![University of the Highlands and Islands - Inverness College logo]

Board of Management

Meeting	Audit Committee
Date and time	Tuesday 28 February 2017 at 8.30 a.m.
Location	Boardroom, 1 Inverness Campus

College Secretary
21 February 2017

AGENDA

Welcome and Apologies

Declarations of Interest

ITEMS FOR DECISION

1. **MINUTES**
   a) Minutes of Meeting of the Audit Committee held on 29 November 2016
   b) Minutes of Meeting of the Joint Audit and Finance and General Purposes Committee held on 8 December 2016

2. **POLICIES**
   a. **Records Management**
      Covering report by Quality Officer

   b. **Health and Safety**
      Covering report by Quality Officer

ITEMS FOR DISCUSSION

3. **OUTSTANDING AUDIT RECOMMENDATIONS**
   Report by Principal

4. **RISK REGISTER AND BUSINESS CONTINUITY**
   Report by Principal

5. **ICT SERVICES REPORT**
   Report by ICT Services Manager

6. **HEALTH AND SAFETY**
   Report by Health and Safety Manager

7. **ACADEMIC PARTNER AUDIT COMMITTEE CHAIRS MEETING – MAY 2017**
   Consider issues to be raised at this meeting

_____

ITEMS FOR NOTING

8.   DATA PROTECTION, FREEDOM OF INFORMATION, COMPLAINTS AND PUBLIC INTEREST DISCLOSURE ANNUAL REPORT 2016
Joint Report by College Secretary, Quality Manager and Information Development Manager

9.   AOCB

10.   DATE OF NEXT MEETING
Tuesday 23 May 2017

University of the Highlands and Islands
Inverness College

Board of Management

MINUTES of the MEETING of the AUDIT COMMITTEE held in the Boardroom, 1 Inverness Campus, on Tuesday 29 November 2016

PRESENT:	Hazel Allen, Louise James, Lindsey Mitchell, Steve Walsh (from item 10)
CHAIR:	Hazel Allen
APOLOGIES:	Jaci Douglas
ATTENDING:	Principal
	Depute Principal
	Director of Organisational Development
	Stuart Inglis, Henderson Loggie
	College Secretary
OBSERVER	Maria Roberts IIP Assessor

The Chair welcomed Maria Baxter, IIP Assessor to the meeting.

1. **MINUTES - AUDIT COMMITTEE – 13 September 2016**
   The minute was **AGREED** as a correct record and was approved and signed.

2. **AUDIT COMMITTEE ANNUAL REPORT TO THE BOARD OF MANAGEMENT**
   A report by the Director of Corporate Services presented a draft of the Audit Committee's annual report to the Board of Management, as required by the Financial Memorandum between UHI (Regional Strategic Body) and Inverness College UHI (Assigned College) covering the Committee's activity, and the work of the College's internal and external auditors in 2015/16.

   The Principal spoke to the report, highlighting the progress which had been made over the last few years in significantly reducing the number of audit recommendations which were still outstanding. Those which remained were all priority 3 level. There were no major issues to be addressed from these audits.

   The Chair echoed the comments by the Principal and welcomed the continued improvements which were seen in all reports. There has been a very significant change compared to 3 or 4 years ago.

   The Chair requested that in future, the report should refer to the areas of risk identified in the audit plan and strategic plan rather than simply list the reports which had been considered. Stuart Inglis kindly offered to share a template report with the College.

   The Audit Committee **RECOMMENDED** the Audit Committee Annual Report to the Board of Management for approval.

3.   **INTERNAL AUDIT REPORTS**
    a)   **2015/16 STUDENT ACTIVITY DATA**
         Credits Audit Guidance issued by the SFC in May 2015 requested that
         colleges obtain from their auditors their independent opinion on the accuracy
         of the FES return. Mr Inglis advised that in accordance with the guidance,
         Henderson Loggie had reviewed and recorded the systems and procedures
         used by the college in compiling the returns and had assessed and tested
         their adequacy. Two minor recommendations had been made and these
         were outlined in the action plan.

         The report by Henderson Loggie was submitted to the SFC on 13 October
         2016 and in their opinion
         • The student data returns had been compiled in accordance with all
           relevant guidance
         • Adequate procedures were in place to ensure the accurate collection
           and recording of the data; and
         • on the basis of their testing they could provide reasonable assurance
           that the FES return contained no material mis-statement.

         The Committee **NOTED** the report.

    b)   **STUDENT SUPPORT FUNDS 2015/16**
         Mr Inglis explained that the scope of the audit reviewed the college's further
         education discretionary fund, further and higher education childcare fund
         and bursary return for the 2015/16 academic year.

         Mr Inglis confirmed that despite there being one issue relating to bursary
         students, Henderson Loggie were able to certify the fund statement for the
         year end and had submitted it to the SFC without reservation.

         The Committee congratulated all those concerned with the receipt of a clean
         audit report.

    c)   **HEALTH AND SAFETY**
         Mr Inglis advised that the scope of the Health and Safety Audit was to review
         the arrangements in place within the College to deal with H&S issues. The
         overall level of assurance given was "Satisfactory". A considerable number
         of strengths had been identified as well as a small number of weaknesses
         which were already being addressed by the Health and Safety Manager.

         The Committee welcomed the audit which was a very good reflection on the
         Health and Safety Manager and the previous improvements which had been
         made.

4.   **OUTSTANDING AUDIT RECOMMENDATIONS**
    A report by the Director of Corporate Services provided an update on the progress
    made on the outstanding audit recommendations since the previous meeting in
    September. Of the 13 recommendations made last year, 10 had been fully
    implemented, 1 partially implemented, 1 had been considered but not implemented
    and there had been little or no progress made with the final recommendation.

The Business Development recommendation would now be progressed. The Principal referred to the recommendation relating to the online enrolment of FE students and advised that it was unlikely that this would be implemented by EO in the short term. The Principal also advised that the complexity associated with the number of partners within UHI had caused difficulties in the development of the new finance system. A new Project Manager would be appointed with finance expertise to assist the Finance Team.

5. **RISK REGISTER AND BUSINESS CONTINUITY**

    A report by the Director of Corporate Services provided an update on risk management and business continuity within the college.

    The Committee **NOTED** the actions in relation to business continuity since the plan was approved at the meeting in September and the Principal confirmed that she would advise the members by e mail of the expected timeline of completion of the direct route to JaNET services.

    The risk register had been updated to include the new risk proposed by the committee at its last meeting, and which was identified as one of the three highest (red) risks to the college.

    The Chair made reference to the agreed process for improvements in UHI partnership management to minimise the partnership risks. She **REQUESTED** that the agreement for these processes be included as a mitigating action in the risks relating to inverness college's financial insecurity.

    The Committee **NOTED** the updated risk register.

6. **STATEMENT ON CYBERCRIME**

    At its meeting in May 2016, the Committee had requested that a position statement on cybercrime be reported to a future meeting.

    A report by the Director of Corporate Services referred to the current position on cybercrime, highlighted the protocols for changing payee/vendor details and also highlighted the information security project which had been launched in October 2016. Part of this project required all staff to complete online training modules on information security and data protection.

    The Committee **WELCOMED** the position statement and the ongoing work with UHI to mitigate this shared risk.

7. **VALUE FOR MONEY AND PROCUREMENT ANNUAL REPORT 2015/16**

    A report by the Director of Corporate Services provided an update on procurement and value for money activities across College departments during the last academic year. The College was continuing to develop a more corporate approach across its professional disciplines and support functions. The report highlighted the work being done under PECOS, Public Contracts Scotland Advertising (PS), Public Contracts Scotland Tender (PCS-T), the APUC Contracts database (Hunter) as well as outlining the benefits of using collaborative contracts.

    The Committee **NOTED** that the College would ensure that its strategies, policies and associated procedural guidance complied with and reflected best practice

whilst being mindful of the need to ensure that whatever was put in place was workable and proportionate to the scale and complexity of the procurement operations of the college.

8.   **HEALTH AND SAFETY**
A report by the Director of Organisational Development provided an update on health and safety matters including the HASMAP audit and the internal audit on Health and Safety, the procurement of the health and safety management software and accidents/incidents/near miss reporting. A number of significant incidents were highlighted as well as the mitigating actions which had been put in place.

The Committee **NOTED** the report.

9.   **MEETING OF UHI AUDIT CHAIRS – 16th November 2016**
The Chair provided a verbal update on the meeting of academic partner audit committee chairs which had taken place on 16th November. She reported that the meeting had been very positive, with the Chair of the UHI Audit Committee being very supportive to partnership working.

During discussion it was apparent that not all colleges understood that the five incorporated colleges collectively had to show a break even financial position at the end of March. This was a partnership risk rather than a risk for only the five incorporated colleges.

The poor compliance of actions from UHI audit reports had been discussed and it had been stressed that colleges needed to be more involved in the development of the UHI audit plan and to have sight of the draft audit reports in advance of them being approved by UHI. UHI had also agreed to share their internal audit reports with the partners.

There was also a brief discussion on the externally facilitated effectiveness review which all colleges were required to undertake. It had been acknowledged that these reviews would be costly to undertake and that it would be useful to share information amongst all academic partners in future.

The next academic partner audit committee chairs meeting would be held in May 2017. It was **AGREED** that an item be placed on the agenda for the Audit Committee meeting in February to identify issues for discussion at the May meeting.

10. **ANNUAL REVIEW OF AUDITORS' PERFORMANCE**
The College Secretary reminded members that this exercise had been postponed from June 2016. The Committee completed the annual review of the internal and external auditors' performance for 2015/6 and **NOTED** that the results of the evaluation would be fed back to the auditors in writing.

It was **AGREED** that the Board needed an overview of the whole assurance framework and an understanding of how audits and quality assurance meshed together. This matter would be discussed at a future meeting of the Chairs Committee as it was a potential area for board development.

The Committee also **AGREED** that there was a need to ensure that there was a clear link between the audit plan and the strategic risk register.

11.   **COMMITTEE AND COMMITTEE CHAIR EVALUATION**
A report by the College Secretary made reference to the requirement for College boards of management to undertake annual evaluation exercises.

The Committee collectively undertook an evaluation of the Committee, following which the Chair left the meeting and the remaining members undertook an evaluation of the Chair.

As the following items were included in the agenda for noting only, no discussion took place.

12.   **RISK MANAGEMENT POLICY**
In 2014/15 Henderson Loggie carried out a review of the College's risk management and business continuity / disaster recovery arrangements. There was one outstanding action from that review that required to be progressed, namely that the Risk Management policy be updated to reflect current practice. This had now been completed.

13.   **INFORMATION COMMISSIONER'S OFFICE – OUTCOME OF SECURITY BREACH**
A report by the Director of Organisational Development advised that the College had received notification from UHI that the information Commissioner's Office would not be taking any action against UHI or the College on the back of the investigation into the reportable breach of the theft of hard disks from Longman Campus.

14.   **COMPLAINTS - QUARTERLY REPORT**
A report by the Quality Unit provided an overview of recorded complaints during the period 1 July to 31 October 2016.

15.   **ACADEMIC COMMITTEE MINUTES**
Minutes of the Meeting of the Health and Safety Committee held on 13th September 2016

16.   **DATE OF NEXT MEETING**
Tuesday 28 February 2017 at 8.30 a.m.

Signed by the Chair: _____

Date: _____

Board of Management

MINUTES of the JOINT MEETING of the AUDIT AND FINANCE AND GENERAL PURPOSES COMMITTEES held in the Board Room, 1 Inverness Campus on Thursday 8 December 2016

PRESENT:	Brenda Dunthorne, Brian Henderson, Lindsay Mitchell, Gavin Ross, Diane Rawlinson
CHAIR:	Brian Henderson
APOLOGIES:	Hazel Allen, Louise James, Helen Miller, Mick Longton, Steve Walsh
ATTENDING:	Depute Principal
	Interim Director of Corporate Services
	Finance Services Manager
	Gary Devlin, Scott Moncrieff
	Michael Lavender, Scott Moncrieff
	College Secretary
OBSERVERS:	Gabriel Starr, John Wilson

1. **PRESENTATION BY SCOTT MONCRIEFF ON FRS102 and the FE/HE SORP**

   Michael Lavender made reference to the new accounting framework, namely, FRS 102 - the Financial Reporting Standard applicable in the UK and the Republic of Ireland, the FE/HE SORP 2015 –Statement of recommended Practice: accounting for further and higher education and the FReM – the Government Financial reporting manual.

