating to the Bribery Act
9. All staff to be issued with University guidance and policy on gifts and hospitality

These changes to internal procedures and policies will be complemented by the following measures;

1. High level commitment to a zero tolerance approach communicated to all staff from Vice Principal International and Director of International Office. Director of the International Office will oversee the delivery of annual training and policies to ensure compliance. A new International Office Anti –Corruption policy, attached, is being introduced and will be regularly reviewed.
2. New departmental policy will be introduced relating to registration of any commercial interests for all staff and a new register for all gifts and hospitality received (effective September 2011)
3. International Office Anti-Corruption Policy will provide information on the Department's processes and approach to this area including information for staff on how to report bribery and/or corruption.
4. Third parties will be made aware of the University's provisions and departmental

policy with regards to bribery and corruption.

5. Risk assessments for staff travel overseas will be updated to include reference to 'Transparency International's Corruption Index' to ensure that all staff have awareness prior to travel. This will also refer to the University's policy to embed anti-corruption processes within the Department's risk assessment processes related to international activity.
6. Contracts will include proportionate risk based anti-corruption provisions and pre contract due diligence procedures in relation to potential partners, agencies and representatives will be strengthened.
7. New annual training and communication for all staff to ensure awareness and understanding of the Bribery Act, its provisions and staff responsibilities in relation to it will be introduced. This will include training in the University's new Bribery Policy. All new staff (temporary, contract or permanent) will receive training once they commence employment and will be provided with copies of the University policy and the Department policy.
8. The Director of the International Office will regularly monitor and review all policies and training which will be updated annually and relevant contracts and agreements contain anti-corruption clauses and provisions.

The International Office will review the register of gifts and hospitality each month and if concerns are raised these will be investigated thoroughly with the University Secretary and Human Resources as required. The International Office Anti-Corruption Policy outlines the process for all staff to inform the Director or their line manager if they are aware of an incident of bribery or corruption committed by a member of staff or a third party.

Senior managers approve all financial transactions relating to international travel with appropriate safeguards in place relating to verification of expenditure, payment approval, a departmental credit card policy and limits on transaction amounts with senior management approval being required over set limits. These processes and policies ensure that should an incident occur it will be identified immediately to enable remedial action. All policies, procedures and information will be reviewed annually by the Director in liaison with senior management.

Further Actions <i>(set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes)</i>	Responsibility	Completion Date
1. International Office Anti-Corruption Policy	A Mackay	September 11
2. International Office updated agent contracts to include clauses relating to Bribery Act	C McCarthy	September 11
3. Annual training date for Bribery and Corruption policy	A Mackay	October 11
4. Staff International Travel Risk assessment to include reference to Transparency International Corruption Index	C McCarthy	November 11
5. Updated and enhanced pre contract questionnaire for all agency and representative contracts	C McCarthy	November 11
6. Register of all hospitality and gifts received, with indicative value, within International Office	A Mackay	September 11
7. All staff to receive copies of International Office Anti	A Mackay	October 11

Corruption Policy; University Bribery Policy and Policy on Gifts and Hospitality		
8. Register to record all commercial interests and conflicts of interest for staff within the International Office	A Mackay	October 11
9. Review contracts for institutional agreements with regards to Bribery Policy	D Watson S Morris	October 11

Reflective assessment of overall risk and status of procedures: *(identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note)*

Once the actions listed above have been completed the International Office will have robust procedures and processes in place to mitigate risks associated with corruption and bribery. It is clear that some of our policies and procedures require to be updated to reflect the provisions of the Bribery Act.

The International Office Anti Corruption Policy, which is to be introduced in September, is the first stage in embedding a zero tolerance approach to bribery and corruption for all members of staff, their activities and third parties that we contract with on behalf of the University. This policy when combined with the further actions listed will provide robust compliance with the Bribery Act and ensure that all of our internal policies and processes reinforce this.

Whilst the overall risk in this area is deemed to be higher than perhaps for other areas of the University's activity, due to the global nature of our activities, steps are being taken to ensure that we have robust legislative compliance, increased staff awareness and an effective management system in place to monitor and review all areas of our operation.

Overall assessment of risk:	<i>H/M/L³</i>		<i>H/M/L</i>
Inherent Risk: <i>(taking account of activities and culture - in the absence of any mitigation)</i>	M- some policies and procedures in place but more work to be done	Residual Risk: <i>(with current management controls and mitigating actions in place)</i>	M- some policies and procedures in place but more work to be done

Senior Responsible Manager's Assessment of the exposure to corruption risk:	Yes/No	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily
Are the current management processes and mitigating actions operating satisfactorily?	No	However, improvements are being made to mitigate any risk relating to the new Act and these are outlined above within an 8 week timescale.
Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to	No	Introduction of the planned changes above, the University policy and the International Office Anti Corruption Policy will ensure that

³ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved)

prevent bribery and corrupt activity?		management process and actions are robust and comply with legislation. All complete by November 2011.
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International Office Anti-Corruption Policy

The International Office seeks to conduct all of its affairs in an honest and ethical manner. We adopt a zero tolerance approach to bribery and corruption and are fully committed to acting professionally, fairly and with integrity in all of our relationships and partnerships wherever we operate globally and implementing robust systems and processes to counter bribery. All staff within the International Office are committed to upholding the highest professional standards and operating fairly and with integrity in conducting the business of the University. Any breach of this policy or the University Bribery Policy will be regarded as a serious matter and may result in disciplinary action.

Bribery Act

The Bribery Act 2010 outlines four corporate offences, three of which also apply to individuals. These offences, outlined below, whether for commercial organisations or for individuals, apply regardless of where in the world the bribes are offered or received, and regardless of whether the bribery is direct or via a connected party such as an agent or partner. A University found to have committed any bribery offence could face unlimited fines and may come under additional scrutiny in the future. A member of staff can face a 10 year prison sentence and unlimited fines.

Offence One	Paying or offering a bribe
Offence Two	Receiving or requesting a bribe
Offence Three	Bribing a foreign public official
Offence Four	Failing to prevent bribery

Purpose

The purpose of this policy is to set out the responsibilities of the International Office and our staff in observing and following the University's Policy on bribery and corruption and the legislative provisions of the UK Bribery Act. It is the policy of the International Office to comply fully with all UK and University laws, rules and regulations that govern anti bribery and corruption in all nations within which we operate or transact business.

Terms

Bribery is the offer, promise, giving, demanding or acceptance of an advantage as an inducement for an action which is illegal, unethical, a breach of trust or the improper performance of a contract.

Corruption is the misuse of public office or power for private gain, or misuse of private power in relation to business outside the realm of government

Scope

This policy applies to all International Office staff, (permanent, contract and temporary) and extends to include all nations where our representatives, associates and agents operate. We will work to encourage all of our business partners, third party contractors and suppliers to apply our policy. This policy operates in connection with the University's policies on Bribery and that of Hospitality and Gifts.

Policy

The International Office is committed to operating responsibly wherever we work and this policy draws from the 'Business Principles for Countering Bribery' published by Transparency International and requires all staff to have read and understood their responsibilities in relation to the University's Bribery Policy.

The International Office does not engage in nor condone any form of bribery, corruption, unethical inducement of payment or facilitation payments. All members of staff within the International Office must avoid any activity that may lead to or suggest a conflict of interest and all staff must declare all hospitality and/or gifts received on the International Office register which will be subject to monthly review by senior management within the Department. We will uphold the Bribery Act and the University of Edinburgh policy on countering bribery and corruption in every nation and jurisdiction within which we operate.

This policy applies equally to individual employees, agents, sponsors, consultants and third parties working with or associated to the International Office. This policy does not prohibit the following practices as they may be customary in a particular nation or are proportionate and recorded on the International Office gifts register; 1) Normal and appropriate hospitality (given or received) and 2) the giving of a ceremonial gift proportionate to the occasion. All staff will be given the University's policy relating to gifts and hospitality. This policy deems it unacceptable for you (or someone on your behalf) to:

1. give, promise to give, or offer, a payment, gift or hospitality with the expectation or hope that a commercial advantage will be received, or to reward a commercial advantage already given;
2. give, promise to give, or offer, a payment, gift or hospitality to a government official, agent or representative to "facilitate" or expedite a routine procedure;
3. accept payment from a third party that you know or suspect is offered with the expectation that it will obtain a commercial advantage for them;
4. accept a gift or hospitality from a third party if you know or suspect that it is offered or provided with an expectation that a commercial advantage will be provided by the University in return;
5. threaten or harass another member of staff who has refused to commit a bribery offence or who has raised concerns under this policy; or
6. engage in any activity that might lead to a breach of this policy.

Responsibilities

The Director of the International Office has primary responsibility for implementing this policy and for reporting annually to the University Secretary, Vice Principal International and any related Units in relation to this policy.

Training and communications

The Director will communicate this policy and all associated and relevant guidance to all members of staff within the International Office. This policy will also be communicated, where appropriate, to all suppliers, contractors and business partners. All staff will receive annual training on how to implement the University policy and their responsibilities in relation to it. All new members of staff (permanent, temporary or contract) will receive training when they commence employment within the department.

Raising concerns and seeking guidance

All staff will be encouraged to raise concerns about any instance of malpractice at the earliest stage by contacting the Director of the International Office or senior management. All such reports will be treated in the strictest of confidence.

As individuals who work on behalf of the University, we all have a responsibility to help detect, prevent and report instances not only of bribery but also of any other suspicious activity or wrongdoing. If you are concerned that a corrupt act is being considered or carried out, you should immediately report the matter to your line manager in the first instance. If it is not possible to speak to your line manager for some reason, you should contact the University Secretary. Further information on how to report your concerns can be found in the University of Edinburgh Whistle blowing Policy on the Human Resources website.

Monitoring and review

The Director of the International Office will review the implementation of this policy annually in relation to the University's Bribery policy in relation to its adequacy and effectiveness. The Director will be responsible for making improvements as required and will report as required to the Student and Academic Services Group (SASG) and the University's Audit Office.

Internal controls and audit

The International Office will maintain accurate records and a register of all gifts and hospitality received by members of staff which can be made available for inspection as required and all financial transactions relating to international activity are monitored and reviewed by a senior manager to ensure that they are effective in countering bribery and corruption.

Alan Mackay
Director, International Office

Policy Implementation Date
Policy Review Date

01 September 2011
01 July 2012

RISK SCENARIOS

The following is a list of possible scenarios that may arise and which may raise concerns under various anti-bribery and anti-corruption laws. The list is not intended to be exhaustive and is for information. If you encounter any of these while working you must report them promptly to your manager or to the Director of the International Office;

- I. you become aware that a third party engages in, or has been accused of engaging in, improper business practices;
- II. you learn that a third party has a reputation for paying bribes, or requiring that bribes are paid to them, or has a reputation for having a "special relationship" with foreign government officials;
- III. a third party insists on receiving a commission or fee payment before committing to sign up to a contract with the University, or carrying out a government function or process for the University;
- IV. a third party requests payment in cash and/or refuses to sign a formal commission or fee agreement, or to provide an invoice or receipt for a payment made;
- V. a third party requests that payment is made to a country or geographic location different from where the third party resides or conducts business;
- VI. a third party requests an unexpected additional fee or commission to "facilitate" a service;
- VII. a third party demands lavish entertainment or gifts before commencing or continuing contractual negotiations or provision of services;
- VIII. a third party requests that a payment is made to "overlook" potential legal violations;
- IX. a third party requests that you provide employment or some other advantage to a friend or relative;
- X. you receive an invoice from a third party that appears to be non-standard or customised;
- XI. a third party insists on the use of side letters or refuses to put terms agreed in writing;
- XII. you notice that the University has been invoiced for a commission or fee payment that appears large given the service stated to have been provided;
- XIII. a third party requests or requires the use of an agent, intermediary, consultant, distributor or supplier that is not typically used by or known to the University; and
- XIV. you are offered an unusually generous gift or offered lavish hospitality by a third party.

2. International third party services - culture and remoteness of control
3. Influence from commercialisation and/or conflict of interest – awareness of risk
4. Procurement of goods, services or works **not from approved/contracted sources**
5. Hospitality and influence – eg site visits, supplier events with ‘excessive’ hospitality
6. Gifts and donations – eg suppliers or potential suppliers giving ‘free’ goods/services

Threats from associated persons

7. Even suppliers acquired through appropriate process will need to adopt Bribery Act compliance for own and supply chain (associated persons) and evidence this to us.
8. Agents or associates acquired under formal contract or not eg student recruitment, patent, other overseas agents, partners and their direct/indirect supply chains.
9. Sub-contractors, trades or professional service providers not known/approved
10. Suppliers with whom no formal contract nor competitive tender and unknown terms

Examples of potential threats:

A service provider offers ‘free’ consulting to a university group who are short of budget on the understanding that when funds come through further business is theirs. A supplier offers ‘free on loan’ equipment on a similar informal/email deal. A software supplier offers ‘free’ or ‘low cost’ pilot of its software application to demonstrate its usefulness on the understanding that this will be recommended or non-competitive case built to roll-out across the University without competition.

An overseas recruitment/patent agent requires ‘facilitation’ payments to pass on. Third parties used are not declared, vetted or known to the University staff here.

A member of staff travelling overseas requires ‘cash advance’ foreign currency to facilitate local supplies when in remote areas. No formal paperwork for payments.

Non-competitive action (written and approved or not) results from ‘sponsorship’ to attend and present at an international conference on the use of certain equipment.

Supplier funds ‘luxury travel’ to see new technology (factory) in overseas location. Service provider offers to sponsor major University event prior to/during a tender.

Staff are encouraged to buy via ‘non-contract supplier/service provider’ through personal gifts and mock ‘competitions’ eg personal travel/holidays or ‘freebies’.

Construction industry firms collude in ‘price-fixing’ and influence main contractors or subcontractors through active or passive bribery to pass costs onto University. Competition does not attract best bids due to passive or active bribes (sharing market). Small firms used in rotation or on other non-competitive selection routes.

Professional services (including academic services like demonstrating, research) awarded on the basis of personal introduction, former staff or ex-colleagues with no evidence of competition, contract terms or professional indemnity insurance.

Country risks – applies to individual staff members appointing agents or travelling

Commercialisation risks – applies to research services, commercialisation and its relationship with our procurements ie is this a service that should be open to tender?

Fund raising – is it philanthropic and its relationship with procurement – are we targeting firms we do business with? Could that be seen as seeking a ‘bribe’?

Transaction risks – for permissions, issuing licences – is an individual deciding?

Business opportunity – is the offer ‘too good to refuse’ and are we taking risks?

Business partnership – have we carried out due diligence? Who is appointing these people and any inappropriate relationships? Are we avoiding competition illegally?

Educational/research collaborations – are others involved in bribery on our behalf?

Processes - gifts and hospitality given or received; authorisations of transactions; degree of segregation of duties and responsibilities; recruitment and reward (or appointment of individuals as ‘consultants’ or temporary staff direct or via agents)

Current Management Processes / Mitigating Actions: *(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in*

the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would you know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).

Procurement - proportionate procedures are in place as part of best practice for publicly funded procurement for transparency and accountability for anti-corruption (AC) include following and training staff on the Procurement Policy handbook, appropriate procurement journey and (proposed) formal departmental policy to register commercial interests of all staff.

Policy is for DAS to seek approval from Director of Procurement for plans > £50,000, use our qualified procurement staff if over OJEU threshold (~ £150k). Procurement staff are all members or fellows of Chartered Institute of Purchasing and Supply with its code of ethics.
Devolved risk areas: direct award, professional services, overseas agents, research actions.

Works – procurement manager associated with the Estates Department procurement actions.
Research - procurement advice is free/available to research PIs and HOSs or others on this
Commercialisation - procurement advice is free/available to research PIs/ ERI or colleagues
Development – procurement advice is free/available to D&A / others in receipt of donations.

Actions outstanding – Procurement Journey to be updated (Scottish Government) and training and implementation plan to begin across campus after AC Policy published.

Top Level Commitment – DAS and HOS or Research PIs must be **seen to endorse** best procurement practice. This is part of training and awareness already in hand but is essential to strong message to individual staff and to all suppliers or potential bidders re bribery risks.

Action for Court, CMG and HOC/SG to cascade Policy and refer to procurement action.

Risk assessment – commodity-based risk matrix updated for Reputation risks see <http://www.ed.ac.uk/schools-departments/procurement/sustainableprocurement/srs-risk-matrix>

Collaborative procurement risks – a model 'assurance' form re APUC / consortia being provided.

Actions outstanding Due diligence - review of existing contracts with service providers contain proportionate risk-based anti-corruption provisions; receipt of assurances (APUC).
New suppliers - engagement of third parties is subject to anti-corruption due diligence enquiries about the third parties. **Responsibility of DAS – a LEAN process to be started.**
Organised crime risk – engagement with Lothian Police to develop a protocol in hand

Communication and Training –staff have been trained on anti-corruption issues relevant to their roles (within procurement team). University staff training to be coordinated with UHRS.

Monitoring and review – establishing user groups, customer and supplier engagement to review anti-corruption measures as part of the regular relationship (quarterly) activities.

Further Actions (set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes)	Responsibility	Completion Date
1. Relate procurement advice to new AC Policy	Procurement/HR	November
2. Update Procurement Journey and roll-out	Scot.Government/ Training Manager	January
3. Implement new LEAN process for new suppliers	FIS/eProcurement	November
4. Agree protocol with Lothian Police	L. Police/Director of Procurement	Ditto

5. APUC proformas for collaborative 'assurances'	APUC	Ditto
6. Review existing contracts	Asst Directors	Ditto
7. Due diligence process for higher risk acquisitions	Ditto	Ditto
8. Identification with DAS of higher risk (customers)	Ditto	Ditto

Reflective assessment of overall risk and status of procedures: *(identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note)*

Adequate procedures in place – need to be endorsed and used in delegated budgets.

We currently have influence from the professional procurement team on around 85% of procurement by value and we will keep our processes updated in line with Government and UHRS AC policies and procedures. We are working with our sector APUC to align others. However the biggest risk remains in the delegated budgets, very very large number of people involved in some aspect of acquisition of goods and services which the DAS have to manage locally. **Good compliance with Policy on procurement / due processes would mitigate.**

Requires 'Top Level Commitment' to best practice procurement / use of professional advice.

We are offering LEAN process for new suppliers and appropriate Procurement Journeys for low value/risk and more complex procurements which if followed would mitigate risks greatly.

Rollout and training competing with support to major high value/profile projects now.

Expectations November 2011:

AC Policy training and awareness is developed by HR and the Procurement Training Manager and UHRS can agree on priority areas (customers) to focus upon for support. Risk Matrix (and latest year spend analysis) is completed by Assistant Directors of Procurement to focus resources on risks for our strategic plans /supplier engagement. Organised crime protocol will give another opportunity to raise awareness of risks. Bribery Risk Reviews – from other areas will help identify key focal points for actions.

