

Board of Management

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| Meeting | Learning, Teaching and Research Committee |
| Date and time | Tuesday 16 th March 2021 at 4.30 p.m. |
| Location | Boardroom, 1 Inverness Campus |

Board Secretary
09 March 2021

AGENDA**Welcome and Apologies****Declarations of Interest****ITEMS FOR DECISION**

- 1. MINUTES**
Meeting of the Learning, Teaching and Research Committee held on 17 November 2020.
- 2. POLICY FOR APPROVAL**
Complaints Policy

ITEMS FOR DISCUSSION

- 3. UPDATE REPORT ON IMPACT OF AND RESPONSE TO COVID-19** - Report by Depute Principal Academic Development & Depute Principal Planning and Student Experience
- 4. STUDENT RETENTION 2020/21** - Report by Depute Principal Planning and Student Experience & Depute Principal Academic Development
- 5. STUDENT RECRUITMENT 2020/21 & 2021/22** - Report by Depute Principal Planning and Student Experience & Depute Principal Academic Development
- 6. CURRICULUM PLAN 2021/22** – Report by Depute Principal Academic Development and Director of Curriculum.
- 7. HISA REPORT AND STUDENT PARTNERSHIP AGREEMENT UPDATE** - Report by Director of Student Experience and HISA President

ITEMS FOR NOTING

- 8. HALF YEARLY COMPLAINTS REPORT** – Report by Quality Manager

9. AOCB

10. DATE OF NEXT MEETING – 08 June 2021 at 4.30 p.m.

If any member wishes to add an item of business to the Agenda, please inform the Chair and the Board Secretary as soon as possible. Additional items of business will only be considered for inclusion in the agenda in advance of the start of the meeting.



Board of Management

DRAFT MINUTES of the MEETING of the LEARNING, TEACHING AND RESEARCH COMMITTEE held via Microsoft Teams, on Tuesday 17 November 2020

- PRESENT:** Sally Blyth, Kelly Mackenzie, Chris O'Neil, Tina Stones, Fiona Neilson, Robyn Kennedy, Sarah Burton, Samantha Cribb, Ruth McFadyen, Vivienne Mackie
- CHAIR:** Sarah Burton
- APOLOGIES:** Director of Research and Innovation
- ATTENDING:** Depute Principal, Academic Development
Depute Principal, Planning and Student Experience
Director of Curriculum
Director of Student Experience
Quality Manager
Board Secretary
- OBSERVING:** Andrew Brawley, Education Scotland

The Chair of the Board of Management welcomed everyone to the meeting and advised that she would Chair this meeting.

No Declarations of Interest were noted.

1. MINUTES

The Minutes of the meeting of the Learning, Teaching and Research Committee held on 22nd September 2020 were **AGREED**, and **APPROVED** for signature by the Chair.

2. OUTSTANDING ACTIONS

SFC Equalities Reporting – The Director of Student Experience advised that UHI have proposed that we have a single approach to equalities reporting within the partnership.

Decision: It was **AGREED** that this item can be removed from the list.

Andrew Brawley joined the meeting at this point.

3. **UPDATE REPORT ON IMPACT OF AND RESPONSE TO COVID-19**

The Depute Principal – Academic Development spoke to this joint report and advised the Committee that the key priority continues to be the creative use of extending and increasing capacity within rooms. The Committee was advised that following confirmation that we are now in Tier 1 discussions have begun with regards the consideration of resuming some offsite activities within the Forestry and Sport areas.

The Depute Principal – Planning and Student Experience highlighted to the Committee the expected backlog which has been caused by Covid-19.

The Committee discussed the impact of Covid-19 on both staff and student's physical and mental wellbeing and noted that a Sub Committee of the Health, Safety and Wellbeing Group would be looking at the outcomes of the Early Student Experience Survey and the Staff Survey.

Robyn Kennedy joined the meeting at this point.

The Director of Student Experience advised the Committee that there is triage system in place for student's mental health and that we have seen an increase in high scoring critical cases but a reduction in low level cases. The Committee noted that the ability for students to access the new counsellor has assisted with this.

The Depute Principal – Academic Development advised that students have been supported by HISA with representatives ensuring a presence on campus which facilitates direct interaction with students.

Ruth McFadyen left the meeting at this point.

The Depute Principal – Planning and Student Experience advised the Committee that the National College Network is meeting fortnightly to look at student engagement and retention and it is hoped that they will identify common solutions.

The Principal spoke to the risk register and advised the Committee that the register is due to be reviewed and will be updated to include the impact of Covid-19 and the implications this may have on our resources and finances.

The Chair gave thanks to all who contributed to this report.

4. STUDENT RECRUITMENT 2020/21

The Depute Principal – Planning and Student Experience advised that we have forecasted that we will not meet our credit target for FE activity however with regards HE activity we expect to exceed our target. The Committee was advised that our anecdotal evidence shows that HE students are continuing their studies with us for an additional year.

The Committee noted that with regard FE credits we should incur no financial penalty this year with the SFC aware of the expected shortfall in credits however we may face a reduction in subsequent years.

The Depute Principal – Planning and Student Experience advised the Committee that the Regional Strategic Committee may adjust the model for part or all of FE across the partnership and that future consultations are expected in respect of both the RAM and the MicroRAM.

5. HISA REPORT AND STUDENT PARTNERSHIP AGREEMENT UPDATE

The Director of Student Experience advised the Committee that progress had been made around the Partnership Agreement with regards the enhancement themes for this Academic Year:

- Student Life
- Student Voice in Partnership
- Tools for Learning.

Ruth McFadyen joined the meeting at this point.

The following items were highlighted and discussed by the Committee:

- Students are complying well with Covid-19 guidance and face coverings are being worn by all on campus.
- School pupils are now attending the campus and we continue to liaise with the Highland Council regarding these pupils.
- There have been no reported issues within the halls of residence.
- Students have been provided with a digital ID card rather than a physical one.
- Clubs and societies are continuing and remain active.
- Around 50 laptops have been awarded by UHI through the Digital Poverty Fund and equipment for students due to start in January 2021 is being reviewed.
- The challenges that we have faced recruiting class reps.
- That the Loop Conference was well attended by students from the College and one of the themes discussed was mental health and wellbeing.
- That the student newsletter was published in October and a December publication is due to be circulated.

The Committee gave their thanks to HISA for all their work.

6. REPORT ON EARLY STUDENT EXPERIENCE SURVEY

The Quality Manager took the Committee through her high level report analysis of the responses to the Early Student Experience Survey highlighting in particular:

- That the response rate of 36.8% for this year is lower than in previous years; however the response rate is in line with the regional survey response rate.
- That the overall satisfaction rate had decreased by 12% from last year and was now at 83.23%.
- That there has been a shift with students advising that they were satisfied rather than very satisfied.
- When broken down by areas of school the response rate varies from 22.8% to 50% and overall satisfaction varies from 67% to 85%.

- That 1004 free text comments were received this year and they can be broken down as follows:
 - 671 – Brightspace related comments
 - 93 – service related comments
 - 47 – fresher's activities comments
 - 193 – Other comments.

The Quality Manager advised the Committee that the next steps to be taken involved:

- Further drilling down of responses to allow a cross college analysis and full report.
- Messages/outcomes from the analysis of responses to be feedback to students.
- An action plan highlighting and focusing on emerging themes from the responses.

7. SAFEGUARDING ANNUAL REPORT

The Director of Student Experience spoke to her report highlighting in particular to the Committee:

- That disclosures or concerns received for the year 2019-20 remained at the same level as the previous year.
- That we are continuing with a proactive approach to information being shared between ourselves and Police Scotland.
- All procedures and processes for external support work has been carried out including the tightening up of PVG information held on third sector agency staff.
- With regards drugs misuse we continue to have a high profile zero tolerance approach.
- That there has been an increase in violent and threatening behaviours on campus. All incidents are being formally recorded and categorised.
- That we are continuing to work closely with City Heart Living with regards student residences.

The Committee enquired whether the move to online learning would require additional steps to be taken with regards safeguarding and the threats posed by cyber security and online behaviour. The Director of Student Experience advised that teaching staff have a heightened awareness of this and HISA has produced a netiquette manual. The Committee also noted that access to platforms is secure and strictly controlled.

The Committee discussed the increased demands on administrative support and noted that as part of the Financial Recovery Plan that staff roles are being reviewed and where applicable staff are being moved accordingly.

Vivienne MacKie left the meeting at this point.

Gill Berkeley left the meeting at this point

8. KEY PERFORMANCE INDICATORS – REPORT 2019/20

The Depute Principal – Planning and Student Experience advised that this report gives a retrospective analysis and high level review of student recruitment and successful completion for 2019-20 highlighting in particular to the Committee:

- FE Credit activity has been negatively impacted by Covid-19 and has declined.
- HE FTE fell for the second year however activity for 2020-21 has increased.
- Student success rates for students on full time FE programmes has dropped by around 7 points in comparison to the previous year.
- However student success rates for full time HE remains high overall.
- Success rates on HN awards improved as did success rates for students on part time FE and HE programmes.

The Committee discussed the following:

- Decline of certain subject areas and the need for a curriculum review.
- The increase of Modern Apprenticeships
- Potential for growth in SVQ.
- Whether the data within this report could be used to see which courses cover our costs and which are less efficient.

9. AUDIT REPORT – FES RETURN

The Depute Principal – Planning and Student Experience advised that apart from one low level recommendation this audit had been positive and our systems and procedures were found to promote the accurate collection and recording of data.

The Committee gave their thanks to all involved with the audit.

10. DATE OF NEXT MEETING: TUESDAY 15 MARCH 2021 AT 4.30 P.M.

Signed by the Chair: _____

Date: _____

**Board of Management
Learning, Teaching & Research Committee**

| | |
|--|---|
| Subject/Title: | Complaints Policy (and Procedure for Noting) |
| Author: [Name and Job title] | Liz Cook, Quality Manager |
| Meeting: | LTR Committee |
| Meeting Date: | 16 th March 2021 |
| Date Paper prepared: | 2 nd March 2021 |
| Brief Summary of the paper: | <p>The LTR Committee is asked to approve the Complaints Policy. The Complaints Policy was approved at Scrutiny Panel on 8th February and SMT Committee on 1st March 2021.</p> <p>The Complaints Procedure has been included for noting. SMT approved the Complaints Procedure on 1st March. This has been included so the Board of Management have sight of the changes introduced as a result of the SPSO review of the Model Complaints Handling Procedure. A Tertiary common procedure has been developed across the partnership, SPSO have confirmed the procedure is compliant with their requirements.</p> <p>An SPSO document detailing the summary of the changes has been included for information.</p> |
| Action requested: [Approval, recommendation, discussion, noting] | Approval – Policy Noting - Procedure |
| Link to Strategy: Please highlight how the paper links to, or assists with:: <ul style="list-style-type: none"> • compliance • partnership services • risk management • strategic plan • new opportunity/change | |
| Resource implications: | Yes / No If yes, please specify: |
| Risk implications: | Yes / No If yes, please specify: Operational: Organisational: |

| | | | |
|---|-----------------------------------|--|--|
| Equality and Diversity implications: | Yes/No If yes, please specify: | | |
| Consultation: [staff, students, UHI & Partners, External] and provide detail | | | |
| Status – [Confidential/Non confidential] | | | |
| Freedom of Information Can this paper be included in “open” business* [Yes/No] | | | |
| *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.) | | | |

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

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

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



Complaints Policy

REFERENCE: PL/QU/2015/001

| | |
|--------------------------------------|-------------------|
| Lead Officer | Depute Principal |
| Review Officer | Quality Manager |
| Date first approved by BoM | 22 September 2009 |
| First Review Date | 12 September 2011 |
| Date review approved by BoM | 01 December 2015 |
| Next Review Date | 30 September 2020 |
| Equality impact assessment | 21 February 2018 |
| Further information (where relevant) | |

| Reviewer | Date | Review Action/Impact |
|-----------------|----------|----------------------|
| Quality Manager | 12.09.11 | Reviewed by BoM |
| Quality Manager | 13.06.13 | Reviewed by BoM |
| Quality Manager | 01.12.15 | Reviewed by BoM |
| | | |

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1. Policy Statement

Inverness College UHI is committed to the provision of providing a high quality and enjoyable learning experience to all learners and high-quality services. On occasion, learners, customers and / or key stakeholders may have cause to make a complaint.

A complaint is an expression of dissatisfaction about the college's action or lack of action, or about the standard of service provided by the college or on its behalf.

The College views complaints seriously and investigating a complaint provides an opportunity to review and enhance the services we offer. When complaints are received, College staff will follow the complaints **handling** procedure which ensures that all complainants are dealt with:

- Fairly
- Timeously
- With courtesy and respect
- Transparently

The College will ensure that all complaints are:

- Identified as to the nature of the complaint
- Thoroughly investigated
- Brought to a satisfactory resolution

The College will ensure that complainants

- Are kept informed as to each stage of the process
- Can make a complaint without fear of reprisal or victimisation; however where complaints are proven to be malicious or vexatious the College reserves the right to pursue possible sanctions against the complainant.
- Students may not complain about an academic judgement – the internal academic appeals process, as outlined in the Academic Regulations, should be used for this purpose.
- Are aware of their ~~Have the~~ right to complain to SQA, and other awarding bodies about assessment-related matters (but not assessment judgements) if they remain dissatisfied once they have exhausted the College's internal complaints procedure.
- Who are ~~c~~Candidates on regulated qualifications, have a further right to complain to SQA Accreditation or Ofqual once they have exhausted the College's internal complaints procedure and the SQA / Awarding body's complaint procedure.
- Are aware of ~~Have~~ the right to escalate their complaint to the Scottish Public Services Ombudsman (SPSO) about issues other than assessment-related matters.

Anonymous complaints will be investigated if enough information is provided for us to make further enquiries.

The complainant will be informed [of](#) who will take the lead in dealing with the complaint. One response will be sent covering all issues raised. [In exceptional circumstances, where there are multiple strands to a complaint or where elements of the complaint are time sensitive, the college may respond separately to different aspects.](#)

Commented [LC1]: Removed reference to one or two departments, as the complainant is notified who will take the lead in their complaint

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2. Legislative framework/related policies

- 2.1. Freedom of Information Policy
- 2.2. Data Protection Policy
 - General Data Protection Regulation (GDPR) (From 25 May 2018)
- 2.3. Public Interest Disclosure (Whistle Blowing) Policy
- 2.4. Academic Standards and Quality Regulations (FE and HE)
- 2.5. Quality Assurance and Enhancement Strategy
- 2.6. FE Guidance Policy
- 2.7. Learner Agreement
- 2.8. Staff Discipline Policy
- 2.9. Staff Code of Conduct
- 2.10. Equality Schemes
- 2.11 SPSO/Government Legislation
- 2.12 Awarding Body Quality Assurance Requirements

3. Scope

- 3.1. The policy applies to staff, learners, customers and key stakeholders of Inverness College UHI.

4. Compliance

- 4.1. This policy must be complied with and it will be audited regularly with quarterly and annual complaints reports submitted to Senior Management Team (SMT), Academic Management and Quality Committee (AMQC) meetings, and Board Committee meetings.

5. Monitoring

- 5.1. 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 Quality Unit.

6. Review

- 6.1. This policy will be reviewed in February 2024 and every three years thereafter unless legislation requires this to be completed sooner.



Model CHPs: Key changes by 1 April 2021

The changes outlined below are applicable to **all sectors except NHS**. These are changes to the core text of the revised Model Complaints Handling Procedures (MCHP), which is consistent across all sectors except NHS.

Structure and presentation

- Core text standardised across all sectors (with additional sector-specific text and examples in each version)
- Presented in five parts to make relevant information easier to find
- Social work and Local Authority MCHPs combined

Resolving complaints

- Organisations may **resolve** a complaint by agreeing any action to be taken with the customer, without making a decision on whether to uphold / not uphold
- There must be a clear record of the resolution agreed and signposting to next stage

Agreeing complaint and outcome sought at stage 2

- Organisations must agree the points of complaint and outcome sought with the complainant at the start of stage 2 (investigation)
- Where the points of complaint and outcome sought are clear, this can be done by setting these out in the complaint acknowledgement letter

Time limit for making complaints

- The six-month timeframe to make a complaint also now applies where the customer wishes to escalate to Stage 2 because they are unhappy with the Stage 1 response

Supporting staff

- Organisations must share relevant parts of the complaint and response with any staff members complained about
- At stage 2, staff members must be given information about the complaint process and support available, and kept updated on any timeframe extensions

Equality and accessibility

- Organisations should set out what kind of actions staff may take to support equal access to the complaints process (including for vulnerable groups)
- Organisations will customise this section to reflect local context

Complaints on social media (and other digital platforms)

- As a minimum, organisations must respond to complaints on the organisation's own social media channels by signposting to the complaint process and support available
- Organisations will customise this section to reflect local policy and approach

Contact from MPs/MSPs

- Organisations can set out details of local procedures but must ensure they comply with relevant legislation
- Where a complaint is brought by an MP/MSP, the organisation must handle it in line with the CHP and ensure they do **not** operate a two-tier system

Performance indicators

- Organisations to report and publish on complaint statistics in line with performance indicators published by the SPSO
- These are currently being developed, and will include core performance indicators applicable to all sectors (similar to those released in the draft MCHP)
- Additional performance indicators to support benchmarking are being developed for some sectors (LA, FE and housing) in consultation with those sectors' complaint handling networks



Inverness College
University of the Highlands and Islands

Complaints Handling Procedure

Part 1: Overview and Structure

| Version | Description | Date |
|---------|---|---------------|
| 0.1 | Drafting based on SPSO MCHP | March 2020 |
| 0.5 | Finalise drafting | October 2020 |
| 0.6 | Amendments following SPSO compliance assessment | December 2020 |
| 0.9 | Approved by Policy Ownership Group | December 2020 |
| 0.9 | Endorsed by Partnership Council | TBC |
| 1.0 | Approved by FGPC; published to website | TBC |

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Part 1: Introduction and overview

Foreword

Our Complaints Handling Procedure reflects the University of the Highlands and Islands partnership's (University partnership) commitment to valuing complaints. It seeks to resolve dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case.

The procedure was first developed by the Scottish Public Services Ombudsman (SPSO), in collaboration with representatives of the Higher Education and Further Education sector.

The Model Complaints Handling Procedures (MCHPs) were revised in 2019 by the SPSO in consultation with all sectors. This new edition includes a core text, which is consistent across all public services in Scotland, with some additional text and examples specific to this sector.

As far as is possible we have produced a standard approach to handling complaints across Scotland's public services, which complies with the SPSO's guidance on a MCHP. This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with local, early responses by capable, well-trained staff.

All staff across the University partnership must cover this procedure as part of their induction and must be given refresher training as required, to ensure they are confident in identifying complaints, empowered to resolve simple complaints on the spot, and familiar with how to apply this procedure (including recording complaints).

Complaints give us valuable information we can use to improve service provision and customer satisfaction. Our Complaints Handling Procedure will enable us to address a complainant's dissatisfaction and may help us prevent the same problem from happening again. For our staff, complaints provide a first-hand account of the complainants' views and experience, and can highlight problems we may otherwise miss. Handled well, complaints can give our students and other members of the public a form of redress when things go wrong, and can also help us continuously improve our services.