   Michael explained the main differences from the previous SORP which had been issued in 2007 and the 2015 SORP and also explained how revenue recognition had to be treated.

   He ran through some of the practical considerations which had to be taken into account in the preparation of the accounts as well as a number of other changes.

   For the preparation of the 2015/16 Annual accounts a number of actions had to be undertaken, including reviewing accounting policies, setting accounting policies on revenue recognition, reviewing all leases as well as all grants for restrictions/conditions, estimating holiday pay accrual, reviewing and restating accounts as at 1 August 2014 and for 2015/15 and preparing disclosure notes and reconciliations on the transition.

   Members of the Committee asked a number of questions and the Chair thanked Scott Moncrieff for a very informative and helpful presentation.

2. AUDITED ACCOUNTS AND ANNUAL AUDIT REPORT 2015/16

   a) Financial Statements for the year ended 31 July 2016

   The Finance Services Manager referred to the report by the Director of Corporate Services which highlighted the key issues in the 2015/16 Financial Statements, the majority of which related to the NPD model for the new campuses.

   The Committee thanked the Finance Team for another set of quality accounts and **RECOMMENDED** the Financial Statements for the year ended 31 July 2016 to the Board of Management for approval.

   b) Draft Annual Audit Report to the Board of Management and the Auditor General for Scotland for the year ended 31 July 2016

   Mr Devlin confirmed that Scott Moncrieff's independent auditor's report provided an unqualified opinion on the financial statements, on the regularity of transactions and on other prescribed matters. They were also satisfied that there were no matters which they were required to report by exception. In summary, the college had

   - An underlying operating surplus of £283k but a technical accounting deficit of £1.496m resulting from the accounting treatment of the NPD asset interest and pension contributions under FRS102
   - Adequate arrangements in place for financial management and the use of resources
   - A break even position forecast for 2016/17
   - Adequate arrangements in place with regard to financial sustainability
   - Appropriate governance arrangements in place
   - Proper arrangements in place to promote and secure value for money.

   Mr Lavender confirmed that the draft annual accounts and supporting papers were of a good standard. He ran through the key sections within the draft report and made reference to two recommended management actions related to the NPD accounting model and long term financial planning. He was pleased to report that the audit process had run smoothly and he extended his gratitude to the Finance Services Manager and the finance team for their assistance and support during the course of the audit.

   The Committee asked a number of questions and it was **AGREED** that a number of small amendments be made.

   The Joint Committee **RECOMMENDED** the Draft Annual Audit report for the year ended 31 July 2016, subject to a number of minor amendments being made, to the Board of Management for approval.

The Principal, Depute Principal, Interim Director of Corporate Services and the Finance Services Manager left the meeting

3. MEETING WITH EXTERNAL AUDITORS

The Joint Committee met with Mr Devlin and Mr Lavender of Scott Moncrieff, the external auditors. This was considered good governance practice and provided an opportunity to ensure that there was clear and direct communication between the auditors and the Committee and for any issues or concerns to be raised.

Mr Lavender confirmed that the college's audit process was very well organised. Scott Moncrieff had confidence in the management team and a good relationship with the finance team who were committed to providing the information requested. However, Scott Moncrieff did not receive the accounts in line with the agreed timetable. This was also the case in the previous year.

Reference was made to the vacant position of Director of Corporate Services and the risk to the college of recruitment as well as the loss of corporate knowledge and continuity of provision. Competency and effective leadership were critical for the Finance Team going forward. Gary Devlin said that it was vital that there was as was a strong working relationship between the finance and curriculum areas.

Further diversification of the income base should be driven forward and clarification given on the college approach to additionality.

There was a brief discussion on the risks associated with national pay bargaining and subsequent job evaluation.

The Committee thanked Mr Devlin and Mr Lavender for their assessment and their previous years' work.

Signed by the Chair: _____

Date: _____

University of the Highlands and Islands
Inverness College

Board of Management

Subject/Title:	Records Management Policy
Meeting and date:	BoM Audit Committee, 28 February 2017
Author:	Suzanne Stewart (Information Development Manager) – author of policy Claire Fraser (Quality Officer) - author of cover report
Link to Strategic Plan:	To continue to develop our financial planning, risk management and business continuity processes to actively mitigate risk, protect our reputation and ensure our ongoing organisational sustainability.
Cost implications:	Yes / ~~No~~ *(delete as applicable)* **If yes, please specify:** **There could be cost implications through failure to manage records if the college were to find itself in breach of the Data Protection Act 1998. Fines of up to £500K can be imposed by the ICO**
Risk assessment:	Yes / No *(delete as applicable)* **If yes, please specify:** Financial:√ Operational:√ Organisational:√
Status – Confidential/Non confidential	Non confidential
Freedom of Information Can this paper be included in "open" business	Yes

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

Its disclosure would substantially prejudice a programme of research (S27)		Its disclosure would substantially prejudice the effective conduct of public affairs (S30)	
Its disclosure would substantially prejudice the commercial interests of any person or organisation (S33)		Its disclosure would constitute a breach of confidence actionable in court (S36)	
Its disclosure would constitute a breach of the Data Protection Act (S38)		Other (please give further details)	

For how long must the paper be withheld? (express either as the time which needs to pass or a condition which needs to be met.)	

Recommendation(s)

The BoM Audit are asked to agree the changes to the draft (revised) Records Management policy and approve these for progression to the next stage of approval.

Purpose of report

To inform the Audit Committee of the changes to the Records Management policy.

Background

This revised policy has been discussed at Scrutiny Panel (7 December 2017) and SMT (16 February 2016).

Following approval from BoM Audit Committee the policy will be submitted to the full Board of Management for final approval and then published.

Main body of information

The Information Development Manager has provided the following summary of the main updates:

Purpose of the Framework
Words updated slightly to make the paragraph read a little better.

Records Classification
Words updated slightly to make the paragraph read a little better.

Records Retention Schedule
Information revised to refer to an electronic records management system being a future development

Destruction & Disposal of Records
Rewritten to draw attention to the responsibilities of managers and team leaders with regards to disposal of records no longer required.

Responsibilities
Bullet points updated and increased from 10 points to 13. Reference to the 8 Data Protection Principles has been removed (dropped the 8) as these will reduce to 6 when the EU Data Protection General Regulation (GDPR) comes in to effect in May 2018.

Point 3.6 is a new addition

Supporting Documents
Reference to the SharePoint User Guide has been removed.

Monitoring & Compliance
Paragraph revised to talk about future monitoring of compliance as it's not feasible to do this for the whole college without a formal records management system in place. Responsibility for compliance is covered under the Responsibilities section.

RECORDS MANAGEMENT POLICY

REFERENCE: PL/CI/2014/001

DRAFT- November 2014

Lead Officer (Post):	Information Manager	Review date:	October 2015
Area:	College Information Services	Review Lead Officer (Post)	Information Manager
Responsible Committee:	Audit Committee	Date published Original publication date:	14 January 2013
Date approved by Board of Management Original approval date:	20 December 2013	Equality Impact and Assessment complete	Completed for original policy 22 May 2012

RECORDS MANAGEMENT POLICY FRAMEWORK

Policy Statement

Inverness College UHI is a publicly funded body that needs to be openly accountable for its decision making. Decisions need to be recorded in the form of records that are created and maintained to support and evidence past and present operations.

Efficient management of college records supports strategic decision making and informs organisational requirements to deliver the college strategic plan.

Inverness College UHI is committed to following the good practice guidelines laid down in the Records Management Code of Practice within Section 61of Freedom Of Information (Scotland) Act 2002 (FOISA).

---

1.   Purpose of the Framework

Good records management helps staff to do their jobs more efficiently by ensuring information can be located when it is required. It promotes business efficiency and underpins service delivery by ensuring that authoritative information about past or current activities can be retrieved, used and relied upon in current business.

Legislation for data protection and freedom of information exists which gives the general public rights to access certain information. Without formal records management processes in place, it is difficult to ensure that the college complies with its legal obligations.

Scope

This policy applies to the management of all corporate college records irrespective of the technology used to create them or the business system or filing system in which they are stored. It covers records throughout their lifecycle from planning and creation through to disposal.

It includes records irrespective of where they are located and includes records managed on behalf of Inverness College UHI by an external body or contractor.

Records come in many formats but will be either in hard copy or electronic. The term electronic records, includes (but is not limited to) all business systems e.g. finance system, HR system, student records system, customer relationship databases, voicemail, photographs, film, cctv as well as the traditional word, excel, PowerPoint, Visio, email files etc.

Records Classification
Following completion of an information audit a records classification scheme for the college's corporate records was approved for use. The classification scheme should be used to categorise both hard copy and electronic records to ensure consistent file naming conventions are used and to ensure a consistent approach is adopted to managing all college records.

Records Retention Schedule
A records retention schedule is in place to ensure staff are able manage all records at departmental level. This will be further developed as and when an electronic records management system is introduced.

The electronic records management system will be programmed to ensure all records created include a retention period. Where possible, this will be an automated process.

Destruction & Disposal of Records
Departmental managers/Team Leaders are responsible for ensuring corporate team records (both electronic and hard copy) are appraised annually in conjunction with the records retention schedule.

When an electronic records management system is in place, electronic records will automatically be removed from view when they are no longer current. The college Information Development Manager will liaise with departmental managers to ensure a final check is undertaken prior to deletion of records, once the retention period has been reached.

A process is in place to ensure appropriate disposal of all paper records.

2.   Legislative Framework/Related Policies

- Freedom of Information (Scotland) Act 2002
- Code of Practice on Records Management (under section 61 of FOISA)
- Data Protection Act 1998
- Environmental Information (Scotland) Regulations 2004
- Health & Safety at Work Act 1974 (plus various associated regulations)
- Employment Law (various)
- Local Government in Scotland Act 2003
- The Public Records (Scotland) Act 2011
- Code of Audit Practice (Audit Scotland, March 2007)
- Information Security Policy
- Business Continuity Policy
- All college policies but specifically the Data Protection Policy & the Freedom of Information Policy

3.   Responsibilities

3.1   Overall responsibility for records management lies with the Director of
        Organisation Development. Managers and Team Leaders/Co-ordinators are
        responsible for ensuring:

- they have an understanding of the legislative and regulatory environment that
  applies to the activities and functions that are performed by their departments.
- records are created to record and evidence our business activities (this includes
  work undertaken by permanent staff, temporary workers, contractors and
  volunteers.
- All corporate records created at team level are stored on a shared team drive to
  enable relevant staff to have access to them as and when required.
- No corporate records are stored on staff personal drives or desk top computers.
- All electronic corporate records are saved in a shared drive to ensure all staff
  that require access are able to access what they need for their job role.
- records containing personal or sensitive data are stored in accordance with the
  data protection principles outlined in the college's Data Protection Policy.
- the college records classification scheme and standard file naming conventions
  are implemented to enable ease of access to information within the department.
- access to records is provided for all authorised users and access is tightly
  controlled to sensitive or highly confidential information.
- records required for business, accountability or cultural purposes are retained
  and remain usable for as long as they are needed.
- "vital" records are identified and copies stored securely off-site to enable
  business continuity.
- the college records retention schedule is implemented and managed for the
  functions for which they are responsible.
- records of long term or historical value are identified and preserved.
- other records are confidentially destroyed when they are no longer required in
  accordance with the records retention schedule.

3.2 All staff are responsible for ensuring that records created in the course of their
     duties are accurate and up to date.

3.3 The College Secretary is responsible for ensuring adequate records are created
     and maintained for all "Freedom of Information" (FOI) requests and all requests
     relating to the Environmental Information Regulations (EIR).

3.4 The college Data Controller is responsible for ensuring adequate records are
     created and maintained for all "Subject Access" requests.

3.5 The Information Development Manager is responsible for providing advice and
     guidance to staff with regard to record keeping, storage and destruction of
     documents, as well as maintenance and monitoring of the college wide records
     retention schedule.

3.6 The management of the college's archive records rests with the Information Development Manager who will ensure confidential destruction of records once the retention period has passed.