Overall assessment of risk: Inherent Risk: <i>(taking account of activities and culture - in the absence of any mitigation)</i>	H/M/L ⁴ H	Residual Risk: <i>(with current management controls and mitigating actions in place)</i>	H/M/L H –devolved M - (controlled)
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Senior Responsible Manager's Assessment of the exposure to corruption risk: Are the current management processes and mitigating actions operating satisfactorily?	Yes/No N	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily AC policy needs to be well communicated. Procurement Journey needs to be updated.
Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?	N	Top Level commitment to Procurement Policy and LEAN suppliers enablement put in place. Timescale is November 2011, <i>subject to resources</i>

⁴ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved)

BRIBERY ACT REVIEW

The aim of this review is:

- to enable the Senior Responsible Manager to review and assess whether adequate procedures/controls are in place to prevent an act of bribery (involving staff and associated persons) and to identify what further actions should be undertaken to improve the procedures/controls
- to provide a documentary record that can demonstrate that the Senior Responsible manager has performed such an assessment
- to enable the Senior Responsible Manager to report their views of corruption risks affecting activities under their responsibility and to provide assurances to the Risk Management Committee, and through them, the University Court, that adequate procedures are in place or are being developed and being regularly reviewed. It forms part of the University's overall risk assessment process

Area of Review:

Grant-funded research

Senior Responsible Manager: <i>(has lead responsibility for management of Risk)</i>	Derek Waddell	Date:	16 September 2011
Risk Review prepared by:	Hamish Macandrew		

Scenarios: *(identify and describe potential scenarios/circumstances where a member of staff or any person or entity performing services for or on behalf of the University might become involved in activities that carry risks of bribery/corruption - see section 4.4 of Guidance note).*

1. Third-party sponsor attempts to influence outcome of the research it is funding
2. In order to undertake some research overseas, Principal Investigator needs to 'influence' that country's officials in order to progress his/her research.
3. Financial and reputational risk to the University as a result of subcontractors engaging in bribery activity
4. Risk of equipment suppliers/ subcontractors offering inducements to Principal Investigators to persuade them to sidestep normal procurement procedure
5. ERI staff being unaware of the Bribery Act and therefore offering incorrect advice in ignorance

Current Management Processes / Mitigating Actions: *(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).*

1. Sponsors to be made aware of The University's Anti-Bribery and Corruption Policy. There should be clear mention of the Policy and/or Act on all ERI contracts, collaboration agreements and subcontracts. The Policy should be clearly displayed on the University's website with appropriate click-through from the ERI website. ERI staff may require awareness training.
2. Awareness training required for academics and administrators in the Schools; this

could be included in the Induction Process for all new-starts, but it is recommended that refresher sessions are organised from time to time.

The scenario highlighted could in part be mitigated by more in-depth research into the degree to which 'influencing' is required in particular regions so that alternative options can be identified or an informed view taken prior to departure; that said, full compliance with The Bribery Act may have the regrettable effect of preventing the University from carrying out valuable fieldwork in certain areas of the world where 'facilitating payments' are the order of the day.

3. All ERI subcontracts and collaboration agreements to refer to the Policy and/ or Act in order to mitigate risk.
4. Refresher training in procurement issues for ERI Research and Development staff, so that they are aware of the need to refer applications involving large equipment or services costs to the Procurement Office as soon as possible. Refresher training for academics and administrators strongly recommended also.
5. Awareness training of the Bribery Act required for all ERI staff.

Further Actions <i>(set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes)</i>	Responsibility	Completion Date
1, 3, 5. Awareness training for ERI staff. ERI has engaged Pinsent Masons to deliver awareness training for all staff, likely to take place November 2011	Hamish Macandrew	30/11/11
Click-through from the ERI Research Support site to new Anti-Bribery and Corruption Policy, when it is published	Hamish Macandrew	As soon as published
Ensure that all contracts, subcontracts and collaboration agreements issued by ERI include reference to the Policy/ Act	Nora Kellock	30/11/11
4. Refresher session on procurement issues for ERI Research Support and Development staff. Session has been organised for October 2011	Hamish Macandrew	31/10/11
2. Awareness Training for Academics and Administrators	Schools to organise	

Reflective assessment of overall risk and status of procedures: *(identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note)*

Without the implementation of the above recommendations, we consider that the above scenarios are likely to be *relatively* rare and most likely to occur as a result of, albeit well-meaning, naivety and ignorance.

We consider, then, that the recommendations proposed will be ample in light of this level of risk.

Overall assessment of risk:	<i>H/M/L</i> ⁵		<i>H/M/L</i>
Inherent Risk: <i>(taking account of activities and culture - in the absence of any mitigation)</i>	L	Residual Risk: <i>(with current management controls and mitigating actions in place)</i>	L

Senior Responsible Manager's Assessment of the exposure to corruption risk:	Yes/No	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily
Are the current management processes and mitigating actions operating satisfactorily?	Yes	
Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?	Yes	Provided that awareness training takes place in the Schools also. NB/There are of course other risks associated with the actual conduct of research, including publications, which we assume the College Registrars will include in their Terms of Reference, as indicated in 4.8 of the Guidance Note.

⁵ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved)

BRIBERY ACT REVIEW

The aim of this review is:

- to enable the Senior Responsible Manager to review and assess whether adequate procedures/controls are in place to prevent an act of bribery (involving staff and associated persons) and to identify what further actions should be undertaken to improve the procedures/controls
- to provide a documentary record that can demonstrate that the Senior Responsible manager has performed such an assessment
- to enable the Senior Responsible Manager to report their views of corruption risks affecting activities under their responsibility and to provide assurances to the Risk Management Committee, and through them, the University Court, that adequate procedures are in place or are being developed and being regularly reviewed. It forms part of the University's overall risk assessment process

Area of Review: Commercialisation
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Senior Responsible Manager: <i>(has lead responsibility for management of Risk)</i>	Derek Waddell	Date:	30 September 2011
Risk Review prepared by:	Derek Waddell		

Scenarios: *(identify and describe potential scenarios/circumstances where a member of staff or any person or entity performing services for or on behalf of the University might become involved in activities that carry risks of bribery/corruption - see section 4.4 of Guidance note).*

1. Operation of the Edinburgh Technology Fund or Old College Capital where investment decisions are taken.
2. Use of agent(s) for marketing of University technologies in overseas markets.
3. Use of Executive Director Designate programme to place paid executives into spinout company positions.
4. Lease of incubation space in University premises.

Current Management Processes / Mitigating Actions: *(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).*

1. Clear separation of responsibilities and constituent board representation between the University, ETF and OCC.
2. Agents will be appraised of the University's Anti-Bribery and Corruption policy and all contracts will be amended to include boilerplate provisions to cover bribery.
3. All contracts for EDD appointees will include boilerplate provisions covering the University's

Bribery and Corruption policies.
 4 . We have engaged Pinsent Masons to provide training to all ERI staff on the provisions of the Bribery Act.

Further Actions (set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes)	Responsibility	Completion Date
1. Complete awareness training for ERI staff on the Bribery Act	Hamish Macandrew	30 Nov. 2011
2. Commercial agreements to include appropriate provisions to cover the Bribery Act and incorporate University Policy (when published).	Nora Kellock	30 Nov. 2011

Reflective assessment of overall risk and status of procedures: (identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note)

We consider the overall risk to be low, but this will be further mitigated by incorporation of the new clauses in our agreements

Overall assessment of risk:	<i>H/M/L⁶</i>		<i>H/M/L</i>
Inherent Risk: (taking account of activities and culture - in the absence of any mitigation)	L	Residual Risk: (with current management controls and mitigating actions in place)	L

Senior Responsible Manager's Assessment of the exposure to corruption risk:	Yes/No	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily
Are the current management processes and mitigating actions operating satisfactorily?	Yes	
Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?	Yes	

⁶ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved

BRIBERY ACT REVIEW

The aim of this review is:

- to enable the Senior Responsible Manager to review and assess whether adequate procedures/controls are in place to prevent an act of bribery (involving staff and associated persons) and to identify what further actions should be undertaken to improve the procedures/controls
- to provide a documentary record that can demonstrate that the Senior Responsible manager has performed such an assessment
- to enable the Senior Responsible Manager to report their views of corruption risks affecting activities under their responsibility and to provide assurances to the Risk Management Committee, and through them, the University Court, that adequate procedures are in place or are being developed and being regularly reviewed. It forms part of the University's overall risk assessment process

Area of Review:

Edinburgh Technology Transfer Centre Limited

Senior Responsible Manager: <i>(has lead responsibility for management of Risk)</i>	Derek Waddell	Date:	29 September 2011
Risk Review prepared by:	Grant Wheeler		

Scenarios: *(identify and describe potential scenarios/circumstances where a member of staff or any person or entity performing services for or on behalf of the University might become involved in activities that carry risks of bribery/corruption - see section 4.4 of Guidance note).*

1. There are a number of relatively small risks associated with **internal processes, procedures and practices**, and in particular relating to the provision of premises to tenants companies of the terms of that provision. A potential tenant company may seek to unduly influence decisions made by ETTC Limited in respect of the above with gifts, hospitality, close personal relationships, etc.

Current Management Processes / Mitigating Actions: *(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).*

1. The risk noted in Scenario 1 is mitigated by a number of factors: (a) a standard set of occupancy terms exists effectively stipulating the terms of any provision of premises; (b) only the Head of Company Formation and Incubation may authorised a new Occupancy Agreement; (c) standard Occupancy Agreement documents are used in all cases which again limits the scope for preferential treatment of tenant companies or otherwise.
2. All communications between ETTC and tenant companies / potential tenant companies are filed digitally providing an auditable trail leading to any non-standard decision.

Further Actions *(set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation)*

Responsibility

Completion Date

processes)		
1. Formal record of gifts, hospitality, etc provided to ETTC staff as a cross check for any future investigations.	GW and DW	Tbc
2. Formal monthly review by GW of all relocations to and from ETTC premises and of the reasons for those relocations.	GW	Tbc
3. Tightening up of recording of all exchanges pertaining to current and potential occupancy agreements.		
4. Pinsent Masons to undertake training on the Bribery Act for all ERI staff.	GW	Tbc

Reflective assessment of overall risk and status of procedures: (*identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note*)

The scale of the risk identified is modest. ETTC's provision and the terms of that provision are well laid out and whilst there is necessarily some flexibility in terms, etc, exchanges leading to such decisions are generally recorded and easily reviewed. Management involvement in decisions also provides a cross-check. Finally, ETTC's provision as relatively low value and basic.

Overall assessment of risk:	H/M/L ⁷		H/M/L
Inherent Risk: (<i>taking account of activities and culture - in the absence of any mitigation</i>)		Residual Risk: (<i>with current management controls and mitigating actions in place</i>)	
Relatively low given the nature and value of work; the fact that several people are involved in most if not all decisions; and the fact that tenants are free to raise concerns and tend to do so with senior staff.	Low	The real improvement is modest as the baseline risk is relatively low. Procedurally, things are run better with the mitigating actions in place.	Low

Senior Responsible Manager's Assessment of the exposure to corruption risk:	Yes/No	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily
Are the current management processes and mitigating actions operating satisfactorily?	Yes	
Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?	No	Again, the procedural improvements proposed should resolve any remaining issues and concerns.


⁷ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved)

BRIBERY ACT REVIEW

The aim of this review is:

- to enable the Senior Responsible Manager to review and assess whether adequate procedures/controls are in place to prevent an act of bribery (involving staff and associated persons) and to identify what further actions should be undertaken to improve the procedures/controls
- to provide a documentary record that can demonstrate that the Senior Responsible manager has performed such an assessment
- to enable the Senior Responsible Manager to report their views of corruption risks affecting activities under their responsibility and to provide assurances to the Risk Management Committee, and through them, the University Court, that adequate procedures are in place or are being developed and being regularly reviewed. It forms part of the University's overall risk assessment process

Area of Review: Collaboration and Licensing Agreements

Senior Responsible Manager: <i>(has lead responsibility for management of Risk)</i>	Commercialisation Director (CD) 	Date:	19 August 2011
Risk Review prepared by:	Head of Comms (HoC)		

Scenarios: *(identify and describe potential scenarios/circumstances where a member of staff or any person or entity performing services for or on behalf of the University might become involved in activities that carry risks of bribery/corruption - see section 4.4 of Guidance note).*

1. Head of Business Development (HBD) is offered an inducement to favour a bio-pharmaceutical company with preferential terms for a particular collaboration or licensing deal, or to favour one bio-pharma company over others in bids to collaborate on a new technology or promising avenue of research.

Current Management Processes / Mitigating Actions: *(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).*

- As with capital raising decisions, collaboration and partnership agreements are reviewed by the university's lawyers, by the academics and clinicians engaged in the collaboration.
- In the case of collaboration agreements with bio-pharmaceutical companies, these agreements are also reviewed by in-house legal teams who are bound by their rules of professional conduct to report any perceived wrongdoing to their board.

Further Actions (set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes)	Responsibility	Completion Date
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Reflective assessment of overall risk and status of procedures: (identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note)

Overall assessment of risk:	<i>H/M/L⁸</i>		<i>H/M/L</i>
Inherent Risk: (taking account of activities and culture - in the absence of any mitigation)	L	Residual Risk: (with current management controls and mitigating actions in place)	L

Senior Responsible Manager's Assessment of the exposure to corruption risk:	Yes/No	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily
Are the current management processes and mitigating actions operating satisfactorily?	Y	
Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?	Y	


⁸ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved)

BRIBERY ACT REVIEW

The aim of this review is:

- to enable the Senior Responsible Manager to review and assess whether adequate procedures/controls are in place to prevent an act of bribery (involving staff and associated persons) and to identify what further actions should be undertaken to improve the procedures/controls
- to provide a documentary record that can demonstrate that the Senior Responsible manager has performed such an assessment
- to enable the Senior Responsible Manager to report their views of corruption risks affecting activities under their responsibility and to provide assurances to the Risk Management Committee, and through them, the University Court, that adequate procedures are in place or are being developed and being regularly reviewed. It forms part of the University's overall risk assessment process

Area of Review: Capital Raising and Investment Capital

Senior Responsible Manager: <i>(has lead responsibility for management of Risk)</i>	Commercialisation Director 	Date:	19 August 2011
Risk Review prepared by:	Head of Comms (HoC)		

Scenarios: *(identify and describe potential scenarios/circumstances where a member of staff or any person or entity performing services for or on behalf of the University might become involved in activities that carry risks of bribery/corruption - see section 4.4 of Guidance note).*

1. Head of Business Creation is offered an inducement to favour a particular provider of capital for a piece of technology/novel chemical entity/other in an auction process or otherwise offered inducements to engage with venture capital professionals on sub-optimal terms from the perspective of Edinburgh BioQuarter or its partners

Current Management Processes / Mitigating Actions: *(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).*

1. There are a number of mitigation strategies already in place as follows:
 - All investment decisions are reviewed by the University of Edinburgh's lawyers and by CD prior to being finalised
 - The company management team and their lawyers would have to agree to the terms and review all documentation associated with an investment deal
 - Wider efforts to raise capital for life sciences ventures in Edinburgh and Scotland are subject to review by the BioQuarter board and senior executives from Scottish Enterprise as well as the University of Edinburgh's lawyers

Further Actions (set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes)	Responsibility	Completion Date
Investment terms are discussed at ERI's monthly business formation meetings attended by BioQuarter Head of Business Development and chaired by CEO of ERI		

Reflective assessment of overall risk and status of procedures: (identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note)

Current risk mitigation strategies are believed to be equal to the low risk of inducement in this area, especially given the number of cross-checks by lawyers and other professionals representing the University's interests in this area.

Overall assessment of risk:	<i>H/M/L⁹</i>		<i>H/M/L</i>
Inherent Risk: (taking account of activities and culture - in the absence of any mitigation)	L	Residual Risk: (with current management controls and mitigating actions in place)	L

Senior Responsible Manager's Assessment of the exposure to corruption risk:	Yes/No	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily
Are the current management processes and mitigating actions operating satisfactorily?	Y	
Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?	Y	


⁹ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved

BRIBERY ACT REVIEW

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- to provide a documentary record that can demonstrate that the Senior Responsible manager has performed such an assessment
- to enable the Senior Responsible Manager to report their views of corruption risks affecting activities under their responsibility and to provide assurances to the Risk Management Committee, and through them, the University Court, that adequate procedures are in place or are being developed and being regularly reviewed. It forms part of the University's overall risk assessment process

Area of Review: BioQuarter Innovation Competition
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Senior Responsible Manager: <i>(has lead responsibility for management of Risk)</i>	Commercialisation Director (CD) 	Date:	19 August 2011
Risk Review prepared by:	Head of Comms (HoC)		

Scenarios: *(identify and describe potential scenarios/circumstances where a member of staff or any person or entity performing services for or on behalf of the University might become involved in activities that carry risks of bribery/corruption - see section 4.4 of Guidance note).*

1. HoC is offered inducements by corporate sponsor to favour them as sponsors of the next iteration of the Innovation Competition
2. Any member of the judging panel and/or HoC are offered inducements by a competitor to ensure that their entry wins a prize.

Current Management Processes / Mitigating Actions: *(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).*

2. Mitigating Strategy is that all competing bids to sponsor innovation competition are reviewed by CD before agreements are reached. This includes CD vetting the process by which a particular sponsor approached HoC and came to agree their sponsorship.
3. Mitigating Strategy is that all judging decisions pass through two rounds of judging (BioQuarter team and panel of judges from sponsors plus independent industry professional), followed by a review of their decision by the Chairman of judges, who is also independent. In this way it is effectively impossible for a bribed judge to successfully influence the outcomes of the competition by acting alone.

Further Actions <i>(set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes)</i>	Responsibility	Completion Date
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None required		
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Reflective assessment of overall risk and status of procedures: *(identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note)*

We believe that the current risk mitigation strategies are adequate to the task, with the senior responsible manager being closely involved in the appointment of sponsors for the competition, in the case of the first instance of risk. In the second instance, we believe that the existence of three levels of judging, two of which are independent of the BioQuarter team, reduce the risk that any individual judge would be compromised.

Overall assessment of risk:	<i>H/M/L¹⁰</i>		<i>H/M/L</i>
Inherent Risk: <i>(taking account of activities and culture - in the absence of any mitigation)</i>	M	Residual Risk: <i>(with current management controls and mitigating actions in place)</i>	L

Senior Responsible Manager's Assessment of the exposure to corruption risk:	Yes/No	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily
Are the current management processes and mitigating actions operating satisfactorily?	Y	
Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?	Y	

¹⁰ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved)

BRIBERY ACT REVIEW

The aim of this review is:

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- to provide a documentary record that can demonstrate that the Senior Responsible manager has performed such an assessment
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Area of Review: BioQuarter Marketing Services Procurement
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<p>Senior Responsible Manager: <i>(has lead responsibility for management of Risk)</i></p>	<p>Commercialisation Director (CD)</p> <div style="text-align: center; margin: 10px 0;">  </div>	<p>Date:</p>	<p>11 August 2011</p>
<p>Risk Review prepared by:</p>	<p>Head of Comms (Hoc)</p>		

Scenarios: *(identify and describe potential scenarios/circumstances where a member of staff or any person or entity performing services for or on behalf of the University might become involved in activities that carry risks of bribery/corruption - see section 4.4 of Guidance note).*

1. HoC is the subject of bribes or inducements to offer work to providers of marketing services
2. Providers of marketing services sell services at inflated rates, e.g. poor use of university procurement policy leads to marketing services providers over-charging for their services in an uncompetitive fashion

Current Management Processes / Mitigating Actions: *(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).*

1. University procurement policy dictates that all procurement of outside goods and services should be subject to at least three quotations from separate organisations.
2. HoC maintains records of all bids for work to be undertaken in paper and electronic format
3. CD as overall responsible manager for Bioquarter reviews all procurement decisions before they become final with HoC on a bi-weekly basis. HoC procures quotations from suppliers and recommends a lead bidder to CD for final approval. This provides a back-stop against any bias or bribery of HoC by service providers.