Handling complaints early creates better relations with students and other members of the public. Handling complaints close to the point of service delivery means we can deal with them locally and quickly, so they are less likely to escalate to the next stage of the procedure. Complaints that we do not handle swiftly can greatly add to our workload and are more costly to administer.

The Complaints Handling Procedure will help us do our job better, improve relationships and enhance public perception of the University of the Highlands and Islands. It will help us keep the user at the heart of the process, while enabling us to better understand how to improve our services by learning from complaints.

Whilst individuals can make a complaint without fear of reprisal or victimisation; where complaints are proven to be malicious or vexatious the College reserves the right to pursue possible sanctions against the complainant. There is therefore a level of responsibility placed on the complainant.

Structure of the Complaints Handling Procedure

1. This Complaints Handling Procedure (CHP) explains to staff how to handle complaints. The CHP consists of:
 - Overview and structure (part 1) – this document
 - When to use the procedure (part 2) – guidance on identifying what is and what is not a complaint, handling complex or unusual complaint circumstances, the interaction of complaints and other processes, and what to do if the CHP does not apply
 - The complaints handling process (part 3) – guidance on handling a complaint through stages 1 and 2, and dealing with post-closure contact
 - Governance of the procedure (part 4) – staff roles and responsibilities and guidance on recording, reporting, publicising and learning from complaints
 - The guide for students (part 5) – information for students and members of the public on how we handle complaints
2. When using the CHP, please also refer to the 'SPSO Statement of Complaints Handling Principles' and good practice guidance on complaints handling from the SPSO.
www.spsso.org.uk

Overview of the CHP

3. Anyone can make a complaint, either verbally or in writing, including face- to-face, by phone, letter or email.
4. We will try to resolve complaints to the satisfaction of the complainant wherever this is possible. Where this isn't possible, we will give the complainant a clear response to each of their points of complaint. We will always try to respond as quickly as we can (and on the spot where possible).
5. Our complaints procedure has two stages. We expect the majority of complaints will be handled at stage 1. If the complainant remains dissatisfied after stage 1, they can request that we look at it again, at stage 2. If the complaint is complex enough to require an investigation, we will put the complaint into stage 2 straight away and skip stage 1.

| Stage 1: Frontline response | Stage 2: Investigation | Independent external review (SPSO or other) |
|--|--|--|
| <p>For issues that are straightforward and simple, requiring little or no investigation</p> <p>'On-the-spot' apology, explanation, or other action to put the matter right</p> <p>Complaint resolved or a response provided in five working days or less (unless there are exceptional circumstances)</p> <p>Complaints addressed by any member of staff, or alternatively referred to the appropriate point for frontline response</p> <p>Response normally face-to-face or by telephone (though sometimes we will need to put the decision in writing)</p> <p>We will tell the complainant how to escalate their complaint to stage 2</p> | <p>Where the complainant is not satisfied with the frontline response, or refuses to engage at the frontline, or where the complaint is complex, serious or 'high-risk'</p> <p>Complaint acknowledged within three working days</p> <p>We will contact the complainant to clarify the points of complaint and outcome sought (where these are already clear, we will confirm them in the acknowledgement)</p> <p>Complaint resolved or a definitive response provided within 20 working days following a thorough investigation of the points raised</p> | <p>Where the complainant is not satisfied with the stage 2 response from the service provider</p> <p>The SPSO will assess whether there is evidence of service failure or maladministration not identified by the service provider</p> <p>Some complaints may also have an alternative route for independent external review</p> |

6. For detailed guidance on the process, see Part 3: The complaints handling process.

Expected behaviours

7. We expect all staff to behave in a professional manner and treat complainants with courtesy, respect and dignity. We also ask those bringing a complaint to treat our staff with respect. We ask complainants to engage actively with the complaint handling process by:
- telling us their key issues of concern and organising any supporting information they want to give us (we understand that some people will require support to do this)
 - working with us to agree the key points of complaint when an investigation is required; and
 - responding to reasonable requests for information

8. We have guidance in place for when these standards are not met which is the Unreasonable complainant behaviour guidance.
9. We recognise that people may act out of character in times of trouble or distress. Sometimes a health condition or a disability can affect how a person expresses themselves. The circumstances leading to a complaint may also result in the complainant acting in an unacceptable way.
10. People who have a history of challenging or inappropriate actions, or have difficulty expressing themselves, may still have a legitimate grievance, and we will treat all complaints seriously. However, we also recognise that the actions of some complainants may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff. We will, therefore, apply our policies and procedures to protect staff from unacceptable actions such as unreasonable persistence, threats or offensive behaviour from complainants. Where we decide to restrict access to a complainant under the terms of our policy, we have a procedure in place to communicate that decision, notify the complainant of their right of appeal, and review any decision to restrict contact with us.
11. If we decide to restrict a complainant's contact, we will be careful to follow the process set out in our policy and to minimise any restrictions on the complainant's access to the complaints process. We will normally continue investigating a complaint even where contact restrictions are in place (for example, limiting communication to letter or to a named staff member). In some cases, it may be possible to continue investigating the complaint without contact from the complainant.
12. Our policy allows us in limited circumstances to restrict access to the complaint process entirely. This would be as a last resort, should be as limited as possible (for a limited time, or about a limited set of subjects) and requires manager approval. Where access to the complaint process is restricted, we must signpost the complainant to the SPSO (see Part 3: Signposting to the SPSO).
13. The SPSO has [guidance on promoting positive behaviour and managing unacceptable actions](#).

Maintaining confidentiality and data protection

14. Confidentiality is important in complaints handling. This includes maintaining the complainant's confidentiality and confidentiality in relation to information about staff members, contractors or any third parties involved in the complaint.
15. This should not prevent us from being open and transparent, as far as possible, in how we handle complaints. This includes sharing as much information with the complainant (and, where appropriate, any affected staff members) as we can. When sharing information, we should be clear about why the information is being shared and our expectations on how the recipient will use the information.
16. We must always bear in mind legal requirements, for example data protection legislation, as well as internal policies on confidentiality and the use of individuals' information.



Inverness College
University of the Highlands and Islands

Complaints Handling Procedure

Part 2: When to use this procedure

| Version | Description | Date |
|---------|---|---------------|
| 0.1 | Drafting based on SPSO MCHP | March 2020 |
| 0.5 | Finalise drafting | October 2020 |
| 0.6 | Amendments following SPSO compliance assessment | December 2020 |
| 0.9 | Approved by Policy Ownership Group | December 2020 |
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What is a complaint

1. The University of the Highlands and Islands partnership's definition of a complaint is: 'an expression of dissatisfaction by one or more members of the public about the University partnership's action or lack of action, or about the standard of service provided by or on behalf of the University partnership.'
2. For clarity, where an employee also receives a service from the University partnership as a member of the public, they may complain about that service.
3. A complaint may relate to the following, but is not restricted to this list:
 - the admissions process
 - the disciplinary process
 - a request for a service or for information which has not been actioned or answered
 - wrong information about academic programmes or college services
 - the quality and availability of facilities and learning resource
 - accessibility of our buildings or services
 - failure or refusal to provide a service
 - inadequate quality or standard of service, or an unreasonable delay in providing a service
 - the quality of facilities or learning resources
 - dissatisfaction with one of our policies or its impact on the individual (although it is recognised that policy is set at the discretion of the institution)
 - failure to properly apply law, procedure or guidance when delivering services
 - failure to follow the appropriate administrative process
 - conduct, treatment by or attitude of a member of staff or contractor (except where there are arrangements in place for the contractor to handle the complaint themselves: see Complaints about contracted services); or
 - disagreement with a decision, (except where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).
4. A complaint is not:
 - a request for information or an explanation of policy or practice
 - a disagreement with academic judgment
 - a concern about student conduct (see Complaints and student conduct procedures)
 - a routine first-time request for a service (see Complaints and service requests)
 - a request for compensation only (see Complaints and compensation claims)
 - an insurance claim
 - issues that are in court or have already been heard by a court or a tribunal (see Complaints and legal action)
 - disagreement with a decision where there is a statutory procedure for challenging that decision (such as for freedom of information and subject access requests), or an established appeals process followed throughout the sector (such as an appeal about an academic decision on assessment or admission – see Complaints and appeals)
 - a request for information under the Data Protection or Freedom of Information (Scotland) Acts, or the Environmental Information Regulations
 - a grievance by a staff member or a grievance relating to employment or staff recruitment
 - a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern)

- concerns about services outwith the institution's delegated responsibilities (e.g. conference and accommodation services to commercial clients)
 - a concern about a child or an adult's safety
 - an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
 - abuse or unsubstantiated allegations about our institution or staff where such actions would be covered by our Unreasonable complainant behaviour guidance; or
 - a concern about the actions or service of a different organisation, where we have no involvement in the issue (except where the other organisation is delivering services on our behalf: see Complaints about contracted services).
5. We will not treat these issues as complaints, and will instead direct people to use the appropriate procedures. Some situations can involve a combination of issues, where some are complaints and others are not, and each situation should be assessed on a case-by-case basis.
6. If a matter is not a complaint, or not suitable to be handled under the CHP, we will explain this to the complainant, and tell them what (if any) action we will take, and why. See What if the CHP does not apply.

Who can make a complaint?

7. Anyone who receives, requests, or is affected by our services can make a complaint.
8. This includes, although is not limited to:
- a student's experience during their time at the institution (all referred to as 'students' through the remainder of this document);
 - members of the public, where they have a complaint about matters which are (or which were at the time the issue arose) the responsibility of the institution; and members of the public who are applying for admission to the institution and whose complaint does not relate to academic judgement.
9. The basic processes for investigating complaints are the same for students, members of the public and applicants to the institution – however appeals / complaints regarding a decision not to admit an applicant will be dealt with through admissions procedures.
10. We also accept complaints from the representative of a person who is dissatisfied with our service. See Complaints by (or about) a third party.

Supporting the complainant

11. Everyone has the right to equal access to our complaints procedure. It is important to recognise the barriers that some people may face complaining. These may be physical, sensory, communication or language barriers, but can also include their anxieties and concerns. Complainants may need support to overcome these barriers.
12. We have legal duties to make our complaints service accessible under equalities and mental health legislation.

For example:

- the Equality Act (Scotland) 2010 – this gives people with a protected characteristic the right to reasonable adjustments to access our services (such as large print or BSL translations of information); and
- the Mental Health (Care and Treatment) (Scotland) Act 2003 – this gives anyone with a 'mental disorder' (including mental health issues, learning difficulties, dementia and autism) a right to access independent advocacy. This must be delivered by independent

- organisations that only provide advocacy. They help people to know and understand their rights, make informed decisions and have a voice.
13. Examples of how we will meet our legal duties are:
 - proactively checking whether members of the public who contact us require additional support to access our services
 - providing interpretation and/or translation services for British Sign Language users; and
 - helping complainants access independent advocacy (the Scottish Independent Advocacy Alliance website has information about local advocacy organisations throughout Scotland).
 14. In addition to our legal duties, we will seek to ensure that we support vulnerable groups in accessing our complaints procedure. Actions that we may take include:
 - helping vulnerable people identify when they might wish to make a complaint (for example, by training frontline staff who provide services to vulnerable groups)
 - helping complainants access independent support or advocacy to help them understand their rights and communicate their complaints (for example, through the Scottish Independent Advocacy Alliance or Citizen's Advice Scotland); and
 - providing a neutral point of contact for complaints (where the relationship between complainants and frontline staff is significant and ongoing).
 15. These lists are not exhaustive, and we must always take into account our commitment and responsibilities to equality and accessibility.

How complaints may be made

16. Complaints may be made verbally or in writing, including face-to-face, by phone, letter or email.
17. Where a complaint is made verbally, we will make a record of the key points of complaint raised.
18. Complaint issues may also be raised on digital platforms (including social media).
19. Where a complaint issue is raised via a digital channel managed and controlled by the University partnership (for example an official Twitter address or facebook page), we will explain that we do not take complaints on social media, but we will tell the person how they can complain.
20. Where a complaint issue is raised via a digital channel managed and controlled by the University partnership (for example an official Twitter address or Facebook page):
 - we will normally respond by explaining that we do not normally take complaints on social media and telling the person how they can complain;
 - in exceptional circumstances, we may respond to very simple complaints on social media. This will normally only be appropriate where an issue is likely to affect a large number of people, and we can provide a very simple response (for example, an apology for the late cancellation of a class).
21. We may also become aware that an issue has been raised via a digital channel not controlled or managed by us (for example a youtube video or post on a private facebook group). In such cases we may respond, where we consider it appropriate, by telling the person how they can complain.
22. We must always be mindful of our data protection obligations when responding to issues online or in a public forum. See Part 1: Maintaining confidentiality and data protection.

Time limit for making complaints

23. The complainant must raise their complaint within six months of when they first knew of the problem, unless there are special circumstances for considering complaints beyond this time (for example, where a person was not able to complain due to serious illness or recent bereavement).
24. Where a complainant has received a stage 1 response, and wishes to escalate to stage 2, unless there are special circumstances they must request this either:
 - within six months of when they first knew of the problem; or
 - within two months of receiving their stage 1 response (if this is later).
25. We will apply these time limits with discretion, taking into account the seriousness of the issue, the availability of relevant records and staff involved, how long ago the events occurred, and the likelihood that an investigation will lead to a practical benefit for the complainant or useful learning for the institution.
26. We will also take account of the time limit within which a member of the public can ask the SPSO to consider complaints (normally one year). The SPSO have discretion to waive this time limit in special circumstances (and may consider doing so in cases where we have waived our own time limit).

Particular circumstances

Complaints by (or about) a third party

27. Sometimes a complainant may be unable or reluctant to make a complaint on their own. We will accept complaints from third parties, which may include relatives, friends, advocates and advisers. Where a complaint is made on behalf of a complainant, we must ensure that the complainant has authorised the person to act on their behalf. It is good practice to ensure the complainant understands their personal information will be shared as part of the complaints handling process (particularly where this includes sensitive personal information). This can include complaints brought by parents on behalf of their child, if the child is considered to have capacity to make decisions for themselves.
28. The provision of a signed mandate from the complainant will normally be sufficient for us to investigate a complaint. If we consider it is appropriate we can take verbal consent direct from the complainant to deal with a third party and would normally follow up in writing to confirm this.
29. In certain circumstances, a person may raise a complaint involving another person's personal data, without receiving consent. The complaint should still be investigated where possible, but the investigation and response may be limited by considerations of confidentiality. The person who submitted the complaint should be made aware of these limitations and the effect this will have on the scope of the response.
30. See also Part 1: Maintaining confidentiality and data protection.

Serious, high-risk or high-profile complaints

31. We will take particular care to identify complaints that might be considered serious, high-risk or high-profile, as these may require particular action or raise critical issues that need senior management's direct input. Serious, high-risk or high-profile complaints should normally be handled immediately at stage 2 (see Part 3: Stage 2: Investigation).
32. We define potential high-risk or high-profile complaints as those that may lead to:
 - an allegation of corruption against an employee
 - a claim of dereliction of duty by an employee
 - a claim of personal injury that has incapacitated the customer

- a potentially significant risk to the institution's operations
- a claim of discrimination, with due regard to protected characteristics as set out in section 149(7) of the Equality Act 2010
- an allegation of significant harm or abuse or where there is a suspicion that someone may suffer significant harm
- serious service failure, for example major delays in providing, or repeated failures to provide, a service; or
- significant and ongoing press and public interest
- involve a death or terminal illness
- involve serious service failure, for example major delays in service provision or repeated failures to provide a service
- pose a serious operational risk to the institution; or
- present issues of a highly sensitive nature.

Anonymous complaints

33. We value all complaints, including anonymous complaints, and will take action to consider them further wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. Any decision not to pursue an anonymous complaint must be authorised by an appropriate manager.
34. If we pursue an anonymous complaint further, we will record it as an anonymous complaint together with any learning from the complaint and action taken.
35. If an anonymous complainant makes serious allegations, these should be dealt with in a timely manner under relevant procedures. This may not be the complaints procedure and could instead be relevant child protection, adult protection or disciplinary procedures.

What if the person does not want to complain?

36. If someone has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, we will explain that complaints offer us the opportunity to improve services where things have gone wrong. We will encourage them to submit their complaint and allow us to handle it through the CHP. This will ensure they are updated on the action taken and get a response to their complaint.
37. If the person insists they do not wish to complain, we are not required to progress the complaint under this procedure. However, we should record the complaint as an anonymous complaint (including minimal information about the complaint, without any identifying information) to enable us to track trends and themes in complaints. Where the complaint is serious, or there is evidence of a problem with our services, we should also look into the matter to remedy this (and record any outcome).

Complaints involving more than one area or organisation

38. If a complaint relates to the actions of two or more departments / faculties / schools, we will tell the complainant who will take the lead in dealing with the complaint, and explain that they will get only one response covering all issues raised. The nature of the complaint may also require parallel procedures to be initiated (such as academic appeal or disciplinary procedures). See Complaints and appeals.
39. If we receive a complaint about the service of another organisation or public service provider, but we have no involvement in the issue, the complainant should be advised to contact the appropriate organisation directly.

40. If a complaint relates to our service and the service of another organisation or public service provider, and we have a direct interest in the issue, we will handle the complaint about the University partnership through the CHP. If we need to contact an outside body about the complaint, we will be mindful of data protection. See Part 1: Maintaining confidentiality and data protection.
41. The 'joint-service' complaints may be about such things, for example:
- a complaint made in relation to provision of third-party services, for example IT systems
 - a complaint made about a service that is contracted out, such as catering services; or
 - a complaint made to the institution about a student loan where the dissatisfaction relates to the service we have provided and the service the Student Awards Agency for Scotland has provided.
 - property maintenance, where the complainant's dissatisfaction relates to our service and that of an external facilities body
 - accommodation not directly under our ownership

Complaints involving more than one academic partner

42. If a complaint is received that involves more than one academic partner of the University partnership, we will tell the complainant who will take the lead in dealing with the complaint, and explain that they will only get one response covering all issues raised.
43. When a complaint involving more than one academic partner is received, the complaint handlers in the academic partners involved will liaise to discuss the issue. In some cases, they may need additional support or facilitation provided by the University. If this is required, this support may include assigning a complaint investigator from the University itself. The University complaints handler will then conduct a complaints investigation via the CHP.

Complaints about contracted services

44. Where we use a contractor to deliver a service on our behalf we recognise that we remain responsible and accountable for ensuring that the services provided meet the University partnership's standard (including in relation to complaints). We will either do so by:
- ensuring the contractor complies with this procedure; or
 - ensuring the contractor has their own procedure in place, which fully meets the standards in this procedure. At the end of the investigation stage of any such complaints the contractor must ensure that the complainant is signposted to the SPSO.
45. We will confirm that service users are clearly informed of the process and understand how to complain. We will also ensure that there is appropriate provision for information sharing and governance oversight where required.
46. The University partnership has discretion to investigate complaints about organisations contracted to deliver services on its behalf even where the procedure has normally been delegated.