4.   Supporting Documents

The following documents are available to support the implementation of the records management policy:

- Records Classification Scheme
- Records Retention Schedule
- File Archiving Procedure
- Access to Archived Records Procedure (due December 2016)
- Guidance Note on Storage and Disposal of Documents
- Data Protection Policy & Associated Guidelines for Staff

5.   Data Sharing

The sharing of personal data is covered by the Data Protection Act 1998. Staff considering data sharing with a third party must first seek guidance from the college Data Controller at the earliest opportunity to discuss the purpose and nature of the proposed data sharing. In order to manage and safeguard all personal data a Data Sharing Agreement will be put in place between Inverness College UHI and the third party organisation and consent for the data sharing obtained, prior to any data sharing taking place.

6.   Access Arrangements

The college information audit identified at departmental level the records that require limited or controlled access. Departmental managers, Team Leaders/Co-ordinators will ensure that access and security arrangements are reviewed periodically, especially during periods of staff turnover.

7.   Responsibility for In-active Records

Departmental Managers, Team Leaders/Co-coordinators will ensure non-current (hard copy) records that must be retained for either legislative or external audit purposes are boxed up (in line with the college File Archiving Procedure) and stored within the central college archive. Additional guidance (if required) should be sought from the Information Development Manager.

When an electronic records management system is in place, electronic records will be removed from view when they are no longer current and retained within the electronic archive until the retention period has been reached.

8.   Monitoring & Compliance

The college Information Development Manager will monitor electronic records management activity through review of customised system reports (once the electronic records management system is in place) and work in conjunction with departmental

records management contacts to ensure on-going compliance with this policy. Activity will be reported to the senior management team on a regular basis.

9.   Implementation Details

Staff will be made aware of this policy via the normal consultation process associated with new policies. Training on the electronic records management system will involve reference to the records management policy and the associated supporting documents.

Each support department will have a nominated "super user" for the electronic records management system and this person holds additional responsibilities at team level for on-going records management duties. The "super users" will be supported (in a records management capacity) by the Information Development Manager.

University of the Highlands and Islands
Inverness College

Board of Management

Subject/Title:	Health & Safety Policy
Meeting and date:	SMT, 16 February 2017
Author:	Richie Hart (Health & Safety Manager) – author of policy
	Claire Fraser (Quality Officer) - author of cover report
Link to Strategic Plan:	To continue to develop our financial planning, risk management and business continuity processes to actively mitigate risk, protect our reputation and ensure our ongoing organisational sustainability.
Cost implications:	Yes / No *(delete as applicable)* **If yes, please specify:**
Risk assessment:	Yes / No *(delete as applicable)* **If yes, please specify:** Financial: Operational: Organisational:
Status – Confidential/Non confidential	Non confidential
Freedom of Information Can this paper be included in "open" business	Yes

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

Its disclosure would substantially prejudice a programme of research (S27)		Its disclosure would substantially prejudice the effective conduct of public affairs (S30)	
Its disclosure would substantially prejudice the commercial interests of any person or organisation (S33)		Its disclosure would constitute a breach of confidence actionable in court (S36)	
Its disclosure would constitute a breach of the Data Protection Act (S38)		Other (please give further details)	
For how long must the paper be withheld? (express either as the time which needs to pass or a condition which needs to be met.)			

Recommendation(s)

The Audit Committee are asked to agree the changes to the draft (revised) Health & Safety policy and recommend these to the Board of Management for approval.

Purpose of report / Summary

To inform the Audit Committee of the changes to the Health & Safety policy.

Background

This revised policy has been discussed at Scrutiny Panel (20 October 2016) and SMT (15 December 2016).

Following approval from BoM Audit Committee the policy will be submitted to the full Board of Management for final approval and then published.

Main body of information

The Health & Safety Manager has provided the following summary of the main updates:

1. Policy Statement
The policy statement had been amended to bring in line with the HASMAP standard the College has adopted.

2. Legislative Framework/Related Policies
The Regulations have been reviewed and the following applicable Legislation has been added to the policy:
- Health and Safety (First Aid) Regulations 1981
- Electricity at Work Regulations 1989
- Noise at Work Regulations 1989
- Employers' Liability
- Fire Safety (Scotland) Regulations 2006
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- Control of Substances Hazardous to Health Regulations 2002
- The Health and Safety Information for Employees Regulations 1989
- Health and Safety (Display Screen Equipment) Regulations 1992 (As amended 2002)
- Health and Safety (First Aid) Regulations 1981

4.6 Estates Manager
The Estates Manager title has been amended to Estates and Campus Services Manager.

_____

University of the
Highlands and Islands
Inverness College

HEALTH AND SAFETY POLICY

REFERENCE: PL/HR/2017/002

Lead Officer (Post):	Director of Organisational Development and Performance	Review date:	~~March 2017~~ March 2018
Department:	Human Resources and Organisational Development	Review Officer (Post)	Health and Safety Manager
Category:	Human Resources	Date Published:	27 March 2009 9 December 2010 12 June 2012 17 July 2013 26 March 2015
Date approved by Board of Management	9 March 2009 7 March 2010 30 May 2012 20 June 2013 19 March 2015	Equality Impact and Assessment complete	24 February 2012 25 February 2013

Contents

_____

1. <u>Policy Statement</u>

Health and Safety Policy Statement

Inverness College UHI acknowledges its statutory and moral obligations to adopt the highest standards of health, safety and welfare for staff, students and visitors.

Inverness College UHI is committed to achieve and maintain recognised quality standards in health and safety.

As an education provider and employer, Inverness College UHI is committed to developing a culture of competence and continuous improvement in health and safety management and practice. This will be achieved at all levels through promotion of attitudes and behaviours which instil in students and staff an expectation that sound health and safety practice is the norm.

In support of this, Inverness College UHI is committed to:
- Conform with all health and safety laws and regulations and relevant standards as the minimum accepted behaviour
- Preventing injury and ill health to all persons under the control of Inverness College UHI
- Maintain a secure, safe and healthy working environment
- Identifying all hazards and risks associated with its activities
- Providing suitable controls to mitigate risks arising from its activities to as low as reasonably practicable
- Promoting an incident free work place
- Commit to continual improvement of management systems and Health and Safety performance, regular review and revising of this policy
- Providing and maintaining safe working equipment
- Safe handling storing and transportation of any substances associated with its activities
- Sufficient and competent information, Instruction, training and supervision

The Board of Management sets the overarching policy for Health and Safety and delegates responsibility to the Principal and Chief Executive to ensure the college fulfils its responsibilities.

Principal and Chief Executive

………………………………………….   Date: ………………..

For and on behalf of the Board of Management

…………………………………………….   Date: ………….......

_____

2. Legislative Framework/Related Policies

The Health and Safety at Work *etc.* Act 1974.
Management of Health and Safety at Work Regulations 1999
Provision and Use of Work Equipment Regulations 1998
Manual Handling Operations 1992
Workplace, Health Safety and Welfare Regulations 1992
Personal Protective Equipment Regulations 1992
Health and Safety (First Aid) Regulations 1981
Electricity at Work Regulations 1989
Noise at Work Regulations 1989
Employers' Liability
Fire Safety (Scotland) Regulations 2006
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
Control of Substances Hazardous to Health Regulations 2002
The Health and Safety Information for Employees Regulations 1989
Health and Safety (Display Screen Equipment) Regulations 1992 (As amended 2002)
Health and Safety (First Aid) Regulations 1981

3. Scope

3.1 This policy applies to all staff, students and visitors within Inverness College UHI.

3.2 Contractors are covered by this policy with reference to the contractors' management system.

4. Organisation and Responsibilities

To ensure the effective implementation of the health and safety policy, specific responsibilities are detailed below.

4.1 **Board of Management**

4.1.1 The Board of Management will set the policy direction for health, safety and welfare and will have overall responsibility for ensuring the health, safety and welfare of all staff, students, visitors or other persons affected by the organisations activities. The Board of Management will ensure health and safety management systems and standards are monitored regularly to ensure their effectiveness and will scrutinise reports to Board accordingly.

4.2 **Principal and Chief Executive**

4.2.1 The Principal has delegated responsibility, reporting to the Board of Management, for ensuring the college fulfils its responsibilities.

4.2.2 The Principal will:

- Ensure that health and safety is an integral part of the overall management and working culture.
- Ensure that procedures to assess risks are established and effective control measures are implemented.
- Develop a positive attitude to health and safety amongst employees by visibly demonstrating commitment to the continuous improvement of the health and safety performance throughout Inverness College.
- Ensure regular monitoring and review Health and Safety Management Policies and Procedures.
- Ensure that relevant meetings address health and safety issues and that appropriate actions are taken to address issues that arise.
- Provide Joint consultation arrangements through the Health and Safety Committee.

4.3 **Senior Management Team**

4.3.1 The Senior Management Team has delegated authority and functional responsibility for the activities carried out within their areas of corporate influence.

4.3.2 In order to meet their health, safety and welfare responsibilities, they will:

- Liaise with the Principal to establish the principles of continual improvement with regard to health, safety and welfare.
- Be aware of the Health and Safety at Work *etc* Act 1974 and associated legislation relevant to the activities of the college.
- Allocate sufficient financial resources to allow the policy and procedures to be effectively implemented.
- Demonstrate commitment to achieving and maintaining a high standard of safety performance and accident prevention.
- Ensure monitoring and review of the implementation of the Health and Safety Policy and Procedures.

4.4 **Managers**

4.4.1 Managers have a health and safety responsibility for the activities and functions carried out within their areas of operational responsibility.

4.4.2 In order to meet their responsibilities, Managers will:

- Ensure risk assessments are carried out and regularly reviewed in line with the requirements of health and safety legislation and the college health and safety management policy and procedures.
- Set clear measurable objectives to ensure progressive improvement.
- Provide all personnel with, so far as reasonably practicable;

  ➢ Safe place of work
  ➢ Safe plant and machinery
  ➢ Safe working environment
  ➢ Safe system of work
  ➢ Safe handling, storing and transportation
  ➢ Sufficient and competent information, instruction, training and supervision

4.4.3 Managers will be responsible for:

- Ensuring that Inverness College UHI's health and safety policy is explained to employees and they are made aware of their health and safety duties and responsibilities and that tutors equally convey this to students under their control.
- The training needs of employees are assessed and addressed to include the requirement for role specific induction training for new employees.
- Ensuring that the activities of college employees and contractors do not expose employees, students, contractors or others to risk.

4.5 Health and Safety Manager

4.5.1 The Health and Safety Manager reports to the Director of Organisational Development and has responsibility for:

- Reviewing, revising, implementing, embedding and monitoring compliance of all health and safety policies, procedures and arrangements.
- Planning, implementing and co-ordinating the risk assessment, inspection and internal/external audit programmes.
- Planning, Implementing and co-ordinating the risk assessment process.
- Developing appropriate performance measures and reporting performance standards to ensure continuous improvement.
- Liaising with HR regarding health surveillance requirements.
- Preparing papers, reports and statistical data for identified Committees.
- Ensuring emergency evacuation procedures, including personal evacuation plans, are tested and reviewed on a regular basis.
- Recording of accident/incidents and reporting in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- Investigating and reporting on accidents, incidents and/ or near misses.
- Organising, co-ordinating and supporting safety personnel (first aiders and fire wardens).

- Identifying information, instruction and training requirements and delivering effective solutions.
- Contractor Management in association with the Estates Office.
- Acting as a point of contact for Enforcing Authorities.
- Maintaining own continuous professional development.
- Monitoring effective implementation of the Safety Management Policy.
- Providing specialist advice and support to senior management and all departments/schools including the disseminating of good practice.
- Ensuring that the appropriate initial college health and safety induction training is given to all new employees.
- Sanctioning the suspension, following consultation with the relevant SMT member, of activities where health and safety is being compromised significantly.

4.6 **Estates and Campus Services Manager**

4.6.1 The Estates and Campus Services Manager reports to the Director of Corporate Services and is responsible for:

- Fire Marshalls at all campuses.
- The testing and recording of all fire detecting equipment.
- Ensuring all means of escape are fully maintained and functional.
- The maintenance and inspection of all firefighting equipment.
- All visiting contractors, including the control of the Approved Contractor Register and issuing of Permits to Work.
- Ensuring all buildings, services and equipment owned or managed by the college are fit for purpose and do not cause, or contribute towards, unacceptable risks to health and safety.
- Testing inspection and maintenance of all building services in line with legislation.