Further Actions (set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes)	Responsibility	Completion Date
1. Head of Operations, to independently review marketing spend against budget on a quarterly basis	Head of Ops	
2. Marketing budget to be available for scrutiny by BioQuarter board/College of Medicine management as required.	HoC/CD	

Reflective assessment of overall risk and status of procedures: (identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note)

Current processes include the University's procurement policy, which is being followed in the marketing services area. Bi-weekly interventions by CD as the Senior Responsible manager also ensure that correct practice is being followed. The introduction of a further review by our Head of Operations on a quarterly basis, plus the scrutiny of the BioQuarter board on a bi-annual basis and the opportunity as needed for CMVM management to review our marketing spend should be sufficient to protect BioQuarter against corrupt practice in this area.

Overall assessment of risk:	<i>H/M/L¹¹</i>		<i>H/M/L</i>
Inherent Risk: (taking account of activities and culture - in the absence of any mitigation)	M	Residual Risk: (with current management controls and mitigating actions in place)	L

Senior Responsible Manager's Assessment of the exposure to corruption risk:	Yes/No	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily
Are the current management processes and mitigating actions operating satisfactorily?	Y	
Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?	Y	


¹¹ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved)

BRIBERY ACT REVIEW

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Area of Review: BioQuarter Property Marketing Services Procurement

<p>Senior Responsible Manager: <i>(has lead responsibility for management of Risk)</i></p>	<p>Commercialisation Director (CD)</p> <div style="text-align: center; margin-top: 20px;">  </div>	<p>Date:</p>	<p>11 August 2011</p>
<p>Risk Review prepared by:</p>	<p>Head of Comms (HoC)</p>		

Scenarios: *(identify and describe potential scenarios/circumstances where a member of staff or any person or entity performing services for or on behalf of the University might become involved in activities that carry risks of bribery/corruption - see section 4.4 of Guidance note).*

1. HoC is the subject of bribes or inducements to provide work to contractors for Nine, The BioQuarter
2. Prospective tenants seek to bribe HoC to procure improved terms and conditions from Scottish Enterprise by falsely/overstating the strength of their covenant in terms of the novelty of their scientific approach, difficulty of finding funding, or other means
3. Providers of professional services provide inducements to HoC to favour them over other BioQuarter business partners in arranging business relationships with BioQuarter start-up companies.

Current Management Processes / Mitigating Actions: *(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).*

4. All relationships with contractors are managed by Scottish Enterprise and relationships with these firms are managed by SE. In the event that a contractor were to approach HoC, the bid would in any case be referred to SE and covered by SE's own procurement policy.
5. All developed tenancy discussions are referred to CD as the Senior Responsible Manager on a bi-weekly basis. CD is able to independently assess covenant strength for prospective tenants and advise Scottish Enterprise, the landlords and managers of the tenancy process, as to the covenant strength of a particular prospective tenant.

6. Business service providers (e.g. lawyers, designers, accountants, etc) are reviewed by CD as Senior Responsible Manager before they are included on the BioQuarter website. CD and HoC review activity together across the board on a bi-weekly basis, including any new business relationships between service providers and BioQuarter spin-out companies.

Further Actions (set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes)	Responsibility	Completion Date
1. Mike Capaldi to be informed of any new contractual relationships between business services providers as they arise, with particular regard to ensuring that due process has been followed with regard to procurement.	CD	ongoing

Reflective assessment of overall risk and status of procedures: (identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note)

There is a need to introduce a further layer of risk management in this area with regard to business service providers and their relationships with BioQuarter spin-outs, since there is a moderate risk that BioQuarter staff could be subject to inducement by professional service firms.

The stipulation above that all professional service contracts by **pre-revenue** BioQuarter firms must be approved by CD will go a long way to mitigating this risk.

Overall assessment of risk:	<i>H/M/L</i> ¹²		<i>H/M/L</i>
Inherent Risk: (taking account of activities and culture - in the absence of any mitigation)	M	Residual Risk: (with current management controls and mitigating actions in place)	L

Senior Responsible Manager's Assessment of the exposure to corruption risk:	Yes/No	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily
Are the current management processes and mitigating actions operating satisfactorily?	Y	
Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?	Y	

¹² Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved)

BRIBERY ACT REVIEW

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- to enable the Senior Responsible Manager to report their views of corruption risks affecting activities under their responsibility and to provide assurances to the Risk Management Committee, and through them, the University Court, that adequate procedures are in place or are being developed and being regularly reviewed. It forms part of the University's overall risk assessment process

Area of Review: Accommodation Services – Business development
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Senior Responsible Manager: <i>(has lead responsibility for management of Risk)</i>	Chris Barnes	Date:	
Risk Review prepared by:	Chris Barnes		29 September 2011

Scenarios: *(identify and describe potential scenarios/circumstances where a member of staff or any person or entity performing services for or on behalf of the University might become involved in activities that carry risks of bribery/corruption - see section 4.4 of Guidance note).*

1. The area of 'hospitality and gifts' is clearly open to some [very low] risk but there is no evidence that these are material.
2. In overall terms the concept of bribery typically requires both parties to benefit and there are no obvious areas where anything like material benefit could be accrued; potential scenarios might however include ...
3. Within Reception, it is conceivable someone could accept a bribe in return for 'free' accommodation.
4. Staff across all commercial areas (sales, groups, conference & events) could accept bribes in return for 'specially discounted' prices or FOC 'added value' services.
5. Members of the Student Allocations team could take bribes to facilitate individual students [potentially even students not actually guaranteed an offer of accommodation] into their specific choice of accommodation; given the amount of stock on offer at whatever times of the year, there is little that can be done here.

Current Management Processes / Mitigating Actions: *(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).*

Refer to items 1-5 above ...

1. Staff are aware such things must be notified to line managers and typically they only materialise after an event as a 'thank you' for services provided; such 'rewards' are anyway usually shared out among colleagues and it is unlikely such hospitality and gifts could be considered a bribe as they are proportionate to the relevant activity.
2. n/a

3. This would be picked up by our housekeeping staff reporting the need to service a supposedly unoccupied room; our processes provide for this on a daily basis. As it is, only appropriate team leaders and managers can actually 'zeroise' rates anyway.
4. All staff across all commercial areas are advised/briefed as to the limits they can apply to tariffs and rates on our systems and audits are carried out regularly to ensure average returns are in line with expectations; exceptions are investigated. Bookings above certain levels are always checked/approved by appropriate line managers.
5. The risks are very low given (a) the majority of students in a normal year would usually get either their first or second preference anyway, (b) the proximity of the team members to each other would tend to preclude such negotiations and (c) the students are unlikely to be in Edinburgh so the logistics involved would be challenging.

Further Actions (set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes) N/A	Responsibility	Completion Date	
Reflective assessment of overall risk and status of procedures: (identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note) N/A			
Overall assessment of risk: Inherent Risk: (taking account of activities and culture - in the absence of any mitigation)	<i>H/M/L</i> ¹³ L	Residual Risk: (with current management controls and mitigating actions in place)	<i>H/M/L</i> L

Senior Responsible Manager's Assessment of the exposure to corruption risk: Are the current management processes and mitigating actions operating satisfactorily? Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?	Yes/No Y Y	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily
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¹³ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved)

BRIBERY ACT REVIEW

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- to enable the Senior Responsible Manager to report their views of corruption risks affecting activities under their responsibility and to provide assurances to the Risk Management Committee, and through them, the University Court, that adequate procedures are in place or are being developed and being regularly reviewed. It forms part of the University's overall risk assessment process

Area of Review: Accommodation Service - Catering

Senior Responsible Manager: <i>(has lead responsibility for management of Risk)</i>	Ian Macaulay	Date:	12 th September 2011
Risk Review prepared by:	Ian Macaulay		

Scenarios: *(identify and describe potential scenarios/circumstances where a member of staff or any person or entity performing services for or on behalf of the University might become involved in activities that carry risks of bribery/corruption - see section 4.4 of Guidance note).*

1. In purchasing food or beverage a supplier offers free products for the employees personal home or other free items e.g. tickets to shows to secure new business
2. A supplier substitutes products with another item to hide a benefit to an employee e.g. flowers for a partner from a fruit and veg supplier hidden or charged as an extra case of fruit
3. A financial contribution is made cash in hand to secure a contract

Current Management Processes / Mitigating Actions: *(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).*

1, Reference all three scenarios above. All food and beverage items are purchased as per both TUCO UK national and APUC Scottish regional agreements which have followed public sector procurement guidelines with PQQ's, ITT's etc. In addition there are some local agreements. Accommodation Services operates a centralised computerised stock management system "Saffron", and no item can be added to the system without the agreement of the Kitchens Manager or Assistant Director. The process to add involves:

New products with existing suppliers

- For an existing supplier a product price is negotiated if a new product is required by the Kitchens Manager (has delegated authority from the Assistant Director) and this is then informed to the Assistant Director.

- The item is then added to the stock system database by the Catering Systems and Administration Assistant with a go live date and correct price.
- If a student item of commercial item this is controlled in terms of what the outward unit manager or head chefs can see and then they can order the item through the system by raising a Purchase order
- Delivery note on goods receipt is then matched to the purchase order
- When invoice arrives the value is checked but the matching of the invoice if undertaken by the AS management accounts team, with matching in Saffron so a delivery note must be present and can only be created if the item is in the database.

New suppliers and new products

- Any new supplier must be set up and agreed with Assistant Director and AS finance team. It must also be part of a consortium procurement agreement and only difference is if sourcing specific products for commercial work or fair-trade items or items to benefit food miles etc.
- Main finance set up on E-Financials
- AS Finance set up on "Saffron"
- Then stage above applies with item is then added to the stock system by the Catering Systems and Administration Assistant with a go live date and correct price.

In Addition

Random stock counts by AS Financial accounts monthly & stock counts undertaken in units monthly

Stock values provided manually by management accounts to Assistant Director in order to analyse any variances

As per job description Kitchens Manager who has delegated responsibility to meet suppliers (only person) is set KPI's to achieve as per budget on food and bev cost, so controls are limited to one person reporting into the Assistant Director.

Further Actions <i>(set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes)</i>	Responsibility	Completion Date
1.None		

Reflective assessment of overall risk and status of procedures: *(identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note)*

For all above it is not possible for items to come in through a back door route as cannot be ordered in by telephone, must go in "saffron" and will be noticed by a range of staff from ordering, stock receiving and ultimate invoice settlement. An invoice with no PO or delivery note would be challenged and also could not be paid as would have to be set up on the Saffron system prior, and the Kitchens Manager does not set up new items but informs an administrator to set up

All unit managers are fully informed in meetings in advance of new products coming onto "Saffron" so it would not be possible to by- pass the system for a supplier to get access to the University and get a share of some of its catering spend in return for a bribe.

The University catering team also have a largely rationalised and standardised range of products throughout all the units in comparison to size and value of annual spend.

The Assistant Director is the University TUCO contact and on the APUC UIG so has a separated role from the Kitchens Manager who meets the suppliers daily to prevent any conflict and thus ensures that the Assistant Director is fully informed of contract suppliers in advance of Kitchens Manager

Overall assessment of risk:	<i>H/M/L¹⁴</i>		<i>H/M/L</i>
Inherent Risk: <i>(taking account of activities and culture - in the absence of any mitigation)</i>	L	Residual Risk: <i>(with current management controls and mitigating actions in place)</i>	L

Senior Responsible Manager's Assessment of the exposure to corruption risk:	Yes/No	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily
Are the current management processes and mitigating actions operating satisfactorily?	YES	
Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?	YES	

¹⁴ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved

BRIBERY ACT REVIEW

The aim of this review is:

- to enable the Senior Responsible Manager to review and assess whether adequate procedures/controls are in place to prevent an act of bribery (involving staff and associated persons) and to identify what further actions should be undertaken to improve the procedures/controls
- to provide a documentary record that can demonstrate that the Senior Responsible manager has performed such an assessment
- to enable the Senior Responsible Manager to report their views of corruption risks affecting activities under their responsibility and to provide assurances to the Risk Management Committee, and through them, the University Court, that adequate procedures are in place or are being developed and being regularly reviewed. It forms part of the University's overall risk assessment process

Area of Review: Accommodation Services - Property and Residential Services

Senior Responsible Manager: <i>(has lead responsibility for management of Risk)</i>	Liz Beattie	Date:	16 th September 2011
Risk Review prepared by:	Liz Beattie		

Scenarios: *(identify and describe potential scenarios/circumstances where a member of staff or any person or entity performing services for or on behalf of the University might become involved in activities that carry risks of bribery/corruption - see section 4.4 of Guidance note).*

1.d business opportunity risk – high value ventures
This area covers work to the estate.

2.e relationships with third parties – e.g property owners /students /commercial guests

3.f all apply

Current Management Processes / Mitigating Actions: *(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).*

External work is procured by E&B and large works are covered by the Universities procurement processes.

Recruitment is covered by following of HR processes which are monitored.

Payment of accounts - procedures are in place to ensure counter signing of invoices, all contractual work is signed off either at AD level or Senior Manager level usually both all as agreed by University audit.

Rules are in place with regard receipt of gifts- boxes of chocolates (if not excessive) can be retained if they are a thank you for services rendered. Anything else is handed in centrally for Christmas charity raffle. Contractors who give personal gifts to staff are contacted and advised of policy.

Domestic staff do sometimes get gifts from their students at the end of the year, these are thank you not bribes and we do not interfere with these gifts although money is discouraged.

Invitations from contractors or property developers to dinners lunches etc are usually politely turned

down if acceptance is deemed appropriate it will always be discussed with a senior member or staff for approval.

Further Actions (set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes)	Responsibility	Completion Date
1. None		

Reflective assessment of overall risk and status of procedures: (identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note)

Procedures are appropriate to the potential risks

Overall assessment of risk:	<i>H/M/L</i> ¹⁵		<i>H/M/L</i>
Inherent Risk: (taking account of activities and culture - in the absence of any mitigation)	L	Residual Risk: (with current management controls and mitigating actions in place)	L

Senior Responsible Manager's Assessment of the exposure to corruption risk:	Yes/No	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily
Are the current management processes and mitigating actions operating satisfactorily?	Yes	
Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?	Yes	

¹⁵ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved)

BRIBERY ACT REVIEW

The aim of this review is:

- to enable the Senior Responsible Manager to review and assess whether adequate procedures/controls are in place to prevent an act of bribery (involving staff and associated persons) and to identify what further actions should be undertaken to improve the procedures/controls
- to provide a documentary record that can demonstrate that the Senior Responsible manager has performed such an assessment
- to enable the Senior Responsible Manager to report their views of corruption risks affecting activities under their responsibility and to provide assurances to the Risk Management Committee, and through them, the University Court, that adequate procedures are in place or are being developed and being regularly reviewed. It forms part of the University's overall risk assessment process

Area of Review: Accommodation Services - Residence Life
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Senior Responsible Manager: <i>(has lead responsibility for management of Risk)</i>	Lynne Duff	Date:	7-9-11
Risk Review prepared by:	Lynne Duff		

Scenarios: *(identify and describe potential scenarios/circumstances where a member of staff or any person or entity performing services for or on behalf of the University might become involved in activities that carry risks of bribery/corruption - see section 4.4 of Guidance note).*

1. Residential staff – No risk. Students may leave residential staff small thank you gifts e.g. chocolates at the end of the academic year.
2. Full Time Residence Life staff – Potential risk re recruitment to residential post.
3. Assistant Director – Residence life, potential risk re requests to be released from lease.

Current Management Processes / Mitigating Actions: *(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).*

Scenario 2. As with all U of E depts. we use the prescribed recruitment policy. There is no evidence to show that there has ever been an inducement offered to influence the outcome of the recruitment process. All paperwork associated with recruitment process available for review.

Scenario 3. Policy is in place and AD reports monthly to SMG detailing number of students and reasons for approval. All correspondence including supporting documentation is available for review. There has, to date, never been an inducement offered to influence the decision to release from lease.

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Further Actions <i>(set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes)</i>	Responsibility	Completion Date
1.n/a		

<p>Reflective assessment of overall risk and status of procedures: <i>(identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note)</i></p> <p>Risks are very low and procedures are adequate to protect against risk</p>
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Overall assessment of risk:	<i>H/M/L¹⁶</i>		<i>H/M/L</i>
Inherent Risk: <i>(taking account of activities and culture - in the absence of any mitigation)</i>	L	Residual Risk: <i>(with current management controls and mitigating actions in place)</i>	

Senior Responsible Manager's Assessment of the exposure to corruption risk:	Yes/No	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily
Are the current management processes and mitigating actions operating satisfactorily?	Y	
Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?	Y	

¹⁶ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved)

BRIBERY ACT REVIEW

The aim of this review is:

- to enable the Senior Responsible Manager to review and assess whether adequate procedures/controls are in place to prevent an act of bribery (involving staff and associated persons) and to identify what further actions should be undertaken to improve the procedures/controls
- to provide a documentary record that can demonstrate that the Senior Responsible manager has performed such an assessment
- to enable the Senior Responsible Manager to report their views of corruption risks affecting activities under their responsibility and to provide assurances to the Risk Management Committee, and through them, the University Court, that adequate procedures are in place or are being developed and being regularly reviewed. It forms part of the University's overall risk assessment process

Area of Review: Accommodation Services – Support Services
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Senior Responsible Manager: <i>(has lead responsibility for management of Risk)</i>	Claire Barnish	Date:	7 th Sept 2011
Risk Review prepared by:	Claire Barnish		

Scenarios: *(identify and describe potential scenarios/circumstances where a member of staff or any person or entity performing services for or on behalf of the University might become involved in activities that carry risks of bribery/corruption - see section 4.4 of Guidance note).*

1. W/off of student debt

2. W/off commercial debt

Current Management Processes / Mitigating Actions: *(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).*

It is possible that staff who have day to day contact with customers maybe influenced to clear money due to UofE via credit note or write off

All transactions of above nature are reviewed by managers.

In addition, all debts that are proposed for w/off have to be signed off by ADSS.