Complaints about senior staff

47. Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints.

Complaints and other processes

48. Complaints can sometimes be confused (or overlap) with other processes, such as disciplinary or whistleblowing processes. Specific examples and guidance on how to handle these are below.

Complaints and appeals

49. In some cases, an issue may be raised as a complaint which should be considered under alternative arrangements (for example, an academic appeal or fitness to practise appeal), or vice versa. Complaints and appeals are handled under separate processes. It is not appropriate for the same issue to be considered under both procedures.
50. Where the complaint and appeal issues can be clearly distinguished, we will identify the points to be investigated as a complaint and progress those in line with this procedure. This will include confirming the points of complaint and outcomes sought. We will also identify and set out the issues of appeal.
51. In determining which process applies, we may need to clarify our approach with the complainant (for example, where the complainant is focussed solely on the appeal outcome they may not wish to also pursue a complaint). However, we will not normally ask the complainant to resubmit issues they have already raised (for example, to reframe part of their appeal as a complaint).
52. We may also decide to complete consideration under one procedure before considering residual issues under another procedure (for example, we may delay consideration of any complaint until the academic appeal has been concluded, or vice versa). This would normally only be appropriate where it is difficult to distinguish which issues should be dealt with under which procedure.
53. In all cases, we will explain to the student which issues have been considered under which process, and signpost them to the appropriate independent review.

Complaints and student conduct procedures

54. A concern about the conduct of another student is not a complaint, and should be handled under the academic partner's student code of conduct procedures. However, the person may wish to complain about how the University partnership handled the situation (for example, where a teacher allowed a student's behaviour to disrupt a class or exam). Where the complaint is about our service, we will consider it under the CHP.

Complaints and service requests

55. If someone asks the University partnership to do something (for example, provide a service or deal with a problem), and this is the first time they have contacted us, this would normally be a routine service request and not a complaint.
56. Service requests can lead to complaints, if the request is not handled promptly or the person is then dissatisfied with how we provide the service.

Complaints and staff disciplinary or whistleblowing processes

57. If the issues raised in a complaint overlap with issues raised under a staff disciplinary or whistleblowing process, we still need to respond to the complaint.
58. Our response must be careful not to share confidential information (such as anything about the whistleblowing or disciplinary procedures, or outcomes for individual staff members). It should focus on whether the University partnership failed to meet our service standards and what we have done to improve things, in general terms.
59. Staff investigating such complaints will need to take extra care to ensure that:

- we comply with all requirements of the CHP in relation to the complaint (as well as meeting the requirements of the other processes)
 - all complaint issues are addressed (sometimes issues can get missed if they are not also relevant to the overlapping process); and
 - we keep records of the investigation that can be made available to the SPSO if required. This can be problematic when the other process is confidential, because SPSO will normally require documentation of any correspondence and interviews to show how conclusions were reached. We will need to bear this in mind when planning any elements of the investigation that might overlap (for example, if staff are interviewed for the purposes of both the complaint and a disciplinary procedure, they should not be assured that any evidence given will be confidential, as it may be made available to the SPSO).
60. The SPSO's report Making complaints work for everyone has more information on supporting staff who are the subject of complaints.

Complaints and compensation claims

61. Where someone is seeking financial compensation only, this is not a complaint. However, in some cases the person may want to complain about the matter leading to their financial claim, and they may seek additional outcomes, such as an apology or an explanation. Where appropriate, we may consider that matter as a complaint, but deal with the financial claim separately. It may be appropriate to extend the timeframes for responding to the complaint, to consider the financial claim first.

Complaints and legal action

62. Where a complainant says that legal action is being actively pursued, this is not a complaint.
63. Where a complainant indicates that they are thinking about legal action, but have not yet commenced this, they should be informed that if they take such action, they should notify the complaints handler and that the complaints process, in relation to the matters that will be considered through the legal process, will be closed. Any outstanding complaints must still be addressed through the CHP.
64. If an issue has been, or is being, considered by a court, we must not consider the same issue under the CHP.

What to do if the CHP does not apply

65. If the issue does not meet the definition of a complaint or if it is not appropriate to handle it under this procedure (for example, due to time limits), we will explain to the complainant why we have made this decision. We will also tell them what action (if any) we will take (for example, if another procedure applies), and advise them of their right to contact the SPSO if they disagree with our decision not to respond to the issue as a complaint.
66. Where a complainant continues to contact us about the same issue, we will explain that we have already given them our final response on the matter and signpost them to the SPSO. We may also consider whether we need to take action under our Unreasonable complainant behaviour guidance.
67. The SPSO has issued a [template letter for explaining when the CHP does not apply](#).



Inverness College
University of the Highlands and Islands

Complaints Handling Procedure

Part 3: The complaints handling process

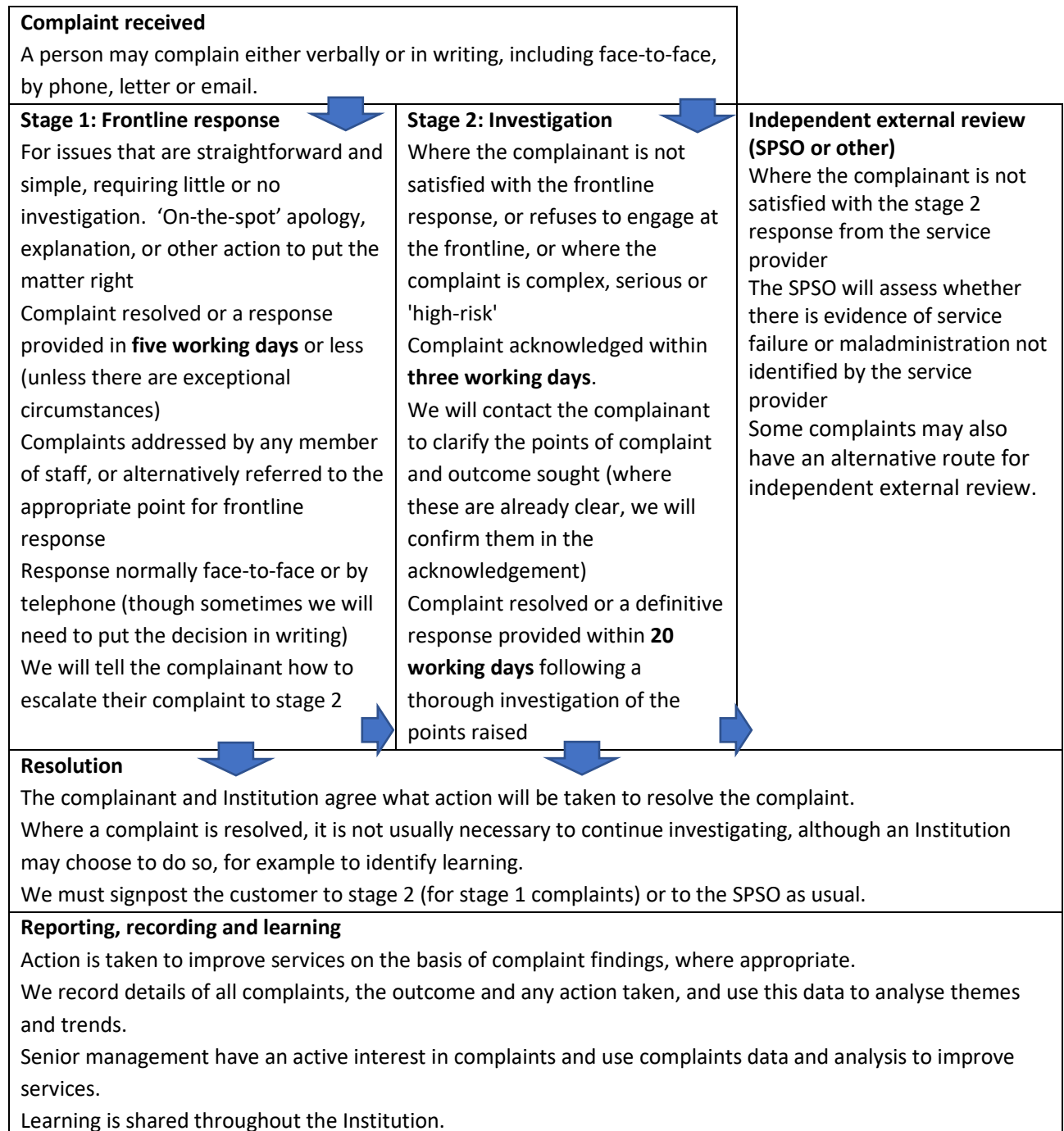
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Part 3: The complaints handling process

1. Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for responding to complaints early and locally by capable, well- trained staff. Where possible, we will resolve the complaint to the complainant's satisfaction. Where this is not possible, we will give the complainant a clear and reasoned response to their complaint.



Resolving the complaint

2. A complaint is resolved when both the University partnership and the complainant agree what action (if any) will be taken to provide full and final resolution for the complainant, without making a decision about whether the complaint is upheld or not upheld.
3. We will try to resolve complaints wherever possible, although we accept this will not be possible in all cases.
4. A complaint may be resolved at any point in the complaint handling process, including during the investigation stage. It is particularly important to try to resolve complaints where there is an ongoing relationship with the complainant or where the complaint relates to an ongoing issue that may give rise to future complaints if the matter is not fully resolved.
5. It may be helpful to use alternative complaint resolution approaches when trying to resolve a complaint. See Alternative complaint resolution approaches.
6. Where a complaint is resolved, we do not normally need to continue looking into it or provide a response on all points of complaint. There must be a clear record of how the complaint was resolved, what action was agreed, and the complainant's agreement to this as a final outcome. In some cases it may still be appropriate to continue looking into the issue, for example where there is evidence of a wider problem or potential for useful learning. We will use our professional judgment in deciding whether it is appropriate to continue looking into a complaint that is resolved.
7. In all cases, we must record the complaint outcome (resolved) and any action taken, and signpost the complainant to stage 2 (for stage 1 complaints) or to independent external review as usual (see Independent external review).
8. If the complainant and the University partnership are not able to agree a resolution, we must follow this CHP to provide a clear and reasoned response to each of the issues raised.

What to do when you receive a complaint

9. Members of staff receiving a complaint should consider four key questions. This will help them to either respond to the complaint quickly (at stage 1) or determine whether the complaint is more suitable for stage 2:

What exactly is the complaint (or complaints)?

10. It is important to be clear exactly what the complaint is about. We may need to ask the complainant for more information and probe further to get a full understanding.
11. We will need to decide whether the issue can be defined as a complaint and whether there are circumstances that may limit our ability to respond to the complaint (such as the time limit for making complaints, confidentiality, anonymity or the need for consent). We should also consider whether the complaint is serious, high-risk or high-profile.
12. If the matter is not suitable for handling as a complaint, we will explain this to the complainant (and signpost them to SPSO). There is detailed guidance on this step in Part 2: When to use this procedure.
13. In most cases, this step will be straightforward. If it is not, the complaint may need to be handled immediately at stage 2 (see Stage 2: Investigation).

What does the complainant want to achieve by complaining?

14. At the outset, we will clarify the outcome the complainant wants. Of course, the complainant may not be clear about this, and we may need to probe further to find out what they expect, and whether they can be satisfied.

Can I achieve this, or explain why not?

15. If a staff member handling a complaint can achieve the expected outcome, for example by providing an on-the-spot apology or explain why they cannot achieve it, they should do so.
16. The complainant may expect more than we can provide. If so, we will tell them as soon as possible.
17. Complaints which can be resolved or responded to quickly should be managed at stage 1 (see Stage 1: Frontline response).

If I cannot respond, who can help?

18. If the complaint is simple and straightforward, but the staff member receiving the complaint cannot deal with it because, for example, they are unfamiliar with the issues or area of service involved, they should pass the complaint to someone who can respond quickly.
19. If it is not a simple and straightforward complaint that can realistically be closed within five working days (or ten, if an extension is appropriate), it should be handled immediately at stage 2. If the complainant refuses to engage at stage 1, insisting that they want their complaint investigated, it should be handled immediately at stage 2. See Stage 2: Investigation.

Stage 1: Frontline response

20. Frontline response aims to respond quickly (within five working days) to straightforward complaints that require little or no investigation.
21. Any member of staff may deal with complaints at this stage (including the staff member complained about, for example with an explanation or apology). The main principle is to respond to complaints at the earliest opportunity and as close to the point of service delivery as possible.
22. We may respond to the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. We may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future. If we consider an apology is appropriate, we may wish to follow the SPSO guidance on apology.
23. Complaints which are not suitable for frontline response should be identified early, and handled immediately at stage 2: investigation.

Notifying staff members involved

24. If the complaint is about the actions of another staff member, the complaint should be shared with them, where possible, before responding (although this should not prevent us responding to the complaint quickly, for example where it is clear that an apology is warranted).

Timelines

25. Frontline response must be completed within five working days, although in practice we would often expect to respond to the complaint much sooner. 'Day one' is always the date of receipt of the complaint (or the next working day if the complaint is received on a weekend or public holiday). Academic holidays should be counted as normal working days (except for weekends or public holidays).

Extension to the timeline

26. In exceptional circumstances, a short extension of time may be necessary due to unforeseen circumstances (such as the availability of a key staff member). Extensions must be agreed with an appropriate manager. We will tell the complainant about the reasons for the extension, and when they can expect a response. The maximum extension that can be granted is five working days (that is, no more than ten working days in total from the date of receipt).

27. If a complaint will take more than five working days to look into, it should be handled at stage 2 immediately. The only exception to this is where the complaint is simple and could normally be handled within five working days, but it is not possible to begin immediately (for example, due to the absence of a key staff member). In such cases, the complaint may still be handled at stage 1 if it is clear that it can be handled within the extended timeframe of up to ten working days.
28. If a complaint has not been closed within ten working days, it should be escalated to stage 2 for a final response.

Closing the complaint at the frontline response stage

29. If we convey the decision face-to-face or on the telephone, we are not required to write to the complainant as well (although we may choose to). We must:
 - tell the complainant the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld)
 - explain the reasons for our decision (or the agreed action taken to resolve the complaint (see Resolving the complaint)); and
 - explain that the complainant can escalate the complaint to stage 2 if they remain dissatisfied and how to do so (we should not signpost to the SPSO until the complainant has completed stage 2).
30. We will keep a full and accurate record of the decision given to the complainant. If we are not able to contact the complainant by phone, or speak to them in person, we will provide a written response to the complaint where an email or postal address is provided, covering the points above.
31. If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).
32. The complaint should then be closed and the complaints system updated accordingly.
33. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. See Part 4: Learning from complaints.

Stage 2: Investigation

34. Not all complaints are suitable for frontline response and not all complaints will be satisfactorily addressed at that stage. Stage 2 is appropriate where:
 - the complainant is dissatisfied with the frontline response or refuses to engage at the frontline stage, insisting they wish their complaint to be investigated. Unless exceptional circumstances apply, the complainant must escalate the complaint within six months of when they first knew of the problem or within two months of the stage 1 response, whichever is later (see Part 2: Time limits for making a complaint)
 - the complaint is not simple and straightforward (for example where the complainant has raised a number of issues, or where information from several sources is needed before we can establish what happened and/or what should have happened); or
 - the complaint relates to serious, high-risk or high-profile issues (see Part 2: Serious, high-risk or high-profile complaints).
35. An investigation aims to explore the complaint in more depth and establish all the relevant facts. The aim is to resolve the complaint where possible, or to give the complainant a full, objective and proportionate response that represents our final position. Wherever possible, complaints should be investigated by someone not involved in the complaint (for example, a line manager or a manager from a different area).

36. Details of the complaint must be recorded on the complaints system. Where appropriate, this will be done as a continuation of frontline response. If the investigation stage follows a frontline response, the officer responsible for the investigation should have access to all case notes and associated information.
37. The beginning of stage 2 is a good time to consider whether complaint resolution approaches other than investigation may be helpful (see Alternative complaint resolution approaches).

Acknowledging the complaint

38. Complaints must be acknowledged within three working days of receipt at stage 2.
39. We must issue the acknowledgement in a format which is accessible to the complainant, taking into account their preferred method of contact.
40. Where the points of complaint and expected outcomes are clear from the complaint, we must set these out in the acknowledgement and ask the complainant to get in touch with us immediately if they disagree. See Agreeing the points of complaint and outcome sought
41. Where the points of complaint and expected outcomes are not clear, we must tell the complainant we will contact them to discuss this.

Agreeing the points of complaint and outcome sought

42. It is important to be clear from the start of stage 2 about the points of complaint to be investigated and what outcome the complainant is seeking. We may also need to manage the complainant's expectations about the scope of our investigation.
43. Where the points of complaint and outcome sought are clear, we can confirm our understanding of these with the complainant when acknowledging the complaint (see Acknowledging the complaint).
44. Where the points of complaint and outcome sought are not clear, we must contact the complainant to confirm these. We will normally need to speak to the complainant (by phone or face-to-face) to do this effectively. In some cases it may be possible to clarify complaints in writing. The key point is that we need to be sure we and the complainant have a shared understanding of the complaint. When contacting the complainant we will be respectful of their stated preferred method of contact. We should keep a clear record of any discussion with the complainant.
45. In all cases, we must have a clear shared understanding of:

What are the points of complaint to be investigated?

While the complaint may appear to be clear, agreeing the points of complaint at the outset ensures there is a shared understanding and avoids the complaint changing or confusion arising at a later stage. The points of complaint should be specific enough to direct the investigation, but broad enough to include any multiple and specific points of concern about the same issue.

We will make every effort to agree the points of complaint with the complainant (alternative complaint resolution approaches may be helpful at this stage). In very rare cases, it may not be possible to agree the points of complaint (for example, if the complainant insists on an unreasonably large number of complaints being separately investigated, or on framing their complaint in an abusive way). We will manage any such cases in accordance with our Unreasonable complainant behaviour guidance bearing in mind that we should continue to investigate the complaint (as we understand it) wherever possible.

Is there anything we can't consider under the CHP?

We must explain if there are any points that are not suitable for handling under the CHP (see Part 2: What to do if the CHP does not apply).

What outcome does the complainant want to achieve?

Asking what outcome the complainant is seeking helps direct the investigation and enables us to focus on resolving the complaint where possible.

Are the complainant's expectations realistic and achievable?

It may be that the complainant expects more than we can provide, or has unrealistic expectations about the scope of the investigation. If so, we should make this clear to the complainant as soon as possible.

Notifying staff members involved

46. If the complaint is about the actions of a particular staff member/s, we will notify the staff member/s involved (including where the staff member is not named, but can be identified from the complaint). We will:

- share the complaint information with the staff member/s (unless there are compelling reasons not to)
- advise them how the complaint will be handled, how they will be kept updated and how we will share the complaint response with them
- discuss their willingness to engage with alternative complaint resolution approaches (where applicable); and
- signpost the staff member/s to a contact person who can provide support and information on what to expect from the complaint process (this must not be the person investigating or signing off the complaint response).

47. If it is likely that internal disciplinary processes may be involved, the requirements of that process should also be met. See also Part 2: Complaints and staff disciplinary or whistleblowing processes.