4.7 **Union Appointed Health and Safety Representatives**

4.7.1 Staff appointed under the Safety Representatives and Safety Committees Regulations 1977 shall:

- Assist with the promotion of safe working practices.
- Familiarise themselves fully with the health and safety policy and arrangements.
- Liaise with managers and the College Health and Safety Manager in accident investigations and safety audits.
- Attend the College Health and Safety Committee, take part in proceedings, representing their members and presenting to them information gathered from meetings.

_____

4.8 **Fire Marshalls**

4.8.1 Inverness College UHI campuses are sub-divided into zones. Each zone has an identified fire marshal whose responsibility is:

- To ensure in an emergency, everyone evacuates their zone safely and does not re-enter until the "all clear" is given.
- To assist disabled persons, where required, with evacuation to a place of safety and to ensure the chief fire marshal is advised accordingly.

4.9 **First Aiders**

4.9.1 Inverness College UHI campuses are sub-divided into zones. Each zone has identified First Aiders whose responsibility is:

- To provide first aid for any staff students or visitors who require attention within their zone.
- To check and ensure adequate first aid supplies are always available.

4.10 **Technicians**

4.10.1 Inverness College UHI campuses are sub divided into academic departments; each department has an Academic Technician whose responsibility is:

- Install, monitor and review agreed health and safety systems including risk assessments, COSHH assessments and policies and procedures.
- Assist in the education and training of employees and students, including participation in induction programmes, with regard to all relevant health and safety issues e.g. accident investigation, risk assessments, employee and student safety awareness etc.

4.11 **Employees**

4.11.1 The Health and Safety at Work Act and the Management of Health and Safety at Work Regulations place duties upon employees, at all levels, while at work. These duties include the following:

- To take reasonable care for the health and safety of themselves and other persons who may be affected by their acts or omissions at work.
- To co-operate with the employer, so far as is reasonably necessary to enable them to meet their statutory health and safety duties.
- No-one may intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare.

- Any employee who is required to operate machinery, equipment, dangerous substances, transport, safety devices or a means of production is to do so in accordance with training or instructions provided by the employer.
- Employees must make the employer aware of any serious imminent dangers to health and safety.

4.12 Students

4.12.1 All students shall comply with Inverness College UHI's Health and Safety Policy as published and with any health and safety procedures relating to the facilities which the student is using.

4.12.2 A student shall exercise reasonable care:

- For his or her personal safety.
- For the safety of other persons who may be affected by his or her acts or omissions.
- For the safety of the property of Inverness College UHI and of its students, staff, officers and visitors.

4.12.3 It shall be a disciplinary offence for any student to:

- Intentionally or recklessly misuse, tamper, or interfere with any firefighting equipment, fire prevention equipment, fire doors, fire detection equipment, fire alarm activation points, fire signs.
- Intentionally or recklessly misuse any equipment provided by the University in the interests of health, safety or welfare in pursuance of the Health and Safety at Work Act or of any relevant statutory provisions relating to health and safety.
- Failing to use appropriate Personal Protective Equipment as provided.

5. Compliance

5.1   This policy must be complied with and it will be audited regularly with reports going to the appropriate committee.

5.2   Inverness College UHI will comply with legal and other requirements applicable to the identified health and safety hazards.

5.3   All new legal and other requirements will be evaluated, and documented, to determine applicability and impact to Inverness College UHI.

6. Objectives and Targets

6.1   Objectives will be identified and set in line with the annual review and operational planning process.

7. Communication

7.1   The Health and Safety Policy shall be actively communicated throughout the College using a variety of channels; examples of such channels include but are not limited to:

- Via the Policy Folder.
- Inclusion within the new start/contractor induction process.
- Provision to all external interested parties upon written request.
- Health and Safety notice boards.

8. Monitoring

8.1   Each college policy will be monitored and its implementation evaluated. Appropriate procedures for monitoring and evaluation are the responsibility of the lead officer. These procedures will be subject to audit by the Health and Safety and Quality departments

8.2   The following health and safety monitoring methods may be used to monitor implementation:

- **Active methods** monitor the design, development, installation and operation of management arrangements.
- **Reactive methods** identify evidence of poor health and safety practice through the risk assessment process and take immediate action as required.

9. Audit

9.1   A schedule will be developed and implemented to cover health, safety and environmental audits. Scope and criteria for audits will consider (but not be limited to):

- Management system
- Existing and new policies and procedures ▯ Student enrolment and induction ▯ Staff induction.
- Risk assessment and environmental aspects

- Outputs from external audits or previous internal audits

9.2   The Audits will be planned to ensure that areas which are subject to legal compliance are completed each year.

10. Review

10.1 This policy and supporting arrangements will be reviewed annually to ensure currency of content, arrangements, new legislative requirements and to provide a framework for the setting and reviewing of health and safety improvement objectives.

10.2 This policy may also be updated outside of the stated annual timeframe (i.e. changes to legislation, or as the result of review).

10.3 Revisions will brought to the attention of staff and students through agreed arrangements for health and safety and policy consultation and communication.

University of the Highlands and Islands
Inverness College

Board of Management

Subject/Title:	Outstanding Internal Audit Recommendations
Meeting and date:	Audit Committee 28th February 2017
Author:	Diane Rawlinson – Principal and Chief Executive
Link to Strategic Plan:	
Cost implications:	No
Risk assessment:	Yes **If yes, please specify:** Organisational: Timely implementation of actions in response to internal audit recommendations will contribute to effective management of risk.
Status – Confidential/Non confidential	Non-confidential
Freedom of Information Can this paper be included in "open" business	Yes

If a paper should **not** be included within "open" business, please highlight below the reason.			
Its disclosure would substantially prejudice a programme of research (S27)		Its disclosure would substantially prejudice the effective conduct of public affairs (S30)	
Its disclosure would substantially prejudice the commercial interests of any person or organisation (S33)		Its disclosure would constitute a breach of confidence actionable in court (S36)	
Its disclosure would constitute a breach of the Data Protection Act (S38)		Other (please give further details)	
For how long must the paper be withheld? (express either as the time which needs to pass or a condition which needs to be met.)			

Recommendation:

The Committee is requested to note the progress towards completion of outstanding recommendations.

Purpose of report / Summary

This report presents an update of the progress made on the outstanding internal audit recommendations since the previous Audit Committee in November 2017.

Background

The College has made significant progress in efficient and timely implementation of action points arising from internal audit recommendations. The Outstanding action points from previous years are now reduced to two and one of these, relating to a function managed by UHI is beyond the College's control.

The College is committed to following up on internal recommendations and implementing these timeously.

2016/17 Audit Updates

Student Activity Data

Internal audit reports carried out in 2016/17 to date have generated a further five audit actions. Two of these, relating to student activity data have been fully implemented. These were categorised as 'Priority Two', exposing the College to significant risk.

Although they specifically related to relatively minor data classification errors that made little material impact on the student activity claim, they highlighted a need to put a process in place to give assurance that SFC annual updates to Student Activity Data Guidance for Colleges were fully understood and required adjustments to internal processes made. SFC updates to Student Activity Data Guidance would be made an annual agenda item for SMT and The Student Records Team meeting in September, following its publication late August and any required adjustments made prior to student enrolment.

Incorrect claim for students studying ECDL

In line with FES guidance, 4 SUMs (now credits) were claimed for students studying ECDL for 2014-15, however at audit it was identified that the College could not evidence activity against the full 7 ECDL modules, to enable the full claim. The ECDL course is studied flexibly through open learning. Claims can only be made on open learning courses where there is evidence of learning activity and progress. During 2015-16 the activity of all students was checked individually to ensure the correct proportional credit claim was made based on the modules the students were attached to. However, this claim was not adjusted according to available evidence of activity. This led to a variance of 6.88 credits.

To ensure a more systematic approach to determining the correct credits are claimed for each student, end of Semester 2 Progression Board papers will now be prepared for ECDL to determine actual credits undertaken and completed.

Incorrect recording of required date

In previous years the required dates for part-time courses were entered manually by the Student Records Team Leader. This led to some calculation errors, although they did not

affect the credit claim. For 2016-17, and going forward, the functionality within SITS (student record system) has been used to determine the 25% required date, thereby avoiding an error in manual calculation.

Health and Safety

The Internal Auditors noted the progress made in management Health and Safety since the appointment of the new Health and Safety Manager. The risks identified were all classified as matters subjecting the College to minor risk, or which if addressed would enhance efficiency and effectiveness.

The auditors confirmed the findings of the assessment carried out by the Health and Safety Manager that there were inconsistencies in health and safety practice in the College. Specifically, the Auditors confirmed the finding of the Health and Safety Manager that teams were using different risk assessment templates that had evolved historically. Furthermore, the auditors endorsed the College's plan to procure and implement a formal safety management system which would create efficiencies in Health and Safety practice (not least monitoring and reporting) and further reduce risk.

Three risks were identified which inter-relate:

- Timely update in policy documentation;
- Consistency in risk assessment;
- Systematic and efficient accident and incident reporting and follow-up.

The procured Health and Safety Management system

The College has undertaken a formal procurement process to purchase an appropriate health and safety system through APUC. Other UHI partners (North Highland College, Moray College, West Highland College) have committed to a joint procurement exercise for this system which has reduced the cost to Inverness College considerable. We are currently waiting to ascertain whether or not Executive Office will also purchase the system.

An implementation plan, complete with in-house training has been drawn up which runs from 1st March 2017 until 31st June 2017. The internal audit recommendations will be closed off by the end of this implementation period.

As a College we are proactively encouraging the development of a partnership-wide health and safety community of practice with the intention of generating further efficiencies, sharing good practice and ensuring wherever possible a consistent student experience. To this end, we are providing health and safety management support to North Highland College two days each month and have offered a similar service to Moray College, although they have not taken up this offer as yet.

Diane Rawlinson
Principal and Chief Executive
February 2017

AUDIT ACTION PLAN (Outstanding Actions from 2015/16)

Action No.	Audit Recommendation	Action Required	Actioned By	Date of Rec.	Due Date	Comments
Business Development						
1	**R1 - Record competitors' prices** Amend the costing and pricing form to add a section to record which competitors' prices have been reviewed, what these were, the date of review, source of information and justification of prices if these are significantly different from competitors' rates.	There is a competitor pricing spreadsheet that provides a range of comparators for each course. A box to add the average price for each will be added to the pricing form.	Finance Manager & BD staff	12/05/2016	01/08/2016	fully implemented
Student Fees and Contracts						
2	**R2 - FE Students to use online enrolment** The feasibility of allowing part-time FE students to select modules using the online enrolment system should be explored with UHI Executive Office Learning and Information Services. This would allow the enrolment process to be streamlined and reduce the time taken to raise student fee invoices.	Online module registration has been developed by EO for degree modules only. Feasibility of online unit selection for part-time FE students will be explored as part of the process mapping. It will also be raised with other Academic Partners. However, it is unlikely to be implemented by EO in the short term.	MIS Manager/ Finance Manager	13/05/2016	30/06/2016	Considered by not implemented
5	**R5 - SITS & SUN transfers** Amounts transferred between SITS and SUN should be reconciled regularly and explanations for any variances documented and corrections made if necessary. Such reconciliations should be reviewed and agreed by a second member of staff; with both the preparer and reviewer signing the reconciliations as evidence this is being done.	This task has been reallocated and reconciliations will be brought fully up-to-date. Thereafter this reconciliation is to be embedded into month end procedures.	Financial Services Manager	13/05/2016	31/08/2016	Partially implemented

AUDIT ACTION PLAN (Outstanding Actions from 2016/17)