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Further Actions <i>(set out further steps required to be implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes)</i>	Responsibility	Completion Date
1. None required		

<p>Reflective assessment of overall risk and status of procedures: <i>(identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note)</i></p> <p>Procedures are believed to be appropriate to the potential risks.</p>

Overall assessment of risk:	<i>H/M/L¹⁷</i>		<i>H/M/L</i>
Inherent Risk: <i>(taking account of activities and culture - in the absence of any mitigation)</i>	L	Residual Risk: <i>(with current management controls and mitigating actions in place)</i>	L

Senior Responsible Manager's Assessment of the exposure to corruption risk:	Yes/No	If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily
Are the current management processes and mitigating actions operating satisfactorily?	YES	
Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?	YES	

¹⁷ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved)

BRIBERY ACT REVIEW

The aim of this review is:

- to enable the Senior Responsible Manager to review and assess whether adequate procedures/controls are in place to prevent an act of bribery (involving staff and associated persons) and to identify what further actions should be undertaken to improve the procedures/controls
- to provide a documentary record that can demonstrate that the Senior Responsible manager has performed such an assessment
- to enable the Senior Responsible Manager to report their views of corruption risks affecting activities under their responsibility and to provide assurances to the Risk Management Committee, and through them, the University Court, that adequate procedures are in place or are being developed and being regularly reviewed. It forms part of the University's overall risk assessment process

Area of Review: Research Into Use Programme (wholly funded by DFID) managed under RIR
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Senior Responsible Manager: <i>(has lead responsibility for management of Risk)</i>	Andy Frost	Date:	30 th September 2011
Risk Review prepared by:	Andy Frost		

Scenarios: *(identify and describe potential scenarios/circumstances where a member of staff or any person or entity performing services for or on behalf of the University might become involved in activities that carry risks of bribery/corruption - see section 4.4 of Guidance note).*

1. The RIU operates in a number of overseas countries primarily Kenya, Tanzania, Rwanda and Nigeria from July 2011 but retaining lesser involvement in Malawi, Sierra Leone and Zambia
2. The RIU commissions research into use activities in these countries
3. Increasingly the RIU is moving towards commercialisation of these activities as a mechanism to bring about sustainable benefit for poor communities.

Current Management Processes / Mitigating Actions: <i>(identify the activities and processes that are currently in place to prevent bribery/corrupt activity, Where a specific risk has been identified in</i>

the "Scenarios" section above, a separate response is required in relation to current processes and mitigating actions in place. Where there are general compliance controls or procedures in place, these should also be noted. Also note how you obtain assurance that the procedures/controls are operating satisfactorily; how would know that the risk of a bribery offence is not being adequately managed, - see section 4.5 of Guidance note).

Scenario 1: The **RIU operates in a number of overseas countries** primarily Kenya, Tanzania, Rwanda and Nigeria from July 2011 but retaining lesser involvement in Malawi, Sierra Leone and Zambia

- RIU involvement is managed by a local team who have been recruited via interview and references checked. These teams have now been in post for some years now which has built up a high degree of trust. All of the local team members are under contract with TORS and a regular review process is in place.

Scenario 2: The **RIU commissions research** into use activities in these countries

- Any commissioning of work is done by RIU management in the University – there are no contracts let locally. All contracts/TORS are discussed prior to any contract being let.
- As the RIU follows on from an 11-year research strategy most of the suppliers are well known (these are primarily established research institutes) and have a proven track record of delivery.
- When new players are involved e.g. under the RIU Best Bet Initiative a due diligence process was undertaken prior to any contract being let.

Scenario 3: Increasingly the RIU is moving towards commercialisation of these activities as a mechanism to bring about sustainable benefit for poor communities.

- The RIU is working with H2O Venture Partners who have an established track record of commercialisation of academic research. As with any other supplier H2O are under contract and regular review meetings are held. H2O do not let any contracts with RIU monies.

Further Actions (set out further steps required to be	Responsibility	Completion
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<p><i>implemented as part of anti-corruption compliance and any planned enhancements to the existing management /mitigation processes)</i></p> <p>With all three scenarios to make teams more aware of this issue and make this part of any induction training. Furthermore to ensure quality records are kept of decision making processes</p>	<p>Andy Frost</p>	<p>Date</p> <p>ASAP</p>
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Reflective assessment of overall risk and status of procedures: *(identify and reflect on the current adequacy of procedures - see section 4.6 of Guidance note)*

Procedures are in place which primarily follow-on from those adopted for research grant management. However, as the RIU moves more and more into a commercial world then management need to be alert and this is something that should be discussed with the client, DFID.

<p>Overall assessment of risk:</p> <p>Inherent Risk: <i>(taking account of activities and culture - in the absence of any mitigation)</i></p>	<p>H/M/L¹⁸</p> <p>Medium</p>	<p>Residual Risk: <i>(with current management controls and mitigating actions in place)</i></p>	<p>H/M/L</p> <p>Medium</p>
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<p>Senior Responsible Manager's Assessment of the exposure to corruption risk:</p> <p>Are the current management processes and mitigating actions operating satisfactorily?</p> <p>Do the current management processes and mitigating actions, provide you with assurance that adequate procedures are in place to prevent bribery and corrupt activity?</p>	<p>Yes/No</p> <p>YES</p> <p>YES</p>	<p>If no, please explain and indicate the timescale by which you believe adequate procedures will be in place and operating satisfactorily</p>
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¹⁸ Please provide an initial assessment of your view of the risk, taking consideration of the inherent potential for bribery or corruption (e.g. working with people from different cultures, where significant money is involved, where there is the potential for other personal gain etc) and the scenarios, and also the extent to which policies and procedures are in place (H – procedures significantly lacking; M- some policies and procedures in place but more work to be done; L – policies and procedures largely in place and being continuously improved

Bribery Act Review

Overseas student field-trips

Scope:

Overseas field-trips that form part of an undergraduate or taught postgraduate curriculum that are organised by UoE staff or associated staff *and* overseas field-work undertaken (and usually organised by) UG or PGT students, usually as part of their dissertations or vocational training/experience.

Scenario 1

A member of staff, whilst seeking value for money, books a party onto a scheduled airline and receives as a 'thank-you' a free return flight to Barbados. (Note that I have not uncovered any instance of such 'passive bribery'.)

Mitigating actions: Two current University policies make this an unlikely scenario:

- a) All travel must be organised through the university-appointed travel agents. If the appointed agents are not able to provide a value for money service then Procurement to work with Schools to ensure that suppliers are identified and processes in place to ensure that staff are not liable to be offered any personal incentives.
- b) The university already has guidelines on the acceptance of gifts (and hospitality) which would preclude acceptance of the ticket to Barbados.

Further actions: None, unless the newly-appointed travel agents are not able to provide value for money.

Overall assessment of risk: Low (Residual risk also low)

Scenario 2

A member of staff responsible for organising a fieldtrip in a place where local knowledge is essential (e.g. Kenya) makes the arrangements via an informal arrangement with a third party. This 'facilitator' organises accommodation, internal travel, permits to travel. He is paid in cash for these services and provides receipts.

Mitigating actions: At present none, besides the requirement that cash advances are backed up by receipts – often from the 'facilitator'. The 'facilitator's role may include passing over small sums of money, e.g. to ensure that a hire car remains available or perhaps that luggage is not held up at customs (these are guesses, not knowledge). Might this constitute intention to bribe a foreign official – regardless of the trivial amount of benefit to either party? Actually, I think it might fall under corporate failure to prevent bribery. Not sure. Probably both or either.

Further actions:

- a) We could make the appointment of such facilitators more formal and have a letter of agreement that ensures they do not commit an act of bribery whilst in some way acting on our behalf. This seems to me to be likely to be unworkable, unenforceable, and unnecessary given the amounts of money changing hands. There is no real business advantage accruing.

b) The risk assessment form for fieldwork should include a section on the Bribery Act. Risk Assessment forms are useful not so much for the oversight they provide as for the opportunity for self-reflection that they provide. I understand that they are not uniformly used across the University (and travel insurance is not routinely applied for either). It seems to me that the University must insist on such forms being completed for fieldwork overseas and that this needs to be backed up by some training on all the risks – including that of falling foul of the Bribery Act. Currently the H&S forms (and culture) are ‘owned’ by the University H&S Department and therefore perhaps less used and useful than they might be.

¹⁹

Overall assessment of risk: low to medium. With more awareness and training and completion of Risk Assessment Forms, Low.

Scenario 3

This is not really a new scenario, but to point out that in this College at least, we have several degrees that are essentially organised by people who are not employees of this University. These staff (e.g. from SAC and BGS) are often the chief organisers of overseas field-trips. I am assuming that that again we would have corporate liability as these will be ‘associated persons’. Note that we could have (do have) both Scenarios 2 and 3 concurrently. Again, I think what risks there are could be mitigated by training and proper consideration and completion of the risk assessment form. In all instances MoUs are in place that would not specifically relate to the Bribery Act but mention the need to abide by UoE Regulations.

Scenario 4

Honours or PGT students are undertaking field-work overseas as part of their dissertation research or, e.g. in Vet School, as a placement to further their vocational training. Are we responsible for students’ actions under these circumstances? I do not believe that we are as they are not performing services on or behalf of the University. Or might this fall under corporate failure to prevent bribery in that we are not providing instruction/risk assessment for our students on this aspect of their learning/research? Certainly the organisation (UOE) would not gain any business advantage from the students’ actions, so perhaps the risk is anyway minimal. But might they be personally liable for, e.g. bribery of a foreign public official?

¹⁹ H&S need to make it clear what areas of risk assessment are absolutely crucial - like risk assessment for student fieldwork - and which can be treated in a slightly more cavalier manner - like filling in an overseas travel risk assessment for a week’s conference in Paris ☺

The University of Edinburgh

Risk Management Committee

26 September 2012

**Risk Management Annual Questionnaire Return - Period 1 August 2011 to
31 July 2012**

Brief description of the paper

The paper provides a summary of responses from Colleges, Support Groups, the Principal's Office and University Subsidiary Companies, together with copies of the individual Risk Management Annual Questionnaires for the period 1 August 2011 to 31 July 2012.

Action requested

For comment

Resource implications

Does the paper have resource implications? No

Risk Assessment

Does the paper include a risk analysis? No

Equality and Diversity

Does the paper have equality and diversity implications? No

Any other relevant information

None

Originator of the paper

Nigel Paul
Director of Corporate Services
September 2012

Freedom of information

Can this paper be included in open business? No, Its disclosure would constitute a breach of the Data Protection Act. The paper is to remain closed indefinitely.

The University of Edinburgh

Risk Management Committee

26 September 2012

Report on the Law and Regulation Return 2011-12

Brief description of the paper

The paper reports on the responses made to the Law and Regulation return which is requested from Heads of College, Support Group, School and Planning unit.

Action requested

For information

Resource implications

Does the paper have resource implications? No

Risk Assessment

Does the paper include a risk analysis? No

Equality and Diversity

Does the paper have equality and diversity implications? No

Any other relevant information

None

Originators of the paper

Liz Welch, Assistant Director of Finance
Graham Bailey, Senior Financial Accountant

Freedom of information

Can this paper be included in open business? Yes

Law & Regulation Return 2011-12

As part of the financial year end process and to assist Court to fulfil its responsibilities with regard to law and regulation, the Law and Regulation return was circulated to Heads of College, Support Group, School and Planning Unit. The return required each of the 52 senior management recipients to confirm if they were aware of any breaches of laws or regulations relevant to the conduct of the University's business which could have an effect on the University's ability to conduct that business and therefore impact on the financial statements for the year. Only items which could have an impact in excess of £200,000 were to be considered.

The return was circulated on 3rd August and a full response has been received at the date of this report and will be available for review by KPMG at the commencement of the external audit on 24th September 2012. All respondents have confirmed that they are not aware of any such breaches of laws and regulations. One instance of a breach of the Data Protection Act which was dealt with by the relevant School was reported on this return.

Graham Bailey
Senior Financial Accountant

Liz Welch
Assistant Director of Finance

19 September 2012

The University of Edinburgh

Risk Management Committee

26 September 2012

Report on the KPMG Audit Questionnaire 2011-12

Brief description of the paper

The Audit Questionnaire is compiled by the University's external auditors and circulated on their behalf by the Finance Department at the financial year end. This paper reports on the process and the initial findings from a review of the responses received from the University's Schools and Planning units. A brief update on the response position and any matters arising from the final review will be provided to the meeting.

Action requested

For information

Resource implications

Does the paper have resource implications? No

Risk Assessment

Does the paper include a risk analysis? No

Equality and Diversity

Does the paper have equality and diversity implications? No

Any other relevant information

None

Originator of the paper

Liz Welch, Assistant Director of Finance
Graham Bailey, Senior Financial Accountant

Freedom of information

Can this paper be included in open business? Yes

KPMG Audit Questionnaire 2011-12

The KPMG Audit Questionnaire (copy attached) was distributed by the Finance Department on behalf of KPMG, the University's external auditor, with the 2011-12 accounting year end instructions. The return was circulated to Colleges and Schools, Support Groups and Planning Units. Each unit was asked to complete and return the questionnaire to Financial Accounting in the first instance with a response date of 27th August 2012. The timing was designed to facilitate a further review of School returns this year by College Offices and Finance teams prior to the preparation of this report and the submission of the complete set to KPMG.

At the date of this paper the initial level of responses covered 42 (2011: 43) of the 47 areas for which the requirement for a return was identified. Financial Accounting continues to pursue responses for the remaining areas by 24th September, in order to achieve a 100% response rate prior to the commencement of the external audit on that day.

The main aims of the questionnaire are:

- to inform the External Audit team of high risk areas, thus enabling them to effectively target their resources during the audit;
- to aid the Finance Department in identifying potential non-compliance with University financial regulations and weaknesses in financial control.

As with last year the questionnaire covers the following key risk areas:

- external non research income or individual projects with a value in excess of £50,000;
- externally funded research income with a value in excess of £50,000 and staff consultancy;
- banking arrangements out-with Central Finance administration;
- fixed assets including insurance, purchases and disposals;
- company formation and directorships;
- awareness of fraud and error;
- Staff payroll confirmation;
- New partnerships or joint ventures and other contractual arrangements with third parties
- Leases and:
- responsibility and methodology for establishing year end expenditure accruals;

A brief update on responses and any significant matters arising will be provided to the meeting.

Graham Bailey
Senior Financial Accountant

Liz Welch
Assistant Director of Finance
19 September 2012

School or Support Group Department:

Main Cost Centre Code:

Other Cost Centres Included:,,

Completed by:

Job title:

Each College, School, Support Group and Planning Unit should complete a Questionnaire and submit it to :
 Financial Accounting Section, 9-16 Chambers Street EH1 1HT, f.a.o. KPMG Audit **by 27 August 2012.**
 The returns should cover the activity of all Units, Divisions and Cost Centres comprising each School or
 Planning Unit and where appropriate the areas covered should be identified.

YES NO

1 Other income

1.1 Has the Department generated any of its own income in the year to 31 July 2012, aside from teaching and research activity?

1.2 Is this income greater than £50k?

If no, please go to question 1.5

Please identify the main activities which have generated this income, and the approximate amounts in each case

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1.3 Has the Department allocated costs against this income in line with finance department guidelines (eg by setting up a separate project code, where appropriate)?

1.4 Are there any projects with income in excess of £50k which will run over the year end (31 July 2012)?

If the answer is yes to the above question please provide details

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1.5 How does the Department ensure all income accruals are identified at the year end?

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kpmg
1.6

Are there any amounts invoiced at 31 July 2012 or to be accrued in accordance with central instructions which are unlikely to be recovered?

If the answer is yes to the above question please provide details

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1.7 Has the Department received any donations in the year to 31 July 2012?

If no, please go to question 2

1.7 Were there any individual donations received which were greater than £10k?

If the answer is yes to the above question please provide details of each donation above £10k, including any restrictions on the use of the donation

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1.8 Were the total of donations received greater than £50k?

2 Externally funded research

2.1 Does externally funded research in your Department account for more than £50k of the Department's income?

If no, please go to question 3

2.2 Have you any projects where there are on-going disputes in terms of project deliverables etc. Are you aware of any instances where grant funding is likely to be withheld / clawed back?

If the answer is yes to the above question please provide details

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2.3 Have all externally funded research contracts been reviewed by the Research Office (e.g. ERI) prior to signing?

If the answer is no to the above question please provide details

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Has the Department received any Research Equipment free of charge during the last two years, which, if purchased would have cost more than £50k?

If the answer is yes to the above question please provide details

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2.5 Does the Department maintain a register of all instances where Department staff have undertaken independent work within University time?

2.6 Have any research projects been subject to review by Auditors acting on behalf of the sponsor? If so, please give details and attach copies of any relevant reports.

3 Bank accounts

3.1 Does the Department operate any bank accounts which are not administered by the Central Finance Department (for example separate accounts for discrete projects, overseas activities, sundry income receipts etc)?

If the answer is yes to the above question please provide details of bank accounts etc

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3.2 Does the Department hold any cheque books or paying in books in respect of any bank accounts other than those identified in 3 above? If the answer is yes to the above question please provide details

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4 Fixed assets

4.1 Do you maintain an up to date list of all assets held by the Department?

4.2 Do you follow finance department guidelines on the classification of assets between capital and revenue items?

4.3 Are your assets insured centrally by arrangement with the finance division?

- if yes, have you notified the insurance section of all assets acquired in the year to 31 July 2012 with a value in excess of £25k ?

-if no, have you taken out any other insurance?

4.3 Has the Department purchased any items with a value greater than £25k in the year to 31 July 2012?

- if yes, have these been treated as capital items for accounting purposes?

Have you notified the finance department of all disposals of fixed assets in the year to 31 July 2012?

If the answer is no to the above question please provide details of any disposals in the year

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4.5 Were any proceeds from the sale of fixed assets greater than £10k?

4.6 Is the Department aware of European Procurement Directives?

- if yes, have they been applied to all major purchases in the year?

5 Companies

5.1 Have any companies been formed by the Department or Departmental staff?

If the answer is yes to the above question please provide details (including details of any transactions with such entities):

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5.2 Are you aware of any directorships held by Departmental staff?

If the answer is yes to the above question please provide details (including details of any transactions with such entities):

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6 Fraud and Error

6.1 Are you aware of any theft/loss of cash or other assets in the year with a cumulative value of greater than £5k?

6.2 Have there been any instances of fraud within the Department in the year for example:

- payroll related matters
- claims from funders of research and other projects
- tuition fee or other student related matters
- purchasing, contracting or tendering matters?

6.3 Are you aware of any uncorrected misstatements/errors in Departmental trading accounts/management accounts?

If the answer is yes to the above question please provide details

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7 Payroll

7.1 Has the Department reviewed payroll records of its staff in the year to check whether all individuals being paid are genuine and current members of staff?

If the answer is no to the above question, please provide details of any other means by which the validity of the Department's payroll records is confirmed?

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7.2 Has the Department reviewed payroll records at the year end to identify related accruals?

If yes, please provide details of how this is performed.

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8 Partnerships and joint ventures

8.1 Has the department entered into any new partnerships, joint venture agreements or other contractual arrangements with third parties in the last 12 months? These might include arrangements with FE Colleges, other Universities or private sector organisations.

If the answer is yes to the above question please provide details

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9 Leases

9.1 To the extent of your knowledge, please provide details of any leased buildings or equipment in use by the Department, eg IT equipment, photocopiers, vehicles etc

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10 Expenditure

10.1 Is the Department responsible for identifying year end expenditure accruals?

How does the Department ensure all expenditure accruals are identified at the year end?

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The University of Edinburgh

Risk Management Committee

26 September 2012

IT Infrastructure Assurance

Brief description of the paper

This paper is an annual report summarising the key risks around the IT services at the University prepared by Information Services.

