## **UHI INVERNESS**

| Meeting       | Board of Management                  |
|---------------|--------------------------------------|
| Date and time | Tuesday 25 October 2022 at 4.30 p.m. |
| Location      | Hybrid Meeting via:                  |

Board Secretary 18 October 2022

## AGENDA

The timings on this agenda are indicative only and may extend beyond times

highlighted.

### Welcome and Apologies

# Declaration of Interests and/or any Statement of Connections or Transparency Statements.

16:35 - 17:00 PRESENTATION – LEEP Ahead Project, Amanda Learmouth, Access and Transition Co-ordinator

## **ITEMS FOR DECISION**

- 17:00 -17:05 1) MINUTES
  - a.) Meeting of the Board of Management held on 28 June 2022
  - b.) Note of Closed Session (CSN062022) of the Board of Management held on 28 June 2022.
  - c.) Note of Confidential Session (CN-01-062022) of the Board of Management held on 28 June 2022.
  - d.) Note of Confidential Session (CN-02-062022) of the Board of Management held on 28 June 2022.
  - e.) Note of Confidential Session (CN-03-062022) of the Board of Management held on 28 June 2022.
  - f.) Confidential Note of Extraordinary Board of Management meeting held on 13 September 2022.

## 17:05 – 17:10 **2) OUTSTANDING ACTIONS**

Actions List

## 17:10 – 17:15 **3) POLICIES FOR APPROVAL:**

- a.) Placement and Externally Supported Learning
- b.) UHI Student Carers Policy
- c.) UHI Student Conduct
- d.) Health and Safety Policy
- e.) Food Safety and Allergen Management Policy
- f.) Use of College Equipment and Networked Access Out with UK Policy
- g.) FE Fee Waiver Policy

## 17:15 – 17:20 4) SUB STRATEGIES FOR APPROVAL:

- a.) Talent Management Strategy
- b.) Quality Assurance Enhancement Strategy
- c.) Student Partnership and Engagement Strategy
- d.) Access and Inclusion Strategy
- e.) Digital Transformation Strategy
- f.) Research and Innovation Strategy
- g.) Tertiary Education Strategy
- h.) Marketing Strategy
- i.) Estates and Campus Operations Strategy
- j.) Sustainability Strategy

# 17:20 – 17:35 5) CONFIDENTIAL SESSION – UHI 24 – REVITALISATION PROGRAMME

## **ITEMS FOR DISCUSSION**

- 17:35 17:45 6) PRINCIPAL'S REPORT Report by Principal
- 17:45 17:55 7) **PRINCIPAL'S TARGETS** Report by Principal
- 17:55 18:05 8) FINANCIAL POSITION UPDATE Update from Vice Principal – Finance and Audit
- 18:05 18:15
   9) OUTCOMES AND SATISFACTION RATES Report by Vice Principal – Student Experience and Quality
- 18:15 18.25 **10) REPORT ON SHORT LIFE WORKING GROUP** Report from Chair of SLWG

## 18:25 – 18:35 11) OUTCOME OF THE REVIEW OF THE CODE OF GOOD GOVERNANCE

Report by Governance Officer

18:35 – 18:40 **12) COMMITTEE AND CHAIR EVALUATION FEEDBACK** Report by Governance Officer

## 18:40 – 18:50 13) DRAFT MINUTES OF MEETINGS OF BOARD COMMITTEES (CONFIDENTIAL)

- a.) Minutes from the Audit Committee held on 18 October 2022 – Board Approval sought in respect of the following Internal Audit Items:
  - BDO Follow Up Report
  - BDO Annual Report
  - BDO Internal Audit Plan for 2022-23
  - Terms of Reference for 2022-23
  - FES Audit
  - EMA Audit
  - SSF Audit
  - Student Representation Audit
- b.) Minutes from the Chairs Committee held on 01 September 2022
- c.) Minutes from the Estates Legacy Project Board held on 25 August 2022
- d.) Confidential Note of Finance Update held on 20 October 2022.
- e.) Minutes from the HR Committee held on 22 September 2022.
- f.) Minutes from the Learning, Teaching and Research Committee held on 27 September 2022.
- g.) Minutes from the Performance, Review and Remuneration Committee held on 01 September 2022.

## 14) UHI UPDATES

a.) Minutes from University Court held 16 March 2022

b.) Minutes from the RSC held on 03 May 2022

## 15) AOCB

#### 16) DATE AND TIME OF NEXT MEETING

13 December 2022 at 4.30 p.m.

If any member wishes to add an item of business to the Agenda, please inform the Chair and the Governance Officer 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.



# UHI INVERNESS

## **Board of Management**

MINUTES of the HYBRID MEETING of the BOARD OF MANAGEMENT held via Microsoft Teams and Room 202 UHI Inverness Campus, on Tuesday 28 June 2022

- PRESENT: Innis Montgomery, Chris O'Neil, Ruth McFadyen, Sally Blyth, Donald MacKenzie, Mark Sheridan, Russell Edwards, Kelly MacKenzie, Gillian Galloway, James Millar, Stephen Sheridan, Michael Beveridge, Dee Bird, Rojan Kumar Subramani, Arvinder Kainth, Tina Stones & Matthew Millward
- CHAIR: Mark Sheridan
- APOLOGIES: Samantha Cribb, Amy Goodbrand, Bonnie Crawford, Jane Rhodes & Assistant Principal – Operations and External Relations
- IN ATTENDANCE: Assistant Principal Finance and Audit Assistant Principal – Student Experience and Quality Assistant Principal – Academic and Research Shared Finance Manager Barbara Nelson, Education Scotland Joseph Mulholland, Education Scotland Board Secretary

#### **OBSERVER:** William Campbell

The Chair welcomed everyone to the meeting and introduced William Campbell. The Board noted that William will be taking over the role of HISA President for Inverness at the start of the next Academic Year.

#### **Declarations of Interests**

No declarations of interest, statements of connections or transparency statements were noted.

#### **Confidential Closed Session – Board Creative Space**

A confidential closed session took place. This session provided the Board with creative space to discuss the Education Scotland Progress Visit Report (Note of Session: CSN-062022).

Barbara Nelson, Education Scotland left the meeting.

Joseph Mulholland, Education Scotland left the meeting.

### 1. MINUTES FOR APPROVAL

### a.) Meeting of the Board of Management held on 31 March 2022

**Decision:** The minutes of the Board of Management Meeting held on 31 March 2022 were **AGREED** as a correct record and were **APPROVED**.

# b.) Confidential Note of Closed Session (CSN032022) held on 31 March 2022

**Decision:** The Confidential Note of the Closed Session of the Board of Management Meeting held on 31 March 2022 was **AGREED** as a correct record and was **APPROVED**.

