

## THE UNIVERSITY OF MANCHESTER

### AUDIT AND RISK COMMITTEE

16 April 2025

#### Unconfirmed

*Present:* Deirdre Evans (Chair)  
Ann Barnes  
Robin Phillips  
Tony Raven  
Trevor Rees  
Natasha Traynor

*Apologies:* Alex Creswell (Advisor to the Committee)  
Richard Young, Uniac

*In attendance:* Professor Duncan Ivison, President and Vice-Chancellor  
Patrick Hackett, Registrar, Secretary and Chief Operating Officer (RSCOO)  
Carol Prokopyszyn, Chief Financial Officer (CFO)  
Louise Bissell, Deputy Director of Finance  
Dr David Barker, Director of Compliance and Risk  
Sue Suchoparek, Uniac  
Alastair Duke, PKF

*Secretary:* Mark Rollinson, Deputy Secretary

#### 1. Declarations of interest

**Noted:** Tony Raven declared an interest in item 9 i) a), as a member of the Royce Institute Board.

#### 2. Minutes

**Resolved:** that the minutes of the meeting held on 29 January 2025 be approved.

#### 3. Matters arising and action tracker

**Received:** the action tracker setting out progress against matters arising from earlier meetings.

**Noted:**

(1) On the update on Admissions Qualification Verification issue, the expansion of mandatory qualification checks to countries named in the report was based on risk assessment, linked to Home Office intelligence. The Committee asked that the percentage of overall applications from these countries be provided in a further update, which should also reference the position in relation to China, given the significance of the latter in the international market.

**Action: Deputy Secretary** (to coordinate)



(6) The Committee welcomed the update to the previous Procurement Control and Value for Money report and requested any further information about direct contract awards that may be relevant (either within or outside existing frameworks) with focus on any high value and high-risk areas. The CFO agreed to address this as part of an update to the Committee for the June meeting, focusing on activity in the current financial year, as a precursor to the annual report to the Committee in November.

**Action: CFO**

(7) The establishment of the new Head of Supplier Relationship Management role was designed to address an institutional gap (building on and learning from local good practice, for example in IT Services): the post was about to be advertised externally.

**Agreed:** that the following be scheduled for the June 2025 meeting as outlined above:

(1) Deep Dive presentation

**Action: CPO and Director of People**

(2) The update on Procurement and Value for Money

**Action: CFO**

## **6. Strategic Risk Register**

**Received:** the most recent (December 2024) iteration of the Strategic Risk Register (SRR) updated by identified Risk Managers on behalf of Risk Owners (the latter are all members of the University Executive).

**Reported:** As the University's 2035 Strategy crystallises the SRR will need to be completely revised, and the latest version of the current SRR represented a holding position.

**Noted:**

(1) Planned work alongside the continued monitoring of the current SRR for the remainder of this academic year included:

i) Development of a Risk Appetite Framework and Statement. This would shortly be considered by University Executive and would define the level of risk the University is willing to accept to achieve its strategic goals, set in the context of 2035 strategy development. This framework would also provide guard-rails for decision-making and assist in assuring that decisions are consistent with the University's values and objectives.

ii) Identification of Top Five risks (and confirmation of owners of these risks)

iii) Development (with colleagues from IT Services) of technology to support optimal presentation.

(2) Whilst the new SRR was in development, the importance of ensuring sufficient focus on current and emerging key risks (and mitigations), with the report from the President and Vice-Chancellor providing a suitable vehicle for this.

(3) Further work was needed to ensure a consistent and comprehensive set of local risk registers: these were an essential resource for assurance in relation to operational risk and should enable significant risks impacting on strategy to surface on the institutional SRR.

**Action: Director of Compliance and Risk**

(4) Presentation of the Strategic Risk Register was not optimal and alternative means of display should be investigated if the current format of the Register was retained.

**Action: Deputy Secretary**

## **7. Change Management**

**Reported:**

(1) Ongoing discussion between the Chair of the Committee and the Chair of Finance Committee to ensure a cohesive approach to oversight of strategic change activity, avoiding duplication. The focus of Audit and Risk Committee would remain on assessment of totality of risk and there would be regular meetings between the two chairs to ensure a coherent, joined-up approach

(2) The above was in the context of work reported to the March 2025 Board to streamline current executive change governance structures, removing four existing committees and establishing two new committees: one focused on infrastructure and another on major projects, aimed at creating more agile and effective oversight. Their purpose will be to provide strategic leadership, address risks proactively, empower those closest to the ground, and foster greater alignment between project outcomes and the University's strategic plan.

**8. Health, Safety and Wellbeing Quarterly Report (Q2, November 2024-January 2025)**

**Received:** the latest quarterly report from the Health, Safety and Wellbeing Committee.

**Reported:** an update on two specific issues (student egress from the Marion Miller Building and injury suffered by a student in a laboratory overseas): in both cases measures were being taken to mitigate risk and ensure lessons learned, and in the latter case this included ensuring proactive and appropriate engagement with risk assessment.

**Noted:**

(1) Lack of planned fire risk assessments in the quarter resulting from staff illness and the need, for effective business continuity, to remove single person dependency.