Action No.	Audit Recommendation	Action Required	Actioned By	Date of Rec.	Due Date	Comments
Health and Safety						
1	**R1 Policy documentation** The Health and Safety Manual is out of date and certain procedures within it may not fully reflect the improved working practices implemented throughout the College.	The re-drafting of the Health and Safety Manual should be completed within a reasonable timeframe, improving cnsistency, reducing duplication and accurately reflecting current practice, capturing processes that document safe operating practice at department level.	Health and Safety Manager	01/11/2017	01/02/2017	Partially Implemented
2	**R2 Risk Identifcation and Assessment** The risk assessment procedure in the H & S Maual does not reflect current practice. Not all Departments are using the same template and not all risk assessments are being reviewed to a relevant timescale. There was no systems for identification and follow of action points and no high level summary of risk in departments.	The H & S Management System should be implemented within a reasonable timeframe. The system should include: Recording of risk assessments in a standards form; Automatic flagging of risk assessments that require updating; and Identification of action points from risk assessments.	Health and Safety Manager	01/11/2017	01/07/2017	Partially implemented
3	**R3 - Accident and Incident Reporting** The current recording system is not as efficient as it could be. This may give rise to inaccuracies in reporting.	The planned H & S management system should contain the following functions: Recording of incidents and accidents; Identification and tracking of action points from incident and accident reports; and Action sign-off levels of authority relevant to the seriousness of the incident e.g. RIDDOR incident and accident actions may need to be signed off by department head, H & S Manager, meber of the SMT and Principal.	Health and Safety Manager	01/11/2017	01/07/2017	Partially implemented
Student Activity Data						
4	**R1 - ECDL** The 2015/16 student activity claim incorrectly applied the regulations for ECDL causing an over-claim of 6.8 credits.	The College should ensure that for students undertaking the full set of ECDL modlues, 4 credits are claimed (and that a proportion of the maximum is claimed where students to not undertake all modules)	MIS Manager	01/11/2017	01/07/2017	fully implemented
5	**R2 - Required Dates** The required date stated in the SITS system for some courses classed as other than full-time had not been calculated in line with the 2015/16 Credit guidance issued by SFC.	The College should ensure that for all courses other than full-time that the required date entered into SITS is calculated on the day on which 25% of the total calendar days between the course start and ed have passed.	Health and Safety Manager	01/11/2017	01/07/2017	fully implemented

Board of Management

Subject/Title:	Risk Management and Business Continuity
Meeting and date:	Audit Committee 28th February 2017
Author:	Diane Rawlinson, Principal and Chief Executive
Link to Strategic Plan:	Yes
Cost implications:	None
Risk assessment:	Yes **If yes, please specify:** Contributes to effective risk management
Status – Confidential/Non confidential	Non-confidential
Freedom of Information Can this paper be included in "open" business	Yes

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

Its disclosure would substantially prejudice a programme of research (S27)		Its disclosure would substantially prejudice the effective conduct of public affairs (S30)	
Its disclosure would substantially prejudice the commercial interests of any person or organisation (S33)		Its disclosure would constitute a breach of confidence actionable in court (S36)	
Its disclosure would constitute a breach of the Data Protection Act (S38)		Other (please give further details)	

For how long must the paper be withheld? (express either as the time which needs to pass or a condition which needs to be met.)	

Recommendation:

It is recommended that the Audit Committee endorses the proposals of the UHI Court and adapts the Inverness College UHI Risk Register to include the generic risks proposed, and that the Risk Register shown as Appendix ii is adopted and scored, subject to final review against the new Strategic Plan for 2017/20 and associated under-pinning strategies.

Purpose of report / Summary

This report provides an update on risk management from an Inverness College and UHI partnership perspective. UHI Court has proposed that all partners adopt and score 10 generic risks to facilitate improved oversight and management of risk at the level of

Regional Strategic Body. The addition of these risks to the Inverness College register does not preclude the recording and management of additional risks identified as being specifically pertinent to the organisation.

Background

UHI as the Regional Strategic Body for the further education in the Highlands and Islands and the fundable body for both Further and Higher Education has in the last year been attempting to play a greater role in the risk management of academic partners. Meetings of Audit Chairs with the Chair of UHI's Audit Committee are being held and some effort is being made to discuss and align risk management across the partnership.

The UHI Court regularly receives copies of the risk register of individual academic partners but high level monitoring of risk is proving difficult to achieve due to a perceived inconsistency in risk identification. Specifically, the UHI Court is concerned that some generic high level risks are not being monitored by all partners.

To address this issue, it has been proposed that each of the partners will adopt 10 generic risks for inclusion in their risk register. These are:

- Partner does not achieve allocated HE student number targets.
- Partner does not achieve allocated FE credits
- The institution has a poor reputation
- Disruption to services/projects and/or partnership working resulting from loss of a key staff member
- Non-compliance with relevant statutory regulations
- Governance Failure
- Financial failure/operating loss. Inability to achieve a balanced budget
- College estate not fit for purpose
- Academic quality is sub standard
- Poor Student Experience
- Research outputs are sub standard

Where there is overlap, there would be rationalisation with the academic partner risk being replaced with the generic wording. The risks highlighted in red are either duplicated on the Inverness College Risk Register, or could subsume local risks with the detail of the local risk being highlighted in the narrative.

The UHI Court accepts that the risk register for each institution is owned by the relevant Board of Management and that risks additional to the 10 generic risks will be identified on occasion by College Boards and included in the register. The Court believes however, that if the 10 proposed risks are adopted then the risk of any College failing to identify and manage a key risk is reduced.

The UHI Court has also requested that each academic partner regularly updates their risk register directly to the UHI system and adopting the UHI process.

Following the proposed rationalisation, under the current register, the additional local risks that Inverness College would retain would be:

- Reduction in HE unit of resource
- The College is unable to continue to be locally responsive and accountable to its community
- The College fails to identify or pursue opportunities for development
- Change management processes are ineffective

These risks are of course subject to review following completion of the strategic planning process. Given the length of time since relocation and the endorsement in the IiP Gold accreditation of the successful organisational development process undertaken, I would propose that the fourth of these risks, 'Change management processes are ineffective' be removed.

Appendix i and ii show the College's current and proposed risk register respectively. UHI routinely double scores and IC UHI does not. Furthermore, the new risks have been allocated an arbitrary score by UHI in anticipation of the College undertaking a scoring exercise. The scoring should at this time therefore should be ignored.

UHI has asked that each partner completes the narrative under each of these risks and scores gross risk and remedial risk following mitigating actions by February 24th to enable a report to be generated for Partnership Council by February 28th. I have fed back to UHI that approval of this change to the Risk Register will be sought on 28th February and that the SMT scoring of these risks would follow from that, should approval be given.

Diane Rawlinson
Principal and Chief Executive
February 2017

No.	Risk Description	Causes	Impacts/Evidence	Owner	Likeli-hood	Impact	Residual Risk	Trend	Actions to minimise risk TO DO	Action Owner	Comment
1	Reduction in HE unit of resource	Government reduces HE funding; increase in top-slice.	Unable to develop research and therefore unable to enhance teaching and to attract and recruit new staff and students.	Director of Corporate Services	4	4	16		Regular finance monitoring reports circulated to budget holders, SMT and Board of management. Monitor financial KPI's reported to Board to ensure we are meeting and exceeding college activity targets. Ensure all budget holders are aware of college financial regulations. More efficient working practices, eg further savings in procurement. Further increase in non-SFC funding, including international, research. Monitor class sizes to ensure optimum efficiencies while taking account of access issues and the quality of the student experience.	Director of Corporate Services	
2	Financial instability of UHI	Financial instability of UHI academic partners.	Reduced unit of resource to the College; surpluses are taken from the College.	Director of Corporate Services	4	4	16		Regular finance monitoring reports circulated to budget holders, SMT and Board of management. Monitor financial KPI's reported to Board to ensure we are meeting and exceeding college activity targets. Ensure all budget holders are aware of college financial regulations. More efficient working practices, eg further savings in procurement. Further increase in non-SFC funding, including international, research. Monitor financial performance of Academic Partners and of the UHI Partnership as a whole. **In addition, there are agreed processes to improve UHI partnership management and to minimise the partnership risks.**	Director of Corporate Services	
3	**The College is unable to continue to deliver locally relevant, quality, higher and further education; and that it is not directly accountable to its community for that delivery; as a result of a constitutional structure which is not fit for purpose**	**Creation of regional academic management structures that reduce local influence**	**Loss of local engagement; less responsive curriculum; decline in student numbers; reduced quality of deilvery and student experience; reduced grant income; financal instability.**	**Principal**	**5**	**3**	**15**		**Engage with and monitor activity of revised regional tertiary management structures; political awareness and lobbying as required**	**Principal**	**Additional Risk Requested by Audit Committee**
4	College fails to recruit and retain staff to meet demands and expectations of employers and partners and UHI	College does not anticipate demands.	Loss of teaching and research expertise; reputational damage; loss of income; reduction in student recruitment.	Director of Organisational Development	3	4	12		Further disseminate strategic succession planning by developing management reporting capacity in Ciphr HR Information System. Refine quarterly and annual trend data to inform actions.	Director of Organisational Development	
5	New campus building does not operate in line with expectations. Failure to resolve defects and underperformance by GTFM has negative impact on curriculum delivery and in turn reputation of the College	GTFM do not understand and / or do not comply with the FM Contract. Defects are not attended to by either GTFM of Morrison Construction.	Student satisfaction reduces; College's reputation reduced; failure to meet curriculum requirements; staff satisfaction and well-being reduced; failure to achieve planned efficiencies; utilities and maintenance costs exceed budget allocations.	Director of Corporate Services	3	4	12		On-going work with GTFM, Equitix and SFT to achieve defects completion and on-going achievement of monthly facilities management performance targets. Development of GTFM contract manager and continued stringent reporting to maximise penalty clauses. Monthly review of GTFM performance and feedback to GTEIL, GTFM and the SFT as appropriate	Director of Corporate Services	
6	'Outcomes of nationally negotiated and agreed pay and conditions and national recognition and procedural agreement result in a model that is unaffordable unsustainable and doesn't meet the College's needs.'	' Lack of ability to influence, pace of national negotiations doesn't allow for full consideration and full impact assessment of agreements'	Unaffordable payroll; redundancy; inability to deliver curriculum; poor industrial relationships; loss of staff; reputational damage; lack of flexibility.	Director of Corporate Services/ Director of Organisational Development	3	4	12		Ensure representation on employers association, NJNC representation, workforce for the future and other groups as management side develop management side consultation arrangements.'	Director of Corporate Services/ Director of Organisational Development	

7	Failure to meet activity targets	**Proprosed Additional blue words below:** Ineffective student recruitment and retention; poor curriculum planning and portfolio review; lack of adequate marketing linked to recruitment; lack of effective monitoring of student numbers; poor relationships with employers and stakeholders; poor student experience; competition; **unrealistic targets set for HE**	Financial; reputational; future viability / reductions in activity and therefore staffing.	Depute Principal	3	4	12		Proposed **Blue Words** below REPLACE **Orange Words** 1. Work with Dir of BD to further improve the alignment between curriculum planning and marketing and communications strategy; **2. Establish revised baseline from 2015-16 credit-based student numbers to inform 2016-17 planning; 3. Deepen engagement with local schools. 2. Re-evaluate growth potential at HE to inform target numbers for 2017-18. 3. Direct marketing of HE provision to local schools. 4. Improve continuation rates for HE students**	Depute Principal	
8	College fails to identify and take opportunities for development and progression	lack of investment; insufficient funding; focus on mitigating downside risks; lack of strategic planning; lack of senior management resource; performance management focus on maintaining status quo; partners and stakeholders do not engage into proposed change; failure to develop commercial and international income streams.	Stagnation; lack of research and innovation; loss of potential income; reputational damage; curriculum becomes out of date; College is not seen as the partner of choice.	Principal	3	3	12		Oversight of curriculum planning process led by Depute Principal. Chairing Research Committee to review progress income/investment balance of each research grouping, continued discussions with UHI Principal regarding IC UHI's potential expansion on Inverness Campus. Identification of opportunities by SMT through development of external relationships in key sectors. Identification of additional oportunities for development at team/subject level to maximise opportunities for growth.	Principal	
9	Change management process is ineffective	Change process has to happen ahead of management development process; move to new campus; lack of staff engagement; ambiguity regarding governance.	Curriculum and research delivery not achieved; student satisfaction levels reduced; reputational damage due to poor customer service and visitor engagement	Director of Organisational Development	2	4	8		Complete LEAD phase two and Develop and deliver LEAD phase 3.	Director of Organisational Development	
10	Serious health and safety incidents	People adapting to the new building and new ways of working / teaching; complacency; lack of compliance with industry standards or College procedures; lack of incident and near miss reporting; high risk courses e.g. forestry, construction, aquaculture, science; people failing to take responsibility or ownership for health and safety issues.	Harm to staff and students; reputational damage; litigation; damage to property; inability to carry on delivering courses.	Director of Organisational Development	2	4	8		Utilise and follow HSG65 framework. Recruit and retain a Health and Safety Manager.	Director of Organisational Development	
11	College fails to maintain improvement in performance against national targets and outcomes	Staff recruitment; staff training; student recruitment; lack of staff buy in to targets and outcomes.	Reputational damage; partners fail to support in College development; SFC intervention.	Depute Principal	2	**Was 4, now 2**	**Was 8, now 4**		1. Implement targeted interventiona and internal review of learning and teaching processes; 2. Continue staff development in learning and teaching; 3. Review and revise Programme Coordinator roles; 4. Enhance student attendance and progress monitoring processes.	Depute Principal	**Discussed/Agreed at Nov 2016 SMT meeting**
12	People fail to adapt to and make the most effective use of the new campus's physical resources	Staff and students keep to previous models of working; people do not realise the potential of new facilities; people are not given accessibility to new resources.	College's reputation suffers; finances used ineffectively; expected benefits of new campus are not maximised; student recruitment suffers; failure to innovate.	Principal	**Was 3, now 2**	**Was 3, now 2**	**Was 9, now 4**		On-going work with GTFM, Equitix and SFT to achieve snagging completion and on-going achievement of monthly facilities management performance targets. College-wide audit of space utilisation, team-based discussions/review of space utilisation and required adaptation/development of practice.	Principal	**Discussed/Agreed at Nov 2016 SMT meeting**