#### c.) Confidential Note of Discussion (CN-01-032022) held on 31 March 2022

**Decision:** The Confidential Note of Discussion of the Board of Management Meeting held on 31 March 2022 was **AGREED** as a correct record and was **APPROVED**.

#### 2. OUTSTANDING ACTIONS

- Partnership Agreement The Principal advised the Board that we were awaiting further clarification and directions following the UHI Partnership Conference but that it was expected that significant changes would be required to be actioned following the next UHI Partnership Conference Meeting in August.
- **Business Solutions Team Presentation** the Board Secretary advised that all closed session presentations for the next Academic Year will be scheduled within the Board Development and Training Plan.
- **Procurement Strategy** The Board Secretary advised that this strategy had yet to be taken to the Finance and General Purposes Committee.
- Finance Training The Board Secretary advised that finance training for Board members would form part of the Board Development and Training Plan.
- Collaboration and Partnership Role of Board Members The Board Secretary reminded members that any ideas in respect of collaboration and partnership should be highlighted to herself or the Chair.
- Code of Conduct The Board Secretary advised that following Board approval a revised registration of interest form and acceptance of code form

has been circulated to all members for completion. The Board Secretary will follow this up to ensure that all forms are returned.

## 3. CONFIDENTIAL SESSION - UPDATE ON SHORTLIFE WORKING GROUP

A confidential discussion in respect of the Short Life Working Group took place (CN-01-062022).

Tina Stones left the meeting.

### 4. FINANCIAL INFORMATION

#### a.) Fees 2022-23

The Board noted that the FE fee proposals for 2022-23 had been considered and approval sought offline by members in May 2022.

**Decision:** The offline approval in respect of FE fee proposals for 2022-23 was **RATIFIED**.

#### b.) Financial Forecast Return 2021/22 and 2022/23

The Assistant Principal – Finance and Audit advised that the SFC Financial Forecast Return was due to be submitted by 30 June 2022. The Assistant Principal – Finance and Audit spoke to his report which provided a forecast on the key figures within the return as well as a modelling explanation.

**Decision:** The Financial Forecast Return for 2021/22 and 2022/23 was **APPROVED**.

## 5. REVENUE BUDGET 2022-23

The Assistant Principal – Finance and Audit spoke to his report which presented the Revenue Budget for 2022-23.

The Board discussed the following aspects of the budget:

- The expected impact of Flat Funding and potential clawbacks.
- Spend to cash and the restrictions which is placed on funds stored within the ALF.
- Our investment in research activities.
- UHI Governance Model and change which is required across the partnership, following the UHI Partnership Conference.
- Staffing and impact of further National Bargaining outcomes.
- Risk management

Decision: The Revenue Budget 2022-23 was APPROVED.

## 6. CAPITAL BUDGET 2022-23

The Assistant Principal – Finance and Audit spoke to his report which presented the Capital Budget for 2022-23.

The Board noted that information in respect of BIS Funding was still required. The Assistant Principal – Finance and Audit advised that this information is awaited from the Scottish Funding Council via UHI Executive Office.

**Action:** An update on BIS funding will be provided to the Finance and General Purposes Committee in October 2022.

Ruth McFadyen left the meeting.

Decision: The Capital Budget 2022-23 was APPROVED.

The Chair thanked both the Assistant Principal – Finance and Audit and the Shared Finance Manager for attending the meeting.

The Assistant Principal – Finance and Audit left the meeting.

The Shared Finance Manager left the meeting.

Donald MacKenzie left the meeting.

Ruth McFadyen joined the meeting.

# 7. CONFIDENTIAL SESSION – UPDATE FROM THE UHI PARTNERSHIP CONFERENCE

A confidential discussion in respect of the update on the UHI Partnership Conference took place (CN-02-062022).

## 8. PRINCIPAL'S REPORT – INCLUDING CONFIDENTIAL ANNEX

The Principal took the Board through his report highlighting:

- The incredible achievement and success from the REF.
- Student satisfaction rates and the student experience.

A confidential discussion in respect of the Principal's Confidential Annex took place (CN-03-062022)

#### 9. POLICIES FOR APPROVAL

- a) Dignity in the Workplace
- b) Leaving UHI Inverness
- c) Staff Code of Conduct
- d) Supporting Probation
- e) Staff Recruitment and Selection
- f) Sustainable Procurement

Decision: It was AGREED that all the above policies were APPROVED.

### **10. GOVERNANCE CASE STUDY**

The Chair advised that his report provided a summary of the main issues in respect of the governance case study. The Chair advised that guidance had been received from both the Data Protection Manager and the Facilitator of the Review of the Case Study.

The Assistant Principal – Academic and Research left the meeting.

The Chair on behalf of the Board took this opportunity to offer a sincere apology to the Principal for the mistakes which were made by the Board of Management in 2020.

The Board discussed the lessons learned from this governance case study and noted that we are updating our Whistleblowing Policy and Procedure because of this.

#### **11. GOVERNANCE UPDATE**

The Board Secretary provided the Board with a background to the role of Audit Chair advising that Tina Stones had put herself forward for this role following the current chair's resignation from the role.

**Decision:** The Board **APPROVED** the appointment of Tina Stones as Chair of the Audit Committee.

The Board was advised that with Tina Stones having been appointed as Chair of Audit Committee that expressions of interest from any interested Non-Executive Member for the Role of Chair of the LT&R would be welcomed.

The Board discussed hybrid meetings and whether they were to continue.

**Decision:** It was **AGREED** that Committee meetings would remain online, and Board of Management meetings would be hybrid going forward.

Michael Beveridge left the meeting.

The Board was advised that the Schedule of Board and Committee Meetings for 2022/23 had been amended to facilitate the Assistant Principal – Finance and Audit's commitments to North Highland College.

**Decision:** The updated Schedule of Board and Committee Meetings was **APPROVED.** 

#### 12. DRAFT MINUTES OF BOARD COMMITTEES (CONFIDENTIAL)

The Board noted the contents of the following minutes of meetings:

- a) Minutes of the Chairs Committee held on 26 May 2022
- b) Minutes of the Audit Committee held on 07 June 2022

- c) Minutes of the HR Committee held on 09 June 2022
- d) Minutes of the Learning, Teaching and Research Committee held on 14 June 2022
- e) Minutes of the Finance and General Purposes Committee held on 16 June 2022.

### 13. UHI UPDATES

The Board noted the contents of the following:

- a) Minutes of the University Court held on 14 December 2021
- b) Minutes of the Regional Strategic Committee held on 04 November 2021
- c) Minutes of the Regional Strategic Committee held on 07 March 2022

### 14. AOCB

The Board gave their thanks to Ruth McFadyen for all her work over the past two years as HISA President for Inverness and for her contribution to all of the Committees she sat on.

### **19. DATE AND TIME OF NEXT MEETING**

Tuesday 25 October 2022 at 4.30 p.m.