Investigating the complaint

48. It is important to plan the investigation before beginning. The staff member investigating the complaint should consider what information they have and what they need about:

- what happened? (this could include, for example, records of phone calls or meetings, work requests, recollections of staff members or internal emails)
- what should have happened? (this should include any relevant policies or procedures that apply); and
- is there a difference between what happened and what should have happened, and is the University partnership responsible?

49. In some cases, information may not be readily available. We will balance the need for the information against the resources required to obtain it, taking into account the seriousness of the issue (for example, it may be appropriate to contact a former employee, if possible, where they hold key information about a serious complaint).

50. If we need to share information within or outwith the organisation, we will be mindful of our obligations under data protection legislation. See Part 1: Maintaining confidentiality and data protection.

51. The SPSO has resources for conducting investigations, including:

- [Investigation plan template](#)
- [Decision-making tool for complaint investigators](#)

Alternative complaint resolution approaches

52. Some complex complaints, or complaints where complainants and other interested parties have become entrenched in their position, may require a different approach to resolving the matter. Where we think it is appropriate, we may use alternative complaint resolution approaches such as complaint resolution discussions, mediation or conciliation to try to resolve the matter and to reduce the risk of the complaint escalating further. If mediation is attempted, a suitably trained and qualified mediator should be used. Alternative complaint resolution approaches may help both parties to understand what has caused the complaint, and so are more likely to lead to mutually satisfactory solutions.
53. Alternative complaint resolution approaches may be used to resolve the complaint entirely, or to support one part of the process, such as understanding the complaint, or exploring the complainant's desired outcome.
54. The SPSO has [guidance on alternative complaint resolution approaches](#).
55. If the University partnership and the complainant (and any staff members involved) agree to using alternative complaint resolution approaches, it is likely that an extension to the timeline will need to be agreed. This should not discourage the use of these approaches.

Meeting with the complainant during the investigation

56. To effectively investigate the complaint, it may be necessary to arrange a meeting with the complainant. Where a meeting takes place, we will always be mindful of the requirement to investigate complaints (including holding any meetings) within 20 working days wherever possible. Where there are difficulties arranging a meeting, this may provide grounds for extending the timeframe.
57. As a matter of good practice, a written record of the meeting should be completed and provided to the complainant. Alternatively, and by agreement with the person making the complaint, we may provide a record of the meeting in another format. We will notify the person making the complaint of the timescale within which we expect to provide the record of the meeting.

Timelines

58. The following deadlines are appropriate to cases at the investigation stage (counting day one as the day of receipt, or the next working day if the complaint was received on a weekend or public holiday). Academic holidays should be counted as normal working days (except for weekends or public holidays).
- Complaints must be acknowledged within **three working days**
 - a full response to the complaint should be provided as soon as possible but not later than **20 working days** from the time the complaint was received for investigation.

Extension to the timeline

59. Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20 working day timeline. It is important to be realistic and clear with the complainant about timeframes, and to advise them early if we think it will not be possible to meet the 20 day timeframe, and why. We should bear in mind that extended delays may have a detrimental effect on the complainant.
60. Any extension must be approved by an appropriate manager. We will keep the complainant and any member/s of staff complained about updated on the reason for the delay and give them a revised timescale for completion. We will contact the complainant and any member/s of staff complained about at least once every 20 working days to update them on the progress of the investigation.

61. The reasons for an extension might include the following:

- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff or others but the person is not available because of long-term sickness or leave
- we cannot obtain further essential information within normal timescales; or
- the complainant has agreed to alternative complaint resolution approaches as a potential route for resolution.
- These are only a few examples, and we will judge the matter in relation to each complaint. However, an extension would be the exception.

62. **Appendix 1** provides further information on timelines

Closing the complaint at the investigation stage

63. The response to the complaint should be in writing (or by the complainant's preferred method of contact) and must be signed off by a manager or officer who is empowered to provide the final response on behalf of the University partnership.

64. We will tell the complainant the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld). The quality of the complaint response is very important and in terms of good practice should:

- be clear and easy to understand, written in a way that is person- centred and non-confrontational
- avoid technical terms, but where these must be used, an explanation of the term should be provided
- address all the issues raised and demonstrate that each
- element has been fully and fairly investigated
- include an apology where things have gone wrong (this is different to an expression of empathy: see the SPSO's guidance on apology)
- highlight any area of disagreement and explain why no further action can be taken
- indicate that a named member of staff is available to clarify any aspect of the letter; and
- indicate that if they are not satisfied with the outcome of the local process, they may seek a review (see Independent external review).

65. Where a complaint has been resolved, the response does not need to provide a decision on all points of complaint, but should instead confirm the resolution agreed. See Resolving the complaint.

66. If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).

67. We will record the decision, and details of how it was communicated to the complainant, on the complaints system.

68. The SPSO has guidance on responding to a complaint:

- [Template decision letter](#)
- [Apology guidance](#)

69. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. See Part 4: Learning from complaints.

Independent external review

70. Once the investigation stage has been completed, if the customer is still dissatisfied with the decision or the way we dealt with the complaint, they can ask the SPSO and/or, the Scottish

Qualifications Authority (SQA) (or other awarding body) to look at it. For qualifications that are regulated, if the customer remains dissatisfied with the way the awarding body has handled a complaint they may complain to the qualifications regulator, SQA Accreditation.

71. It is important for students to be given full and clear information about the types of independent external review available, to ensure that they can progress their complaint to the organisation best-placed to achieve the outcome they are seeking:

- The SPSO considers complaints about the quality of service and maladministration, which may include issues surrounding course delivery (for example, poor quality of photocopying on course materials, or failure to properly communicate changes to class times and locations). The SPSO may also look at the way we have handled complaints raised by a student (for example, concerns about plagiarism or abusive communication from other students), or the way we have handled a complaint.

There are some subject areas that are outwith the SPSO's jurisdiction. Importantly, the SPSO are not able to look at academic judgment, and they do not have the power to revise course awards.

It is the SPSO's role to determine whether an individual complaint is one that they can consider (and to what extent), and all investigation responses must signpost to the SPSO, as well as to the SQA (or other awarding body) where relevant.

- SQA (or other awarding body) is responsible for safeguarding quality in assessment and certification of the qualifications that it awards through colleges and other approved centres. SQA (or other awarding body) stipulates how further education centres must operate and fulfil their functions in terms of qualifications assessment and certification, via a set of standard terms. Examples of complaints that the SQA (or other awarding body) may consider include situations where a candidate believes that there has been perceived unfairness in assessment arrangements, assessment feedback or re-assessment opportunities.

72. Students seeking a change to academic judgement can only do this through an academic appeals process.

73. If a customer is dissatisfied with the response from the awarding body, they may ask SQA Accreditation to consider their complaint further.

- SQA Accreditation accredits a wide range of qualifications other than degrees and regulates those awarding bodies that submit qualifications for accreditation. SQA Accreditation may investigate complaints about the accredited qualification or the awarding body. SQA Accreditation may also investigate complaints of malpractice and/or maladministration in relation to the qualification delivery, assessment and certification (once these have been considered by the awarding body).

74. In all cases, the complaint must first have been considered by the University partnership.

Signposting to the SPSO

75. Once the investigation stage has been completed, the customer has the right to approach the SPSO if they remain dissatisfied. We must make clear to the customer:

- their right to ask the SPSO to consider the complaint
- the time limit for doing so; and
- how to contact the SPSO.

76. The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failure and maladministration (administrative fault), and the way we have handled the complaint. There are some subject

areas that are outwith the SPSO's jurisdiction, but it is the SPSO's role to determine whether an individual complaint is one that they can consider (and to what extent). All investigation responses must signpost to the SPSO.

77. The SPSO recommends that we use the wording on the following page to inform customers of their right to ask the SPSO to consider the complaint. This information should only be included on the University partnership's final response to the complaint.

Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about further and higher education. The SPSO is an independent organisation that investigates complaints. It is not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

If you remain dissatisfied when you have had a final response from the University of the Highlands and Islands partnership, you can ask the SPSO to look at your complaint. You can ask the SPSO to look at your complaint if:

- you have gone all the way through the [organisation]'s Complaints Handling Procedure
- it is less than 12 months after you became aware of the matter you want to complain about, and
- the matter has not been (and is not being) considered in court.

The SPSO will ask you to complete a complaint form and provide a copy of this letter (our final response to your complaint). You can do this online at www.spso.org.uk/complain or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. organisations who may be able to assist you are:

- Citizens Advice Scotland
- Scottish Independent Advocacy Alliance

The SPSO's contact details are:

SPSO

Bridgeside House
99 McDonald Road
Edinburgh EH7 4NS

(if you would like to visit in person, you must make an appointment first). Their freepost address is:

FREEPOST SPSO

Freephone: 0800 377 7330

Online: www.spso.org.uk/contact-us

Website: www.spso.org.uk

Post-closure contact

78. If a complainant contacts us for clarification when they have received our final response, we may have further discussion with the complainant to clarify our response and answer their questions. However, if the complainant is dissatisfied with our response or does not accept our findings, we

will explain that we have already given them our final response on the matter and signpost them to the SPSO.

Appendix 1 – Timelines

General

1. References to timelines throughout the CHP relate to working days. We do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.
2. We do not count academic holidays as non-working days. Complaints received during academic holidays should follow the same timelines as set out for frontline response and investigation, unless there are special circumstances which would require an extension to these timelines.

Timelines at frontline response (stage 1)

3. We will aim to achieve frontline response within five working days. The date of receipt is day one, and the response should be provided (or the complaint escalated) on day five, at the latest.
4. If we have extended the timeline at the frontline response stage in line with the CHP, the response should be provided (or the complaint escalated) on day ten, at the latest.

Transferring cases from frontline response to investigation

5. If the complainant wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the complainant is told this will happen.

Timelines at investigation (stage 2)

6. For complaints at the investigation stage, day one is:
 - the day the case is transferred from the frontline stage to the investigation stage
 - the day the complainant asks for an investigation or expresses
 - dissatisfaction after a decision at the frontline response stage; or
 - the date we receive the complaint, if it is handled immediately at stage 2.
7. We must acknowledge the complaint within three working days of receipt at stage 2 i.e. by day three.
8. We should respond in full to the complaint by day 20, at the latest. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline response stage.
9. Exceptionally, we may need longer than the 20 working day limit for a full response. If so, we will explain the reasons to the complainant, and update them (and any staff involved) at least once every 20 working days.

Frequently asked questions

What happens if an extension is granted at stage 1, but then the complaint is escalated?

1. The extension at stage 1 does not affect the timeframes at stage 2. The stage 2 timeframes apply from the day the complaint was escalated (we have 20 working days from this date, unless an extension is granted).

What happens if we cannot meet an extended timeframe?

2. If we cannot meet the extended timeframe at stage 1, the complaint should be escalated to stage 2. The maximum timeframe allowed for a stage 1 response is ten working days.
3. If we cannot meet the extended timeframe at stage 2, a further extension may be approved by an appropriate manager if there are clear reasons for this. This should only occur in exceptional circumstances (the original extension should allow sufficient time to realistically investigate and respond to the complaint). Where a further extension is agreed, we should explain the situation to the complainant and give them a revised timeframe for completion. We must update the complainant and any staff involved in the investigation at least once every 20 working days.

What happens when a complainant asks for stage 2 consideration a long time after receiving a frontline response?

4. Unless exceptional circumstances exist, complainants should bring a stage 2 complaint within six months of learning about the problem, or within two months of receiving the stage 1 response (whichever is latest). See Part 2: Time limits for making a complaint.

Appendix 2 – The complaint handling process (flowchart for staff)

| | |
|---|--|
| A person may complain verbally or in writing, including face-to-face, by phone, letter or email. Your first consideration is whether the complaint should be dealt with at stage 1 (frontline response) or stage 2 (investigation). | |
| Stage 1: Frontline response Always try to respond quickly, wherever we can | Stage 2: Investigation Investigate where: <ul style="list-style-type: none"> • The complainant is dissatisfied with the frontline response or refuses to engage with attempts to handle the complaint at stage 1 • It is clear that the complaint requires investigation from the outset |
| Record the complaint and notify any staff complained about | Record the complaint and notify any staff complained about Acknowledge the complaint within three working days |
| | Contact the complainant to agree: <ul style="list-style-type: none"> • Points of complaint • Outcome sought • Manage expectations (where required) <i>(these can be confirmed in the acknowledgement where the complaint is straightforward)</i> |
| Respond to the complaint within five working days unless there are exceptional circumstances | Respond to the complaint as soon as possible, but within 20 working days unless there is a clear reason for extending the timescale |
| Is the complainant satisfied? You must always tell the complainant how to escalate to stage 2 | Communicate the decision, normally in writing Signpost the complainant to SPSO and advise of time limits |
| (Yes) Record outcome and learning, and close complaint. (No) -> to stage 2 | Record outcome and learning, and close complaint |
| Follow up on agreed actions flowing from the complaint Share any learning points | |



Inverness College
University of the Highlands and Islands

Complaints Handling Procedure

Part 4: Governance

| Version | Description | Date |
|---------|---|---------------|
| 0.1 | Drafting based on SPSO MCHP | March 2020 |
| 0.5 | Finalise drafting | October 2020 |
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Part 4: Governance

Roles and responsibilities

1. All staff will be aware of:
 - the Complaints Handling Procedure (CHP)
 - how to handle and record complaints at the frontline response stage
 - who they can refer a complaint to, in case they are not able to handle the matter
 - the need to try and resolve complaints early and as close to the point of service delivery as possible; and
 - their clear authority to attempt to resolve any complaints they may be called upon to deal with.
2. Training on this procedure will be part of the induction process for all new staff. Refresher training will be provided for current staff on a regular basis.
3. Senior management will ensure that:
 - The University of the Highlands and Islands partnership's final position on a complaint investigation is signed off by an appropriate manager or officer in order to provide assurance that this is the definitive response of the University partnership and that the complainant's concerns have been taken seriously
 - it maintains overall responsibility and accountability for the management and governance of complaints handling (including complaints about contracted services)
 - it has an active role in, and understanding of, the CHP (although not necessarily involved in the decision-making process of complaint handling)
 - mechanisms are in place to ensure a consistent approach to the way complaints handling information is managed, monitored, reviewed and reported at all levels in University partnership; and
 - complaints information is used to improve services, and this is evident from regular publications.
4. **Depute Principal – Planning & Student Experience:** The **DP (PSE)** provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective Complaints Handling Procedure, with a robust investigation process that demonstrates how we learn from the complaints we receive. The **DP (PSE)** may take a personal interest in all or some complaints, or may delegate responsibility for the CHP to senior staff. Regular management reports assure the **DP (PSE)** of the quality of complaints performance.
5. The **DP (PSE)** is also responsible for ensuring that there are governance and accountability arrangements in place in relation to complaints about contractors. This includes:
 - ensuring performance monitoring for complaints is a feature of the service/management agreements between the University partnership and contractors
 - setting clear objectives in relation to this complaints procedure and putting appropriate monitoring systems in place to provide the University partnership with an overview of how the contractor is meeting its objectives.
6. **Members of SMT and Quality Manager:** On the **DP (PSE)**'s behalf, **members of SMT and Quality Manager** may be responsible for:
 - managing complaints and the way we learn from them
 - overseeing the implementation of actions required as a result of a complaint
 - investigating complaints; and
 - deputising for the **DP (PSE)** on occasion.

They may also be responsible for preparing and signing off decisions for complainants, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint. However, **members of SMT and Quality Manager** may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, **members of SMT and Quality Manager** should retain ownership and accountability for the management and reporting of complaints.

7. Directors/heads of School / Managers of Services: May be involved in the operational investigation and management of complaints handling. As senior officers they may be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.
8. Heads of school/college/service: May be involved in the operational investigation and management of complaints handling. As senior officers they may be responsible for preparing and signing decision letters to complainants, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.
9. Complaints investigator: The complaints investigator is responsible and accountable for the management of the investigation. They may work in a particular **School or service** or as part of a centralised team i.e. **Quality**, and will be involved in the investigation and in coordinating all aspects of the response to the complainant. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery and identifying wider opportunities for learning across the institution.
10. The **Professional Development Manager** is responsible for ensuring all new staff receive training on the CHP as part of the induction process, and that refresher training is provided for current staff on a regular basis.
11. The organisation's SPSO liaison officer: **This role is fulfilled by the Quality Manager and** may include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.

Commented [LC1]: Remove para 8 as duplicate of above

Recording, reporting, learning from and publicising complaints

12. Complaints provide valuable feedback. One of the aims of the CHP is to identify opportunities to improve services across the University partnership. By recording and analysing complaints data, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.
13. We also have arrangements in place to ensure complaints about contractors are recorded, reported on and publicised in line with this CHP.

Recording complaints

14. It is important to record suitable data to enable us to fully investigate and respond to the complaint, as well as using our complaint information to track themes and trends. As a minimum, we should record:
 - the complainant's name and contact details
 - the date the complaint was received
 - the nature of the complaint
 - the service the complaint refers to
 - staff member responsible for handling the complaint
 - action taken and outcome at frontline response stage
 - date the complaint was closed at the frontline response stage

- date the investigation stage was initiated (if applicable)
 - action taken and outcome at investigation stage (if applicable)
 - date the complaint was closed at the investigation stage (if applicable); and
 - the underlying cause of the complaint and any remedial action taken.
15. If the complainant does not want to provide any of this information, we will reassure them that it will be managed appropriately, and record what we can.
16. Individual complaint files will be stored in line with our document retention policy.

Learning from complaints

17. We must have clear systems in place to act on issues identified in complaints. As a minimum, we must:
- seek to identify the root cause of complaints
 - take action to reduce the risk of recurrence; and
 - systematically review complaints performance reports to improve service delivery.
18. Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.
19. Where we have identified the need for service improvement in response to an individual complaint, we will take appropriate action, including:
- the action needed to improve services must be authorised by an appropriate manager
 - an officer (or team) should be designated the 'owner' of the issue, with responsibility for ensuring the action is taken
 - a target date must be set for the action to be taken
 - the designated individual must follow up to ensure that the action is taken within the agreed timescale
 - where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved; and
 - any learning points should be shared with relevant staff.
20. SPSO has guidance on Learning from complaints.
21. Senior management will review the information reported on complaints regularly to ensure that any trends or wider issues which may not be obvious from individual complaints are quickly identified and addressed. Where we identify the need for service improvement, we will take appropriate action (as set out above). Where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved.

Reporting of complaints

22. We have a process for the internal reporting of complaints information, including analysis of complaints trends. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.
23. We will report at least quarterly to senior management and at least annually to the governing body on:
- performance statistics, in line with the complaints performance indicators published by SPSO
 - analysis of the trends and outcomes of complaints (this should include highlighting where there are areas where few or no complaints are received, which may indicate either good practice or that there are barriers to complaining in that area).