LIKELIHOOD CRITERIA   TIMESCALE 3 YEARS

Score	Descriptor	Probability
5 - Almost Certain	More than likely – the event is anticipated to occur	>80%
4- Likely	Fairly likely – the event will probably occur	61-80%
3 - Possible	Possible – the event is expected to occur at some time	31-60%
2 - Unlikely	Unlikely – the event could occur at some time	10-30%
1 - Very Rare	Remote – the event may only occur in exceptional circumstances	<10%

IMPACT - CRITERIA   **TIMESCALE 3 YEARS**

Score	Descriptor	Financial	Operational	Reputational (need to link to communications process for incident management)
5 - Catastrophic	A **disaster** with the potential to lead to: * loss of a major UHI partner * loss of major funding stream	> £500,000 or lead to likely loss of key partner	* Likely loss of key partner, curriculum area or department * Litigation in progress * Severe student dissatisfaction * Serious quality issues/high failure rates/major delivery problems	* Incident or event that could result in potentially long term damage to UHI's reputation. Strategy needed to manage the incident. * Adverse national media coverage * Credibility in marketplace and with stakeholders significantly undermined.
4 - Major	A **critical** event which threatens to lead to: * **major** reduction in funding * **major** reduction in teaching/research capacity	£250,000 - £500,000 or lead to possible loss of partner	* Possible loss of partner and litigation threatened * Major deterioration in quality/pass rates/delivery * Student dissatisfaction	* Incident/event that could result in limited medium – short term damage to UHI's reputation at local/regional level. * Adverse local media coverage * Credibility in marketplace/with stakeholders is affected.
3 - Significant	A **Significant** event, such as financial/ operational difficulty in a department or academic partner which requires additional management effort to resolve.	£50,000 - £250,000	* General deterioration in quality/delivery but not persistent * Persistence of issue could lead to litigation * Students expressing concern	* An incident/event that could result in limited short term damage to UHI's reputation and limited to a local level. * Criticism in sector or local press * Credibility noted in sector only
2 - Minor	An **adverse** event that can be accommodated with some management effort.	£10,000 - £50,000	* Some quality/delivery issues occurring regularly * Raised by students but not considered major	* Low media profile * Problem commented upon but credibility unaffected
1 - Insignificant	An **adverse** event that can be accommodated through normal operating procedures.	<£10,000	* Quality/delivery issue considered one-off * Raised by students but action in hand	* No adverse publicity * Credibility unaffected and goes un noticed

Note: Select criteria most appropriate. Use highest score if more than one criterion applies.

RISK MAP (for Gross risk & residual risk)　　　　　　　　**TIMESCALE 3 YEARS**

IMPACT					
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Significant	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Insignificant	1	2	3	4	5
	1 -Very Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain
	LIKELIHOOD				

Attention should also be paid to risks that are very rare or unlikely that could cause a catastrophic impact.

University of the Highlands and Islands
Inverness College

Board of Management

Subject/Title:	ICT Services Report
Meeting and date:	Audit Committee Tuesday 28 February 2017 at 8.30 a.m.
Author:	Martin Robinson, ICT Services Manager
Link to Strategic Plan:	
Cost implications:	No
Risk assessment:	No
Status – Confidential/Non confidential	Non confidential
Freedom of Information Can this paper be included in "open" business	Yes

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

Its disclosure would substantially prejudice a programme of research (S27)		Its disclosure would substantially prejudice the effective conduct of public affairs (S30)	
Its disclosure would substantially prejudice the commercial interests of any person or organisation (S33)		Its disclosure would constitute a breach of confidence actionable in court (S36)	
Its disclosure would constitute a breach of the Data Protection Act (S38)		Other (please give further details)	
For how long must the paper be withheld? (express either as the time which needs to pass or a condition which needs to be met.)			

Recommendation(s)

The Committee is invited to discuss the report.

Purpose of report / Summary

The purpose of this paper is to provide a regular update on the ICT services within the College.

Background

This report is the latest in a series of quarterly reports intended to update on strategic and key operational activities.

ICT Infrastructure and Business Continuity

- The ICT Infrastructure at Beechwood has been designed with resilience. Such as:
    o the wide area network (multiple links to internet and UHI network services which will automatically failover);
    o local area network (multiple routes between key data centres);
    o storage (key services hosted by the College replicated and / or backed up regularly).
- The School of Forestry is increasingly dependent on online resources and wider connectivity. This led to a request, now implemented, to increase the bandwidth to the site from 100Mbps to 1Gbps (a ten-fold increase). This should future proof the network needs of the site for the long term. This campus does not currently have resilience with only one connection between the School of Forestry and main College campus. The current business continuity for online and networked teaching would be to move classes to the main campus.
- In this period the local area network solution has been undergoing planned testing to ensure that simple and more complex errors can be handled without causing outages. Such as introducing loopbacks, which can overload an unmanaged network.
- The UHI wireless network is current being reviewed by a cross-UHI group led by the College ICT Services Manager. This is increasingly being relied upon by students and any outages have an impact on learning and teaching. The aim of the group is to look to improve stability or bring forward the procurement of a new system.
- In addition, due to the heavy utilisation of ICT facilities across the building a number of "hot" spares have been setup to minimise the impact of any equipment failure. Such as a backup mobile VC suite, as even a short term VC suite issue would lead to significant disruption to learning and teaching.

Service Update

- As part of the ICT Services Operational Plan a focus has been on improving the video conferencing facilities in the student only rooms. This has now been successfully delivered in all these rooms providing corporate standard facilities to help student satisfaction and retention

Information Security

- An Information Security Check Up project is in progress to allow the College to continue to adhere to best practice and guidance in looking after student, staff and wider data.
- Online training modules, mandatory for all staff, in data protection and information security are now in place, which have been completed by the vast majority of staff. This is to ensure all staff understand that protecting information is their own, and not someone else's, responsibility.
- A new ICT Acceptable Use Policy is now published with updates to the Information Security Policy, Information Security Management System and other guidance documents in progress to be delivered before this summer.
- This project will also undertake an overall information security risk and ICT business continuity review.
- Work is also in progress to improve mobile device security, such as encrypting devise used to store personal and / or sensitive data.

University of the Highlands and Islands
Inverness College

Board of Management

Subject/Title:	Health and Safety Report
Meeting and date:	Audit Committee –Feb 2017
Author:	Director of Organisational Development
Link to Strategic Plan:	No
Cost implications:	No
Risk assessment:	Yes **If yes, please specify:**
Status – Confidential/Non confidential	Non-Confidential
Freedom of Information Can this paper be included in "open" business	Yes

If a paper should **not** be included within "open" business, please highlight below the reason.			
Its disclosure would substantially prejudice a programme of research (S27)		Its disclosure would substantially prejudice the effective conduct of public affairs (S30)	
Its disclosure would substantially prejudice the commercial interests of any person or organisation (S33)		Its disclosure would constitute a breach of confidence actionable in court (S36)	
Its disclosure would constitute a breach of the Data Protection Act (S38)		Other (please give further details)	
For how long must the paper be withheld? (express either as the time which needs to pass or a condition which needs to be met.)			

Recommendation:

For information

Purpose of report / Summary
To provide the Audit Committee with a report on matters pertaining to health and safety

HSG 65 (Management System) H&S Software– Update

The procurement for the H&S software is in the final stages. Along with Inverness College UHI there are several other UHI partners who are committing to implementing the software. The contract will be awarded on the 28 February to a company a called SHE. SHE Software provides insight to implement and sustain an effective health and safety solution that reduces risk in the workplace. They have been delivering software solutions to a global customer base for more than 20 years and since its launch in 2013, their latest solution, Assure, is now trusted by over 700 organisations with more than half a million individual users.

The implementation phase of the project will progress from the 1 March through to the go live date of 10th July.

The Health and Safety Manager and the contractor will be working through the following implementation stages:

Phase 1 – Organisation/framework and user set up/permissions complete by 24 March.

Phase 2 – Incident and Risk Module design/input and user training complete by 19 May

Phase 3 – User testing and Rollout of modules complete by 8 June

Rollout Activities including communications/management briefings/update of practices and procedures/standard operating rules and data reports designed and generated to test processes from 1 March through to 10th July.

The system and system users by the 10th July will be fully operational in advance of the 17/18 Academic year. Management reports generated from the system will be in place for Academic Year 17/18 onwards

RIDDOR

There have been no reportable injuries in Q2

Accident/Incident/Near miss Reporting QTR 2

- 21 reports received which were applicable to the College in comparison to 24 in Q2 last year
There were 39 reports received through the system but only 21 were applicable. The other 18 reports were attributed to things like general sickness and illness

Significant incidents

- Stanley blade placed on CO2 fire extinguisher bracket in such a way that if a person had to remove the extinguisher they could have sustained a nasty cut. . An investigation was carried out and CCTV checked which were both inconclusive. **Estates have been checking extinguishers on a regular basis to ensure extinguishers are not being tampered with**
- Northern recycling skip reversing into goods yard, made contact with a lamppost causing significant damage to the post. **Driver stated that the lamppost was in his blind spot. Damaged lamppost was removed. Northern recycling have accepted full liability for this incident and the college contractor is progressing an insurance claim accordingly to replace the lighting**
- Knife slipped when removing chicken from packaging resulting in a cut**.**
- Student cut top of finger with knife whilst slicing onion. **Hand and Finger safety awareness reinforced in kitchens.**