## **UHI INVERNESS**

## **Board of Management – List of Outstanding Actions**

| 29 June 2021          |  |           |                       |
|-----------------------|--|-----------|-----------------------|
| Partnership Agreement | A progress update on the timeline will be taken and discussed<br>at each Board meeting to ensure that the partnership is<br>delivering on the agreed timescales.   |           | Ongoing               |
|                       | Part 1 has been agreed in principle.<br>Part 2 requires additional work and a further draft is now being<br>considered. This has been halted whilst further clarification<br>and direction from the UHI Partnership Conference is followed<br>through. |           |                       |
| 05 October 2021       | · · · · · ·  |           | I                     |
| Closed Session        | Business Solutions Team to attend a Board Meeting to present<br>to the board the pro-active ways in which they are working.  | Board Sec | Oct 22                |
|                       | The Board Secretary will ensure that all closed session presentations to the Board are scheduled within the Board Development and Training Plan for the year ahead.  |           |                       |
| 14 December 2021      |  | 1         |                       |
| Procurement           | The updated procurement strategy will be taken to the F&GP Committee for review and then to the Board of Management for final approval.  |           | Ongoing – March<br>22 |
| 10 February 2022      |  |           | · · ·                 |
| Finance Update        | The Board Secretary will source appropriate financial training for Board Members – this will be included within a development training plan for Board Members.   | Board Sec | October 22            |



| 31 March 2022   |  |               | · · ·        |  |
|---|--|---------------|--------------|--|
| Collaboration and<br>Partnership – Role of<br>Board Members | Any ideas for collaboration and partnership working to be<br>forwarded by members to the Board Sec. Any future<br>developments will be included within the Board of Management<br>Action Plan. | Board Members | Ongoing      |  |
| Code of Conduct   | All Board Members to complete a revised registration of interest form.<br>All Board Members to sign a fresh acceptance of the code form.   | Board Members | Ongoing      |  |
| 28 June 2022  |  |               |              |  |
| Capital Budgets   | An update on BIS Funding will be provided to the Finance and General Purposes Committee.   | AP – F&A      | October 2022 |  |
| Confidential Annex –<br>Partnership Working                 | The Principal will engage with potential partners and carry out due diligence in respect of proposals.   | Principal     | Ongoing.     |  |

## Item 03a.

# U'HI INVERNESS

## **Board of Management**

| Subject/Title:   | Placement and Externally Supported Learning  |
|--|--|
| Author:<br>[Name and Job title]  | TELs   |
| Meeting:   | Board Committee  |
| Meeting Date:  | 25.10.2022   |
| Date Paper prepared:   | 04.10.2022   |
| Brief Summary of the paper:  | This policy provides a quality and legislative framework for<br>identifying, running, or participating in the delivery of<br>placement or externally supported learning. It focuses on<br>management of the tripartite relationship between the<br>student, the academic partner/university, and the third   |
| Action requested:<br>[Approval, recommendation,<br>discussion, noting]   | party.<br>Approval   |
| Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with::<br>• compliance<br>• partnership services<br>• risk management<br>• strategic plan<br>• new opportunity/change |  |
| Resource implications:   | Yes / No<br>If yes, please specify:  |
| Risk implications:   | Yes / No<br><b>If yes, please specify:</b><br>Operational:<br>Organisational:  |
| Equality and Diversity implications:   | Yes/No<br>If yes, please specify:  |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail   | This policy has been created following extensive consultation with several specialists across the university partnership. These include but are not exclusive to subject network leaders; programme and curriculum leads at FE and HE levels; health and safety practitioners; finance, insurance, and legal practitioners; and placement/externally supported learning managers and coordinators. A strategic working group, with sub-consultation groups, was in place throughout the process. |

## Item 03a.

| <b>Status –</b> [Confidential/Non confidential]   | Non-Confidential |                                     |  |  |
|---|------------------|-------------------------------------|--|--|
| <b>Freedom of Information</b><br>Can this paper be included in<br>"open" business* [Yes/No]   | Yes              |                                     |  |  |
| *If a paper should <b>not</b> be inclue   | ded within "oper | n" busir                            | ness, 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<br>the commercial interests of any person or<br>organisation (S33)                       |                  |                                     | Its disclosure would constitute a breach of confidence actionable in court (S36)           |  |
| Its disclosure would constitute a breach<br>of the Data Protection Act (S38)  |                  | Other (please give further details) |  |  |
| For how long must the paper be withheld? (express<br>either as the time which needs to pass or a condition<br>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



## University of the Highlands and Islands

# Placement and Externally Supported Learning

## Work Placement and Externally Supported Learning Policy (tertiary)

| Lead Officer (Post):                   | Melanie Smith                             |
|--|---|
| Responsible Office/ Department:        | Curriculum                                |
| Responsible Committee:                 | Learning, Teaching and Research committee |
| Review Officer (Post):                 | Tertiary Education Lead (TEL)             |
| Date policy approved:                  | Click or tapto enter a date.              |
| Date policy last reviewed and updated: | N/A                                       |
| Date policy due for review:            | Click or tapto enter a date.              |
| Date of Equality Impact Assessment:    | 25/10/2021                                |
| Date of Privacy Impact Assessment:     | N/A                                       |

Accessible versions of this policy are available upon request. Please contact the Governance and Policy Officer on 01463 279000.

## Policy Summary

| Overview                         | The university is committed to providing placement and externally supported learning opportunities for students to consolidate and complement their academic learning. View all activity definitions. In addition, it is committed to providing opportunities to develop work-related skills, consider career pathways, and engage in personal and professional development planning. This policy provides a quality and legislative framework for identifying, running, or participating in the delivery of placement or externally supported learning. It focuses on management of the tripartite relationship between the student, the academic partner/university, and the third party. The university has a legislative and quality responsibility for the management and delivery of placement and externally supported learning. This includes proportionate risk assessment, consideration of insurance liability and provisions, and potential |
|----------------------------------|---|
|                                  | reputational risk to the university if approved policy and process is not adhered to.   |
| Purpose                          | The policy will support staff in the development, coordination, and<br>management of activity, including where appropriate adequate risk<br>assessment procedures, and consideration of issues of insurance liability,<br>legal responsibility, and reputational risk.  |
| Scope                            | Application of this policy is mandatory for all activity which is tripartite in<br>nature and consists of the following support elements: facilitation,<br>organisation, coordination, monitoring or assessment of placement or<br>externally supported learning opportunity by the university, academic partner<br>(AP) or any member of staff. Examples of the application of support elements<br>are available within the detailed staff guidance which accompanies this policy.   |
|                                  | This policy does not apply to students who are employed and engaged in<br>work-based learning (for example, Modern Apprentices, Graduate<br>Apprentices, FWDF but does apply to Foundation Apprentices) and as such<br>are not subject to the support elements identified above. In these<br>circumstances legislative and quality matters will not be the responsibility of<br>the university or APs.  |
| Consultation                     | This policy has been created following extensive consultation with several specialists across the university partnership. These include but are not exclusive to subject network leaders; programme and curriculum leads at FE and HE levels; health and safety practitioners; finance, insurance, and legal practitioners; and placement/externally supported learning managers and coordinators. A strategic working group, with sub-consultation groups, was in place throughout the process.  |
| Implementation and<br>Monitoring | Implementation: This renewed and revised tertiary policy will be widely<br>communicated to all academic partners when finalised via staff<br>communication channels, subject network committees, curriculum leads, and<br>staff drop-in sessions. The Careers and Employability Centre (CEC) will<br>support these activities and provide ongoing support.  |