Publicising complaints information

24. We publish on a quarterly basis information on complaints outcomes and actions taken to improve services.

25. This demonstrates the improvements resulting from complaints and shows that complaints can help to improve our services. It also helps ensure transparency in our complaints handling service and will help to show that we value complaints.
26. We will publish an annual complaints performance report on our website in line with SPSO requirements, and provide this to the SPSO on request. This summarises and builds on the quarterly reports we have produced about our services. It includes:
 - performance statistics, in line with the complaints performance indicators published by the SPSO; and
 - complaint trends and the actions that have been or will be taken to improve services as a result.
27. These reports must be easily accessible to members of the public and available in alternative formats as requested.



Inverness College
University of the Highlands and Islands

Complaints Handling Procedure

Part 5: Guide for complainants

| Version | Description | Date |
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The University of the Highlands and Islands Partnership is committed to providing an excellent education and high-quality services to our students from enrolment to graduation.

We value complaints and use information from them to help us improve our services.

1. If something goes wrong or you are dissatisfied with our services, please tell us. This leaflet describes our complaints procedure and how to make a complaint. It also tells you about how we will handle your complaint and what you can expect from us.

What is a complaint?

2. We regard a complaint as any expression of dissatisfaction about our action or lack of action, or about the standard of service provided by us or on our behalf.

What can I complain about?

3. You can complain about things like:
 - the admissions process
 - the disciplinary process
 - a request for a service or for information which has not been actioned or answered
 - wrong information about academic programmes or college services
 - the quality and availability of facilities and learning resource
 - accessibility of our buildings or services
 - failure or refusal to provide a service
 - inadequate quality or standard of service, or an unreasonable delay in providing a service
 - the quality of facilities or learning resources
 - dissatisfaction with one of our policies or its impact on the individual (although it is recognised that policy is set at the discretion of the institution)
 - failure to properly apply law, procedure or guidance when delivering services
 - failure to follow the appropriate administrative process
 - conduct, treatment by or attitude of a member of staff or contractor (except where there are arrangements in place for the contractor to handle the complaint themselves: see Complaints about contracted services); or
 - disagreement with a decision, (except where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).
4. Your complaint may involve more than one service or be about someone working on our behalf.

What can't I complain about?

5. There are some things we can't deal with through our complaints handling procedure. These include:
 - a request for information or an explanation of policy or practice
 - a disagreement with academic judgment
 - a concern about student conduct (see Complaints and student conduct procedures)
 - a routine first-time request for a service (see Complaints and service requests)

- a request for compensation only (see Complaints and compensation claims)
 - an insurance claim
 - issues that are in court or have already been heard by a court or a tribunal (see Complaints and legal action)
 - disagreement with a decision where there is a statutory procedure for challenging that decision (such as for freedom of information and subject access requests), or an established appeals process followed throughout the sector (such as an appeal about an academic decision on assessment or admission – see Complaints and appeals)
 - a request for information under the Data Protection or Freedom of Information (Scotland) Acts, or the Environmental Information Regulations
 - a grievance by a staff member or a grievance relating to employment or staff recruitment
 - a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern)
 - concerns about services outwith the institution's delegated responsibilities (e.g. conference and accommodation services to commercial clients)
 - a concern about a child or an adult's safety
 - an attempt to reopen a previously concluded complaint or to have
 - a complaint reconsidered where we have already given our final decision
 - abuse or unsubstantiated allegations about our institution or staff where such actions would be covered by our Unreasonable complainant behaviour guidance; or
 - a concern about the actions or service of a different organisation, where we have no involvement in the issue (except where the other organisation is delivering services on our behalf.
6. If other procedures or rights of appeal can help you resolve your concerns, we will give information and advice to help you.

Who can complain?

7. Anyone who receives, requests or is directly affected by our services can make a complaint to us. This includes the representative of someone who is dissatisfied with our service (for example, a relative, friend, advocate or adviser). If you are making a complaint on someone else's behalf, you will normally need their written consent. Please also read the section on **Getting help to make your complaint** below.

How do I complain?

8. You can complain in person, by phone, in writing, by email, or via our complaints form. Our contact details are below.
9. It is easier for us to address complaints if you make them quickly and directly to the service concerned. So please talk to a member of our staff within the department you are complaining about. Then they can try to resolve the issue.
10. When complaining, please tell us:
- your full name and contact details
 - as much as you can about the complaint
 - what has gone wrong; and
 - what outcome you are seeking.

Our contact details

Please contact quality.unit.ic@uhi.ac.uk to lodge your complaint, or use the complaints form on the website: <https://www.inverness.uhi.ac.uk/about-us/complaints-handling/>

How long do I have to make a complaint?

11. Normally, you must make your complaint within six months of:
 - the event you want to complain about; or
 - finding out that you have a reason to complain.
12. In exceptional circumstances, we may be able to accept a complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

What happens when I have complained?

13. We will always tell you who is dealing with your complaint. Our complaints procedure has two stages.

Stage 1: Frontline response

14. We aim to respond to complaints quickly (where possible, when you first tell us about the issue). This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem.
15. We will give you our decision at stage 1 in five working days or less, unless there are exceptional circumstances.
16. If you are not satisfied with the response we give at this stage, we will tell you what you can do next. If you choose to, you can take your complaint to stage 2. You must normally ask us to consider your complaint at stage 2 either:
 - within six months of the event you want to complain about or finding out that you have a reason to complain; or
 - within two months of receiving your stage 1 response (if this is later).
17. In exceptional circumstances, we may be able to accept a stage 2 complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

Stage 2: Investigation

18. Stage 2 deals with two types of complaint: where the customer remains dissatisfied after stage 1 and those that clearly require investigation, and so are handled directly at this stage. If you do not wish your complaint to be handled at stage 1, you can ask us to handle it at stage 2 instead.
19. When using stage 2:
 - we will acknowledge receipt of your complaint within three working days
 - we will confirm our understanding of the complaint we will investigate and what outcome you are looking for
 - we will try to resolve your complaint where we can (in some cases we may suggest using an alternative complaint resolution approach, such as mediation); and
 - where we cannot resolve your complaint, we will give you a full response as soon as possible, normally within 20 working days.

20. If our investigation will take longer than 20 working days, we will tell you. We will tell you our revised time limits and keep you updated on progress.

What if I'm still dissatisfied?

21. After we have given you our final decision, if you are still dissatisfied with our decision or the way we dealt with your complaint, you can ask the Scottish Public Services Ombudsman (SPSO) or the Scottish Qualifications Agency (SQA) (or other awarding body) to look at it. For qualifications that are regulated, if you remain dissatisfied with the way the awarding body has handled your complaint then you may complain to the qualifications regulator, SQA Accreditation.
22. The SPSO are not able to look at academic judgement and do not have the power to revise course awards. This can only be achieved through an academic appeals process. The SPSO consider complaints about the quality of service and maladministration, which may include issues surrounding course delivery.
23. Further information on who to approach about your complaint is available from Inverness College UHI website : <https://www.inverness.uhi.ac.uk/about-us/complaints-handling/> . In all cases, the complaint must first have been considered by the University partnership.

The SPSO are an independent organisation that investigates complaints. They are not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

You can ask the SPSO to look at your complaint if:

- you have gone all the way through the *[organisation]*'s complaints handling procedure
- it is less than 12 months after you became aware of the matter you want to complain about; and
- the matter has not been (and is not being) considered in court.

The SPSO will ask you to complete a complaint form and provide a copy of our final response to your complaint. You can do this online at

www.spsos.org.uk/complain/form or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. See the section on **Getting help to make your complaint** below.

The SPSO's contact details are:

SPSO

Bridgeside House

99 McDonald Road

Edinburgh

EH7 4NS

(if you would like to visit in person, you must make an appointment first)

Their freepost address is:

FREEPOST SPSO

| | |
|----------------|--|
| Freephone: | 0800 377 7330 |
| Online contact | www.spsso.org.uk/contact-us |
| Website: | www.spsso.org.uk |

Getting help to make your complaint

24. We understand that you may be unable or reluctant to make a complaint yourself. We accept complaints from the representative of a person who is dissatisfied with our service. We can take complaints from a friend, relative, or an advocate, if you have given them your consent to complain for you.
25. Useful contact details:
- Student Support StudentSupport.ic@uhi.ac.uk
 - Highlands and Islands Student Association (Inverness): hisa.inverness@uhi.ac.uk
26. We are committed to making our service easy to use for all members of the community. In line with our statutory equalities duties, we will always ensure that reasonable adjustments are made to help you access and use our services. If you have trouble putting your complaint in writing, or want this information in another language or format, such as large font, or Braille, please tell us in person, [contact us on \[x\]](#), or email us at quality.unit.ic@uhi.ac.uk.

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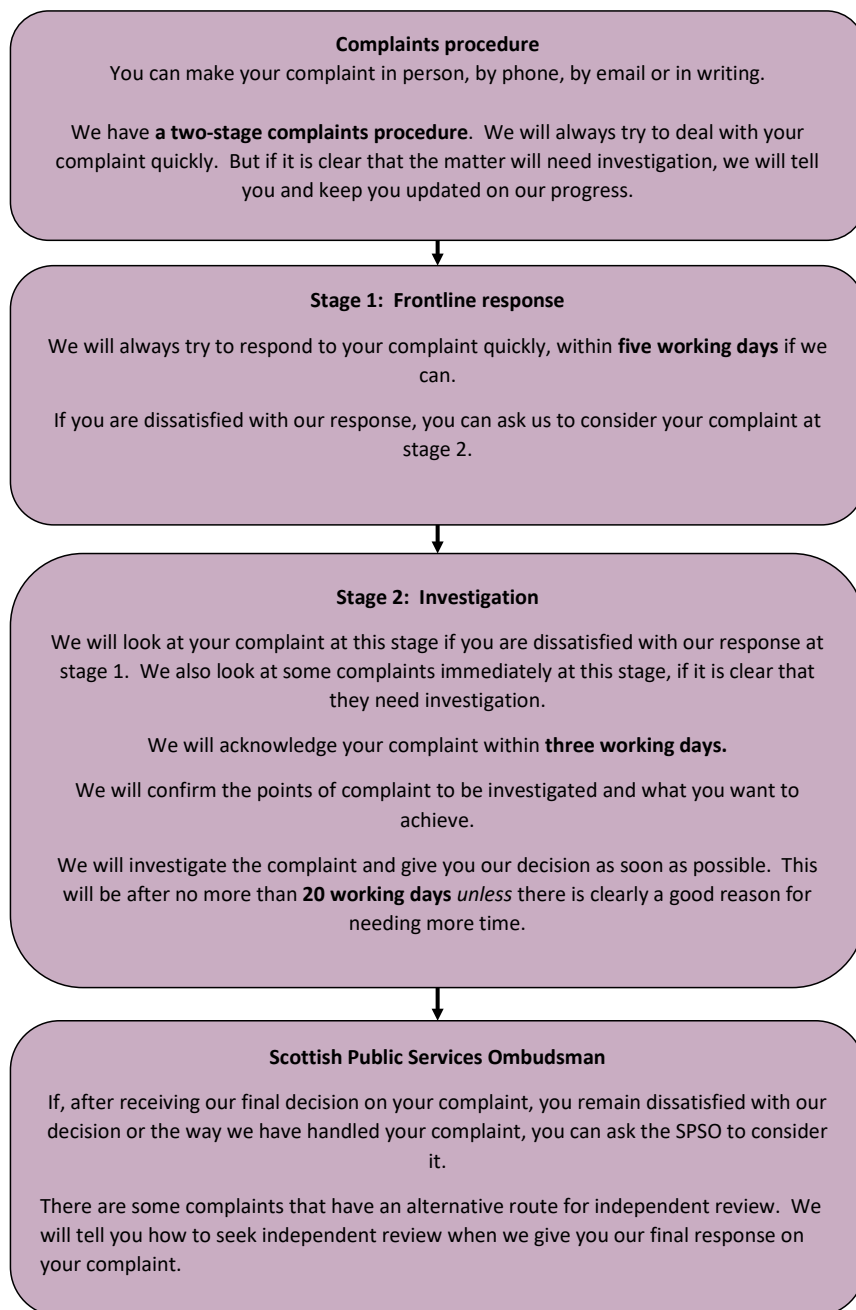
Our contact details

27. Please contact us by the following means:

Quality.unit.ic@uhi.ac.uk

We can also give you this leaflet in other languages and formats (such as large print, audio and Braille).

Quick guide to our complaints procedure



Audit Committee

| | |
|--|--|
| Subject/Title: | Update Report – Impact of Covid-19 and Responses |
| Author: [Name and Job title] | Ken Russell, Depute Principal Academic Development and Roddy Henry, Depute Principal Planning and Student Experience |
| Meeting: | Learning, Teaching and Research Committee |
| Meeting Date: | 16 th March 2021 |
| Date Paper prepared: | 10 th March 2021 |
| Brief Summary of the paper: | The purpose of this narrative is to provide the LT&R Committee with an update on Covid related impacts and our responses in emerging from Lockdown 2. A verbal update will be provided regarding the impact on teaching, learning and research as a result of the recent cyber-security attack and any other matters affecting delivery. |
| Action requested: [Approval, recommendation, discussion, noting] | Discussion |
| Link to Strategy: Please highlight how the paper links to, or assists with: <ul style="list-style-type: none"> • compliance • partnership services • risk management • strategic plan • new opportunity/change | <ul style="list-style-type: none"> • Compliance • Risk Management • Delivery of credits |
| Resource implications: | No If yes, please specify: Increased delivery costs with lower occupancy levels permitted in the building under Scottish Government Guidance |
| Risk implications: | No If yes, please specify: Operational: Organisational: |
| Equality and Diversity implications: | No If yes, please specify: A prioritisation system has been used to determine the sequence of cohorts re-entering the buildings for activities that cannot be undertaken remotely/online. |
| Consultation: [staff, students, UHI & Partners, External] and provide detail. | Active consultation has been undertaken with SMT, The Covid-19 Transition Management Group and the Heads and Deputes for all of the Curriculum Areas. |

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| | | | |
|---|------------------|--|--|
| Status – [Confidential/Non confidential] | Non confidential | | |
| Freedom of Information Can this paper be included in “open” business* [Yes/No]? | 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.) | | | |

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

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

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

Executive Summary

This paper provides an overview of the key issues and decisions taken in relation to recommencing face-to-face (F2F) delivery on campus as we emerge from Lockdown 2. Over 90% of the pre-existing protocol will support this new delivery and a number of updates are being made. Whilst there is a high level of confidence that the protocol is fit for purpose, the main changes will be to ensure that there are greater levels of adherence to the protocol. One major difference is that the wearing of face coverings is mandatory in Level 4. We are also going to have more staff deployed to encourage others to behave responsibly towards other building users. As ever, we will keep our activity levels under review in line with Scottish Government Guidance. The paper also identifies some areas where there is remaining uncertainty. A verbal update on the situation will be provided to the LT&R Committee.

Introduction

It is just over a year ago that the precursor to the Covid-19 Transition Management Group was formed to execute a smooth transition to remote/online delivery for the start of Lockdown 1 on 20th March 2020. The timing of this paper finds Inverness College preparing for a gradual and phased reopening following Lockdown 2. Contingency planning commenced in advance of the First Minister's (FM) announcement in the Scottish Parliament on 23rd February. That same day the Scottish Government (SG) issued the updated road map ([Coronavirus \(COVID-19\): Strategic Framework update - February 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-strategic-framework/pages/1-2021-02-23/)) and we also received a letter from the Minister (Richard Lochhead). The watchwords used by the FM were that the approach would be "cautious, careful and patient" and that changes would be "data driven not date driven". In the education sector initial priorities were for Early Learning Centres, P1-3 and those students engaged in Nat5s and Highers that involved practical work. The ELCC has now 16 users (from 22nd February) which is up from the original 6 in the new year.

Prior to reopening, the Principal convened a meeting of a range of stakeholders including the SMT, recognised Trade Union officers, HISA and our Marketing and Communications Team. The majority of the Covid-19 Team were also present as part of these constituencies. The meeting considered and accepted our revised protocols and a record of the discussion is provided as Appendix 1.

This paper sets out our plans for the first phase of reopening at Inverness College and takes account of the learning from our prior reopening whilst recognising that over 85% of positive cases in Scotland are now attributed to the new ("Kent") variant which is more easily transmitted. The initial limit for occupancy of the buildings has been set by the SG at 5% of the normal student population. This compares with approximately 15% occupancy at our peak in Semester 1 of AY20/21. Currently we anticipate commencing operations at Beechwood main campus and Balloch (Scottish School of Forestry including some construction activity) on the 8th of March with an initial set of students and then following a satisfactory review increase the numbers to approximately 5%.

Aspects that will not change when we reopen for F2F delivery.

- Our duties under the Health and Safety legislation.
- No general public access to the college's buildings.
- Statutory obligations including equipment testing will be continued for insurance purposes.
- Contractors (apart from local arrangements with GTFM and Pristine) will have to demonstrate their risk assessments meet our requirements and can only come on site by prior appointment.
- We will still adhere to our Covid-19 room occupancy levels to preserve 2 metre social distancing.
- Mandatory wearing of PPE that has been determined as part of the risk assessment for activities e.g., in workshops.
- Availability of hand sanitisers and wipes to guard against transmission of the virus.
- Deterring people from congregating in large groups.
- Staff (or students) with a very high COVID age will not be permitted in the building. Those in the high category would, as before, be subject to an (OH) assessment before they would be permitted to come in. (Subject to review under SG route map)
- Staff and students who are clinically shielding (would have received a letter from the Chief Medical Officer) will not be permitted to come into the building. (Subject to review under SG route map)
- No person who is feeling unwell should attend the college.

Expectation of the need for tighter controls based on current levels of infection.

The current protocol for working in the building has served us well however we perceive the need for tightening up on a number of controls to protect everyone. These include:

- A reminder to all staff that it is their duty to protect themselves, colleagues and students from perceived health and safety risks.
- Under Level 4, the wearing of face coverings (except where exempt) is mandatory indoors. We have already had further dialogue with HISA regarding the wearing of lanyards/carrying recognised cards to indicate exemption. We will encourage those who are exempt to wear a face visor and believe that in normal classes and in circulatory spaces this would be a useful measure.
- A more disciplined approach to having staggered starts, finishes and breaks to minimise the amount of mixing between different groups of students.
- Students should not be left unattended e.g., prior to any class commencing (lecturer should be in the room first to admit students and avoid queues in corridors), directed study (e.g., when used as a counter-cyclical activity when not in a workshop) should be supervised, self-directed study (e.g., in the LRC (will revert to using the booking system for those needing to use this type of study)) should also be supervised.
- We have worked with Martin Whyte to redeploy some of the hospitality staff to undertake duties to encourage staff and students to do the right things to protect each other. These duties could include but are not limited to monitoring activity in

the atrium (including enforcing 1 person per quadrant in the revolving doors), corridor patrols and supervision of students in LRC (when we are able to reopen the booking system for this area to support “at risk” students).

- We have to be prepared to exercise disciplinary procedures for those staff and students failing to adhere to our Health & Safety policy & procedures, Covid-19 risk assessments and protocols. We already have agreement from the Director for External Relations to report any MA who infringes our protocols to their employer for follow-up action. Any disciplinary actions must be meaningful and proportionate however we must be prepared to exercise this deterrent.
- We will operate a phased approach to increasing the numbers on campus in line with the SG Road Map. If staff can work from home, they should continue to do so. As before, applications from line managers for members of their staff to work on site for business-critical activities will be considered.
- Any delivery on school premises to be risk assessed again prior to any recommencement.