Action requested

For information and comment

Resource implications

Does the paper have resource implications? No

Risk Assessment

Does the paper include a risk analysis? Yes

The paper is considering the risks, looking at the evidence that the risks are being managed and where appropriate considers some actions for further improvement.

Equality and Diversity

Does the paper have equality and diversity implications? No

Any other relevant information

None

Originator of the paper

Simon Marsden – Director Applications Division, Information Services
Brian Gilmore Director IT Infrastructure Division, Information Services

Freedom of information

Can this paper be included in open business? Yes

Report on Major IT Services 2011-12

Overall position

The services have run very well through the year and there have been no major unplanned disruptions. Our availability statistics reflect this with our high priority services all achieving availability above or close to our target of 99.9%, ie less than 9 hours downtime in the year.

Usage of the services continues to grow. MyEd usage has doubled over the last 3 years (approx 25% year on year) and at the time of writing, day 3 of the new academic year, monitoring is indicating that there has been substantial growth again this year, possibly as high as an 80% increase in peak hour demand. Once again IS has been actively involved in managing the capacity of our systems to allow for the growth in demand. We have had some issues with services during days 1 and 2 which have caused some inconvenience but have not resulted in complete failure in service. At day 3 services are now running normally. Clearly there are risks around the start of the academic year which are difficult to mitigate. The combination of the introduction of new services which cannot be introduced at other times in the year, eg Personal Tutors and Learn, with new patterns of behaviour from our users creates complexity that is difficult to manage. IS have put in place a number of measures to reduce these risks eg introducing new services at other times in the year, load testing of new services, usage monitoring and forward predictions of load, system monitoring, special change advisory board during August and September to scrutinise all late changes, spare installed capacity, etc

A theme for the past year has been upgrading major services to keep in step with the recommended releases from our suppliers. This is to ensure that we have fixes to known bugs and support from our vendors when we need it so that we mitigate the risk of extended down time due to software failure. Our availability figures show that we have done this successfully, however managing the balance between the desire to maintain existing services and to develop new things is increasingly hard.

Bringing the Edinburgh College of Art IT infrastructure and services into the University was accomplished with a minimum of disruption to staff and students against very tight timescales. The close integration of services at the University means that it is not possible to stage most changes. Inevitably, this results in more change in a short period of time than is comfortable for all, but on the other hand enabled us to deliver most of the University service to ECA staff and students from day one of the merger. Undoubtedly the short timescales and the timing of the merger, when most students and many staff were not in Edinburgh, added to the risks associated with the change.

Availability

Generally availability has been good, with services getting close to or exceeding our 99.9% target for high priority services as can be seen from the table overleaf.

Availability Statistics for high priority services

Service	Comment			
	2009/10	2010/11	2011/12	
MyEd	99.87	99.76	99.98	
Staff mail service	99.99	99.96	99.97	
Student mail service	99.91	99.99	100.00	
Exchange	99.97	99.98	99.96	Exchange mail/diary
Online student admin	99.22	99.97	99.98	Euclid
University web site	99.88	99.97	99.86	
Virtual Learning Environment	99.76	99.95	99.92	WebCT
		n/a	100.00	Learn 9 from Apr 2012
		n/a	99.98	Moodle from Apr 2012
Wiki	99.90	99.93	99.94	
Library Catalogue	99.95	99.64	99.89	
e-Journals	n/a	99.97	99.88	
Kinetix	99.85	99.92	99.96	Accommodation Services

Note: The availability figures do not include scheduled down time for planned maintenance. 0.1% is less than 9 hours in a year. Service availability for a broader range of services is published via the web at the service status and alerts page (see above)

The University Web Site had a major outage in August 2011 as result of doing an upgrade to the content management system, Polopoly. . The size of outage was sufficient to bring the service availability below our target for the year. The lesson we learned from this incident was that our contingency planning was relatively weak. We have since put in place a process for all upgrades, where we explicitly consider how we can get back to running as we were before we started making changes. Our replicated infrastructure with two sites means that in most cases we can make changes to one site and have the second site ‘warm’ so that if things do go wrong we can bring the warm site into service quickly.

As well as maintaining availability, work during year has also looked to address some deep seated, long running performance issues, specifically in Student Record and Kinetics services. Both of those services have seen significant performance improvements to important high use functions – student hub lookup for the student record and check in desk for Accommodation Services.

The projects agenda has seen the following projects deliver significant change:

- *Integration of ECA, changes to infrastructure and services to meet needs of ‘new ECA’ and the University*
- *Shared Academic Timetabling delivered new system within minimum process change, and this year will deliver personal timetables for students and staff*
- *Pure research management info and REF reporting delivered*
- *e-Recruitment due to deliver new recruitment process in Nov 12.*
- *Additional processing and storage for the ECDF high performance computing cluster*
- *IDM – our first year of running has been a stable service but has highlighted a number of functional deficiencies, loose ends that need to be addressed. This is underway.*
- *Distance Education Initiative including delivering a Moodle virtual learning environment service*
- *Learn – replacing WebCT and migrating existing content 3,500 plus courses.*
- *Collaborate virtual classroom, integrated with Learn, Moodle and MVM’s EEMeC and EEVeC vles.*
- *Personal Tutor tools including meeting and note functions for staff and students*
- *Kinetics replaced the underlying production infrastructure to deliver full resilience with automated failover and desired performance levels*

- *MyEd upgrade originally planned for the summer, is now due to go live in October once we are through the start of the academic session. This reduces risk on the start of year peak load as we are not introducing new systems.*
- *Three upgrades to the student record system – the vendor requires at least two each year to maintain the service in line with statutory changes.*

Major issues/incidents.

Following the breach in security on machines in MVM in 2009/10 there was a further similar but unrelated breach in a school in Science and Engineering. In both cases prompt action was taken to close the breaches. We have also had a number of smaller incidents where older web sites being run in Schools have been hacked and as a result have been used to advertise things that are not associated with the University, Viagra mainly. As a result, IS working with the Knowledge Strategy Committee, IS has produced a guidance note for school management to use comprising of questions they may wish to consider in relation to their IT security. As a further part of the work, Internal Audit have been asked to incorporate a programme of work to assess whether schools are addressing the risks associated with the IT services that they are running.

We had a major interruption to service on the 11th May. This was a result of electrical contractors working on the refurbishment of the JCMB machine room, accidentally disconnecting the power to the servers. The power outage was short, about 15 minutes, but it took several hours to recover all of the services. Our disaster recovery process still requires manual intervention to recover from such incidents for most of our services. Until we are able to automate failover between sites for our high priority services we will remain at risk from this kind of disruption to service.

Audits

Internal Audit conducted an investigation into password policies (11/09) which recommended various changes. Many of these have already been implemented and the others are being progressed. IS are due to report on progress with the implementation to the Audit committee later in the year.

As part of the work to get better awareness and management of IT security risks in Schools, Internal Audit and the CIO are developing a paper to be presented to CMG In the Autumn. The paper is intended to raise awareness of the issues and help staff better understand their responsibilities.

IT Security Policy

The work on the security policy and the underlying Codes of Practice has continued with some more codes being produced. The structure and guidance is now in place for system owners to produce their own codes. There are still some high priority systems for which codes have not been produced but dates have been agreed for their production.

There has been clarification of the role of the University Chief Security Officer to act as the focal point for issues relating to both the IT security policy and the reporting and managing of incidents. Brian Gilmore has been appointed to the CSO role in addition to his role as the Director of the IT Infrastructure Division.

Key improvement areas

Following the wide consultation with staff and students about moving e-mail and diary services to the cloud, it was decided that this was not an appropriate move for staff. However, the students asked for their service to be moved to Office 365. This cloud based Microsoft service offers significant improvements to the functionality offered over our current environment. It will transfer most of the the risk of delivering this service from IS to Microsoft who have a demonstrable capability to deliver robust service at massive scale. IS are proceeding with implementing this change for early in 2013.

Data storage is seen as a key area for improvement for researchers. IS working with Prof Peter Clarke are evaluating appropriate technologies, potential services and their associated costs in preparation for the delivery of a large scale research data service. Recent experience of increasing the storage available to the ECDF up to 0.5Pb and delivering new storage infrastructure for core IS services is helping to bring

understanding to the problem and hence reduce the risks.

The move to server virtualisation has continued to provide a flexible and much more cost effective route to providing the server capacity needed in the University. It is now the default infrastructure for the delivery of IS services. IS needs to maintain the momentum already achieved and continue to replace physical servers with a virtual service that is attractive to colleagues.

We have a plan to replace our ageing database server infrastructure during 2012/13 with new faster machines to give better performance and increased capacity. At the same time we are introducing new management software which will enable us to improve resilience and offer faster disaster recovery times.

Robustness/adequacy of our ICT infrastructure and systems

Significant effort has been put in in the previous year in various areas to ensure the overall robustness and resiliency of our IT systems. In particular, with E&B the major refurbishment of the JCMB machine room is nearing completion.

There is a growing concern that as we continue to grow the size of the IT portfolio that we may be under investing in the maintenance of the service. This is not an immediate issue but has the potential to become a long term problem. There are multiple pressures which encompass the need to:

- maintain security updates
- maintain applications at supported versions
- increase capacity to match demand
- improve service availability and performance to match the always on, anywhere any time characteristics of our users
- replace equipment as it comes to end of life

IS are planning to further research into this area through the autumn with a view to bringing forward plans early in 2013 if change is needed.

Simon Marsden, Director, Applications Division
Brian Gilmore, Director, IT Infrastructure
September 12

The University of Edinburgh

Risk Management Committee

26 September 2012

Risk Management Report: Procurement 2011/12

Brief description of the paper

This review reports on the University's Procurement performance and the management of Procurement within the University. Risks identified from acquisition of goods and services include legal compliance risk, process risk and probity risk.

The key risks are:

- (i) Breach of EU procurement law
- (ii) Compliance with EU due process
- (iii) Challenges from suppliers
- (iv) Bribery Act and conflicts of interest
- (v) Organised crime
- (vi) Supplier relationships
- (vii) Value for money

The report summarises performance and developments in procurement over the past year, including the procurement capability assessment retaining 'superior' capability.

Action requested

RMC is invited to Note and Endorse the report.

Resource implications

Does the paper have resource implications? Yes, Procurement capabilities in Appendix

Risk Assessment

Does the paper include a risk analysis? Yes, this is a Risk Report

Equality and Diversity

Does the paper have equality and diversity implications? Yes
Reference to Bribery and Fair Trade.

Any other relevant information

None

Originator of the paper

Karen Bowman, Director of Procurement
12 September 2012

Freedom of information

Can this paper be included in open business? Yes

Risk management report – procurement assurance 2011-12

Risks identified from acquisition of goods and services include legal compliance risk, process risk and probity risk.

Suppliers to the university bring risks associated with outsourcing, contracts and service. Reputational risks from perceived or actual misuse of public funding should not be underestimated. Key risks arise from

- (viii) Breach of EU procurement law
- (ix) Compliance with EU due process
- (x) Challenges from suppliers
- (xi) Bribery Act and conflicts of interest
- (xii) Organised crime
- (xiii) Supplier relationships
- (xiv) Value for money

We have been externally assessed for procurement capability (see Appendix) and awarded accolades in recognition of our procurement risk mitigation and professional services skills.

(i) **Risk: Breach of EU procurement law -**

Actions – Procurement is devolved through a formal delegated authority and we have a policy of obtaining procurement professional advice prior to any acquisition estimated to exceed the adequate advertising threshold of £50k included in Planning Round guides and in papers approved by and endorsed through the Central Management Group and other committees dealing with eg Estates and IS systems.

Assurance - Annual reviews of expenditure include spend by school/support department showing category and on-contract or off-contract (ie locally managed) . Summary reports are presented to new Heads of School inductions, School administrators are visited by the Assistant Director (eProcurement efficiency), and where there is no College procurement function, the Director of Procurement visits College Registrars or equivalent, 6-12 monthly. Business and Management information will be enhanced through the BI/MI project, ideally, making it easier to obtain and identify lessons to learn and for reviews/recommendations.

External audit annual questionnaire seeks to confirm from Delegated Authorities any significant risks associated with use of third parties or from local procurement processes.

(ii) **Compliance with EU due processes -**

The University Procurement team receive annual legal updates from Scottish Government and policy forum membership which maintains awareness during the year. It is worth noting that for the third consecutive year, despite mergers with two organisations without procurement specialists, we can assure that over 81% of purchasing arrangements are compliant as either from framework agreements or tenders supported by procurement professional teams. This will be confirmed in the procurement hub analysis (which is available during November).

We have evidenced enhanced Procurement Capability Assessment scores amongst the very best in sector, and will benchmark when independent report are analysed by APUC for us (November). Our summary (adjusted to compare with previous review¹) is enclosed.

Two examples of possible non-compliant service contracts which had grown in take-up were identified (i) Information Services (G4S security in Library) and an agreed mitigating action - to bring in house - is being enacted now; (ii) specialist marketing consultancy (Spirit Media in the Business School) has an agreed mitigating action with the Business School and CAMS are reviewing their requirements against the current national framework agreement for media buying to ensure it meets

their needs. If this is unsuccessful all parties have agreed to go out to full EU tender. This decision is due to be made by end of September

These were reported on external audit questionnaire and overall mitigating action -increased training and awareness in estimating Services procurements (over 48months) is planned.

(iii) **Challenges** to procurement actions, from the market, on our procurement process are few, although this is not the trend elsewhere, so no risks to report. Our transparent award criteria and debriefing unsuccessful firms minimises the risks. Colleagues are being made aware and following procurement advice. Using Public Contracts Scotland portal and our use of InTend, a transparent eTender process, for dealing with all supplier clarification requests, assists us to ensure that firms know what we require, how we evaluate and why they lost.

More academic colleagues submitted well documented cases for a non-competitive action or took appropriate steps eg in Voluntary exAnte Transparency Notices or Award Notices, for direct awards, none of which were challenged or required specific risk mitigation action.

A major funding opportunity (Bluegene Q high performance computing upgrade) was able to be concluded in record time and with financial efficiencies due to robust process and good engagement with funder, supplier, academic and procurement leadership. The University Court commended the project.

(iv) **Risk: Bribery Act and conflict of interests:**

With UHRS and Pinsent Mason legal advisors, we ran workshops on bribery act risks and added to advice around procurements including 'free on loan' procedures which also related to insurance risk mitigation. Adequate procedures, if followed, can mitigate organisational risks under the Bribery Act.

Project boards or evaluation teams, involving procurement staff, are asked about any relationships, approaches and risks for probity and for conflict of interests. A more formal process of declaration of interest is in place for Court and enhancing this for other staff groups in decision making roles, is being discussed with UHRS, shortly.

(v) **Risk: Organised crime:** Certain services are prone to infiltration from serious organised crime (money laundering and other risks) and we are to be working with local police on mitigating that risk, where legally possible. Central Management Group endorsed a protocol for higher risk categories. This is managed by the Director of Procurement as Restricted and confidential information. The protocol has not been tested in a real case yet, but has been commended by the Scottish Public Procurement Policy Forum, as a useful exemplar.

(vi) **Risks from Supplier relationships:**

Risks around prices increasing were mitigated due to a robust process, and possible supplier management issues around invoice mismatches were also addressed. Service reviews took place on travel, copy/print, telephony, certain licences, graphics design and art materials - with action plans agreed or drafted, all aiming to improve supplier management.

To improve management, a restructure has taken place in Procurement Office, to bring in a category team approach and CSG has enhanced legal resources to support procurements.

New projects are planned for this year to increase compliance on research equipment and stock, as well as better catalogue management for eCommerce (toolkit free of charge) supported and integrated from the Scottish Government, which by being consistent aims to enhance access by SMEs to potential University business. This in turn assists in reducing risks from non-compliance with our own sustainable procurement action plans. We will be focussing on the United Nations (Marrakech) standard approach to social responsibility and sustainability risk management, during our reviews for a new strategic plan period (2012-16).

Two Schools/ Institutes and one College have planned a staff restructuring to enhance local skills in procurement which will add value for money and reduce risks. Estates will have more support for their services procurement, especially important in light of recent local council issues, in this field.

Using a student intern has enhanced awareness of our teaching and research activity relating to the policy on fair trade and we have now joined the (garment) workers' rights consortium to help mitigate the real reputational risk of non-compliance with our Fair Trade policy and International Labour Organisation standards. We are working with the Holyrood Parliament Cross Party group and student groups on fair trade awareness and greater good actions were commended (eg Malawi fairly traded rice and lentils supply funds places for Malawi school children). We have joined 'Food for Life' a collaboration for healthy eating.

(vii) **Value for money risk**- more collaborative procurement and new competitive contracting opportunities increased value for money and whole life cost efficiencies, which are reported quarterly. During the year as reported in the Finance Director's Value for Money report, we exceeded our annual target for improved value for money – set target of £10m savings – achieved £12m during 2011/12 (not including collaborative benefits yet to be reported). We increased the use of eProcurement – a 24% increase in the number and a 31% increase in the value, of orders being placed via eProcurement tools. This equates to efficiencies in staff time and accuracy for both the University and its many enabled online suppliers. And grew influence from professional team on procurement expenditure – 81% of non-pay spend.

Some individual markets are more price competitive and local purchasing is more efficient as a result eg travel - our permissive policy allows budgetholders to permit self-booking -reduces agent costs, time and process overheads - staff claim expenses electronically.

We are actively responding to new Scottish procurement reform bill which is out for consultation until 4th November 2012, to ensure additional process or compliance risks or recommendations which may reduce or impact on value for money are commented upon.

Recognition of best practice and procurement risk mitigation –

We have been externally assessed on the Scottish Government Procurement Capability Assessment (encl) as amongst 'superior' capability organisations and among best in sector.

We were winners of 'Government Opportunities' GO Scotland and National Awards 2012 and short listed for the third consecutive year for the 'Times Higher Education' Management and Leadership Awards (THELMA) for outstanding procurement leadership. Queen Margaret University continued to benefit from our shared procurement services and won the overall leadership award at THELMA 2012 and also increased their procurement capability scores.

Procurement and Printing Services team achieved *Investors in People* and Printing Services won a second GOLD *Edinburgh Sustainability Award* for mitigating their environmental risks.

The Director of Procurement was awarded *The Principal's Medal* for exceptional services developing procurement and social responsibility and sustainability for the University (2012).

Appendix

Procurement Capability Assessment - Interim Report University of Edinburgh 2012

Attributes	Interim report 2012 ⁱ	Score	Max	Min	2012 Value	2010 Value
Governance	(adjusted) ⁱ	28	28	7	100%	100%
Organisational		24	24	6	100%	100%
Resources and Skills		16	16	4	100%	100%
Practices and Processes		62	64	16	96%	85%
Information Systems		16	16	4	100%	92%
Collaboration		12	12	3	100%	100%
Corporate and Social Responsibilities		16	16	4	100%	83%
Reporting and KPI		8	8	2	100%	100%
Benchmarking		4	4	1	100%	67%
EU Legislation		4	4	1	100%	100%
Supplier Strategy and Policy		28	32	8	83%	67%
Overall Value of Results		27	28	7	95%	86%
Overall	Interim report ⁱ	245	252	63	96% ⁱⁱ	88%

Procurement capability assessment (PCA) is undertaken independently, by staff from the university and college sector centre of procurement expertise (APUC Ltd) against the standards published by Scottish Government, scoring is based on evidence provided by the Procurement Office in writing. See <http://www.scotland.gov.uk/Topics/Government/Procurement/buyer-information/pca>

For each question there are four outcomes

Level 0 - non-conformance

Level 1 - conformance

Level 2 - improved performance

Level 3 - superior performance

The University of Edinburgh is again independently assessed as having overall **superior** procurement capability performance, which is mitigating the risks to the university.