|                    | <b>Monitoring:</b> Monitoring of policy compliance will be undertaken by the CEC.<br>This will involve mid-semester checks on all programmes, as detailed under<br>point 8.5.2 in this document. All required paperwork and evidence of<br>compliance is uploaded to a central, secure SharePoint area managed by the<br>CEC. This allows for simplified tracking of activity via a single point of<br>paperwork storage for each module undertaking placement or externally<br>supported learning activity. |
|--------------------|--|
|                    | <b>GDPR:</b> For data retention purposes, staff will be asked to remove documentation that features personal data and is no longer required from the secure, central SharePoint repository, at the end of each academic year. Data will be managed in line with the University partnership retention and disposal policy.docx.   |
| Risk Implications  | <ul> <li>The risk implications of this policy relate to the following aspects of placement or externally supported learning activities:</li> <li>Health, safety, and welfare of students.</li> <li>Risks arising from health and safety related liabilities.</li> <li>Reputational risk to the institution of a failure to provide a learning and development experience in a workplace environment, which meets the expectations of students and employers.</li> </ul>                                      |
| Link with Strategy | This policy is closely linked to the <u>University's Strategic Plan</u> and <u>Outcome</u><br><u>Agreement</u> in supporting the delivery of high quality curriculum and world-<br>class research, whilst providing student opportunities to develop valuable<br>skills and engage with employers and the communities in which we live and<br>work, for mutual benefit.  |
| Impact Assessment  | Equality Impact Assessment:<br>Yes.<br>Privacy Impact Assessment:<br>Deemed not necessary after completion of DPIA screening form.   |

## 1. Policy Statement

The university is committed to the development of placement and externally supported learning opportunities for students as evidenced through its Strategic Plan, and its Scottish Funding Council Outcome Agreement. As such, it recognises the objective of any experience, regardless of length, is to consolidate and complement academic learning, knowledge, and skills, while integrating aspects of personal career planning and development. As this is generally a tripartite relationship involving student, provider, and the university/academic partner, this policy sets out a framework for those involved in developing, running, or participating in, placement activity or externally supported learning.

The policy also addresses the university's legislative and quality responsibility for the management and delivery of placement and other externally supported activity, including where appropriate, adequate risk assessment procedures, and consideration of issues of insurance liability, legal responsibility, and reputational risk.

## 2. Definitions

| Work experience                       | Work experience provides short-term opportunities to develop<br>employability skills, professional behaviours and personal<br>attributes while gaining knowledge and insight into working life.<br>Opportunities are usually related to a students' programme of<br>study or future career plans.   |
|---------------------------------------|---|
| Work-based learning                   | This is an umbrella term for experiences students gain in the<br>workplace/working for an external organisation which are either<br>assessed for academic credit, used to support the achievement of<br>specific units, or to help contextualise learning.  |
| Externally led projects or challenges | These are opportunities for students to develop their skills in the context of a real-world scenario. They can be curricular or co-curricular, and usually require students to work independently or as a team to address a challenge posed by an external organisation and may or may not require the student/s to either visit or be based on the providers premises.   |
| Placement                             | A period a student spends in the workplace as an assessed component<br>of their studies. The terms 'placement' and 'internship' are<br>interchangeable and as such contain the same features, however it<br>should be noted that their application externally is subject to<br>cultural/sector/organisational norms. The period of placement activity<br>may vary in length dependent on curriculum area and can be<br>undertaken outside term times i.e., during Summer, Easter breaks, etc. |
| Work shadowing                        | Shadowing opportunities are generally short term. They allow<br>students to spend time at/with an external provider observing<br>the activities of that organisation/individual and the typical<br>working environment. Students are treated as visitors to the<br>workplace and as such are not paid, will not have a contract with  |

All the types of activity described below would fall within policy parameters.

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| inversity of the Highlands and | Islands Placement and Externally supported Learning  |
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|                                | the organisation, and there would be no expectation that the   |
|                                | student would contribute to the work of the organisation.  |
|                                | A virtual placement is an arrangement that includes the same   |
|                                | basic features as other 'in-person' placement activity except that   |
|                                | work contributions are undertaken away from the external   |
| Virtual Placement              | providers usual work environment. As such students would be  |
|                                | expected to complete virtual placement paperwork and the   |
|                                | employer will have the same responsibilities towards their home  |
|                                | workers as for any other workers.  |
|                                | Volunteering is a form of work experience but is most often used   |
|                                | to benefit others. It is not subject to formal employment terms  |
|                                | and conditions. It is a period that a student spends unpaid  |
|                                | without expectation or promise of compensation for their work,   |
| Volunteering                   | on an activity which may benefit society, the environment, or  |
|                                | themselves through developing skills and broader experience. It  |
|                                | may be related to completion of an extra-curricular award or   |
|                                | may contribute to a programme of study.  |
|                                | Governed by a formal agreement between the Higher Education  |
|                                | Provider and employer, NHS Boards, the General Teaching  |
|                                | Council for Scotland and local authorities. These placements are   |
| Due etice. Die eeuwente        | usually undertaken on programmes where qualification leads to  |
| Practice Placements            | licence or registration to practice. Students will often do multiple<br>practice placements as part of their programme of study. NHS |
|                                | placements may take place in-house and within other NHS  |
|                                | facilities. Employers, higher education providers and NHS staff  |
|                                | may be involved in the assessment of students.   |
|                                | Any work carried out by the student in locations or at premises  |
|                                | not under the managerial control of the university and may   |
|                                | include research, exploration, surveying, observation or   |
|                                | interviewing in a variety of different settings. Supervised  |
| Fieldwork                      | fieldwork is mainly under direct supervision such as taught  |
|                                | undergraduate or post graduate courses. However, there may   |
|                                | be instances where students are under periods of indirect  |
|                                | supervision.   |
|                                | Educational activities that take place off site offering students  |
| Site visits and event          | first-hand experiences of different environments and   |
| attendance                     | organisational cultures that are not available in their normal   |
|                                | teaching environment.  |

## 3. Purpose

The policy (and accompanying detailed guidance) has been written to ensure:

- Clarity of understanding by each party of their roles and responsibilities.
- Preparation of the student so they understand the risks and can make informed judgements.
- There are processes for raising and resolving problems prior to, during, and at the conclusion of the placement and externally supported learning.
- There are contingency plans in case of any exceptional circumstances.
- Staff who are involved in handling student placements and externally supported learning have guidance and training on policy and the mandatory process that they must follow.