Other aspects/further updates

Exemptions from wearing Face Coverings.

- We have taken legal advice on this matter. We can encourage those who are exempt to consider wearing a face visor instead. This alternative cannot and should not be enforced. The primary means of mitigation is the 2m separation and we will monitor the adherence to this measure. We cannot ask an individual the reason why they are exempt.

Laboratory operation at An Lochran

- Under Scottish Government guidance this has been a permitted activity throughout being in Tier 4. Activities have been risk assessed and adhered to. As a precaution staff were not permitted to use the facilities on the 8th March but we have now resumed normal operations whilst under Covid-19 restrictions.

Catering provision

- As we are operating a strictly controlled access policy, we are able to operate a limited sit-in catering service at Beechwood. Arrangements are in place to support socially distanced eating at the Corrie. We can confirm that arrangements in place are running smoothly and effective at adhering to maintaining social distance. Due to the very low numbers at Balloch, we have advised those attending that campus that they should bring a packed lunch.

Testing of staff and students

- We are unsure when facilities will be available to routinely test staff and students for Covid-19 – it would appear that schools are getting top priority in this regard.

Update on staff and students who are clinically shielding.

- Until the Chief Medical Officer removes the requirement to shield, people in this category cannot come on to campus. We will continue to support staff and students in this category. We will be making tailored arrangements to support any students when it is safe to return. It is hoped that the rate of progress with vaccination will

allow the SG to relax this restriction safely sooner rather than later.

Outdoors and offsite activity

- Some practical activities at the Scottish School of Forestry are being run outside on campus at Balloch. These will be socially distanced, have been risk assessed and also comply with the Forest Industry Safety Accord.
- Some MA Forestry practical activity is being conducted in local Forestry and Land Scotland property and this has been mutually risk assessed.
- We have now recommenced activities at **Kingussie High School** (outdoor education) and **Nairn Academy** (cookery). We have ongoing conversations around recommencing our land-based course in Nairn. We will continue to review the situations in both schools to ensure we are content with their measures to mitigate risks.
- We have also just agreed a limited amount of offsite assessor activity (2 students) in the construction sector.

On campus assessment of students

- We have reviewed SQA guidance on National 5s and Highers. With HISA's support we have agreed our position and will only bring students on site for assessment purposes where SQA specifies there is a need for that.

Face-to-face delivery after Easter

- We have developed detailed plans for F2F activities this side of Easter however we will be tracking the SG announcements related to the new road map to determine what we will be able to deliver in addition to the first tranches (2.5 and 5% occupancy). We have already identified the priority sequence for delivery after Easter, have a detailed plan in place, and hope that this will become a reality. It may be that there will be further relaxation of the restrictions and we will be able to build up again to the levels of occupancy we saw before Christmas. The main constraint will be the 2m social distancing.

Groups of students planned to be on campus before Easter.

The Director of Curriculum (Gill Berkeley) has produced, with Heads and Deputies, a schedule for recommencing F2F delivery and identified the numbers for both Beechwood and Balloch that would represent 5% of our normal (pre Covid-19) occupancy. Please note that the 5% occupancy figure only relates to the numbers of students. Staff and doctoral students are being accounted for separately as well as a small number of students classed as 'vulnerable' who are authorised to use the campus as a safe space. In the initial reopening we will have around 8 academic staff and technicians on site to support face-to-face delivery and around 4 doctoral students on campus at any one time.

Calculation of 5% student occupancy level.

This was calculated by using the occupancy of the building from non-COVID 19-20 timetables of the corresponding Celcat weeks (32-33). These figures were then adjusted

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to take account of student timetables as many students would be in for 2-3 different classes on each day. Then 5% of those figures was then calculated resulting in the calculation of 109 each day. It should be noted that we went into Lockdown 1 at the end of week 34 last year.

| Date | Celcat Week | Campus | Total No. of Student per week | 66% of Total No. of Student per week* | Total per day | 5% of Total per day |
|-------------------------------------|-------------|-------------------------|-------------------------------|---------------------------------------|---------------|---------------------|
| 2-6 March 2020 [Celcat Week 32] | 32 | Beechwood (Main Campus) | 16228 | 10873 | 2175 | 109 |
| | | Balloch - SSF | 1098 | 736 | 147 | 7 |
| 9-13 March 2020 [Celcat Week 33] | 33 | Beechwood (Main Campus) | 16196 | 10851 | 2170 | 108 |
| | | Balloch - SSF | 1037 | 695 | 139 | 7 |

* 33% reduction applied to take account of students attending more than one class per day. NB calculation rounded up from 66.66 repeating to 67%

For progressing forward the decision was taken to use 109 as the guidance for 5% at Beechwood

Proposed Occupancy Levels week commencing 8th March 2021

Note: In the first week of reopening, we are restricting the occupancy to around 2.5% to allow changes in our protocol to bed in before moving to the 5% in the following week. This will allow us to test aspects such as adherence to the protocol.

| SCHOOL | MON | TUE | WED | THU | FRI | Comments |
|---|-----|-----|-----|-----|-----|---------------------------------------|
| Business Computing & Hospitality | 3 | 9 | 6 | 7 | 6 | Professional Cookery |
| Construction & Built Environment Mixture of Painting and Decorating, Brickwork, Domestic Plumbing and Carpentry & Joinery | 41 | 41 | 41 | 41 | 41 | Plus 7 working in Tractor Shed at SSF |
| Creative Arts | 0 | 0 | 0 | 0 | 0 | Awaiting further SG guidance |

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| SCHOOL | MON | TUE | WED | THU | FRI | Comments |
|-----------------------------|-----|-----|-----|-----|-----|--|
| Care Health & Wellbeing | 0 | 0 | 0 | 0 | 0 | No change compared to pre-Christmas |
| Engineering Technology | 0 | 0 | 0 | 0 | 0 | Will commence in second week |
| Education & Applied Science | 0 | 0 | 0 | 0 | 0 | Not prioritised for initial phase of reopening |
| TOTAL for Beechwood | 44 | 50 | 47 | 48 | 47 | Average =47 |
| 5% | 109 | 109 | 109 | 109 | 109 | |
| | | | | | | |
| SSF | 18 | 20 | 21 | 7 | 26 | Will petition the Minister to permit exceptional uplift due to the fact that the students will be doing practical work outdoors. |
| 5% | 7 | 7 | 7 | 7 | 7 | |

Please note that due to the Cybersecurity attack, we made the decision on Sunday 7th March to close the college buildings to delivery staff and students on Monday 8th March. Communications to all affected by the above delivery plan were put in place and contingency measures included presence at both Beechwood (Principal in attendance) and Balloch (Director of Research and Innovation) to advise any who had accessed the communications that they should not attend that day and be on the lookout for further messages. Teams from ICT were working in the building over the weekend to execute our Business Continuity Plan. The University Crisis Management Group was convened on Friday 5th and again on Monday 8th and Tuesday to 8th to manage the situation and to formulate the key messages for communications to staff and students.

On Monday 8th, Estates and the Health and Safety Manager checked whether the fire alarm systems were operational at both Beechwood and Balloch. Having satisfied ourselves that the alarm systems were functioning we were able to confirm that it was safe to recommence activities from Tuesday morning. This happened though we clearly lost a day of face-to-face delivery and attempts will be made to help those affected by the disruption.

Proposed Occupancy Levels week commencing 15th March 2021

| SCHOOL | MON | TUE | WED | THU | FRI | Comments |
|---|-----|-----|-----|-----|-----|---|
| Business Computing & Hospitality | 3 | 9 | 6 | 7 | 6 | Professional Cookery only – as per pre-Lockdown 2 |
| Construction & Built Environment Mixture of Painting and Decorating, Brickwork, Domestic Plumbing and Carpentry & Joinery | 46 | 46 | 46 | 46 | 46 | Plus 7 working in Tractor Shed at SSF |
| Creative Arts | 0 | 0 | 0 | 0 | 0 | Awaiting further guidance |
| Care Health & Wellbeing | 0 | 0 | 0 | 0 | 0 | No change from pre-lockdown 2 |
| Engineering Technology Mixture of Motor Vehicle, Fab and Weld, plus Mech/Electronic/Electrical | 47 | 59 | 61 | 50 | 26 | Lower figures on Friday to allow space for FA Engineering if permitted |
| Education & Applied Science | 0 | 0 | 0 | 0 | 0 | Supported Ed and Science Labs to follow when we can increase overall allowed capacity |
| TOTAL for Beechwood | 96 | 114 | 113 | 103 | 78 | Average =101 |
| 5% | 109 | 109 | 109 | 109 | 109 | |
| | | | | | | |
| SSF | 18 | 20 | 21 | 7 | 26 | Average = 19 (rounded up) |
| 5% | 7 | 7 | 7 | 7 | 7 | |

For the moment, we have planned similar levels of occupancy for subsequent weeks up to the Easter break as we are restricted to 5% occupancy levels. Prior to the Christmas Closure we had seen a maximum of approximately 15% occupancy during mid-week days. The next formal SG review will be announced on 16th March and we are ready to adapt to higher levels of occupancy should circumstances permit. Currently we are not allowed to

bring in students on Hair and Beauty courses due to the close contact nature of the practical skills to be developed.

We have had a small number of BSc Oral Health Science (Inverness College students) return to the Centre for Health Science since 15th February – initially 4 students at any one time and will rise to about 8 students concurrently as all the year groups return by 15th March. This return was permitted by the General Dental Council/Scottish Government.

Indicative costings for additional staffing etc to assist with reducing the backlog that we will inevitably carry forward into AY 21/22.

The Director of Curriculum has prepared an estimate of the additional costs that we may incur in order to reduce the backlog of practical skills-based work. This was originally presented to the January SMT and will be kept under review. At that time, we envisaged an additional spend of approximately £142k. The original calculations were based on being able to deliver more face-to-face teaching after Easter. We will provide further updates to the Board of Management as we gain a clearer picture of what it is possible to achieve. Initial explorations of being able to extend the working day for students on campus are underway. This would allow us to complete blocks quicker and therefore have a positive impact on the backlog.

Conclusions

These are challenging times, and we must do everything in our powers to ensure the safety of all staff, students, and contractors. We will continue to be vigilant regarding updates from the Scottish Government and in monitoring adherence to our protocols. We have contingency plans in place in order to be able to respond carefully, timeously, and safely to changes permitted/required.

Acknowledgements

It is important to acknowledge the continued support and patience of staff (including Health and Safety Union representatives), students and HISA in enabling us to move forward. Particular thanks are due to the Covid Team in updating protocols, developing, and testing ideas, and in communicating how we will be able to deliver on campus alongside reinforcing our behavioural expectations. Thanks, are also due to the SMT in approving our reopening plans and their ongoing support.

Appendix 1: Reopening Protocol**Wednesday 3 March 2021, 16:30-17:00**

Present: Chris O'Neil, Lindsay Snodgrass, Melanie Smith, Ken Russell, Georgie Parker, Gill Berkeley, Allan Kerr, Carol Sutherland, Helen Aird, Mark Sutherland, Karen Mackay, Lesley Cole, HISA Inverness President, HISA Inverness VP Education, Aimee Cormack (minutes)

Chris O'Neil summarised the purpose of the meeting, noting the updated protocol is largely based on that from post-Lockdown 1. This has been thoroughly scrutinised, with some additional actions to further tighten our responses and position. It is the intention to open the main campus building on week commencing 8 March 2021 for 2.5% of students, with an increase the following week (w/c 15 March 2021) to 5%. SSF will open for x16 students working outside in woodland.

Mark Sutherland noted concern regarding opening from 8 March and stressed there is a need to show why that decision was made, and to communicate this with staff. Chris O'Neil agreed, noting that Marketing were in attendance for that purpose. Karen Mackay agreed that communications were important and noted that the cautious approach being taken is appreciated.

Chris O'Neil advised that the decision to remain closed back in January was due to an assessment of local conditions and the prevalence of hotspots. Some hotspots do remain, however local conditions have improved. Chris O'Neil reported that Jason Leitch, National Clinical Director, has confirmed (during a meeting held on 02 March 2021) there will be no local variations to the guidance at this point in time, areas will remain within regions, which will in turn be placed in the tier system. Within the same meeting, Jason Leitch also advised that the Scottish Government were content that the intensity of hot spots had reduced, however there should be no complacency in terms of the measures being taken to reduce transmission.

Chris O'Neil noted that some institutions have remained open during this time, on a limited basis. Ken Russell also noted that some institutions, who have remained open, have been told to scale back their student numbers to 5%. Ken Russell advised that this remains a cautious step, based on a risk assessment that has been refreshed and a revised protocol linked to that risk assessment.

Lesley Cole queried if the 2.5% (plus the later 5%) referred only to students or included staff. Chris O'Neil confirmed that the number is applicable to students only, however staff will only work in the building where necessary/approved. Chris O'Neil also confirmed that PhD students are being classed as staff and face no restriction. Ken Russell confirmed this, stressing we remain under tier 4 where if you can work from home you should continue to do so. Ken Russell also advised that staff numbers will be confirmed and reviewed each Thursday, then discussed at the Covid meeting on Friday – a return to the normal scrutiny of this data.

Allan Kerr spoke to the updated protocol, advising that areas of significant change or any additions have been highlighted in yellow. He noted some feedback received prior to the meeting and advised the following areas would be further amended:

- The addition of the accompanying rationale strategic framework.
- The inclusion of the latest version of the route map.
- Rewording, including a pre-amble for context, of the section regarding face coverings and surgical masks.
- Clarification that the requirement for use of surgical face masks extends to outdoor practical activities.

Allan Kerr provided some additional information regarding the decision behind issuing type 2 surgical face masks for areas with practical work, advising that some of these areas may be required to impinge on the 2m distancing for safety reasons, e.g., supervision of safe machine operation. These activities are also covered by specific risk assessments, which reference face masks. Allan Kerr will be on campus tomorrow (04 March 2021) with Martin Whyte and Martin Kerr to walk the building and ensure that supplies of masks are in place in all appropriate areas. It was noted that we are not stipulating the wearing of these specific masks in general circulation in the building, however staff or students are free to do so if they wish.

The HISA Inverness President, Ruth McFadyen, requested clarity on the matter of general face coverings, and those with exemptions, Allan Kerr noted this is contained within the protocol and apologised for not sending this on to HISA colleagues in advance (*Chris O'Neil forwarded the documents during the meeting*). Georgie Parker advised that we have sought legal advice from Anderson Strathearn who have made it clear that we can only encourage staff/students to wear masks where appropriate, lanyard where appropriate or visors where appropriate. We can only request.

Georgie Parker also advised that most students due to attend next week are Modern Apprentices, so we have asked employers to notify us if any student has an exemption from wearing a mask at work on the basis that if they are able to wear one at work then they are able to wear one at college. The solicitor has confirmed we are within our rights to ask for that information and employers have been forthcoming with providing it. The HISA VP Education, Viv Mackie, raised a concern that some students may feel discriminated against, Georgie Parker confirmed we are only able to encourage staff/students to comply for this reason. Ken Russell agreed and advised that we have always taken the line to encourage compliance, but that we cannot ask why someone is exempt.

Ken Russell reported that Gill Berkeley has worked with the Heads of Schools to ensure we have a fully-fledged staggered start/finish/lunch system in place. This was not fully effective post-Lockdown 1, however there will be further supportive measures this time to reduce the unnecessary mixing of students/staff, which will be reinforced by additional monitoring when people are in circulation spaces.

Allan Kerr referred to the onsite catering provision, advising that discussions have taken place with Martin Whyte and the proposed service has been risk assessed. 2m distancing will be monitored, sanitisation facilities will be provided at all tables and all furniture have been configured to maintain 2m distancing. This will remain under review for opening w/c 8 March. Allan Kerr confirmed that both he and Martin Whyte would be on campus next week to monitor the provision, if there are any concerns it will be stopped and reviewed.

Gill Berkeley confirmed that, up to Easter, the only students scheduled to be in the building will be registered on Celcat, with a daily list being produced for Reception to check so it is clear to see who is in the building and ensure no others come in. The LRC will remain closed for now, decision not likely before w/c 22 March 2021.

Chris O'Neil confirmed that comms were being finalised for distribution to both staff and students. It was proposed that a further meeting of this group was convened after the Easter break and this was **agreed**.

Ken Russell noted that any issues can also be raised at the weekly Covid meetings.

Chris O'Neil asked if all those present were content with the proposed protocol, noting the importance that the minute reflects all are equally concerned with the current circumstances, yet equally satisfied with the steps being taken to address the issues raised. This was **agreed**.

Meeting closed.

Board of Management

| | |
|---|--|
| Subject/Title: | Student Recruitment 2020-21 and 2021-22 |
| Author: [Name and Job title] | Roddy Henry, Depute Principal – P&SE |
| Meeting: | Learning, Teaching and Research Committee |
| Meeting Date: | 16 March 2021 |
| Date Paper prepared: | 9 March 2021 |
| Brief Summary of the paper: | To provide the committee with an update on student recruitment in 2020-21 and admissions activity for 2021-22. |
| Action requested: [Approval, recommendation, discussion, noting] | Discussion |
| Link to Strategy: Please highlight how the paper links to, or assists with:: <ul style="list-style-type: none"> • compliance • partnership services • risk management • strategic plan • new opportunity/change | <ul style="list-style-type: none"> • Growth in the curriculum • Financial sustainability |
| Resource implications: | No If yes, please specify: |
| Risk implications: | Yes If yes, please specify: Operational: Organisational: achieving student numbers targets |
| Equality and Diversity implications: | No If yes, please specify: |
| Consultation: [staff, students, UHI & Partners, External] and provide detail | n/a |

ITEM 05

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|---|------------------|--|--|
| Status – [Confidential/Non confidential] | Non confidential | | |
| Freedom of Information Can this paper be included in “open” business* [Yes/No] | 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.) | | | |

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

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

Student Recruitment 2019-20 - Update**Executive summary**

At the time of writing, UHI systems are still affected by the cyber security incident and the student records system is unavailable. The following report therefore uses the most up to date information available. If possible, a further update will be provided at the meeting on 16 March.

The current student activity for 2020-21 indicates that:

- Continued Covid-19 restrictions mean that the FE credit target will not be met. A report detailing the planned activity that could not be delivered due to COVID will be created to inform UHI discussions with SFC. SFC has maintained that teaching grant in 2020-21 will not be impacted if colleges/regions do not meet target due to CPOVID-19.
- SFC funded HE activity is expected to exceed target by around 60 FTE. The current total is 1,533 FTE with a current forecast end-of-year total of 1,553 FTE.

Admissions for 2021-22:

COVID-19 restrictions and uncertainty about access to the campus are affecting the admissions cycle in various ways, making a comparison of current data to previous years difficult. Indications are that HE applications are down, although offers made and acceptances are up. It is still fairly early in the cycle for FE recruitment. An update will be provided at the meeting on 16 March.