ⁱ Questions have changed slightly so table shows trend in key attributes since last review (2010); final report may show minor adjustments to the University's scores based on sector(s) normalisation review, which is carried out by APUC Ltd.

ⁱⁱ Overall the assessment again shows improvement on the previous review (2010) with independent assurance of Level 3 'superior' procurement capability performance.

The University of Edinburgh

Risk Management Committee

26 September 2012

Annual Report to Risk Management Committee on Health and Safety

Brief description of the paper

This Paper summarises current issues and developments with regard to the University's management of occupational safety and health, including issues which fall within the scope of counter-terrorism legislation, and seeks to provide reassurance that these are subject to satisfactory risk identification, assessment and control, at corporate, College and School levels, and below.

Action requested

The Risk Management Committee is invited to consider this report as part of its ongoing programme of risk reviews.

Resource implications

Resources, both salary and operational, within both the corporate health and safety function, and the cohort of professional College and School H&S practitioners, require to be maintained at roughly their current level to ensure that the current elements of guidance, advice, training, auditing and review can proceed at a satisfactory level to ensure compliance with relevant legislation, and with the University Health and Safety Policy.

Risk Assessment

As described in the attached paper.

Equality and Diversity

Counter-terrorism requirements of the Home Office, particularly in the area of personnel security, continue to have some implications for equality and diversity.

Any other relevant information

None

Originator of the paper

Alastair Reid, Director of Health and Safety, Charles Stewart House, Chambers Street
5th September 2012

Freedom of Information

This paper can be included in open business.

Annual Report to Risk Management Committee on Health and Safety 2012

This review reports on the University's Health and Safety performance and the management of health and safety within the University. The risk of major injury, health, safety or environmental incident (e.g. escape of dangerous substances such as asbestos, or of infectious diseases, terrorist act etc.) is a recognised risk. Under the University's devolved structure, the Director of Corporate Services has overall responsibility for Health and Safety, with local responsibilities devolved to Heads of Schools and Heads of Support Groups, supported by the professional leadership of the Health and Safety Department. The risk is formally recognised in the Corporate Services Group Risk register.

A. Accident, Incident and Occupational Ill Health Experience

Injuries and dangerous occurrences which were of a sufficiently serious nature to require them to be reported to the relevant Enforcing Authority under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) during the period 01.08.11 to 31.07.12 totalled **41**. Statistics for the previous 4 years have also been included, for comparison.

	2007/08	2008/09	2009/10	2010/11	2011/12
Fatality	0	0	0	0	0
Specified Major Injury	2	2	1	6	3
➤ 3 day Absence	26	19	15	18	6
➤ 7 day Absence	-	-	-	-	5
Public to Hospital	11	17	15	18	26
Reportable Dangerous Occurrences	0	0	0	1	0
Reportable Diseases	0	0	0	1	1
Total Reportable Accidents / Incidents	39	38	31	44	41

All such events were subject to investigation, utilising the Health and Safety Department's two-tier incident investigation procedures, which are applied according to the seriousness of the incident. Appropriate contingency measures and remedial action were implemented in all cases.

The University continues to demonstrate its ability to maintain its accident, incident and occupational ill health experience at a low level, which benchmarks well against the UK HE sector as a whole, and very well against other industry sectors, whilst operating very efficient accident and incident reporting, recording and analysis procedures, which are themselves subject to a policy of continual improvement. This satisfactory performance is confirmed and complemented by the consistently low number of claims for damages against the University's liability insurance policies, related to health and safety at work or study, over the past few years. The University continues to be able to demonstrate a positive culture as regards health and safety at work and study, whilst not exhibiting the type of "claims culture" sometimes evident within other large organisations. This continues to be confirmed during partnership health and safety audit programmes with Aon Risk Services – the current agreement between the University and Aon ends in 2013.

Accident, incident and ill health experience is reported monthly to, and analysed with, the Director of Corporate Services, reported quarterly to CMG, and annually to Health and Safety Committee, with summaries as appropriate to F&GPC and Court, so that senior management can maintain an ongoing, realistic picture of our accident etc. experience.

In addition, the University of Edinburgh continues to collate and report accident and incident statistics for all of Scotland's Universities, as a sustainable legacy of the Scottish Funding Council's Co-ordinating Health and Safety in Tertiary Education (CHASTE) Project.

B. Enforcement Action

The University was subject to no criminal prosecutions, Prohibition Notices or Improvement notices issued by Enforcing Authorities over the period.

C. Health and Safety Policy

As mentioned in previous years' reports, the decision to keep the "golden copy" of the University H&S Policy in electronic form on the H&S WWW site has allowed us to maintain a more evolutionary approach to updating the Policy, as developments dictate, rather than a complete re-publishing in booklet form every (say) five years, and has brought concomitant financial savings. The only section of the central Health and Safety Policy currently produced in booklet form is the Keynote Guide to the Health and Safety Policy. This booklet is issued to all new staff in their welcome pack, and at Staff Welcome Day.

A comprehensive review of the University's central Health and Safety Policy commenced in June 2012, led by a project team which includes expert external input. The target date for publication of the latest version of the Policy is Spring 2013.

D. Health and Safety Management Structure

The effectiveness of School Committee structures, communication networks etc. is regularly audited, both externally and internally. Heads of School and Heads of College in an increasing number of high risk areas have acknowledged the increased load by appointing a new tier of full time health and safety professional at School and College level, in Science and Engineering, and in Medicine and Vet. Medicine, in addition to having local Health and Safety Committees. Full time professional health and safety practitioners at College and School level now number nine individuals. The Corporate Health and Safety Department continues to support, and work closely with, these colleagues at College and School level, as well as with the familiar cohort of part time School etc. Safety Advisers already in place.

The University's second internal Health and Safety conference, to bringing together all individuals involved in health and safety management at corporate, College and School levels (and below School level) will be held in September 2012 - jointly hosted with the International Office. The review of international travel will feature highly and the conference will provide feedback to College and School stakeholders.

The University Health and Safety Committee, overviews the major health and safety issues and developments, and the Committee has reinforced measures designed to strengthen the flow of information from and to local (School etc.) health and safety committees.

E. Health and Safety Auditing

The partnership approach to health and safety auditing, featuring close co-operation between the H&S Department and the University's insurance brokers (Aon) continues to operate successfully. A topic audit/review on health and safety aspects of international travel was completed in 2011/12, a report issued, and feedback has been given to corporate stakeholders.

Progress with the Aon Audit Programme is regularly reviewed by the University Health and Safety Committee. The current agreement between the University and Aon comes to an end on 31 July 2013, at which time risk management services will split out from insurance brokering services. A new audit strategy is in preparation.

F. Key Topics Progressed

Radiation Protection – Relationship with SEPA has been enhanced by meeting with senior SEPA officials, and our new SEPA inspector has so far taken a very reasonable attitude during visits to UoE. Development of RPS e-training course is at an advanced stage. This will take its place in the overall strategy for enhancing e-learning provided by corporate H&S. Assistant RPA has become an accredited Radiation Protection Adviser. UoE now has two fully accredited practitioners, whilst many institutions do not have an accredited RPA.

Biosafety and Biosecurity - Advent of the Single Regulatory Framework (SRF) for biosafety and biosecurity is still awaited. The review of our central H&S Policy is well under way; changes to the areas covering biological work will take account of the proposed SRF. A programme of Health and Safety Executive inspections of Containment Level 3 laboratories (the highest category of containment on UoE premises) was successfully concluded. Both a retrospective case of possible laboratory acquired infection (LAI), and a potential case of lab animal allergy (LAA) in an animal facility worker, were effectively managed to satisfactory conclusions, without HSE intervention. The Biosafety Training Institute (BTI) has had a successful year of face-to-face courses. BTI's 5 day biosafety practitioner course has been validated at SCQF level 11 (MSc module equivalent).

Fire Safety – Accommodated fire safety requirements of mergers (ECA and MRC HGU), in terms of fire risk assessment, fire equipment, training etc. Further enhanced fire safety aspects of the University's venues for the 2012 Fringe/Festival production, preparation for which begins some months before the event. Made an effective reactive contribution to the management of disabled (staff and student) evacuation in emergency situations, whilst highlighting the need for an effective focus to provide a more proactive approach.

Occupational Health – Continued to develop a changed model of occupational health provision, which includes evidence based practice, individual professional accountability and pro-activity. OHU continue to develop the range and quality of services of the Unit and to further develop the profile of occupational health across the organisation by various means including attendance at strategic meetings and events and being increasingly involved in strategy and policy development. Raised the profile of compliance and the understanding of the need for statutory health surveillance across the organisation. Extended current vaccination programme offered, to include the full range of available vaccines, in order to further expand the current travel health provision.

Occupational Hygiene - The holder of the re-engineered post of Health and Safety Adviser (H&SA) continues to gain occupational hygiene experience and expertise, and negotiate training modules, towards achieving membership of the British Occupational Hygiene Society. Facilitated HSE survey of work involving nanoparticles and nanotubes, in advance of national guidance on this topic. Maintained an appropriate balance between in-house occupational hygiene provision, and contracting out more major projects. Assisted in the management of challenging building-related occupational hygiene issues at two locations within the College of Science and Engineering.

H&S Training and Audit – Successful completion of a year- long review of the management of travel risk across the University, involving corporate and College/School. Both in-house and commercial first aid training programmes continue to be very successful. The University has become an accredited provider of IOSH courses and has expanded the range available. Training and Audit Co-ordinator plays a major role in the BTI biosafety training course noted above. Groundwork put in place for UoE to seek OHSAS 18001 accreditation for its corporate health and safety management systems.

F. Key Topics Progressed (Cont.)

Health and Safety Committee

- Fringe/Festival 2012 - health and safety arrangements
- University emergency telephone numbers
- Accident to child in Playfair Library
- Radiation Protection Unit Annual Report 2010/11
- Aon partnership audit programme
- Case of occupational asthma
- Health and Safety Executive (HSE) visits
- University Water Policy
- Biosafety Training Institute
- Health and Safety arrangements at Edinburgh College of Art
- Access to legal advice in an acute situation
- Accident, Disease and Incident Survey 2010/11
- Occupational Health Unit Annual Report 2010/11
- Review of health and safety aspects of international travel
- Review of the University Health and Safety policy
- Fume cupboard incidents and fume cupboard performance testing
- Health and Safety database project
- British Safety Council Award for 2012
- British Standard OHSAS 18001
- HSE fees
- First aid assistance
- Personal Emergency Evacuation Plans

Radiation Protection Committee *

- Move of gamma irradiator to SCRM
- UoE Certificates under Radioactive Substances Act
- New codes of practice from RPU
- New guidance notes from RPU
- Changes to personal dosimetry
- Radon at the Grant Institute
- SEPA inspection programme
- AURPO Conference – Edinburgh 2013

**a suitable date for the RPC to meet to discuss the above agenda is being arranged*

G. Summary

The University continues to be well positioned, in a corporate sense, to deal with the range of challenges presented by developing technologies and legislation. Continual improvement, in order to stay one step ahead of the developing risks presented in the health and safety arena is the desire, and can be demonstrated. Such continual improvement will be a mainstay of the University's submission for OHSAS 18001 accreditation for our corporate health and safety management systems. Research work with nanoparticles and nanotubes continues to be a case in point – ensuring that best practice within the University is spread out from centres of excellence to ensure consistency of performance, bearing in mind impending UK guidance and a possible enforcement programme.

Expansion outwards from core health and safety issues into areas involving colleagues in other areas of the University (e.g. health and wellbeing; public health issues) continues to be a

desirable feature – our Scotland’s Healthy Working Lives gold award is being successfully maintained.

Senior management commitment to, and leadership of, efforts to maintain excellence in terms of health and safety management and practice continues to be clearly present and is demonstrable. With the conclusion of the University’s current agreement with Aon in 2013, our audit strategy will be refreshed. Communication channels into senior management regarding the University’s health and safety experience, challenges and opportunities, and downwards regarding the implementation of executive decisions and policies, are under continual review, and continue to meet the needs of the organisation. There is clear evidence that senior management takes cognisance of the information on health and safety which is passed upwards, and valuable queries and observations are made at CMG and Court meetings. Health and Safety Committee’s work to enhance upwards and downwards communication with local health and safety committees have contributed positively. The implementation of an annual internal health and safety conference has also been of assistance in this regard.

Communication channels to/from Schools (and management units below School level) from/to corporate Health and Safety continue to be good and are subject to ongoing improvement. This has again been confirmed by the latest cycle of compliance auditing by Aon, and will continue to be supplemented during the partnership approach to assessing and developing the University’s preparedness and resilience. Establishing awareness and practice relating to Business Continuity Management in the University community continues to be a challenge, to which the corporate Health and Safety Department contributes.

An effective partnership approach with colleagues in Estates and Buildings is essential to the maintenance and enhancement of appropriate health and safety structures and systems for the University, particularly with regard to significant areas of activity in which E&B takes the lead in terms of ownership, e.g. Legionella control, asbestos management, control of contractors and compliance with the Construction, Design and Management (CDM) Regulations. This partnership operates well.

Our aim continues to be to minimise our accident and occupational ill health experience as close to zero as possible, however adverse events inevitably occur. Our endeavours therefore continue to concentrate on prevention at the base of the “iceberg” - the rump of minor, and often apparently insignificant, incidents - translating into serious events at the tip, and on building into the institution resilience to deal with, learn from, and prevent any recurrence of, significant events when these occasionally occur. This becomes still more important as proposed changes to UK accident and incident reporting regulations (RIDDOR) will tend to make HE statistics look more favourable, by removing perturbing anomalies, but we must ensure that learning stemming from significant incidents is maintained, whether an individual incident is RIDDOR Reportable or not.

The University’s expert health and safety advisers continue to ensure that we are well placed to respond to, and comply with, developing legislation and guidance, and also to promote the University whilst proactively contributing to Scottish, UK and European thinking and the formulation of legislation, in these key risk areas, are ongoing, with the concomitant raising of the University’s profile in that regard.

H. Conclusion

Given the above, my opinion is that health and safety risks are being satisfactorily managed across the University.

Alastair Reid
Director of Health and Safety
5th September 2012

The University of Edinburgh

Risk Management Committee

26 September 2012

Update to Risk Assurances Map

Brief description of the paper

The risk assurances map is part of the evidential process of providing assurances to the Audit Committee, Court and the external auditors that the key risks of the University are being adequately managed, such that Court are able to support the statement in the published Annual Accounts regarding the adequacy of Risk Management in the University.

Action requested

For discussion and comment.

Resource implications

Does the paper have resource implications? No

Risk Assessment

Does the paper include a risk analysis? The assurance map is part of the risk management process.

Equality and Diversity

Does the paper have equality and diversity implications? No

Any other relevant information

None

Originator of the paper

Helen Stocks
September 2012

Freedom of information

Can this paper be included in open business? Yes

Assurance map 2011/12 version: relating to University Risk Register version 9

Management process and mitigating activities, assurance of effectiveness of risk control mechanisms, evidence, and with reference to the Strategic Plan 2008/12

Key to committee acronyms: PSG Principal's Strategy Group; FGPC Finance and General Purposes Committee; CMG Central Management Group; AC Audit Committee; RMC Risk Management Committee

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
<p>1. Insufficient funding to develop the University and maintain its UK and international competitiveness:</p> <ul style="list-style-type: none"> - e.g. due to Government funding policies for universities in Scotland and the rest of the UK - consequential impact of reduced funding or policy changes made by research funders e.g. research councils, charities etc - inability to generate new non-governmental income 	<p>Lobbying, directly and via US/UUK – development of US/Government model to calculate the financial gap between English and Scottish institutions</p> <p>Input to SFC on their strategic plans and funding issues/reviews</p> <p>University planning and monitoring processes – e.g. student demand and intakes, fee rate setting, financial performance (including against comparator institutions)</p> <p>Maintain focus on growth opportunities – international and PG students, distance-learning, diversifying and expanding research</p>	<p>Excellence in research</p> <p>Excellence in commercialisation and knowledge exchange</p> <p>Quality services</p> <p>Quality infrastructure</p> <p>Stimulating alumni relations and philanthropic giving</p>	<ul style="list-style-type: none"> • Ensuring that our management and support structures enable us to be flexible and responsive to new opportunities and investment sources • Continuing to win competitive bids to host new research centres and major national facilities • Working together with major research funders and other external bodies internationally and in the UK • Ensuring that commercialisation agreements provide for a reasonable financial return both to the University and to the inventors • Investing in improvements which show a clear return on investment, for example by reduction in direct costs or reduced opportunity cost of staff time • Securing investment from external sponsors • Continue to fundraise on a sustainable, professional and efficient platform • Increasing funds raised from private individuals and private and charitable trusts 	<p>Review of effectiveness of controls by lead risk manager</p> <p>University planning process including monitoring of student demand and intakes</p> <p>Monitoring of relevant Balanced Scorecard indicators</p> <p>Monitoring of comparative financial data against Russell Group Peers</p> <p>Responses from Risk Management Annual Return</p>	<p>Director of Planning</p> <p>Director of Planning</p> <p>Director of Planning</p> <p>Director of Finance</p>	<p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120509/B_Risk1_InsufficientFunds.pdf</p> <p>Court: 19.9.11, 7.11.11, 12.12.11, 20.2.12</p> <p>PSG: 31.10.11</p> <p>FGPC 5.9.11, 12.11.11, 30.4.12, 11.6.12</p> <p>CMG: 24.8.11, 11.10.11, 14.11.11, 18.4.12, 20.6.12</p> <p>RMC: 9.5.12</p> <p>AC: 29.9.11, 21.11.11, 1.3.12, 31.5.12</p>

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
	funding (e.g. FP8) and non-governmental funding					
2. Changes to cross-border flows of students, which present political and operational challenges, arise as a result of divergence in fees policy between Scotland and the rest of the UK in 2012/13	<p>Lobbying, directly and via US, of Scottish Government to find a funding solution that does not distort cross-border flows</p> <p>University planning and monitoring processes for student demand, applications and offers</p>	Promoting equality, diversity, sustainability and social responsibility	<ul style="list-style-type: none"> Ensuring that our student admissions policy and procedure is fair, clear and transparent Providing and promoting awareness of scholarships and bursaries Providing staff with training and information to help prevent discrimination, promote equality and opportunity and respond to internationally diverse needs and expectations 	<p>Monitoring of applications process by Colleges</p> <p>Regular summary reports provided to CMG</p> <p>Responses from Risk Management Annual Return</p>	<p>College Registrars</p> <p>Director of Planning and Deputy Secretary</p>	<p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120117/PaperC_Risk2_CrossBorderStudents.pdf</p> <p>Court: 19.9.11, 2.7.12</p> <p>PSG: 22.8.11</p> <p>FGPC: 11.6.12</p> <p>CMG: 24.8.11</p> <p>RMC: 17.1.12</p>
3. Changes to university governance processes or structures result from developments in government policy/legislation	Lobbying, directly and via US, of Scottish Government	<p>Excellence in research</p> <p>Quality people</p>	<ul style="list-style-type: none"> Ensuring that our management and support structures enable us to be flexible and responsive to new opportunities and investment sources Continuing to review and improve recruitment and retention strategies, systems and processes Improving ways of informing and involving 	<p>Inadequate management of the risk may lead to missed opportunities (e.g. inputting to Government policy development; making improvements to University governance arrangements)</p> <p>Responses from Risk</p>	University Secretary	<p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120412/3_Governance.pdf</p> <p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120412/3_Governance.pdf</p>