## 4. Scope

This policy is tertiary. It is mandatory for all members of support and academic staff involved in the development, promotion, or management of activity which is tripartite in nature and consists of the following support elements: facilitation, organisation, coordination, monitoring or assessment of placement or externally supported learning opportunity by the university, academic partner (AP) or any member of staff. Examples of the application of support elements are available within the detailed staff guidance which accompanies this policy.

The policy also applies to senior management of the University and Academic Partners, particularly in relation to devolved responsibilities.

## 5. Exceptions

This policy does not apply to students who are employed and engaged in work based learning (for example, Modern Apprentices, Graduate Apprentices, FWDF but does apply to Foundation Apprentices) and as such are not subject to the support elements identified in the scope of this policy.

The policy does not apply to externally supported learning opportunities which are initiated and organised by the student, including Apprenticeships.

In these circumstances legislative and quality matters will not be the responsibility of the university or APs. Examples of student led activity which is not subject to mandatory requirements is available in the detailed staff guidance accompanying this policy.

## 6. Notification

Notification of changes to this policy must be approved by:

- Academic Principals
- The University Senior Management Team
- Members of QAEC
- Designated Signatories
- FE and HE Curriculum Teams across the partnership
- Academic Partner Placement Supervisors
- Academic Partner Externally Supported Learning Supervisors

## 7. Roles and Responsibilities

University Secretary, College Principals, Designated College Signatories, and Placement/ Externally Supported Learning Supervisors or staff arranging the activity, all hold a level of responsibility.

View full details or roles and responsibilities

<sup>0</sup> Placement and Externally Supported Learning6 www.uhi.ac.uk

## 8. Procedures

## 8.1 Management Principles

8.1.1 Participation in any form of placement, externally supported, or fieldwork activity should contribute to the purpose of the overall programme and or/extra-curricular award.

8.1.2 Planning and management of activity should follow a risk based, proportionate approach and adhere to all relevant university policies and procedures.

8.1.3 All activity should be subject to appropriate insurance and indemnity cover. Detailed policy guidance is provided here: Insurance and Liability.

8.1.4 All activity requires a signed tripartite Learning Agreement (TLA) and confirmation of relevant policy requirements in respect of points 8.1.3, 8.1.5, 8.1.6 and 8.1.7 is mandatory. Other requirements as detailed in staff guidance should be included in the TLA as appropriate, for example, PVG checks and measures.

8.1.5 All activity should consider the Health and Safety at Work Act 1974. Detailed policy guidance is provided here: <u>Health and Safety</u>.

8.1.6 All activity should consider the Equality Act 2010. Detailed policy guidance is provided here: Equality and Diversity.

8.1.7 In the course of developing or taking part in activity, students, staff or employers may have access to confidential or sensitive information concerning individuals, the business of the organisation, or third parties. The university recognises that the correct and lawful treatment of personal data maintains confidence in the organisation and provides for successful operations and the university is committed to a policy of protection the rights and freedoms of individuals with respect to the processing of personal data. The university has adopted a robust Information Security and Data Protection Policy and all activity must consider the eight principles of the Data Protection Act 1998. Detailed policy guidance on data security and confidentiality is provided here: GDPR and Intellectual Property.

8.1.8 in certain circumstances the host organisation may require as a condition of acceptance that the student assign to them, by way of a contract, their Intellectual Property rights (IPR) in the work they create or develop while on the placement or externally supported learning. Guidance on this area can be found within the <u>university's IPR policy</u>.

8.1.9 Where activity is undertaken through a modular/unit framework, students should be provided with information and documentation as per the regulations set down in the university's <u>Academic</u> <u>Standards and Quality Regulations</u>.

8.1.10 Where activity is subject to accreditation through external awarding bodies, consideration should also be given to any additional specifications or requirements.

8.1.11 Where activity involves working with children or protected adults, account must be taken of the <u>Protection of Vulnerable Groups (Scotland) Act 2007</u>. Detailed policy guidance is provided here: <u>PVG Considerations</u>.

8.1.12 Where activity is to take place abroad, account must be taken of cultural considerations, legislation, visa and insurance requirements. Placements or externally supported learning with overseas organisations require particular care, as it will be necessary to consider overseas jurisdiction issues and the requirements of statutory/regulatory authorities in the territory in respect of indemnity and insurance arrangements. Detailed policy guidance is provided here: <u>Sending</u> Students Abroad.

8.1.13 Where activity involves the placement of an international student in the United Kingdom, the university is subject to restrictions placed upon activity as set out by Guidance on application for UK visa as Tier 4 student. Detailed policy guidance is provided here: <u>Placing international students in the UK</u>.

8.1.14 Where additional support and guidance is required, in areas such as, job search, CV and interview preparation, academic staff should seek guidance from, or refer the student to, the university's Careers and Employability Centre.

## 8.2 Roles and responsibilities (incorporating, staff, students and third parties)

The objective of any work based, placement or externally supported learning experience, regardless of length, is to consolidate and complement academic learning, knowledge, and skills with experience. It generally involves a three-way partnership involving the student, the provider, and the university/AP.

The university has a legislative and quality responsibility for the management and delivery of placement and externally supported learning activity, including where appropriate, adequate risk assessment procedures, and consideration of issues of insurance liability, legal responsibility and reputational risk. It is important to remember that irrespective of who initiates the activity; whether a student makes a speculative application, an employer advertises a scheme or the university/AP sources a project, all parties should be involved in the relationship if it is to become a successful learning opportunity.

View roles and responsibilities chart here

## 8.3 Legislative requirements

The university has a duty of care in relation to legislative requirements, when planning and delivering placement and externally supported learning activity.

View information on all duty of care and legislative requirements

## 8.4 Quality monitoring

Quality monitoring is undertaken through the compliance monitoring process as detailed below under 8.5.2.

Annual updates will be provided to QAEC as part of enhancement theme quality monitoring processes.

Feedback from Placement or Externally Supported Learning Providers on the 'service delivery' aspect of hosting and managing students is also a vital element of the quality monitoring process.

<sup>0</sup> Placement and Externally Supported Learning8 <u>www.uhi.ac.uk</u>

This Policy will go through UHI Inverness' local quality monitoring process.

#### View placement and externally supported learning provider process evaluation form

## 8.5 Monitoring, recording, and reporting processes

#### 8.5.1 Storing of paperwork

All mandatory documentation and paperwork relation to placement and externally supported learning is to be uploaded to the secure, central repository set-up for these purposes. This allows for evidencing policy compliance.