Background information

Student recruitment can be measured in several ways: enrolments, head-count, credits and full-time equivalents (FTE). For reporting purposes, and in line with funding methodologies, credits are used as the measurement for student activity at further education (FE) level and FTE is used for the measure at higher education (HE) level.

The college is allocated a FE credit target via the FE Regional Board (FERB). The allocation (or target) is a share of the total FE funding provided to the region by the Scottish Funding Council (SFC).

The majority of HE FTE is SFC funded undergraduate (UG) activity. Each year, the Academic Partners submit their UG funded FTE targets to the Partnership Planning Forum (PPF). These are collated to create the university's UG funded numbers target: the individual and collated targets are known as the *PPF targets*.

Student activity against 2020-21 targets as at 1 March 2021**FE Activity**

ITEM 05

The FE core credit target for 2020-21 is 29,439. This is made up of the original core target of 28,915 plus a share (524) of the 2,000 additional credits allocated to the UHI region by SFC. No additional funding accompanied these credits, further reducing the unit of resource.

| FE | 2020/21 |
|---------------------------------------|---------------|
| Core Credit Target | 29,439 |
| Total Credits as at 01/03/2021 | 22,698 |
| <i>Total Credits as at 02/03/2020</i> | <i>27,717</i> |

The table above shows the current total credits on the student records system, and includes the credits claimed for students who have deferred delivery from 2019-20 due to COVID-19.

Some further FE enrolments will take place throughout Semester 2. However, the continuation of Covid-19 restrictions is causing significant disruption to recruitment this year. Contingency planning is underway to mitigate the impact, which is felt most in construction and engineering apprenticeship activity.

The current forecast for FE activity is that the college will not meet its credit target due to the Covid-19 restrictions.

HE

The PPF target for 2020/21 for Inverness College undergraduate students (excluding PGDE) with a fee status of Scottish or European is 1,491 FTE.

As at 1st March 2021 the FTE, counting by module attachment is approximately 1,533FTE which exceeds target. In addition, there are 53 students (36.5 FTE) who are SDS funded.

Module attachment for part time students is also ongoing, it is anticipated that this will generate approximately a further 20 FTE, bringing the total to approximately 1,553 FTE.

As agreed at PPF, there is an undergraduate ESF target of 116 new students across multiple courses including Architectural Technology BScH, BioScience BScH, Business and Management BAH, Civil Engineering BEngH, Computing BSc H, Environmental Science BScH, Forest Management BScH, Health and Social Studies BAH, |Outdoor Education and Learning BAH and Sport and Leisure BAH.

| | |
|---|--------------|
| PPF Target HE FTE (Undergraduate, SC and EU fee status, excluding PGDE) | 1,491 |
| Current HE students as at 15/02/2021- count by Module attachment. | 1,533 |

Current HE FTE v PPF and TEMG targets:

| Level | PPF/TEMG Target | Current estimated FTE | Variance |
|-----------------------------------|-----------------|-----------------------|----------|
| Undergraduate Scottish & EU | 1491 | 1533.2 | 42.2 |
| Postgraduate Taught Scottish & EU | 61 | 59.3 | -1.7 |

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|-------------------------------------|-------------|---------------------|------|
| Undergraduate International & RUK | - | Int 5.8 RUK 29.7 | 35.5 |
| Postgraduate Taught Int & RUK | - | Int 0.8 RUK 20.1 | 20.9 |
| PGD Education (Primary & Secondary) | 41 | 33 | -8 |
| TOTAL | 1593 | 1681.9 | |

2021-22 Recruitment

The following is a very brief synopsis of admissions activity, based on reports extracted at the end of week beginning 1 March. If systems are up and running again before the meeting on 16 March a further update will be provided.

FE Recruitment

It is still early in the cycle for FE recruitment. COVID-19 has made it more difficult to assess demand at this time due to several factors, including uncertainty around progressing students and access to the campuses.

HE Recruitment

Similar issues are affecting HE recruitment, making a comparison to this time last year difficult. A close analysis at the end of week beginning 1 March indicated that applications were down on last year, although offers made and accepted were up significantly.

Roddy Henry
Depute Principal – P&SE

Learning, Teaching and Research Committee

| | |
|--|--|
| Subject/Title: | Curriculum Planning 2021-22 |
| Author: [Name and Job title] | Ken Russell, Depute Principal Academic Development and Gill Berkeley, Director of Curriculum |
| Meeting: | Learning, Teaching and Research Committee |
| Meeting Date: | 16 th March 2021 |
| Date Paper prepared: | 12 th March 2021 |
| Brief Summary of the paper: | The purpose of this narrative is to provide the LT&R Committee with the background to the Curriculum planning process with an update on planned activity and associated staffing. |
| Action requested: [Approval, recommendation, discussion, noting] | Discussion |
| Link to Strategy: Please highlight how the paper links to, or assists with: <ul style="list-style-type: none"> • compliance • partnership services • risk management • strategic plan • new opportunity/change | <ul style="list-style-type: none"> • Compliance • Risk Management • Delivery of credits/FTE |
| Resource implications: | No If yes, please specify: Increased delivery costs with lower occupancy levels permitted in the building under Scottish Government Guidance |
| Risk implications: | No If yes, please specify: Operational: Organisational: |
| Equality and Diversity implications: | No If yes, please specify: A prioritisation system has been used to determine the sequence of cohorts re-entering the buildings for activities that cannot be undertaken remotely/online. |
| Consultation: [staff, students, UHI & Partners, External] and provide detail. | Active consultation has been undertaken with SMT, MIS manager and the Heads and Deputes for all of the Curriculum Areas. |

| | | | |
|---|------------------|--|--|
| Status – [Confidential/Non confidential] | Non confidential | | |
| Freedom of Information Can this paper be included in “open” business* [Yes/No]? | 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.) | | | |

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

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

Executive Summary

This paper provides an overview of the curriculum planning process and the current predictions in preparation for 2021-22 for delivery of all courses at FE and HE. As we emerge from Lockdown 2 this will have to be further refined to take into consideration any programmes from 20-21 that will have to be carried over to 21-22 for completion and the resultant impact on staffing. A verbal update on the situation will be provided to the LT&R Committee.

Curriculum Planning Cycle

The cycle of planning for academic year 2021 -22 started in November 2020 when the preparation of the template curriculum plan (CP).

The CP can be divided into two main areas which are inter-related.

A) Programmes to Be Delivered

This includes all current programmes as well as those that are going through the approval processes for delivery in 21-22 and any degree programmes that have subsequent years to be added. The information collated is for every programme that is delivered by ICUHI staff and in every format (full time, part-time, school pupils etc). It also details the number of delivery hours, credits per student (Further Education) or Full Time Equivalent (Higher Education) and other information required by the funding council.

Then all relevant sector knowledge and trend information is then utilised to predict the numbers that will be recruited to each programme and the number of students progressing. The new costing model will support economic decisions to run programmes by calculating the viability.

B) The staffing planning

This information is based on Human Resources records and in addition added are details of staff deployment including.

1. Teaching hours
2. Remission from teaching for all relevant activities including leadership roles
3. Research activity
4. Personal Academic Tutor allocations
5. Staff Development remission i.e., TQFE

The Working Curriculum Plan

It is important to appreciate that the Curriculum Plan (CP) is a live document that it is continually updated in the planning year prior to the delivery year it pertains to. At regular intervals versions are saved to ensure that changes can be tracked. These alterations can be due to internal reasons for instance staff changes, programmes alterations or external influences such as Scottish Funding Council guidance changes.

The CP is held in SharePoint so that staff can access it as it contains information that is required several areas.

Function of the Curriculum Planning Process

- a) **Full Time Equivalent Prediction for Higher Education students-** This information is provided to UHI Partnership Planning Forum (PPF) which comprises of senior managers from all Academic Partners delivering HE curriculum and where there is a collaborative approach to planning, approvals and degree delivery. This is used by EO to calculate how the money to and from the partners flows by the RAM. (Resource Allocation Model)
- b) **Predicted Credit calculation for Further Education programmes-** This information is provided to the UHI Senior Managers Curriculum Team (SMCT), comprising senior managers from Academic Partners delivering FE and chaired by the UHI Vice-Principal FE and it is where there are active discussions about joint curriculum planning and delivery.
- c) **Staffing resource requirement** – which is required by the Director of Finance to inform budget setting for the following year.
- d) **Celcat administration** – the information forms the basis for the creation of the timetabling which started in February 2021 for academic year 21-22
- e) **Admissions** – It is referred to by Student Admissions to determine offers to be made when applications are received.
- f) **Student Records** – The CP is used to determine enrolment target records.
- g) **MIS** – use the CP to populate reports and analyse enrolments to targets.
- h) **Marketing** – for information about the courses going to be delivered.
- i) **Staffing** – the creation of the Staff Deployment plans(formerly known as the Work Load Analysis).

Current Predictions

A) HE FTE Targets

The targets below present an increase on last year's target due to the increased intake of students in 20/21 and they will be progressing to the next level in 21/22. There are however current discussions in relation to the funding of Graduate Apprentices which will potentially increase the number of students who are Undergraduate Scottish. In addition, there are several students transferring to ICUHI from Moray College UHI because they are ceasing provision of a degree programme so the number will increase by 27 once that has been completed.

| Level | 2020/21 PPF Target | Current 01/03/2021 | 2021/22 PPF Target |
|--|-----------------------|--------------------|-----------------------|
| Undergraduate Scottish & EU Continuing | 1491 | 1533.2 | 1556.3 |
| Undergraduate International/New EU | | 5.8 | 12 |
| Undergraduate RUK | | 29.7 | 30 |
| Postgraduate Taught Scottish & EU Continuing | 61 | 59.3 | 42.6 |

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|--|-------------|---------------|---------------|
| Postgraduate Taught International/New EU | | 0.8 | 0.3 |
| Postgraduate Taught RUK | | 20.1 | 8.7 |
| PGD Education (Primary & Secondary) | 41 | 33 | 36 |
| TOTAL | 1593 | 1681.9 | 1685.9 |

B) Targets per School

| | Further Education | | | | Higher Education | | |
|--|-------------------|--------------------------------------|---------|--|------------------|--------------------------------------|--------|
| | TARGETS 2021/22 | | | | TARGETS 2021/22 | | |
| | Enrolment Target | Enrolments achieving 25% Date Target | Credits | | Enrolment Target | Enrolments achieving 25% Date Target | FTE |
| Business Computing & Hospitality | 297 | 267 | 2766 | Business Computing & Hospitality | 607 | 547 | 355.1 |
| Care, Health & Wellbeing | 753 | 678 | 5553 | Care, Health & Wellbeing | 626 | 563.4 | 451.5 |
| Construction and the Built Environment | 849 | 763 | 5423 | Construction and the Built Environment | 216 | 194.4 | 126.0 |
| Creative Arts | 666 | 599 | 7288 | Creative Arts | 411 | 369.9 | 352.7 |
| Education & Applied Science | 509 | 458 | 2868 | Education & Applied Science | 161 | 144.9 | 109.7 |
| Engineering Technology | 557 | 501 | 4040 | Engineering Technology | 122 | 109.8 | 65.3 |
| Forestry | 158 | 142 | 1267 | Forestry | 173 | 151.2 | 104.4 |
| TOTAL | 3789 | 3409 | 29205 | TOTAL | 2316 | 2081 | 1564.7 |

C) Staffing Per School

| Curriculum Area | Sum of Deployable Hours | Sum of Deployable FTE | Hours Required inc. Servicing | Total Required FTE | Required FTE variable |
|--|-------------------------|-----------------------|-------------------------------|--------------------|-----------------------|
| Business, Computing and Hospitality | 15066 | 17.5 | 17142 | 19.9 | 2.4 |
| Care, Health and Wellbeing | 16561 | 19.3 | 23787 | 27.7 | 8.4 |
| Construction and the Built Environment | 17059 | 19.8 | 23676 | 27.5 | 7.7 |
| Create | 860 | 1.0 | 0 | 0.0 | -1.0 |
| Creative Arts | 17346.4 | 20.2 | 22165 | 25.8 | 5.6 |
| Education and Applied Science | 12091.7 | 14.1 | 16124 | 18.7 | 4.7 |
| Engineering Technology | 14515 | 16.9 | 14496 | 16.9 | 0.0 |
| Forestry | 5114.5 | 5.9 | 5583 | 6.5 | 0.5 |
| Grand Total | 98613.6 | 114.7 | 122973 | 143.0 | 28.3 |

Board of Management

| | |
|---|---|
| Subject/Title: | Student Experience and Student Partnership Update |
| Author: [Name and Job title] | Lindsay Snodgrass, Director of Student Experience Ruth McFadyen, Student President IC UHI |
| Meeting: | Learning & Teaching Committee |
| Meeting Date: | 16 th March '21 |
| Date Paper prepared: | 4 th March '21 |
| Brief Summary of the paper: | To provide an update of developments around student experience and aspects of partnership working |
| Action requested: [Approval, recommendation, discussion, noting] | Discussion |
| Link to Strategy: Please highlight how the paper links to, or assists with:: <ul style="list-style-type: none"> • compliance • partnership services • risk management • strategic plan • new opportunity/change | <p><i>Strategic Plan - Opportunity and growth in student life</i></p> <p><i>To further embed the student voice to ensure its contribution to all aspects of college life; to create a lively community of staff and students; and develop further student participation in clubs, societies and other activities, and engagement with the wider community</i></p> |
| Resource implications: | No If yes, please specify: |
| Risk implications: | No If yes, please specify: Operational: Organisational: |
| Equality and Diversity implications: | No If yes, please specify: |
| Consultation: [staff, students, UHI & Partners, External] and provide detail | |

ITEM 07

| | | | |
|---|--|--|--|
| Status – [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) | |
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| Its disclosure would constitute a breach of the Data Protection Act (S38) | | Other (please give further details) | |
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Student Partnership

Executive summary

The Partnership Agreement was developed in 2018 to further embed the collegiate working between the college and the students' association. It has been, and continues to be, an important tool in leveraging out improvements across the student journey, as well as helping us to further embed the student voice in aspects of college life.

Each academic year we collectively choose three enhancement themes informed by student feedback and other sources of evidence. The enhancement themes for this academic year (AY) are:

- Student Life
- Student Voice in Partnership
- Tools for Learning



We have continued to have a collective focus on the immediate and emerging priorities during the pandemic and in our response to the changing context around government guidelines and restrictions and the impact they have on the student experience.

Student Life

Students on campus

Since the last committee meeting, we have had a further lockdown and a move back to remote learning for all. We have been very pleased with how understanding students have been to the changing situation and the restrictions placed upon the college. HISA have played a key role in raising concerns, bringing forward solutions, and shaping our student communications. We have continued to ensure students feel up to date with the changing restrictions, what it means for them, and any impact on the delivery of their course and their wider experience.

Support for student mental health and wellbeing

In the lead up to the festive break we developed the [Resilience Toolkit](#). This has been in cognisance of the growing mental health crisis, particular amongst young people, and the need for us to provide continued support during the Christmas holiday closure. The toolkit first and foremost provided signposting to external agencies whom we work in partnership with and who provide support 365 days of the year. It also provided hints and tips and resources to help students cope and maintain their mental wellbeing. The toolkit is now a permanent feature which will continue to be updated and will be particularly promoted in the

lead up to holiday/closure periods. At the same time, HISA ran a Positive Affirmation Campaign aimed at boosting student wellbeing and signposting to support during the darker winter months. Positive affirmations along with weblinks to wellbeing resources were dispersed around the main campus for students, staff and members of the public to take home.

We are aware of a growing number of students who face financial hardship during the pandemic. We have heavily promoted our discretionary funding which we had an uplift in this AY. HISA also issued Festive Packs during December which contained some festive goodies, stationary, and wellbeing resources.

Refreshers

February normally sees us welcoming new students to semester 2 courses and our Refreshers' Week is usually held in a buzzing atrium gearing everyone up for the new semester. This has been a huge challenge to deliver remotely but we have successfully delivered a range of workshops and fun activities. This included a workshop on Consent, run in partnership with Rape and Sexual Abuse Service Highland (RASASH), and one on Employability, run in partnership with the UHI Careers Team. We also offered a laughter yoga session, a 'Welcome to Inverness' style drop in for new students, as well as a quiz with £100 worth of vouchers to be won.

Refreshers also gave us the opportunity to promote the 20 HISA clubs and societies which are still running. HISA have worked hard to support these clubs during lockdown to ensure that students can still socialise and connect safely despite the current restrictions.

Tools for Learning

Supporting students in digital poverty has continued to be a key focus. We have issued 165 laptops this AY thus far and are still handling new requests every week. We have worked well across the UHI partnership in our approach to meeting the needs of those in digital poverty and have now relaxed the eligibility criteria in the knowledge that we have serviced those in most need. This has allowed us to extend the digital poverty scheme groups who were previously excluded including international students and apprentices. In addition, as a partnership we have also established the [Emergency Study Fund](#) which has successfully secured external donations and has enabled us to purchase additional equipment for students.

Our Learning Resource Centre will re-open shortly and will be available on a bookable basis for those who need a quiet study space or the use of a PC.

The remote learning environment

We are acutely aware of the challenge which remote learning poses for some students. With next AY in mind, we have established a short life working group to scope out a pre-start short course / pick and mix workshops for students to undertake before they start their course in Aug/Sept and to give them familiarity with the systems and IT used on their course.

Student Voice in Partnership

Class Representatives and the Student Representative Committee (SRC)

Since our last meeting we have had a push on recruiting class representatives into the courses where we had no representation and for semester 2 courses. We now have 160, up nearly 30% since November. While recruitment has been challenging this year, we have noticed very good engagement from many of our reps and our attendance at the monthly remote Student Representative Council has been extremely encouraging – we had 87 students attending our December meeting compared with 90 the previous year. We think this is in part due to successful class representative training sessions, both remotely delivered and available online, which have been well attended and very well received - feedback score of 4.8 out of 5.

The SRC's this AY have also been very well attended by staff – we now invite all School Heads which helps to ensure feedback is received directly and responded to. Having a dedicated agenda item on our response to the ongoing pandemic has also been well-received by reps, with numerous queries being raised at each meeting.

The regional HISA Con has also taken place since our last meeting which saw 47 delegates from Inverness, this was up from less than 10 last year, again showing higher levels of student engagement. The remote conference was hugely successful and paved the way for the launch of our HISA elections which will see our new HISA Inverness executive being voted in. Despite the challenges around engagement during the pandemic, we have managed to secure a record number of nominations at Inverness College UHI this year:

Full details of all the candidates can be found [here](#). HISA will spend the next few weeks training candidates and supporting them to run successful campaigns, and voting will run 15th – 19th March.

| Inverness | Regional | Role | Nominations from IC UHI students 2021 | Nominations from IC UHI students 2020 |
|--------------|----------|--|---------------------------------------|---------------------------------------|
| ✓ | | President | 5 | 7 |
| ✓ | | Vice President of Education | 11 | 3 |
| ✓ | | Vice President of Activities and Welfare | 12 | 4 |
| | ✓ | President | 2 | 0 |
| | ✓ | Vice President Higher Education | 1 | 1 |
| Total | | | 31 | 15 |

Student Surveys

HISA have been working closely with the Marketing and Quality teams to promote the NSS survey and the SSES which will open on 15th March. Both will provide critical feedback on the student experience and where we need to focus our attentions. We are very encouraged by the response thus far to the NSS which is up 13pp on this point last year. The latest publication of our student newsletter, [The Link](#), has also provided a useful promotional tool for the surveys.