Accident Reporting Charts

Below are the charts showing comparisons between 2016-2017 and 2015-2016 reporting year and the previous year
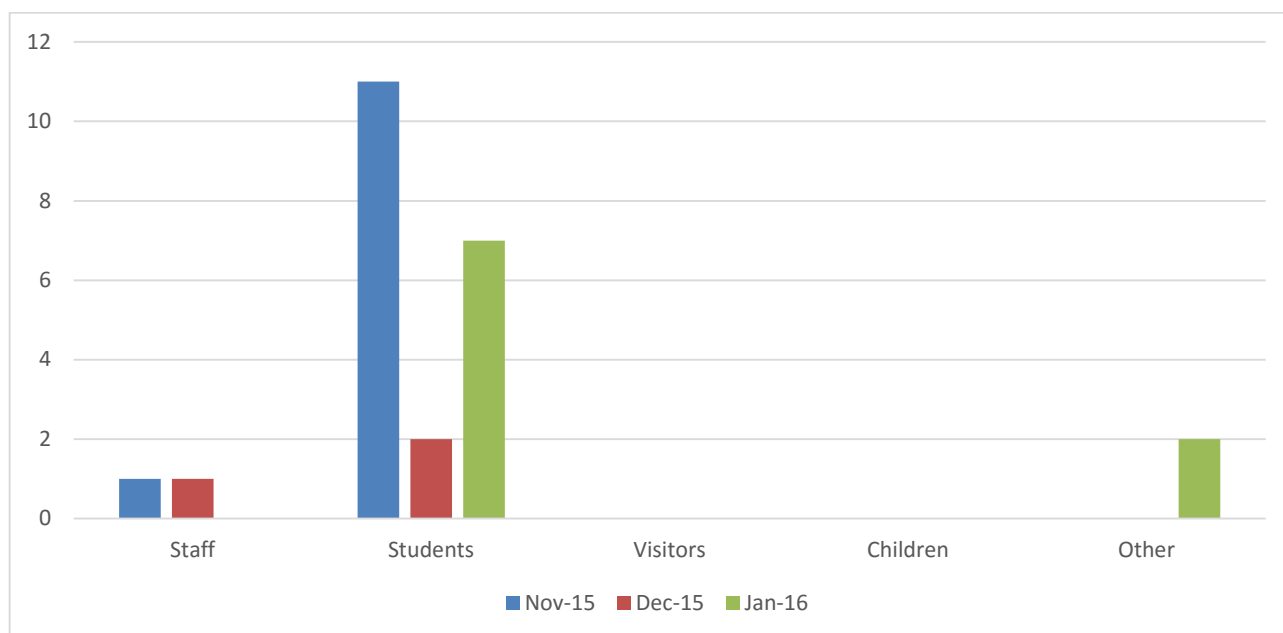
Reports Received Quarter 2 2016-2017 (total of 21)
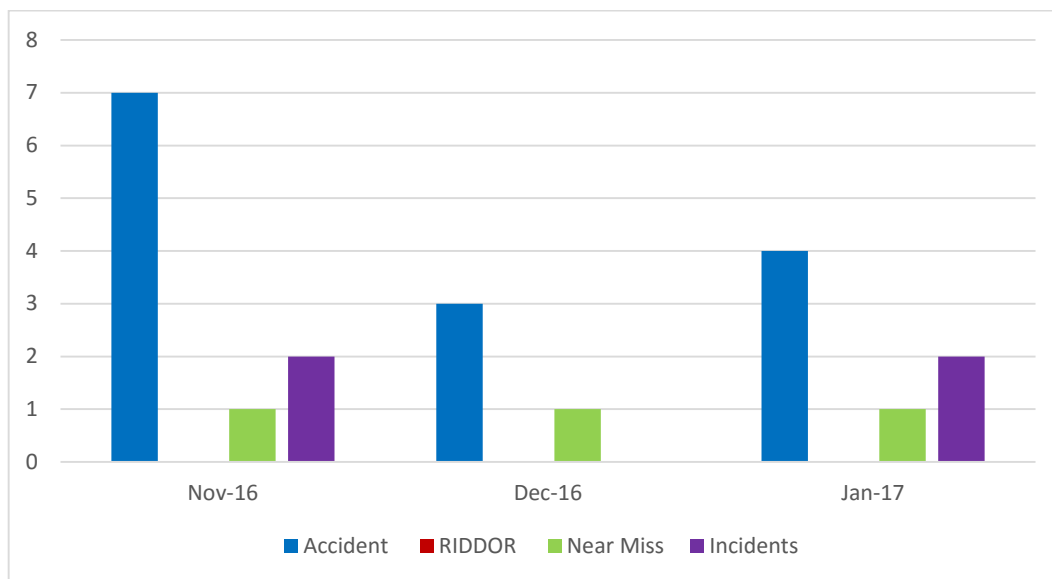
QTR 2, 2015-2016 Comparison (total of 25)
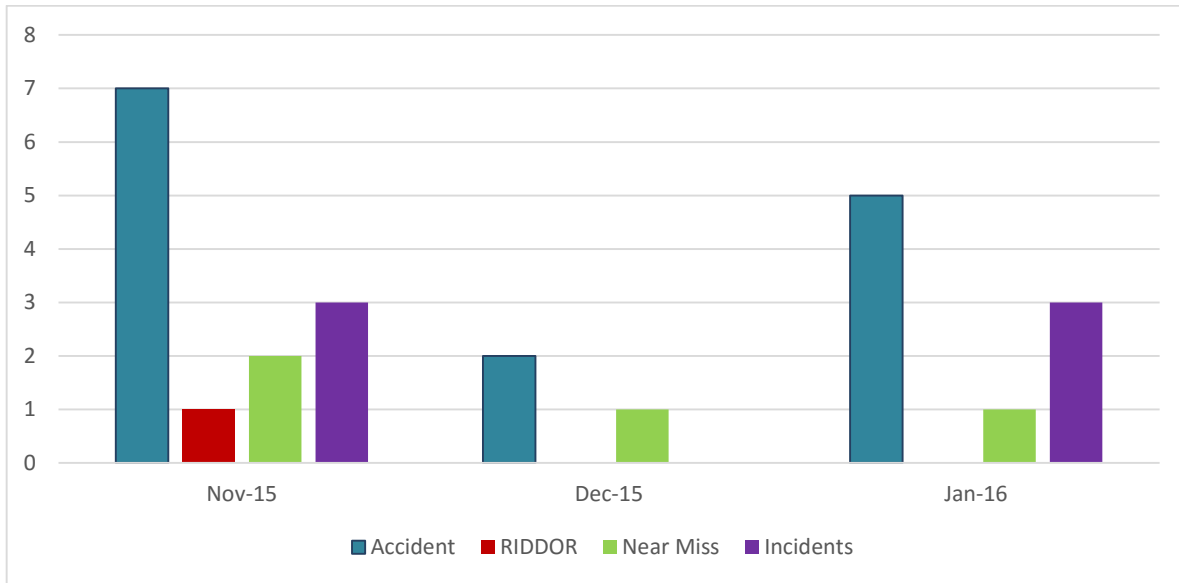
People Affected Qtr. 2 2016/2017
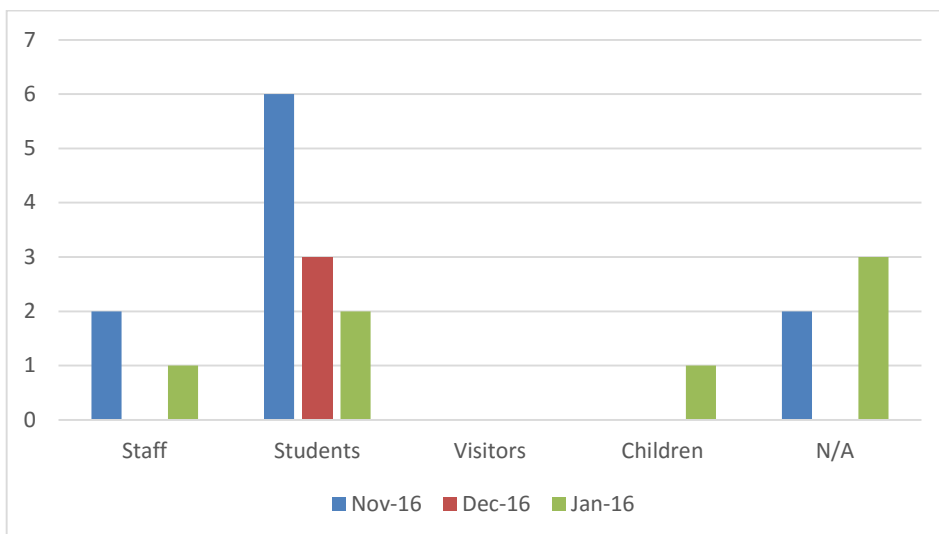
* Note: 15 people out of the 21 reports were affected. The other 3 reports were near misses and 3 incidents which didn't directly affect anyone

People Affected Qtr. 2 2015/2016

Fire

There have been 3 evacuations since November. All of which were false alarms. Our fire management plan has been further defined as a result of these evacuations and has been updated to include a definitions section and appendix's containing; the disabled refuge communication procedure, the refuge call point procedure, fire/duty manager process chart and floor plans highlighting the stairwells/evacuation lifts and evac chairs. This is currently out for review.

 Some other point's to note are;

- **Staff briefing sessions** - Some key point that have come up as a result of previous evacuations, were presented and discussed as part of the staff briefing sessions held at the end of January. The points presented were on classroom responsibility in the event of an alarm and refuge areas as well as reaffirming the college's fire management plan
- **Duty Managers –** The health and safety manager has progressed some walkthrough's of the fire management procedure which forms part of their role when on evening/Saturday duty. Updates have been made of the location of the fire alarm panel key, the location of the 'fire' folder' which contains floor layouts, isolation points and sensor and manual call point locations, what to expect when the fire brigade arrive and further procedures in light of the communication panel with the refuge areas
- **Fire brigade –** The fire brigade will be coming out for a familiarization visit to the campus on the 1st of March and will also be scheduling a visit to Balloch. This is a visit for operational firefighters in order to get a general overview and idea of the

building layout, utilities, water supplies, fire alarm panel location etc. There is likely to be around 12 personnel in attendance with 3 fire appliances.

Conclusion

Hand injuries (especially cuts/lacerations) continue to contribute a significant percentage of the reports received, however given the amount of students we have involved in curriculum which requires the use of hand tools, kitchen knives, chisels, saws etc., if you were to quantify the amount of time students spent using various hand tools across the college and compare to the number of accidents, the accident rate would be very low. It is important to emphasize though, that best practice and correct operating procedures, along with continued focus on hand safety awareness are reinforced to all. On another positive note, recently our Forestry team carried out a tree felling operation adjacent to the main road at Balloch. These were trees that had been starting to overhang on to the road. The operation was fully planned and risk assessed in detail. In total there were around 35 trees felled at roadside and the operation was completed in 2 days with no incidents or accidents.

University of the Highlands and Islands
Inverness College

Board of Management

Subject/Title:	Data Protection, Freedom of Information, Complaints and Public Interest Disclosure Annual Report
Meeting and date:	Audit Committee – 28 February 2017
Authors:	Suzanne Stewart, Information Development Manager Fiona Ambrose, College Secretary Liz Cook, Quality Manager
Link to Strategic Plan:	
Cost implications:	Yes / No *(delete as applicable)* **If yes, please specify:**
Risk assessment:	Yes / No *(delete as applicable)* **If yes, please specify:** Financial: Operational: Organisational:
Status – Confidential/Non confidential	Non confidential
Freedom of Information Can this paper be included in "open" business	Yes

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

Its disclosure would substantially prejudice a programme of research (S27)		Its disclosure would substantially prejudice the effective conduct of public affairs (S30)	
Its disclosure would substantially prejudice the commercial interests of any person or organisation (S33)		Its disclosure would constitute a breach of confidence actionable in court (S36)	
Its disclosure would constitute a breach of the Data Protection Act (S38)		Other (please give further details)	
For how long must the paper be withheld? (express either as the time which needs to pass or a condition which needs to be met.)			

Recommendation(s)

The Audit Committee is invited to note the report.

Purpose of report

The purpose of this paper is to provide an annual report to the Audit Committee on activity relating to data protection, freedom of information, public interest disclosure and complaints at Inverness College UHI. The College is now required to provide quarterly statistics to the Information Commissioner on Data Protection and Freedom of Information based on the calendar year and this report provides information on the statistics gathered for the calendar years from 2014. The statistics on complaints relates to the four academic years from 2012/13.

DATA PROTECTION

The College is registered as a Data Controller with the Information Commissioner's Office (ICO) and registration is renewed annually in February of each year.

A section on Data Protection (how to make a Subject Access Request) has been available on the college website for approximately 6 years. Under data protection legislation, organisations must respond within 40 days to enquiries for information.

The statistics for this report are now collated on a calendar year basis due to a recent requirement for quarterly reporting to the ICO.

Statistics for the period Jan-Dec 2014 and 2015 have been provided for comparison purposes.

Breakdown of statistics by category:

Category	Year	2014	2015	2016
Police		21	11	17
Solicitor		2	3	3
Employer/3rd Party		14	20	22
Individual		5	1	2
Public Agency		18	29	24
Total		**60**	**64**	**68**

The table below shows the time taken to respond to the various enquiries.

Jan – Dec 2016

1-5 Days	6-10 Days	11- 15 Days	16-20 Days	21-40 Days	Over 40 Days
55	8	4	1		

FREEDOM OF INFORMATION

Number of Freedom of Information requests received

Calendar year 2014	Calendar year 2015	Calendar year 2016
31	42	32

The number of requests received in 2016 has reverted to the 2014 level.

Number of Environmental Regulations requests received

Calendar year 2014	Calendar year 2015	Calendar year 2016
0	0	1

The one request received in 2016 related to the NPD New Campus Build.

Format of requests FOI and EIR requests

	2014	2015	2016
Letter	2	6	4
E Mail	29	36	29
Website	0	0	0

The majority of requests are received through the unique FOI e mail. In most cases, where a letter is received, the applicant requests that the response be sent to an e mail address.