The paperwork require depends on the type of activity being undertaken. More information is available on the <u>Staff Guidance Site</u>.

#### 8.5.2 Compliance checks

The following approach will be used for checking paperwork compliance, in line with the requirements of this policy. This will be undertaken by the Careers and Employability Centre (CEC).

New Programmes

• Full paperwork check required for any programmes who are new to placement or externally supported learning activity.

Programmes with regular and ongoing activity

- Sampling approach where paperwork has proven to be in order in the past.
- Sample 25% of all programmes undertaking placement.
- For those 25% we sample paperwork for 5 student placements or 10% of total cohort undertaking placement (whichever is greater).
- Takes place once a semester (mid-semester) each academic year.

Non-compliant Programmes

- Identification of courses where there have been issues with paperwork and compliance in the past.
- Full check from CEC to ensure compliance with full process.

## 9. Legislative Framework

- Health and Safety Act 1974
- Equality Act 2010
- Data Protection Act
- UK Visas and Immigration Policy
- Protection of Vulnerable Groups (Scotland) Act
- Disability Discrimination Act 2005

## 10. Related Policies, Procedures, Guidelines and Other Resources

Placement and Externally Support Learning: Staff Guidance Site

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University of the Highlands and Islands

Placement and Externally Supported Learning

Item 03a.

- UK Quality Code for Higher Education: B3, B4, B10
- QAA Work-Based Learning Expectations and Practices
- UK Quality Code. Advice and Guidance: Work-Based Learning 2018
- ASET\* Good Practice Guide for Work based and Placement Learning in Higher Education
- ASET Good Practice Guide for Health and Safety for Student Placements
- ASET Good Practice Guide for Supporting Students with Disabilities on Placement
- Scottish Framework for Safe Practice in Off-site Visits

## 11. Version Control and Change History

[All policies are controlled documents. This section is used at end of a policy as a simple overview detailing version control and change history.]

| Version | Date | Approved by | Amendment(s) | Author |
|---------|------|-------------|--------------|--------|
| 0       |      |             |              |        |
| 1       |      |             |              |        |
| 2       |      |             |              |        |
| 3       |      |             |              |        |
| 4       |      |             |              |        |

## Item 03b

# U'HI INVERNESS

## **Board of Management**

| Subject/Title:   | UHI Student Carers Policy   |
|--|---|
| Author:<br>[Name and Job title]  |   |
| Meeting:   | Board of Management   |
| Meeting Date:  | 25.10.22  |
| Date Paper prepared:   | 13.09.22  |
| Brief Summary of the paper:  | This Policy was Approved by PPRP on the 27 <sup>th</sup> June, approved by EMT on the 1 <sup>st</sup> September and the LT&R Committee recommended it for approval on 27 September. |
| Action requested:<br>[Approval, recommendation,<br>discussion, noting]                       | For Approval  |
| Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with::        |   |
| <ul><li> compliance</li><li> partnership services</li></ul>                                  |   |
| <ul><li>risk management</li><li>strategic plan</li><li>new opportunity/change</li></ul>      |   |
| Resource implications:   | Yes / No<br>If yes, please specify:   |
| Risk implications:   | Yes / No<br><b>If yes, please specify:</b><br>Operational:<br>Organisational:   |
| Equality and Diversity implications:   | Yes/No<br>If yes, please specify:   |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail |   |

## Item 03b

| <b>Status –</b> [Confidential/Non confidential]   | Non-Confidential |  |  |  |
|---|------------------|--|--|--|
| <b>Freedom of Information</b><br>Can this paper be included in<br>"open" business* [Yes/No]   | Yes              |  |  |  |
| *If a paper should <b>not</b> 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<br>the commercial interests of any person or<br>organisation (S33)                       |                  |  | Its disclosure would constitute a breach of confidence actionable in court (S36)           |  |
| Its disclosure would constitute a breach<br>of the Data Protection Act (S38)  |                  |  | Other (please give further details)  |  |
| For how long must the paper be withheld? (express<br>either as the time which needs to pass or a condition<br>which needs to be met.) |                  |  | 1  |  |

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

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Student Carers Policy

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## UHI INVERNESS

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## **Student Carers Policy**

#### POL144

| Lead Officer (Post):                   | Student Support ManagerAssistant Principal           |
|--|--|
|  | Student Experience & Quality                         |
|  |  |
| Responsible Office/ Department:        | EO Student Support Access & Progression              |
| Responsible Committee:                 | Equality, Diversity and Inclusion committee Priority |
|  | Groups Forum   |
|  | Finance and General Purposes Learning, Teaching &    |
|  | Research Committee                                   |
|  |  |
| Review Officer (Post):                 | Student Support ManagerAccess & Progression          |
|  | Manager  |
|  |  |
| Date policy approved:                  | 18/11/2019   |
| Determation last an dense dans date de | 29/04/2022   |
| Date policy last reviewed and updated: | 23/04/2022   |
| Date policy due for review:            | 29/04/2024   |
|  |  |
| Date of Equality Impact Assessment:    | <del>26/08/2019<u>1</u>8/06/2022</del>               |
| Date of Privacy Impact Assessment:     | n/a  |
|  |  |

Accessible versions of this policy are available upon request. Please contact the Governance and Policy Officer on 01463 279000.

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Student Carers Policy

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## Policy Summary

| Overview                         | Why is the policy required?<br>This policy has been created to provide information on the support student                                 |
|----------------------------------|---|
|                                  | carers can expect to receive whilst a student at the University of the Highlands and Islands.   |
|                                  | What will the policy achieve?   |
| Purpose                          | The policy will provide a unified approach to student carers across the network and ensure parity of student experience.                  |
|                                  | Who does the policy apply to?   |
| Scope                            | The policy applies to all students enrolled at the University and its academic partners.  |
| Consultation                     | Who has been consulted on the policy, and who will be notified?   |
|                                  | The policy has been developed by a group of practitioners from across the network who are part of the university's Priority Groups Forum. |
| Implementation and<br>Monitoring | Who will be responsible for implementing and monitoring the policy, and what resources/ costs will be incurred?                           |
|                                  | Academic Partners are responsible for ensuring that the policy is followed in their local institution.                                    |
|                                  | What are the risk implications of this policy?  |
| Risk Implications                | This policy will reduce risk for partners by ensuring that best practice from across the partnership is being shared and followed.        |
| Link with Strategy               | How is this policy linked to University strategy?   |
|                                  | This is a cross-partner resource and links to Strategic Aim 1 – Our Students.   |
| Impact Assessment                | Equality Impact Assessment: Yes   |
|                                  | Privacy Impact Assessment: No   |

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#### Student Carers Policy

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#### 1. Policy Statement

- 1.1 The University is a collegiate institution based on a partnership of 10 colleges, 2 research institutions, and over 50 learning centres spread across the Highlands and Islands, Argyll, Moray and Perthshire. It encompasses both Further and Higher Education, allowing a single point of access for post-school education and training.
- 1.2 This policy outlines the university and its academic partners' commitment to provide a safe and supportive learning environment for students with unpaid caring responsibilities and to enable them to successfully complete their course and undergo a worthwhile experience throughout their student journey.