Board of Management

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|---|--|
| Subject/Title: | Quarterly Complaints Report (Quarters 1 & 2) |
| Author: [Name and Job title] | Liz Cook, Quality Manager |
| Meeting: | LT&R Committee |
| Meeting Date: | 16 March 2021 |
| Date Paper prepared: | 12 February 2021 |
| Brief Summary of the paper: | The report provides an analysis of the complaints received during Quarters 1 & 2. |
| Action requested: [Approval, recommendation, discussion, noting] | Noting |
| Link to Strategy: Please highlight how the paper links to, or assists with:: <ul style="list-style-type: none"> • compliance • partnership services • risk management • strategic plan • new opportunity/change | The report assists with a number of strategies' including Quality Assurance and Enhancement, Learning and Teaching, and Student Engagement |
| Resource implications: | Yes / No If yes, please specify: |
| Risk implications: | Yes / No If yes, please specify: Operational: Organisational: |
| Equality and Diversity implications: | Yes / No If yes, please specify: |
| Consultation: [staff, students, UHI & Partners, External] and provide detail | None |

ITEM 08

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|---|------------------|--|--|
| Status – [Confidential/Non confidential] | Non-confidential | | |
| Freedom of Information Can this paper be included in “open” business* [Yes/No] | 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.) | | | |

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Summary Report: Complaints 2020-21 year to date (YTD)

Introduction

Complaints are received all year round, from a number of different sources although the primary source tends to be from students. Complaints are received via a variety of mechanisms including direct emails, complaints forms, Red Button. IC UHI uses the SPSO categories and sub-categories to classify complaints, which allows us to feed into sector wide data. The outcomes from complaint resolution are reported to UHI (HE) and published on the IC UHI website (FE).

Complaints are grouped into quarters depending on the time of year in which they are received. The quarter dates are detailed below:

- Quarter 1 (Q1): August – end of October,
- Quarter 2 (Q2): November – end of January,
- Quarter 3 (Q3): February – end of April,
- Quarter 4 (Q4): May – end of July.

Quarter 1

Complaints by Category

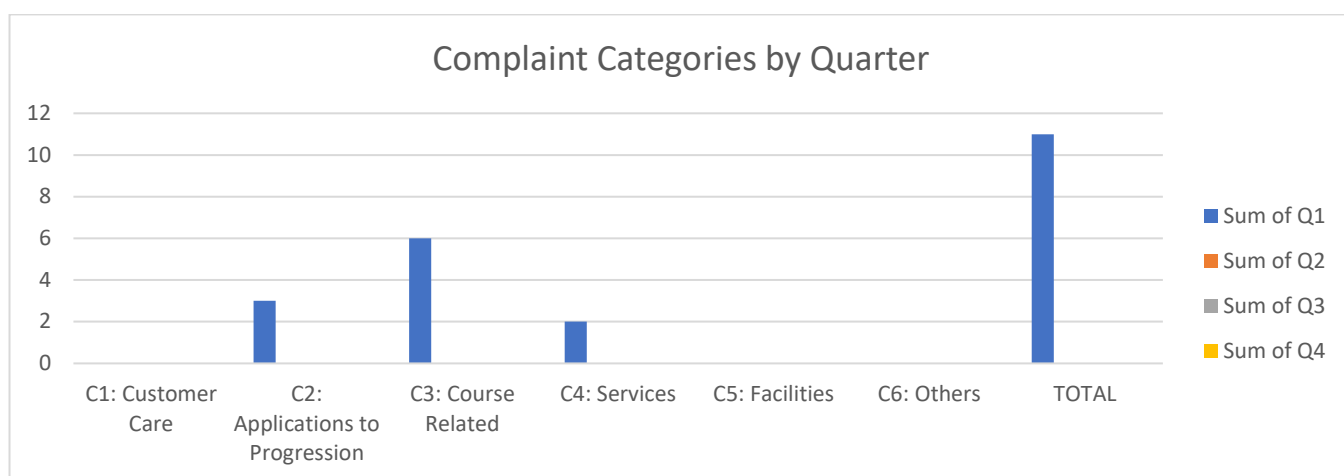
11 complaints have been received in Q1, a decrease of 10 compared to the same quarter last year. This continues the trend of fewer complaints being received, initially seen in Q3 of 2019/20 and continued into Q4, which correlated with the Covid 19 campus lockdown.

The category of 'Course Related' remains the highest occurring category of complaint and is at a comparable level to Q1 last year.

| Customer Category: Current Year (Quarter) 2020/21 | YTD CY | Q1,CY | Q2,CY | Q3,CY | Q4,CY |
|---|-----------|-----------|----------|----------|----------|
| C1: Customer Care | 0 | 0 | 0 | 0 | 0 |
| C2: Applications to Progression | 3 | 3 | 0 | 0 | 0 |
| C3: Course Related | 6 | 6 | 0 | 0 | 0 |
| C4: Services | 2 | 2 | 0 | 0 | 0 |
| C5: Facilities | 0 | 0 | 0 | 0 | 0 |
| C6: Others | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 11 | 11 | 0 | 0 | 0 |

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| Customer Category: Current Year (Quarter) 2019/20 | YTD CY | Q1,CY | Q2,CY | Q3,CY | Q4,CY |
|---|-----------|-----------|-----------|-----------|-----------|
| C1: Customer Care | 12 | 3 | 3 | 5 | 1 |
| C2: Applications to Progression | 9 | 3 | 0 | 2 | 4 |
| C3: Course Related | 31 | 7 | 10 | 8 | 6 |
| C4: Services | 13 | 5 | 4 | 4 | 0 |
| C5: Facilities | 11 | 3 | 5 | 3 | 0 |
| C6: Others | 3 | 0 | 1 | 1 | 1 |
| TOTAL | 79 | 21 | 23 | 23 | 12 |



In relation to the level of delivery, 27.3% of complaints received in Q1 relate to HE programmes, 27.3% relate to FE programmes and 45.4% complaints came from members of the public. Of the 5 complaints received from members of public, 4 were from relatives of students and 1 from a former student

3 of the 4 HE complaints centred on communications issues with different departments or lecturing staff, the fourth was a resulting and certification issue.

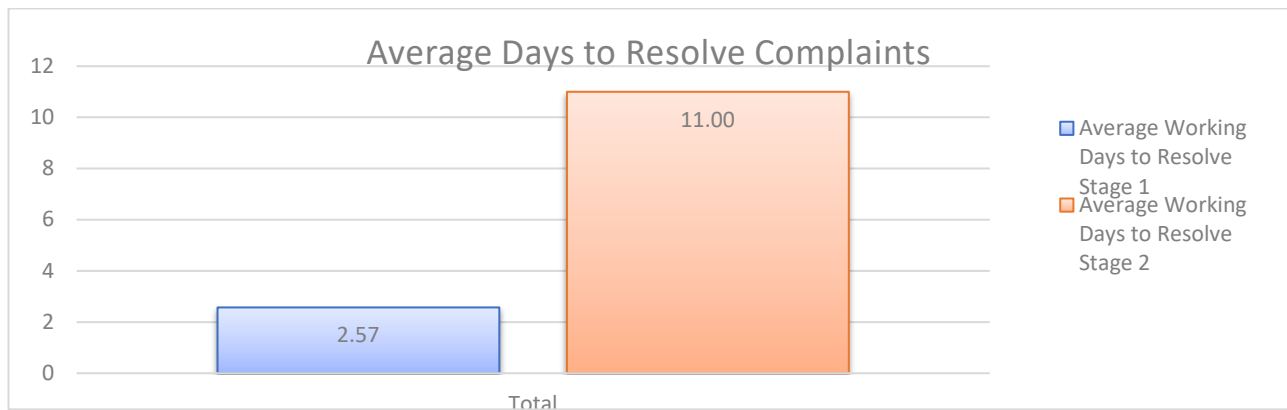
Of the 7 FE complaints received, 5 were related to funding and applications, 1 related to an awarding body process, 1 regarding PVG requirements and 1 regarding a certification issue.

Complaint Outcomes

The graph below details the complaint outcomes. 22.2% of the resolved complaints in Q1 have been upheld, compared to 38% for the same quarter in 2019/20. 33.3% of complaints have been partially upheld compared to 19% for the same time last year. 44.4% were not upheld, compared to 38% for the same period last year. 2 complaints were not resolved by the end of Q1 and will be completed in Q2. 2 complaints were escalated to stage 2 due to their complexity.

| Outcome | Stage 1 | Stage 2 | Total |
|---------------------------|---------|---------|-------|
| Not upheld | 3 | 1 | 4 |
| Partially upheld | 2 | 1 | 3 |
| Upheld | 2 | 0 | 2 |
| Still under investigation | 0 | 2 | 2 |
| Escalated to Stage 2 | 2 | | |

Complaint Timescales



The chart above displays the average number of days taken to resolve complaints in this quarter.

The range of days taken to resolve Stage 1 complaints in Q1 is between 1 – 3 days.
The range of days taken to resolve Stage 2 complaints in Q2 is between 10 – 11 days.

SPSO guidelines state pre-defined timescales of a 5 day turnaround for Stage 1, and 20 days for Stage 2. As part of the Stage 2 process, updates are provided to complainants where the complaint is complex and may take longer than 20 working days.

Quarter 2

Complaints by Category

16 complaints have been received in Q2, a decrease of 7 compared to the same quarter last year. Since the college closure as a result of COVID 19, fewer complaints have been received compared to the same quarter in the previous year. This could be due to a number of factors, for example, increased frontline resolution as students highlight issues as they arise, a shift in levels of dissatisfaction meaning students are less likely to flag smaller issues given the current situation.

The category of 'Course Related' remains the highest occurring category of complaint but is 50% lower than Q2 last year.

ITEM 08

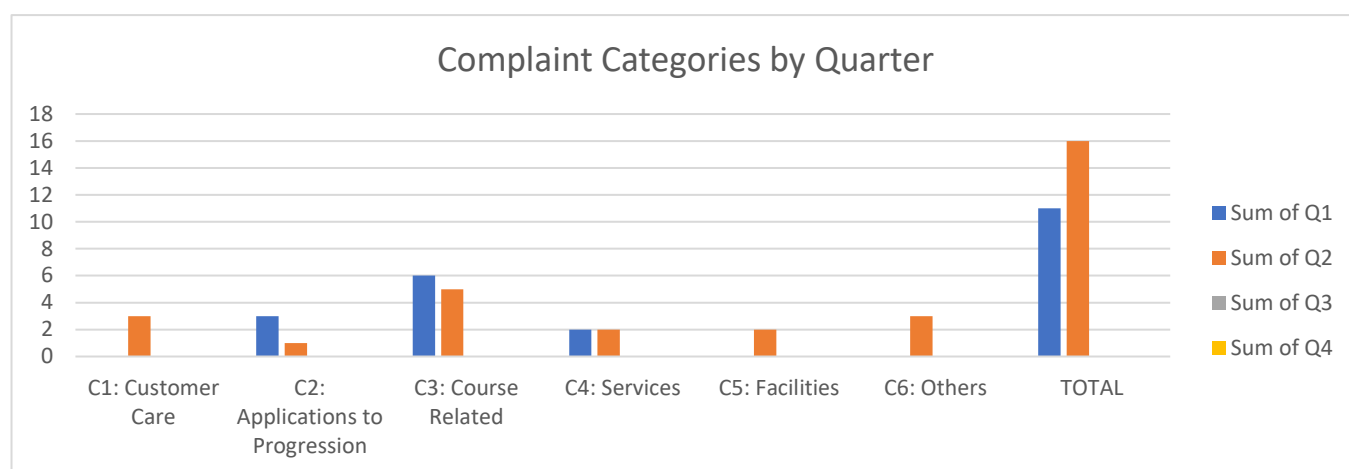
The category of 'Customer Care' was comparable with last year, with 'Services' and 'Facilities' both showing a decline in complaint numbers.

The category of 'Other' received 3 complaints, comparable with the whole of 2019/20. 2 of these complaints fell with the subcategory of Diversity and Equality.

Q2 has seen a broader spread of complaints across the categories, compared to those in Q1.

| Customer Category: Current Year (Quarter) 2020/21 | YTD CY | Q1,CY | Q2,CY | Q3,CY | Q4,CY |
|---|--------|-------|-------|-------|-------|
| C1: Customer Care | 3 | 0 | 3 | 0 | 0 |
| C2: Applications to Progression | 4 | 3 | 1 | 0 | 0 |
| C3: Course Related | 11 | 6 | 5 | 0 | 0 |
| C4: Services | 4 | 2 | 2 | 0 | 0 |
| C5: Facilities | 2 | 0 | 2 | 0 | 0 |
| C6: Others | 3 | 0 | 3 | 0 | 0 |
| TOTAL | 27 | 11 | 16 | 0 | 0 |

| Customer Category: Current Year (Quarter) 2019/20 | YTD CY | Q1,CY | Q2,CY | Q3,CY | Q4,CY |
|---|--------|-------|-------|-------|-------|
| C1: Customer Care | 12 | 3 | 3 | 5 | 1 |
| C2: Applications to Progression | 9 | 3 | 0 | 2 | 4 |
| C3: Course Related | 31 | 7 | 10 | 8 | 6 |
| C4: Services | 13 | 5 | 4 | 4 | 0 |
| C5: Facilities | 11 | 3 | 5 | 3 | 0 |
| C6: Others | 3 | 0 | 1 | 1 | 1 |
| TOTAL | 79 | 21 | 23 | 23 | 12 |



In relation to the level of delivery, 50% of complaints received in Q2 relate to HE programmes, 37.5% relate to FE programmes and 12.5% complaints came from members of the public.

Of the 8 HE complaints received in Q2, 4 fell within the subcategory of 'Course Management', 2 related to the subcategory of 'Equality and Diversity', 1 for 'Finance' and 1 for 'Other'.

Of the 6 FE complaints, the category of 'Customer Care' received 2 complaints with the remaining categories each receiving 1 complaint, except for 'Other' which had none.

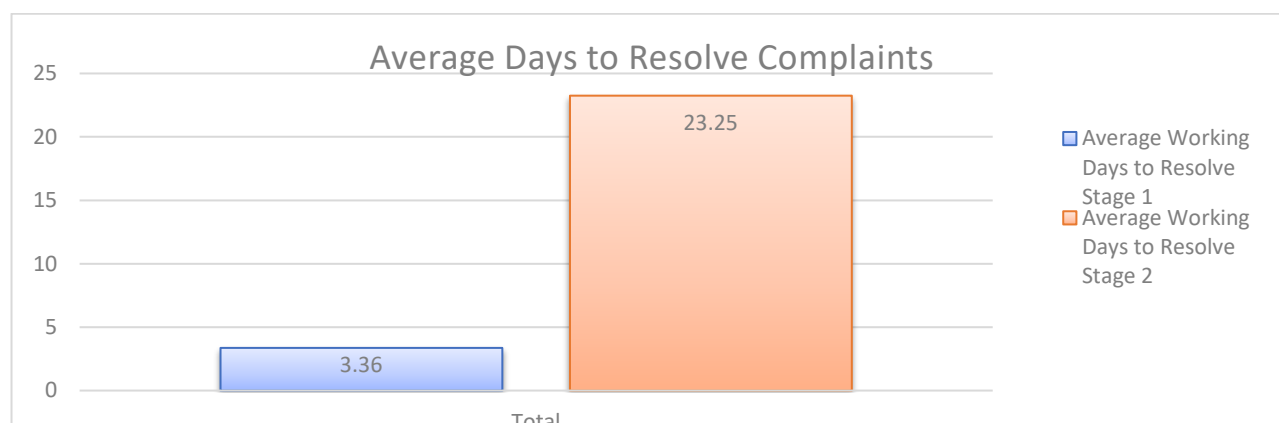
The 2 complaints from Members of Public fell within the 'Customer Care' and 'Other' categories.

Complaint Outcomes

The table below details the complaint outcomes. 50% of the completed complaints have been upheld, compared to 32% (7) for the same quarter in 2019/20. 18.7% of complaints have been partially upheld compared to 45% for the same period last year. 25% were not upheld, compared to 18% for the same period last year. 1 complaint was not resolved by the end of Q2 and will be completed in Q3. 5 complaints were treated as stage 2 due to their complexity or the timing of receipt.

| Outcome | Stage 1 | Stage 2 | Total |
|---------------------------|---------|---------|-------|
| Not upheld | 2 | 2 | 4 |
| Partially upheld | 1 | 2 | 3 |
| Upheld | 8 | 0 | 8 |
| Still under investigation | 0 | 1 | 1 |
| Escalated to Stage 2 | 0 | | |

Complaint Timescales



The chart above displays the average number of days taken to resolve complaints in this quarter.

The range of days taken to resolve Stage 1 complaints in Q2 is between 1 – 6 days.

The range of days taken to resolve Stage 2 complaints in Q2 is between 15 – 37days.

SPSO guidelines state pre-defined timescales of a 5 day turnaround for Stage 1, and 20 days for Stage 2. As part of the Stage 2 process, updates are provided to complainants where the complaint is complex and may take longer than 20 working days.

One stage 2 complaint took 37 days from receipt to closure. It was received on 14 December just prior to the Christmas closure in December 2020, and ongoing discussions in January 2021 regarding further actions resulted in the delay in closing the complaint.

Complaint Follow up Survey

Within 6 weeks of receiving the complaint outcome, complainants are sent a link to a short survey asking them for feedback on their experience of the complaints process and to rate their satisfaction levels against thirteen aspects of the process. The survey is anonymous unless the complainant chooses to identify themselves.

By the end of Q2, 20 complainants had been sent the survey with 3 people responding. The 3 respondents indicated they were satisfied with the complaints process, with one highlighting they did not receive information about how to make a complaint beforehand.

Learning from Complaints

Complaints often result in reviews of processes and procedures and they also allow us to identify opportunities for staff development. The Quality team continues to identify any learning points from each complaint in order to identify themes emerging. Programme and support teams use complaints as part of their evidence bank to inform their evaluative activities aimed at improving the student experience.

The types of complaints received in Q1 is varied, and often related to particular individual circumstances. A number of complaints received this month have an underlying theme related to difficulties in communicating with the appropriate department or individual or a slow response to information requests causing frustration and dissatisfaction. Whilst no specific improvements to processes or procedures were identified by teams in Q1, timely communications in the current working environment will be highlighted through Quality bulletins and relevant management meetings. The introduction of a student facing Quality email address will be piloted to provide an additional layer of general signposting and support.

Below are examples of actions taken as a result of complaints received during Q2 2020-21:

- Students 'known as' names are now used to populate Celcat registers. This was requested prior to the complaint being received however it was confirmed that this has now been implemented.
- Speeding on campus was raised in one complaint, an all-student email was sent prior to Christmas.