Source of requests

	2014	2015	2016
Journalists	3	1	3
Own Staff	1	0	0
Commercial organisations	3	5	2
Campaigning groups	1	0	1
Trade unions	7	12	11
MP's/ Political parties	5	14	8
Members of the public	2	4	3
Other	2	0	0
Local Resident	1	0	0
Information not given	6	5	3
Own Students	0	1	2
	31	42	33

Type of requests can de loosely defined as

	2014	2015	2016
Admissions	0	0	1
Procurement Issues	4	2	1
HR and staffing issues	6	18	9
Teaching and Assessment	1	3	0
Estates and Buildings	1	2	7
Student issues and numbers	8	7	9
Management & Administration of the Institution	1	3	0
IT	1	0	2
Financial information	2	6	4
Other	7 • Governance and Equality and Diversity • Bird pest control • Tier 4 sponsor license • Community Work Placements • Board papers • Facility time for TU reps, minimum wage and money into arms-length foundations • Ownership of NPD project at end of contract	1 • Research grants for hydraulic fracking	0

HR and staffing issues and student issues each received 9 requests for information – 18 in total. Fifteen of these requests came from two categories of requester, namely Trade Unions and MP's and Political parties. An MSP submitted a request on Estates and Buildings but asked that each element be treated as a separate request. This relates to 4 of the 7 requests in this category

Examples of the requests received on HR and staffing issues included
- Lecturer salaries
- Grievance and discipline matters
- Staff numbers and absence
- Principals pay
- Student support funds
- Flexible working

Examples of the requests on student issues included
- Non completion rates
- Student numbers – Highers and intermediates
- Looked after care leavers admissions and support
- Student counselling/mental health support
- Gender balance of trainees
- International recruitment
- Academic sanctions
- Student support funds

Response times – working days

	1-5 days	6-10 days	11-15 days	16 – 20 days	Over 20 days	On hold
2014	10	5	13	3	0	0
2015	8	4	21	8	0	1
2016	4	2	8	11	8	0

Compared to previous years, there is a significant change in the number of responses which did not meet the 20 working day deadline. Five of these related to responses received in December 2016. The FOI legislation in respect of working days to respond only takes account of statutory holidays and does not allow for the College Closure over the Christmas and the New Year period. Essentially 8 working days were lost across this period. Of the 8 late responses, 6 received a response in 21 days, 1 in 24 days and 1 in 26 days.

Average response times

	Number	Working days
2014	31	9.22
2015	42	11.59
2016	33	15.7

Fees

There were no fees charged by the College for any freedom of information request in any of the above periods.

Reviews

One request for a review was submitted. The requester sought information on the Financial Model used for the New Campus NPD project. Within the contract documentation the Financial Model was classed as commercially sensitive information and the college withheld the information being sought. The requester asked for a review of this decision. In line with the published procedure, the review was undertaken by a member of the SMT who had not been involved in the preparation of the response from the FOI officer. The review Officer upheld the

decision not to disclose financial information relating to the New Campus NPD Project.

However, the requester has subsequently made an appeal to the Information Commissioner who has advised that the original request should have been considered under the Environmental Information Regulations as well as the Freedom of Information (Scotland) Act 2002. The College has been asked to take this case back to the review stage and a response will be submitted to the requester at an early date.

Publication Scheme

Under the terms of the Freedom of Information (Scotland) Act 2002, Inverness College adopted and published the new model publication scheme for public authorities in 2013. It is available on the College website and there is a hard copy in the College Secretary's Office.

PUBLIC INTEREST DISCLOSURE

The Board of Management approved the Public Interest Disclosure policy on 9 June 2008. The revised policy and procedure were approved by the Board on 26 March 2012. A further review was carried out in 2014 and the Audit Committee approved a number of minor amendments at its meeting on 25th November 2014.

The public interest disclosure policy and procedure are regulatory requirements under the Public Interest Disclosure Act 1998. Their purpose is to safeguard a member of staff who has concerns regarding inappropriate behaviour and business practice within the college.

There have been no instances of individuals seeking information under the Public Interest Disclosure (whistleblowing) legislation in the period from August 2010 to December 2016.

COMPLAINTS REPORT 2015 - 16

A total of 135 complaints were recorded by the Quality Unit between 1st July 2015 – 30th June 2016. This is an increase of 84 complaints (164%) compared with the same period in the previous year.

Time Period	Complaints Received
Academic Year 2012/13	54
Academic Year 2013/14	77
Academic Year 2014/15	51
Academic Year 2015/16	135

This substantial increase in recorded complaints is due to a number of factors:

- a total of 42 of complaints during 2015-16 (just over a third), related to estates issues in connection with the new campus. The vast majority of these issues were already known to the college and were part of ongoing work with the contractor. Numerous complaints regarding new campus issues were received in relation to the same issues and to issues that College staff were already aware of, and actively resolving.

- increased awareness of the Model Complaints Handling Procedure across staff and students means that we are very good at recording complaints and ensuring that complaints are dealt with effectively.

- staff and students from the former Midmills and Longman campuses are now in one location which has led to improved communication regarding how to efficiently deal with complaints

The following chart displays the timing of complaints month by month.
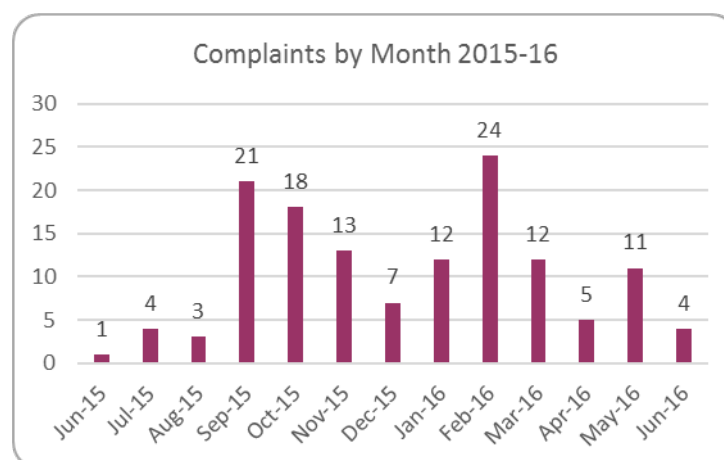
Further Education & Higher Education

	2012/13	2013/14	2014/15	2015/16
FE Student Complaints	37	46	24	71
HE Student Complaints	12	30	18	48
Unknown	-	1		
Other	6	-		16
Withdrawn		6	9	

The majority of complaints originated from FE students (71), HE students accounted for 48 complaints and 16 related to 'other' customers (e.g. parents, members of the public).
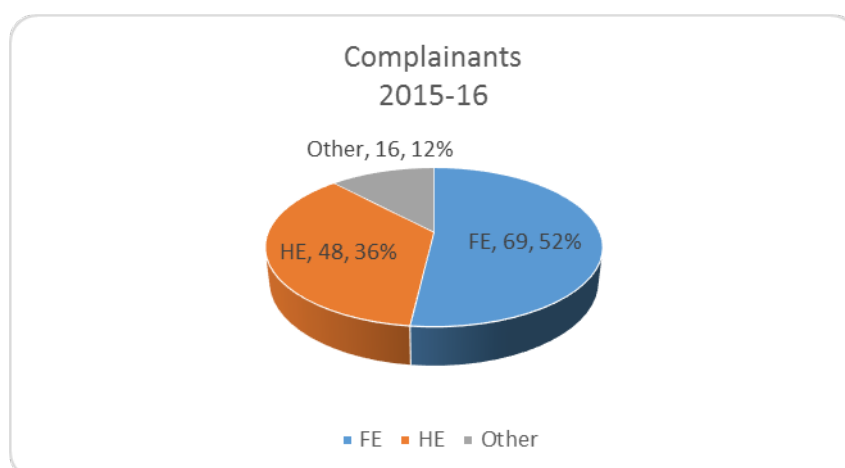
Complaint Categories

The following table provides a breakdown of all complaint categories during the reporting period:

Category	Complaints
Estates Issue	29
Facilities	13
Learning and Teaching	19
Complaint re Staff Member	12
Staff Conduct	4
Other	11
Course Funding	8
Application Process	6
Catering	6
Room Access	3
Timetables	4
Course Finance	4
Course Administration	4
Certification	2
Customer Service	2
Personal Care (ASN)	2
Cancelled Course	1
Litter	1
RPL	1

Other than new campus issues raised, the two most commonly reported complaint categories during 2015-16 were:

- Learning & Teaching
- Complaints regarding members of staff

The recent implementation of several new quality processes will ensure continuous improvement in the above areas and reduce future complaints. Namely;

- The PDLT process (Professional Discussion on Learning & Teaching) will ensure that we develop staff in terms of learning & teaching approaches in the classroom.
- The Learning & Teaching Working Group, in support of the Learning & Teaching Strategy, will continue to roll out staff development sessions on learning and teaching and to continue its work on firmly embedding the Framework for Excellent Learning & Teaching across the college.
- Targeted Intervention – this process is aimed at addressing consistently poorly performing programmes to ensure effective improvement plans are put in place. Complaints data will be used as part of the evidence base for focused improvement activity for these programmes.

Complaint Status

	2012/13	2013/14	2014/15	2015/16
Resolved, Upheld	11	23	15	69
Resolved, Not Upheld	28	29	16	40
Resolved, Partially Upheld	7	19	11	22
Withdrawn	1	5	9	4
Closed	54	77	42	
Ongoing	-	-		
Unknown	7	1		

It can be seen that 69 (just over half) of the complaints made during 2015-16 were upheld.

SPSO Timescales Compliance

There are pre-defined timescales imposed by SPSO for which complaints investigations should be dealt with (5 days for stage 1 complaints and 20 days for stage 2 complaints).

During 2015-16, the complaints timeline for Inverness College UHI was as follows:

- 86 resolved at Stage 1 - dealt within 5 working days (average of 4.7 days)
- 45 resolved at Stage 2 - dealt within the 20 working days requirement (average of 13.9 days)

To date, Inverness College UHI has not had any complaint appeals upheld by the SPSO.

Frontline Reporting

The Complaints Handling Procedure (CHP) has placed increased focus on the frontline resolution of complaints where possible. This relates to issues that are straightforward and require little or no investigation (Stage 1 complaints). There are still few complaints resolved at the frontline stage within the College.

Reaching a frontline resolution such as; an on the spot apology, explanation or other similar immediate action can greatly enhance the customer experience. Many of the complaints passed to the Quality Unit for investigation could have been resolved at the point of receipt which would have resulted in a quicker resolution for the complainant.

Awareness of Complaints Process

Staff training in both complaints and customer service will be crucial in terms of improving complaints handling and bringing about a long term reduction in complaints. Complaints training sessions for all staff will be delivered during 2016-17 by the Quality Unit. Flyers with information about the complaints process and alternative mechanisms for student feedback will be distributed at Fresher's Fayre on 14th September.

Learning from Complaints

Our improved approach to complaints handling has had a demonstrable impact on student and customer satisfaction. It is important that we learn from complaints and use them to ensure continued improvement across the college. Action taken in response to complaints over the past year has led to process and policy reviews and specific staff training. The following table provides some examples of improvements made as a result of complaints during 2015-16:

Complaint	Improvements/Changes Made
Fees information	Clearer guidance from finance to students re: timescales of applying to SAAS.
Admissions/Applications Process	Waiting list letter reworded. Training sessions arranged for staff to ensure students receive clear information at interview. All staff to be re-trained on telephone handling procedure.
Litter in vicinity of campus	Member of the public commented on litter surrounding the new campus area and beyond. The College and ICSA subsequently worked together to ensure that key messages were circulated to students.
Catering provision at SSF	Hospitality arrangements at SSF reviewed.
Disabled Parking - Students parking in disabled bays with no blue badge.	Estates team now patrol car parks for longer at busy times.
Complaints from students regarding difficulties with accessing classrooms for VC lessons	Estates thereafter arranged for 2 Access cards for each VC room to be available at reception for students to sign out.
Students accessing rooms/studios during evenings.	Reviewed room booking process for evening sessions. Room times clearly communicated to students.
Smoking shelter too close to front entrance.	The smoking shelter has now been moved to an alternative location away from the entrance.
Lack of blinds in the Skillzone rooms	Blinds installed in Skillzone rooms.
Lack of seating in the Corrie and Lochan.	Additional seating ordered by hospitality for Corrie / Lochan