#### 2. Definitions

2.1 The University and its academic partners have adopted the Carers Trust Scotland definition of a carer which is 'anyone who cares, unpaid, for a family member or friend who due to illness, disability, frailty, a mental health problem or an addiction cannot cope without their support.'

#### 3. Purpose

- 3.1 This policy provides information and guidance to staff and students on the support available to student carers. It will also ensure there is a unified response to the support needs of student carers across the University and its academic partners therefore ensuring equity of experience no matter where a student is located.
- 3.2 This policy covers both prospective and currently enrolled students of the University and its academic partners.

#### 4. Scope

- 4.1 This is a tertiary policy and covers all students currently enrolled at the university or one of its academic partners.
- 4.2 To identify student carers, the below Metis reports can be used:
  - ADM007 this will identify students who have applied.
  - ENR013 this will identify students who have enrolled.
- 4.3 Staff members are asked to proactively contact enrolled students identified within the ENR013 report to raise awareness of support available. If an academic partner has a high number of disclosures, they may wish to send a blanket email to all disclosed students, however, please ensure you add addresses into the bcc field so students cannot see who else has disclosed.
- 4.4 If resource allows, staff may also wish to proactively contact those students who have disclosed at application using the ADM007.
- 4.5 Confirmation of student carer status is the responsibility of the student. This can be done in a variety of ways:
  - During admissions process
  - At interview
  - Via the disclosure box on the enrolment form
  - To the Personal Academic Tutor (PAT) or Personal Development Advisor (PDA)

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## Item 03b

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Student Carers Policy

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- Or, to any other staff member during the student journey. Staff can refer students, with their consent, to the local Student Services team via the 'refer student to support' button in the Student Support area of UHI Records. Staff will require the student's ID number to make the referral.
- 4.6 To implement support, evidence is required to confirm a student's carer status which can come in many different forms. Some examples of acceptable proof include, but are not limited to:
  - A local authority's Carer's Assessment, Adult Carer Support Plan or Young Carers Statement
  - Self-certification, in the form of a short statement, regarding the nature of caring duties and the impact these may have on studies. This can be verbal or written.
  - A GP letter confirming status.
  - Other relevant documentation such as a letter from a Carer's organisation, social worker, carer group or receipt from benefits.
- 4.6 Generally, self-certification will be the most common method used however the university can, at any point, request further information or evidence to confirm carer status or any changes to the student caring responsibilities.

#### 5. Exceptions

- 5.1 This policy does not cover:
  - Students with parental/guardian responsibilities (unless for a child with a disability)
    Those employed in a caring capacity

#### 6. Notification

- 6.1 All staff have the potential to encounter students who are unpaid carers and should be aware of this policy.
- 6.2 This policy will be highlighted to Senior Management, Student Support Staff and all other members of staff via relevant committees and staff newsletters. Students will be informed via the appropriate communication channels.
- 6.3 The policy will be publicly available on the University/academic partner's website, along with other current policies. It can be viewed <u>here</u>.

#### 7 Roles and Responsibilities

- 7.1 It is the responsibility of all university and academic partner staff to comply with the policy.
- 7.2 Students who disclose their carer status will be offered the opportunity to discuss their support requirements with the local student support team which may lead to the development of a support plan detailing the reasonable adjustments which are required.
- 7.3 Examples of the reasonable adjustments which may be put in place for student carers include, but are not limited to:
  - Authorised absence
  - Assessment/essay extensions
  - Timekeeping and timetable adjustments
  - Access to part-time study

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## Item 03b

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- Priority access to discretionary funding (formal evidence may be required of carer status)
- 7.4 Students can request a meeting with their local Student Services team at any point during their studies, however, a review of their support plan is generally done once a year, unless there are any considerable changes in their caring responsibilities. Students are encouraged to advise their local student services team as soon as possible of any changes which may impact their studies.
- 7.5 Student Support staff will signpost to additional support available from external agencies, as required. This may include agencies such as Connecting Carers, Cross Roads or Connecting Young Carers, but will depend upon the geographical location.
- 7.6 The University will make every effort to accommodate the support needs of student carers however any flexibility must not impact on the student's ability to meet the necessary academic outcomes. All requests for reasonable adjustments will be carefully considered before being approved. If any request is rejected, the student will be made aware in writing which will include the reason for the rejection and guidance on what alternative arrangements can be made.

#### 8 Legislative Framework

- 8.1 The below legislative is relevant to this policy:
  - The Equality Act (2010)
  - Carers (Scotland) Act (2016)
  - General Data Protection Regulation (GDPR) (2018)
  - The Data Protection Act (1998)
  - Post-16 Education (Scotland) Act 2013
- 8.2 The policy should also be understood in conjunction with other policies and documentation such as:
  - Tertiary Learner Support Ppolicy
  - Safeguarding Policy
  - Admissions Policy
  - Equality, Diversity and Inclusiveness Policy
  - Student Carers Action Plan
  - Academic Partner Access and Inclusion Strategies

#### 9 Related Policies, Procedures, Guidelines and Other Resources

<u>Admissions Policy (Higher Education</u>) – an applicant with caring responsibilities is recognised within the University's Admissions Policy. Applicants can highlight they are a carer within their personal statement or at any point during their student journey.

| 05 | Student Carers Policy |
|----|-----------------------|
|    | <u>www.uhi.ac.uk</u>  |

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Student Carers Policy

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<u>Student Carers Online Staff Module</u> – Held within the University's BrightSpace platform, key Student Support and student facing staff are encouraged to complete this module.