(2) Mitigating actions to address the reported fire activation issue at University Place: in view of the potential severity of the incident, the Committee asked that the medium risk classification be reviewed. **Action: RSCOO**

(3) Actions arising from the section of the report on lifecycle surveys should be referred to People Committee to ensure appropriate follow-up. In this context, there was a brief update on actions being taken to optimise completion rates for the "Your Voice Matters" survey. **Action: Director of People**

(4) A potential gap in current reporting was overall impact on brand and reputation, and this should be considered in the revised approach to assessment of strategic risk. **Action: Director of Compliance and Risk**

**9. Internal Audit and Internal Control**

**(i) Uniac Progress Report**

**Received:** the latest Uniac internal audit progress report, which included a summary of progress since the previous meeting.

**(a) Royce@Manchester Governance**

**Reported:**

(1) In addition to the summary provided in the progress report, the full report of the review was appended. The review focused on Royce@Manchester governance, roles and responsibilities and integration / alignment within the University (and Faculty) policy and assurance framework.

(2) The report noted that the Henry Royce Institute has no separate legal identity or status, and the University (as Lead Partner) employed and was responsible for the employment of the Hub (the collective term for the central function and infrastructure of Royce hosted by the University) Executive Team, with staff having University contracts.

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***Redacted – restricted information***

#### **(b) IT Disaster Recovery and Business Continuity Planning**

##### **Reported:**

(1) The audit provided assurance on the effectiveness of the University's IT disaster recovery (DR) and business continuity (BC) processes, including the management of risks surrounding both key IT infrastructure systems and corporate systems critical to the University's operations

(2) The review provided reasonable assurance in relation to effectiveness of design, effectiveness of implementation and economy and efficiency.

(3) There were two medium risk findings and Uniac would undertake a follow-up review of implementation on 2025-26 after completion of outstanding tasks.

#### **(c) Research Contract Process (PURE) Review**

##### **Reported:**

(1) The University introduced the Pure Awards Management Module (AMM) in June 2020 to manage the application and award process for all research grants and contracts. The audit focussed on compliance with the contracting process, the initial implementation of the module and associated business change to establish the extent to which the contract requirements were being met and to identify areas for improvement.

(2) The review provided reasonable assurance in relation to effectiveness of design, effectiveness of implementation and economy and efficiency.

(3) The review contained five medium risk findings and once these were addressed, this would facilitate provision of more useful and meaningful management information.

#### **(d) UUK Accommodation Code of Practice (ACOP) Compliance: 1) University Halls and 2) Private Halls.**

##### **Reported:**

(1) There were two separate reviews assessing compliance with the UUK ACOP, based on a sample of both University owned properties and private halls.

(2) For both University owned and private halls, the reviews provided substantial assurance in relation to effectiveness of design, effectiveness of implementation and economy and efficiency, with a small number of low and advisory risk findings.

#### **(e) Unmanned Aerial Vehicles and Drones**

##### **Reported:**

(1) The review covered unmanned aerial vehicles (UAVs, or drones) and firearms, noting that in relation to the latter, this included historic items (in the Museum), props used in Drama productions and ballistic devices used for materials testing, including ball bearing barrels and high-pressure gas guns

(2) The review contained four low risk and two advisory findings and provided substantial assurance in relation to effectiveness of design and effectiveness of implementation and reasonable assurance in relation to economy and efficiency

#### **(f) Academic Sickness Reporting-Stage 1**

##### **Reported:**

(1) An advisory review on academic sickness absence reporting which confirmed that clear policies and procedures were in place and indicated under-reporting and inconsistent approaches to recording.

(2) A consequence of the above was adverse impact on academic and operational continuity and poor management of absenteeism which could result in stress and health problems and worsen the student experience.

(2) Stage 2 of the review would involve 'drilling down' into three schools (one in each faculty) to understand how the Absence Policy and Procedures are being implemented in practice. This approach will provide insight to inform the Policy update, including clarity on roles and responsibilities, training and reporting.

#### **(g) Recurring Themes from School Reviews**

##### **Reported:**

(1) An advisory review serring out common control issues identified when undertaking the school reviews over the last few years.

(2) Common themes included poor compliance with the Declaration of Interest process: a new process had just been launched which should result in improvement, and this was the subject of a Uniac review over the summer.

##### **(ii) Progress against the 2024-25 Plan**

**Noted:** an update on progress against the agreed internal audit plan.

##### **(iii) Internal Investigatory Work**

**Noted:** there were no substantive issues to report.

##### **(iv) Future Deep Dives**

**Noted:** in addition to the deep dive on procurement (see 5 above), once the updated Strategic Risk Register was agreed, the Committee would agree further deep dive topics to enable focus on key strategic risks with risk owners.

#### **10. External Audit**

##### **Noted:**

(1) A brief verbal update from PKF, advising that satisfactory progress was being made with the external audit for 2024-25. Planning meetings would enable a further report to the June Committee meeting.

(2) Carmine Papa was retiring from PKF and would be replaced as the additional partner on the audit by David Thompson.

#### **11. Public Interest Disclosures**

**Noted:** an update on Public Interest Disclosure/Whistleblowing cases.

#### **12. Committee Forward Agenda 2024-25**

**Received:** the updated Committee forward agenda for 2024-25

#### **13. Dates of remaining meeting in 2024-25**

**Noted:** the remaining meeting in 2024-25 as below: (11am-1pm):

- Wednesday 11 June 2025 - In person