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
		Quality services	<p>staff in decisions and changes which affect them</p> <ul style="list-style-type: none"> Enabling staff at all levels to take ownership of , and responsibility for, decisions relating to their service, and to deal with cross-cutting and cross-boundary issues 	Management Annual Return		<p>sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120412/7_DegreeStructures.pdf</p> <p>Court: 20.2.12, 14.5.12</p> <p>FGPC: 6.2.12, 11.6.12</p> <p>CMG: 24.8.11, 25.1.12</p> <p>RMC: 12.4.12</p> <p>AC: 29.11.11, 22.11.11, 1.3.12, 31.5.12</p>
<p>4. Growth in international, PG and distance learning student recruitment fails to achieve targets and falls behind UK and international competitors e.g. due to</p> <p>a) UKBA polices and practice resulting in UK perceived as unwelcoming to international students</p>	<p>Strategic plan priorities and targets, and its implementation</p> <p>Internationalisation Strategy, steering group and development plans</p> <p>International Office and Marketing activities</p> <p>Development of international linkages and MoUs</p>	<p>Excellence in learning and teaching</p> <p>Excellence in research</p> <p>Quality services</p>	<ul style="list-style-type: none"> responding to recommendations identified through quality enhancement activities expanding access to taught postgraduate and continuing professional development provision through e-learning increasing numbers of postgraduate research students embedding the use of performance indicators 	<p>Review of effectiveness of controls by lead risk manager</p> <p>Monitoring of annual accounts and comparative sector data from HESA</p> <p>Monitoring of share of SFC grants</p> <p>Balanced Scorecard indicators</p>	<p>Director of Planning</p> <p>Director of Finance and Director of Planning</p> <p>Director of Planning</p> <p>Director of Planning</p>	<p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120412/4_GrowthTargets.pdf</p> <p>Court: 12.12.11, 14.5.12</p> <p>PSG: 21.5.12, 31.10.11</p> <p>FGPC: 21.11.11,</p>

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
b) marketing and quality of distance learning programmes	<p>Active management of issues arising with UKBA</p> <p>Student number monitoring</p> <p>Structured programme for supporting distance learning developments</p> <p>Residential developments overseen by Strategic Accommodation Development Group</p>	<p>Quality infrastructure</p> <p>Advancing internationalisation</p>	<ul style="list-style-type: none"> generating surpluses for reinvestment continuing to attract more, and a diverse range of, international students and staff 	<p>Student intake number setting, analysis and reporting</p> <p>Responses from Risk Management Annual Return</p>	Director of Planning	<p>6.2.12</p> <p>CMG: 24.8.11, 11.10.11, 14.11.11, 25.1.12, 7.3.12</p> <p>RMC: 12.4.12</p> <p>AC: 1.3.12</p>
5. Staff and/or student dissatisfaction leads to disruption to business continuity. This could arise as a result of a) the need to operate within funding constraints b) pressures for changes in staff terms and conditions (including pension funds) c) student tuition fees or graduate contribution proposals	<p>Maintenance of relationships with local union representatives</p> <p>Maintenance of relationships with EUSA</p> <p>Input to national pay negotiations and discussions on pension funds</p>	<p>Excellence in research</p> <p>Excellence in commercialisation and knowledge exchange</p> <p>Quality people</p>	<ul style="list-style-type: none"> Recruiting and retaining excellent researchers Supporting the professional and career development of staff engaged in research Ensuring that commercialisation agreements provide for a reasonable financial return both to the University and to the inventors Continuing to review and improve recruitment and retention strategies, systems and processes 	<p>Review of effectiveness of controls by lead risk manager</p> <p>Operation of Staff Committee, JULC, Pensions Sub-committee and Consultative Committee on Redundancy Avoidance (SCCRA)</p> <p>Responses from Risk</p>	Director of HR	<p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120412/5_StudentDissatisfaction.pdf</p> <p>Court: 19.9.11</p> <p>PSG: 22.8.12</p> <p>FGPC: 21.11.11,</p>

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
	<p>Independent working group of the University Court established to assess, advise and progress pensions matters, including overseeing consultation with staff on proposed pension fund changes</p> <p>Senior staff work with Heads of School to ensure downsizing and change activity appropriately managed</p> <p>Business continuity planning, and guidance for handling protests</p> <p>Regular communication with staff e.g. roadshows</p>	Promoting equality, diversity, sustainability and social responsibility	<ul style="list-style-type: none"> Recognising and rewarding excellence through the effective use of our Contribution Reward policy and promotion process, and the development of a Total Reward Strategy Promoting health, wellbeing and a positive working environment supported by good management practices and clearly defined roles and responsibilities Improving ways of informing and involving staff in decisions and changes which affect them Ensuring that our student admissions policy and procedure is fair, clear and transparent Providing and promoting awareness of scholarships and bursaries 	Management Annual Return		<p>30.4.12</p> <p>CMG: 11.10.11, 25.1.12, 7.3.12</p> <p>RMC: 17.1.12, 12.4.12</p> <p>AC: 31.5.12</p>
6. Maintenance of financial sustainability and ensuring effective delivery of key strategic and operational plans	<p>Financial strategy and financial planning and budgetary/forecasting processes, including F&GPC/Court oversight</p> <p>Fees Strategy Group</p> <p>Financial scenario planning</p> <p>Post Review Group</p>	<p>Excellence in research</p> <p>Quality services</p> <p>Quality infrastructure</p>	<ul style="list-style-type: none"> ensuring that our management and support structures enable us to be flexible and responsive to new opportunities and investment sources Generating surpluses for reinvestment investing in improvements which show a clear return on investment, for example, by reduction in direct costs or reduced opportunity cost of staff time developing and regenerating our estate through the implementation of our Estate 	<p>Review of effectiveness of controls by lead risk manager</p> <p>Level of university annual surplus/deficit and cash flow position</p> <p>Measure of growth in key income streams</p> <p>Measuring cost increases in</p>	<p>Director of Finance</p> <p>Director of Finance</p> <p>Director of Finance & VP Dev & Alumni</p> <p>Director of Finance</p>	<p>Court: 7.11.11, 12.12.11, 20.2.12, 2.7.12</p> <p>PSG: 13.2.12, 27.2.12, 12.4.12, 31.10.12</p> <p>FGPC: 5.9.11, 21.11.11, 6.2.12, 30.4.12, 11.6.12</p>

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
	ER/VS activity Benchmarking with other comparable institutions Internationalisation Strategy implementation Various college based academic developments Development of fEC to teaching High level reporting of research applications and award trends Space Management Group / Drives to improve the utilisation of the University's estate Cost reduction exercise, integration and cost sharing opportunities		Development Masterplans <ul style="list-style-type: none"> • promoting a culture of space awareness and flexible approaches to the use of space across the University • providing excellent project management and appropriate cost control for capital development projects • continuing our maintenance and compliance work programme • finding new ways to share space, facilities, services and expertise within the sector and with other organisations • generating surpluses for reinvestment • securing investment from external sponsors 	staff and non-staff costs Comparison with competition on key performance measures Financial control of capital building programme Responses from Risk Management Annual Return	Director of Finance Director of Finance	CMG: 24.8.11, 11.10.11, 14.11.11, 25.1.12, 7.3.12, 18.4.12, 23.5.12 RMC: 9.5.12 AC: 29.9.11, 1.3.12, 31.5.12
7. Changes to degree structures are required as a result of developments in government policy/legislation (e.g.	Lobbying, directly and via US, of Scottish Government Input to SFC Teaching	Excellence in learning and teaching	<ul style="list-style-type: none"> • working with employers, professional bodies and other stakeholders to ensure that our degree programmes are responsive to need • proving flexible and informed curriculum 	Responses from Risk Management Annual Return		http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120412/3_Go

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
changes to location of degree delivery, reduced length of UG degree courses etc) which impact on curriculum structures, academic quality, student experience and financial sustainability	Funding Review		<p>choice</p> <ul style="list-style-type: none"> • building collaborative learning into the curriculum, along with students' capacity to learn by enquiry and monitor learning by self-assessment • providing more opportunities for students to study abroad or undertake professional or industrial placements • stimulating new and more flexible ways of learning, teaching and assessing through the use of new technologies and the innovative design of teaching space 			<p>vernance.pdf</p> <p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120412/7_DegreeStructures.pdf</p> <p>RMC: 12.4.12</p>

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
<p>8. Rate of maintenance, enhancement and investment in the estate fails to support University growth aspirations (in research, education and accommodation), provide a satisfactory student and staff experience, and maintain competitiveness with other leading institutions across the world</p>	<p>Fundraising for new developments</p> <p>College/estates planning, prioritisation and project processes</p> <p>Capital programme development and project management processes</p> <p>Estates Advisory Group (EPAG) / Space Management Group (SMG) processes</p> <p>Annual backlog and compliance review</p> <p>Ongoing estate activities e.g. building inspections, physical condition and compliance surveys, fire risk assessments</p> <p>Stepwise decision making for major projects in line with gateway/RIBA framework</p> <p>Active interactions with City Planning Department and local</p>	<p>Excellence in learning and teaching</p> <p>Excellence in commercialisation and knowledge exchange</p> <p>Quality infrastructure</p> <p>Enhancing our student experience</p>	<ul style="list-style-type: none"> • stimulating new and more flexible ways of learning, teaching and assessing through the use of new technologies and the innovative design of teaching space • creating and extending pre-incubation, incubation and science park facilities through the Edinburgh Pre-Incubation Scheme, the Edinburgh Technology Transfer Centre, the Edinburgh Technopole Science Park, The Informatics Forum, and the Edinburgh BioQuarter • developing and regenerating our estate through the implementation of our Estate Development Masterplans • promoting a culture of space awareness and flexible approaches to the use of space across the University • providing excellent project management and appropriate cost control for capital development projects • continuing our maintenance and compliance work programme • finding new ways to share space, facilities, services and expertise within the sector and with other organisations • securing investment from external sponsors • providing good-quality and well-placed learning and social spaces that 	<p>Review of effectiveness of controls by lead risk manager</p> <p>Annual benchmarking against sector</p> <p>Annual condition and legislation compliance backlog survey</p> <p>Building performance assessments (condition and functional suitability)</p> <p>Responses from Risk Management Annual Return</p>	<p>Director of Estates & Buildings</p> <p>Director of Estates & Buildings</p> <p>Director of Estates & Buildings</p> <p>Director of Estates & Buildings</p>	<p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120117/PaperE_Risk8_EstateMaintenance.pdf</p> <p>Court: 7.11.11, 12.12.11, 2.7.12</p> <p>PSG: 14.11.11, 13.2.12</p> <p>CMG: 11.10.11, 25.1.12, 7.3.12, 23.5.12</p> <p>RMC: 17.1.12</p> <p>AC: 31.5.12</p>

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
			Schools and Colleges and with other organisations			
10. Failure to provide a high quality student experience e.g. in teaching and learning, pastoral and academic support, student services, living and social environment	<p>College and Support Group Annual and Strategic Plans</p> <p>“Student Experience” a specific goal in the 2008/12 University Strategic Plan</p> <p>Quality Assurance Committee overview of learning and student services delivery</p> <p>Appointment of VP Academic Enhancement, operation of new senate committees, and development of good proactive guidelines</p> <p>School plans for performance improvement</p> <p>Promotion of increased participation in NSS</p> <p>Improvement of study and social spaces as part of estates plans</p>	Enhancing our student experience	<ul style="list-style-type: none"> • facilitating the transition to university by being responsive to the range of students’ circumstances, experience, expectations and aptitudes • improving the quality of student induction and departure events • ensuring that information provided to students is comprehensive, accessible, consistent and user friendly • providing coordinated student services that recognise the needs and expectations of students, prospective students and graduates • providing good-quality and well-placed learning and social spaces that support group and individual learning and form stimulating foci for the life of the academic community • strengthening collaboration between academic and student services and EUSA • preparing a sustainable estate strategy for EUSA to underpin delivery, over time, of the facilities required to support EUSA services • supporting our student societies and sports clubs • standardising analysis of, and action taken in response to, internal and external student feedback • ensuring that our graduates are self-confident and possess economically valuable capabilities, expertise and skills • brokering partnerships between specialists 	<p>Review of effectiveness of controls by lead risk manager</p> <p>NSS results</p> <p>Other student experience survey results of e.g. library, IT, teaching quality, course design.</p> <p>International Student Barometer and Postgraduate Research Experience Survey</p> <p>Responses from Risk Management Annual Return</p>	<p>VP Academic Enhancement</p> <p>VP Academic Enhancement</p> <p>VP Academic Enhancement</p> <p>VP Academic Enhancement</p>	<p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120509/D_Risk10_StudentExperience.pdf</p> <p>Court: 12.12.11, 20.2.12, 14.5.12, 2.7.12</p> <p>PSG: 22.8.11, 31.10.11, 28.11.11, 5.12.11, 30.1.12, 13.2.12, 12.4.12, 30.4.12, 21.5.12</p> <p>FGPC: 11.6.12</p> <p>CMG: 14.11.11, 7.3.12, 18.4.12, 23.5.12</p> <p>RMC: 9.5.12</p> <p>AC: 29.11.11, 31.5.12</p>

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
			and academics to enhance the delivery of transferable skills to all students			
11. Inability to retain or attract sufficient key academic staff to meet University / College goals for research and teaching	<p>Ensuring the university remains an attractive working environment</p> <p>Annual review of academic staff (including salary)</p> <p>Active leadership by Principal and of HoCs</p> <p>Recruitment processes group, and flexible HR strategies to meet needs of different business areas</p> <p>Proactive succession planning</p>	<p>Excellence in learning and teaching</p> <p>Excellence in research</p> <p>Quality people</p>	<ul style="list-style-type: none"> Ensuring that staff involved in the delivery of learning and teaching continue to develop their professional capability Recruiting & retaining excellent researchers Supporting the professional and career development of staff engaged with research Continue to review and improve recruitment and retention strategies, systems and processes Developing and implementing succession planning arrangements Recognising and rewarding excellence through the effective use of our Contribution Reward policy and promotion process, and the development of a Total Reward Strategy Establishing a culture of personal and professional development through appraisal and other development processes Supporting the development of all staff in preparing for, holding, or stepping down from leadership and management roles Promoting health, wellbeing and a positive working environment 	<p>Review of effectiveness of controls by lead risk manager</p> <p>Recruitment and retention monitoring</p> <p>Annual equal pay review</p> <p>Responses from Risk Management Annual Return</p>	<p>Director of HR</p> <p>Director of HR</p> <p>Director of HR</p>	<p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120412/11_RetainStaff.pdf</p> <p>PSG: 31.10.11, 13.2.12</p> <p>CMG: 24.8.11, 18.3.12</p> <p>RMC: 12.4.12</p>

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
		<p>Advancing internationalisation</p> <p>Promoting equality, diversity, sustainability and social responsibility</p>	<p>supported by good management practices and clearly defined roles and responsibilities</p> <ul style="list-style-type: none"> Continuing to attract more, and a diverse range of, international students and staff Ensuring that students and staff with particular needs have access to appropriate facilities and support services 			
<p>12. Inadequate management of work priorities and major change projects both individually and as a combined programme of activity. Major projects in progress are:</p> <p>12.1 academic timetable project</p> <p>12.2 major estates projects e.g., library, KBLRC, central area refurbishment;</p> <p>12.3 implementation of PURE systems to meet REF information requirements</p> <p>12.4 implementation of merger of Edinburgh College of Art</p> <p>12.5 implementation of</p>	<p>Project management steering groups, boards, advisory groups and implementation groups</p> <p>Project management processes, Gateway processes and reviews</p> <p>Guidance on major projects and “Projects” website</p> <p>Reporting to University committees</p> <p>Communication activities</p> <p>Planning and provision of resource to enable</p>	<p>Quality services</p> <p>Quality infrastructure</p> <p>Building strategic partnerships and collaborations</p> <p>Excellence in research</p>	<ul style="list-style-type: none"> planning major initiatives on a holistic basis developing and regenerating our estate through the implementation of our Estate Development Masterplans providing excellent project management and appropriate cost control for capital development projects continuing to develop a systematic approach to the acquisition, creation, capture, storage, presentation and management of information resources stimulating the development and growth of interdisciplinary research centres across Schools and Colleges and with other organisations recruiting and retaining excellent researchers ensuring that our management and support structures enable us to be flexible and 	<p>Review of effectiveness of controls by lead risk manager</p> <p>8.1 Reports to the EUCLID Strategy & QA Group; External Reviews</p> <p>8.2 Monitoring by Strategic Project Boards of progress, costs, quality, sustainability</p> <p>8.3 Not yet appropriate</p> <p>8.4 Monitoring of attendance, fees arrears and identity information</p> <p>8.5 ??</p> <p>8.6 Monitoring of compliance against Heads of</p>	<p>8.1 Director of Registry</p> <p>8.2 Director of Estates & Bldgs</p> <p>8.3 Director of Planning</p> <p>8.4 SCE College Registrar (students) and Director of HR (staff)</p> <p>8.5 Prof David Fergusson</p> <p>8.6 MVM College Registrar</p>	<p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120412/12_1_TimetablingPr oj.pdf</p> <p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120412/12.2_EstatesProjects.p df</p> <p>Court: 19.9.11, 7.11.11, 12.12.11, 14.5.12, 2.7.12</p> <p>PSG: 14.11.11,</p>

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
merger of MRC Human Genetics Unit	<p>projects</p> <p>Development of ERMIS for data collection of research management information, incorporating any known REF requirements</p>		<p>responsive to new opportunities and investment sources</p> <ul style="list-style-type: none"> working together with major research funders and other external bodies internationally and in the UK 	<p>Agreement; deviance from 7 year financial plan; internal audit review.</p> <p>Responses from Risk Management Annual Return</p>		<p>13.2.12, 30.4.12</p> <p>FGPC: 24.10.11, 21.11.11, 6.2.12</p> <p>CMG: 24.8.11, 25.1.12, 7.3.12, 18.4.12, 23.5.12</p> <p>RMC: 17.1.12, 12.4.12, 9.5.12</p> <p>AC: 29.9.11, 1.3.12</p>
13. Insufficient investment in systems developments and infrastructure resulting in failure to maintain fit for purpose systems and infrastructure, or serious breach of IT or data security	<p>Operation of Knowledge Strategy Committee, and Information Technology Committee</p> <p>Planning round processes</p> <p>Ongoing resilience improvement programmes and infrastructure upgrades</p> <p>Internal and external audit processes, including external penetration testing, applied to central and Schools/Colleges IT systems and procedures</p>	Quality infrastructure	<ul style="list-style-type: none"> identifying and planning for major risks and business continuity across all areas of infrastructure Ensuring that we have an agreed rolling programme of equipment and IT hardware replacement Continuing to develop a systematic approach to the acquisition, creation, capture, storage, presentation and management of information resources 	<p>Review of effectiveness of controls by lead risk manager</p> <p>Constant review by IS</p> <p>Annual IT assurance process</p> <p>Responses from Risk Management Annual Return</p>	<p>VP Knowledge Management and CIO</p> <p>VP Knowledge Management and CIO</p> <p>VP Knowledge Management and CIO</p>	<p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120412/13_FailureIT.pdf</p> <p>CMG: 7.3.12, 20.6.12</p> <p>RMC: 12.4.12</p> <p>AC: 29.9.11, 1.3.12, 31.5.12</p>

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
	<p>Business recovery plans and exercises</p> <p>Systems implementation trialling and load testing</p> <p>Annual IT assurance process from VP Knowledge Mgt and CIO</p> <p>Policies on data security</p>					
<p>14. Inadequate engagement with changes in public policy, legislation, and practice affecting Higher Education, e.g.</p> <ul style="list-style-type: none"> ○ UK Government; ○ Scottish Executive/Scottish Enterprise/SFC; ○ City of Edinburgh; ○ European Union; ○ Research Councils 	<p>Membership of sector-wide representational bodies</p> <p>Informal liaison, networking and lobbying</p> <p>Monitoring public policy developments</p> <p>Responses to consultations</p>	<p>Excellence in research</p> <p>Excellence in commercialisation and knowledge exchange</p> <p>Quality services</p> <p>Quality infrastructure</p> <p>Engaging with our wider community</p>	<ul style="list-style-type: none"> • Working together with major research funders and other external bodies internationally and in the UK • Enhancing our contribution to public policy formulation • Striving to meet recognised industry and commercial standards • Continuing our maintenance and compliance work programme • Providing expert contributions to public debate, and briefing MSPs, ministers, officials and the media on policy issues • Interacting with key city partners over issues including planning, procurement, transport and relations between the student and resident 	<p>Review of effectiveness of controls by lead risk manager</p> <p>Responses from Risk Management Annual Return</p>	<p>Head of Public Policy</p>	<p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120117/PaperH_Risk14_PublicPolicy.pdf</p> <p>Court: 7.11.11, 12.12.11, 20.2.12, 2.7.12</p> <p>FGPC: 24.10.11, 6.2.12</p> <p>CMG: 24.8.11, 11.10.11, 14.11.11, 25.1.12, 7.3.12, 23.5.12, 20.6.12</p> <p>RMC: 17.1.12</p>

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
		Promoting equality, diversity, sustainability and social responsibility	communities <ul style="list-style-type: none"> • Developing new, and strengthening existing, relationships with key strategic partners in both the public and private sectors, including Scottish Enterprise, NHSScotland and small and medium-sized enterprises • Exploiting our strengths in environmental and sustainability research to influence policy formulation and implementation 			AC: 1.3.12
15. Failure to appropriately position and support the University's unique brand and reputation in the UK and worldwide	Internationalisation Strategy development Activities of Communications & Marketing in partnership with all units Media monitoring and management, and relationships building Brand management and market research processes Visitor Centre and Corporate publications Relationship development with alumni	Advancing internationalisation Engaging with our wider community	<ul style="list-style-type: none"> • promoting internationally the strengths of the University and the achievements of our staff and students • increasing and embedding the public engagement work undertaken by staff through the activities of the Edinburgh Beltane Beacon programme • providing expert contributions to public debate, and briefing MSPs, ministers, officials and the media on policy issues • developing and expanding innovative initiatives to encourage pupils in our local schools to consider the University of Edinburgh as their institution of choice • supporting the involvement of University teams and individuals in major sporting events and competitions • interacting with key city partners over issues including planning, procurement, transport and relations between the student and resident communities • developing new, and strengthening existing 	Review of effectiveness of controls by lead risk manager Monitoring of adverse media coverage Monitoring of fundraising levels Monitoring of number of student applications Responses from Risk Management Annual Return	Director of Communications & External Affairs Director of Communications & External Affairs Director of Development & Alumni Director of SRA	http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120412/15_ImageRep.pdf Court: 2.7.12 PSG: 31.10.11, 21.5.12 FGPC: 24.10.11, 6.2.12, 30.4.12, 11.6.12 CMG: 14.11.11, 7.3.12 RMC: 12.4.12

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
	Linkages with international groupings e.g. British Council, SDI, UKFO, Confucius Network, U21	Stimulating alumni relations and philanthropic giving	<p>relationships with key strategic partners in both the public and private sectors, including Scottish Enterprise, NHS Scotland and small- and medium-sized enterprises</p> <ul style="list-style-type: none"> • implementing our Community Relations Strategy • promoting the University's achievements, emphasising national and international media in our communications activity • fostering recognition through improved physical branding and signage, publications, our website and recruitment and advertising strategies • sustaining and strengthening our relationships with the General Council and with individual alumni 			
16. Significant academic collaborations fail to be effectively managed and do not deliver benefit to the University	<p>Strategic decisions made through PSG/CMG Group/Finance & General Purposes Committee</p> <p>Memoranda of Agreement</p> <p>Collaborative repository</p> <p>Guidelines for staff</p> <p>Separate financial monitoring</p>	<p>Advancing internationalisation</p> <p>Building strategic partnerships and collaborations</p>	<ul style="list-style-type: none"> • encouraging international collaboration in education, research and knowledge exchange • engaging more deeply in strategic alliances and networks with other world-leading institutions • developing productive partnerships with other higher education institutions, organisations and businesses • leading the development of collaborative research activities internationally and in the UK • stimulating the development and growth of interdisciplinary research centres across Schools and Colleges and with other organisations 	<p>Review of effectiveness of controls by lead risk manager</p> <p>Responses from Risk Management Annual Return</p>	College Registrars	<p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120412/16_Collab.pdf</p> <p>Court: 7.11.11, 12.12.11, 14.5.12, 2.7.12</p> <p>FGPC: 6.2.12, 30.4.12</p> <p>CMG: 14.11.11, 25.1.12, 20.6.12</p> <p>RMC: 12.4.12</p>

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
	<p>Quality Assurance Agency Codes of Practice</p> <p>Governance arrangements put in place and clear designation of responsibilities</p> <p>Review of all partnerships and collaborations on a 5 yearly cycle</p>		<ul style="list-style-type: none"> encouraging participation in international networks 			AC: 29.9.11
17. Widespread damage to property and buildings (fire, explosion, malicious damage etc), including properties adjacent to the University estate	<p>Fire/security policies</p> <p>Fire detection systems</p> <p>Security staff & procedures</p> <p>Training & awareness</p> <p>Audit of H&S mgt in all units in partnership with insurance brokers</p> <p>Insurance cover</p> <p>Programme of fire risk assessments</p> <p>Business continuity</p>	Quality infrastructure	<ul style="list-style-type: none"> identifying and planning for major risks and business continuity across all areas of infrastructure continue our maintenance and compliance work programme 	<p>Review of effectiveness of controls by lead risk manager</p> <p>Reports to EPAG</p> <p>H&S audits carried out by University's insurance brokers</p> <p>Responses from Risk Management Annual Return</p>	<p>Director of Estates & Buildings</p> <p>Director of Estates & Buildings</p> <p>Director of Estates & Buildings</p>	<p>http://www.docs.sasg.ed.ac.uk/GaSP/Governance/RiskManagement/20120117/Paper1_Risk17_DamageProperty.pdf</p> <p>RMC: 17.1.12</p> <p>AC: 29.9.11</p>

Risk	Current Management Processes and Mitigating Activities	Goals / Enablers / Strategic Themes	2008-12 Strategies (per Strategic Plan)	Assessment of assurance of effectiveness of risk control mechanisms	Assurance providers	Evidence provided
			in response to, internal and external student feedback			

The University of Edinburgh

Risk Management Committee

26 September 2012

**RISK MANAGEMENT COMMITTEE
REPORT FOR YEAR ENDED 31 JULY 2012**

Brief description of the paper

This report summarises the activities of the Risk Management Committee during the year ended 31 July 2012, and its views on the exposure and management of risk in the University. Its purpose is to support the deliberations of the CMG, Finance & General Purposes Committee, Audit Committee and Court in respect of the reporting on Risk Management and Internal Control in the Annual Accounts. The report is provided in draft for comment by the Risk Management Committee

Action requested

For consideration in respect of assurances to Court relating to the Annual Report and Accounts for the year ended 31 July 2012.

Resource implications

Does the paper have resource implications? No

Risk Assessment

Does the paper include a risk analysis? Yes

Equality and Diversity

Does the paper have equality and diversity implications? No

Any other relevant information

None

Originator of the paper

N A L Paul / H Stocks
17 September 2012

Freedom of information

Can this paper be included in open business? No - Final version having taken comments from colleagues, to be made available

The University of Edinburgh

Risk Management Committee

26 September 2012

Programme of risk reviews in 2012/13

Brief description of the paper

This paper proposes a rolling programme of risk reviews for the risks in the latest University Risk Register.

Action requested

The Committee is invited to discuss and comment on the proposals.

Resource implications

Does the paper have resource implications? Yes. There is work involved in reporting to the RMC but these are risks which the University has agreed should be managed appropriately as they are of key University significance.

Risk Assessment

Does the paper include a risk analysis? The Risk Register and Risk Reviews are part of the University's risk management controls.

Equality and Diversity

Does the paper have equality and diversity implications? No

Any other relevant information

None

Originator of the paper

Helen Stocks
20 September 2012

Freedom of Information

Can this paper be included in open business? Yes.

Programme of risk reviews in 2012/13

This paper proposes a rolling programme of risk reviews continuing into 2012/13 for the risks in the updated University Risk Register and assigns possible individuals to take forward this work, coordinating and liaising as appropriate, as per previous year.

All reports would be linked to the University Risk Register on the web, unless the Committee agreed otherwise for a specific report.

Assigned individuals would be asked to provide a risk review (or update the risk review submitted in 2011/12, for risks in the Risk Register last year).

The Committee is invited to discuss and comment on the proposals, in particular:

- whether the allocation of reports to meetings is appropriate (for all risks in last year's register, the dates are approximately a year after last year's review was scheduled unless the date is in italics, which indicates that it is a new risk, or has been brought forward as indicated); and
- whether the correct individuals have been identified / are still appropriate.

For information, in 2011/12, the numbers of risk reviews submitted to meetings were as follows:

- 17 January: 7
- 12 April: 12
- 9 May: 4

The programme below for 2012/13 proposes the following (allows for possible slippage from the March to the May meeting):

- 17 January: 7
- 27 March: 12
- 10 May: 3

Risk	University Risk Register Lead Manager	Assigned individuals	RMC proposed to receive report
Critical Probable Risks			
1. UKBA policies and practice result in inability to achieve international student and staff recruitment aims, and the UK being perceived as an unwelcoming place to study and work	Lead: Principal Supported by: VP International; Director of International Office, Director of HR	VP International	<i>27 March 2013</i>
2. Implementation of divergent fees policies between Scotland and the rest of the UK results in changes to cross border flows of students, legal challenges or operational issues.	Lead: University Secretary Supported by: Director of Planning & Deputy Secretary, College Registrars	Director of Planning with input from HoC's	17 January 2013

Risk	University Risk Register Lead Manager	Assigned individuals	RMC proposed to receive report
3. Changes to university governance structures and processes, (including the introduction of Outcome Agreements) or degree structures result from developments in government policy/legislation	<p>Lead: Principal</p> <p>Supported by: Director of Planning & Deputy Secretary</p>	Director of Planning with input from VP for Academic Enhancement and Assistant Principal for Taught PG courses	27 March 2013
4. Staff and/or student dissatisfaction leads to disruption to business continuity. This could arise as a result of a) pressures for changes in staff pay, terms and conditions (including pension funds) b) implementation of higher RUK student tuition fees	<p>Lead: Director of HR and University Secretary</p> <p>Supported by: Director of Corporate Services / Director of Finance</p>	<p>Staff: Director of HR with input from Director of Finance and Corporate Services</p> <p>Student: University Secretary</p>	17 January 2013
Critical Likely Risks			
5. Insufficient funding to develop the University and maintain its UK and international competitiveness: - e.g. due to insufficient or slow response to policy changes and new programmes implemented by research funders e.g. research councils, charities, EU etc - inability to generate new non-governmental income - linkage of SFC funding to Outcome Agreements	<p>Lead: Principal</p> <p>Supported by: VP Planning, Resources, & Research Policy Director of Planning & Deputy Secretary, Heads of College and Director of ERI</p>	Director of Planning with input from Director of Finance	10 May 2013
6. Growth in international, PG and distance learning student recruitment fails to achieve targets and falls behind UK and international competitors e.g. due to a) UKBA policies and practice resulting in UK perceived as unwelcoming (see above) to international students b) marketing and quality of distance learning programmes c) insufficient residential accommodation for students	<p>Lead: Principal</p> <p>Supported by: HoCs, VP International; VP Knowledge Management & CIO, Director of Planning & Deputy Secretary</p>	Director of Planning with input from Director of Finance, Director ERI, Head of International Office	27 March 2013

Risk	University Risk Register Lead Manager	Assigned individuals	RMC proposed to receive report
<p>7. Changes to the balance of powers between Westminster and Holyrood and the implementation of changes arising from them, and consequent uncertainties e.g.</p> <ul style="list-style-type: none"> - RUK students become treated as EU students with resultant changes to fee regime - Inability to access or restricted access to UK Research Council, charities or other sources of research funding 	<p>Lead: Principal</p> <p>Supported by: VP Public Policy, VP Planning Resources & Research Policy, Director of Planning & Deputy Secretary, Heads of College</p>	<p>VP Public Policy</p>	<p>27 March 2013</p>
<p>8. Rate of maintenance, enhancement and investment in the estate fails to support University growth aspirations (in research, education and accommodation), provide a satisfactory student and staff experience, and maintain competitiveness with other leading institutions across the world</p>	<p>Lead: VP Planning, Resources & Research Policy</p> <p>Supported by: Director of Estates & Buildings; Director of Development & Alumni</p>	<p>Director of Estates & Buildings with input from Vice Principal Planning, Resources & Research Policy</p>	<p>17 January 2013</p>
<p>9. Inadequate performance in 2014 Research Excellence Framework (REF) Assessment</p>	<p>Lead: VP Planning, Resources and Research Policy</p> <p>College Leadership: HoC</p> <p>Supported by: HoS, Director of Planning & Deputy Secretary</p>	<p>SVP Planning, Resources & Research Policy with input from HoC, HoS, Director of Planning</p>	<p>17 January 2013</p>
<p>10. Failure to provide a high quality student experience and to implement the recommendations from the 2011 ELIR e.g.</p> <ul style="list-style-type: none"> - failure to successfully implement the Personal Tutor structure consistently and to the required standard across the University - slow progress in coordination of students services - focus on research priorities / REF lessens perception of importance of student experience priorities 	<p>Lead: Director of Quality Assurance</p> <p>Supported by: VP Academic Enhancement; VP Research Training & Community Relations, Heads of Colleges and Heads of Support Groups</p>	<p>Director of Quality Assurance with input from VP Academic Enhancement and University Secretary</p>	<p>10 May 2013</p>

Risk	University Risk Register Lead Manager	Assigned individuals	RMC proposed to receive report
Critical Possible Risks			
11. Maintenance of financial sustainability and ensuring effective delivery of key strategic and operational plans	<p>Lead: VP Planning, Resources and Research Policy</p> <p>Supported by: HoCs, DoCS, Director of Finance, Director Estates and Buildings, Director of Planning & Deputy Secretary, Director of HR</p>	Director of Finance with input from VP Resources, Director Estates and Buildings, Director of Planning, Director of HR	10 May 2013
12. Inability to retain or attract sufficient key staff to meet University / College goals, particularly for research and teaching	<p>Lead: Principal</p> <p>College Leadership: Heads of Colleges (HoC)</p> <p>Supported by: Heads of Schools (HoS) and Director of HR</p>	Director of Human Resources (HR)	27 March 2013
<p>13. Inadequate management of work priorities and major change projects both individually and as a combined programme of activity. Major projects in progress are:</p> <p>13.1 academic timetable project</p> <p>13.2 major estates projects e.g., central area refurbishments;</p> <p>13.3 implementation of Personal Tutor structures and processes (see above)</p> <p>13.4 implementation of Key Information Statistics (KIS)</p>	<p>Lead:</p> <p>13.1 VP Planning, Resources and Research Policy</p> <p>13.2 Director of Estates & Buildings</p> <p>13.3 VP Academic Enhancement</p> <p>13.4 Assistant Principal Taught Postgraduate Programmes</p>	<p>13.1 SVP Planning, Resources and Research Policy</p> <p>13.2 Director of Estates & Buildings</p> <p>13.3 VP Academic Enhancement</p> <p>13.4 Assistant Principal Taught Postgraduate Programmes</p>	<p>13.1 27 March 2013</p> <p>13.2 27 March 2013</p> <p>13.3 17 January 2013</p> <p>13.4 27 March 2013</p>
14. Insufficient investment and oversight of systems developments to ensure systems and infrastructure provide the functionality and services expected of a leading global university	<p>Lead: VP Planning Resources and Research Policy / VP Knowledge Management and CIO</p>	VP Knowledge Management and CIO	27 March 2013
Moderate Possible Risks			
15. Perceived breach of generally accepted ethical standards	<p>Lead: Principal</p> <p>Supported by: University Secretary</p>	University Secretary	27 March 2013

Risk	University Risk Register Lead Manager	Assigned individuals	RMC proposed to receive report
<p>16. Inadequate engagement with changes in public policy, legislation, and practice affecting Higher Education, e.g.</p> <ul style="list-style-type: none"> ○ UK Government; ○ Scottish Executive/Scottish Enterprise/SFC; ○ City of Edinburgh; ○ European Union; ○ Research Councils 	<p>Lead: Principal</p> <p>Supported by: VP Public Policy, Director of Planning & Deputy Secretary, University Secretary, DoCS</p>	University Secretary	17 January 2013
<p>17. Failure to adequately assess the University's diverse markets, both in the UK and internationally, and to market the University and its brand in an effective and coordinated way across all of its activities.</p>	<p>Lead: Principal</p> <p>Supported by: VP International, Director of Development & Alumni Director of Communications and Marketing</p>	Director of Communications and External Affairs	27 March 2013
<p>18. Significant academic collaborations fail to be effectively managed and do not deliver benefit to the University</p>	<p>College Leadership: Heads of College</p> <p>Supported by: Vice Principal (International)</p>	College Registrars	27 March 2013
Critical/Moderate Rare Risks			
<p>19. Widespread damage to property and buildings (fire, explosion, malicious damage etc), including properties adjacent to the University estate</p>	<p>Lead: Director of Estates</p> <p>Supported by: HoC/HoSG HoS Director of Estates and Buildings, Director of Finance</p>	Director of Estates and Buildings	17 January 2013