## 10 Version Control and Change History

| Version | Date     | Approved | Amendment(s)                   | Author       |
|---------|----------|----------|--------------------------------|--------------|
|         |          | by       |                                |              |
| 0       | 18/11/19 | FGPC     | Approved                       | L Sutherland |
| 1       | 25/04/22 | Policy   | Reviewed – no changes required | L Sutherland |
|         |          | Owner    |                                |              |
| 2       | 29/04/22 | Policy   | Moved to new template          | N Oakley     |
|         |          | Manager  |                                |              |
| 3       |          |          |                                |              |

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## Item 03c

# U'HI INVERNESS

## **Board of Management**

| Subject/Title:   | UHI Student Conduct  |  |
|--|--|--|
| Author:<br>[Name and Job title]  | Louise Martin-Theyers<br>Access and Progression Manager  |  |
| Meeting:   | Board of Management  |  |
| Meeting Date:  | 25.10.22   |  |
| Date Paper prepared:   | 13.09.22   |  |
| Brief Summary of the paper:  | The Board are asked to approve the following Policy. Minor<br>amendments have been made to this Policy following actions<br>identified at the Policy and Procedure Review Panel on the 4th August.<br>Amendments include the addition of a statement around those who<br>represent a student on their behalf having to follow the Policy. As well as<br>this amendments were made to reflect local committees and job titles at<br>UHI Inverness.<br>It was approved by EMT on 1 <sup>st</sup> September 22 and recommended for<br>approval by the LT&R Committee on 27 September 22 |  |
| Action requested:<br>[Approval, recommendation,<br>discussion, noting]<br>Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with::<br>• compliance<br>• partnership services<br>• risk management<br>• strategic plan<br>• new opportunity/change | For Approval   |  |
| Resource implications:   | Yes / No<br>If yes, please specify:  |  |
| Risk implications:   | Yes / No<br>If yes, please specify:<br>Operational:<br>Organisational:   |  |
| Equality and Diversity implications:   | Yes/No<br>If yes, please specify:  |  |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail   |  |  |

## Item 03c

| <b>Status –</b> [Confidential/Non confidential]   | Non-Confidential |  |  |  |
|---|------------------|--|--|--|
| <b>Freedom of Information</b><br>Can this paper be included in<br>"open" business* [Yes/No]   | Yes              |  |  |  |
| *If a paper should <b>not</b> 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<br>the commercial interests of any person or<br>organisation (S33)                       |                  | Its disclosure would constitute a breach of confidence actionable in court (S36)           |  |  |
| Its disclosure would constitute a breach<br>of the Data Protection Act (S38)  |                  | Other (please give further details)  |  |  |
| For how long must the paper be withheld? (express<br>either as the time which needs to pass or a condition<br>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

# U'HI INVERNESS



# **Student Conduct Policy**

## POL(tbc)

| Lead Officer (Post):                   | Vice Principal Student Experience and Quality |
|--|---|
| Responsible Office/ Department:        | Access & Progression                          |
| Responsible Committee:                 | Learning Teaching and Research Committee      |
| Review Officer (Post):                 | Access and Progression Manager                |
| Date policy approved:                  | Click or tap to enter a date.                 |
| Date policy last reviewed and updated: | n/a   |
| Date policy due for review:            | August 2025                                   |
| Date of Equality Impact Assessment:    | ТВС   |
| Date of Privacy Impact Assessment:     | n/a   |

Accessible versions of this policy are available upon request. Please contact the Governance and Policy Officer on 01463 279000.

## Policy Summary

| Overview                         | The policy aims to promote a positive learning environment. This is set within the context of the broader framework of policies and related procedures.  |
|----------------------------------|--|
| Purpose                          | The policy seeks to promote, encourage and recognise a positive learning<br>environment, and engender a culture of equality, diversity and openness.<br>We expect conduct that helps to create a positive and safe learning<br>environment that reinforces our culture. This policy fits into a broader<br>framework of policies related to culture, conduct and discipline. |
| Scope                            | This policy applies to all current and prospective students, including<br>apprentices, regardless of level or mode of study and applies to all areas of<br>student engagement in their learning environment and/or which may<br>affect other students and staff, including online activities.  |
| Consultation                     | It policy also applies to any representative acting on behalf of a student<br>The policy has been developed by a group of practitioners from across the<br>academic partners in the UHI to ensure that best practice is reflected in the<br>policy and accompanying procedures.  |
| Implementation and<br>Monitoring | Academic partners are responsible for ensuring that the policy and procedures are followed in their own organisation.  |
| Risk Implications                | This policy will reduce risk for academic partners by ensuring that best practice from across the partnership is being shared and followed.  |
| Link with Strategy               | This policy supports the university's commitment to provide a safe and supportive learning and working environment for all, aligned with the strategic pillar 'tertiary education' in the Strategic Plan 2021-2025.  |
| Impact Assessment                | Equality Impact Assessment: Completed – no further action required.  |
|                                  | Privacy Impact Assessment: n/a   |

## 1. Policy Statement

- 1.1 The University of the Highlands and Islands aims to promote a positive learning environment. The Student Conduct Policy is part of a suite of documents, including:
  - Academic Misconduct Policy
  - Fitness to Practise Guidelines (course-specific)
  - Gender Based Violence Policy (forthcoming 2022/23)
  - Mental Health Strategy
  - Mitigating Circumstances Procedure
  - Support to Study Procedure
  - Student Code of Conduct
  - Student Criminal Offence Data Disclosure Policy (forthcoming 2022/23)
  - Student Disciplinary Procedure
  - Student Mental Health and Counselling Policy
  - Suicide Intervention and Risk Management Policy and Guidance
  - Safeguarding Policy
  - University of the Highlands and Islands Academic Standards and Quality Regulations
  - University of the Highlands and Islands Academic Misconduct Guidance
- 1.2 The university recognises that the appropriateness, development and acceptability of certain conduct may be different depending on the background and maturity of the learner(s) involved, and that individuality and context will be recognised.
- 1.3 This policy sets out how we seek to promote and maintain acceptable student conduct in a positive learning environment, with reference to the Student Code of Conduct, and Student Disciplinary Procedure in the event of breach of the Student Code of Conduct.
- 1.4 This policy applies to UHI and all academic partners.

## 2. Definitions

- 2.1 **Behavioural misconduct**: Students are expected to conduct themselves in a professional and courteous manner, both on and off campus, in a manner which demonstrates respect for the university, its staff, fellow students and property, and for other members of the local community in general. Behavioural misconduct is a breach of this expected standard.
- 2.2 **Student Code of Conduct**: This is a document that is made available to and is applicable to all students that states the university 's expectations for student conduct. It gives examples of misconduct offences and the types of disciplinary action likely to occur.
- 2.3 Academic misconduct/malpractice: A generic term to describe any type of cheating or dishonest conduct in relation to a formal academic exercise. It may be deliberate or unintentional and may take different forms, including, but not limited to: plagiarism, cheating, collusion, falsification or fabrication of data, personation and bribery.
- 2.4 **Academic maladministration**: Any activity or practice which arises due to ignorance of awarding body requirements, or carelessness or neglect in applying the requirements. This results in non-compliance with an awarding body's requirements.
- 2.5 **Exclusion from campus:** the removal of the student's access to all sites constituting the University campus for a specified period of time in response to a disciplinary incident. In
some circumstances this exclusion may extend to all university and academic partner campuses. The student may continue to study remotely throughout this period.

2.6 **Exclusion from studies**: the removal from the student's course of study in response to a disciplinary incident, resulting in the loss of registered student status and loss of access to all facilities. If a student is excluded from studies, they can also expect to have their university-operated residence contract terminated.

In some circumstances this exclusion may apply to the university and all academic partners for a period of time deemed appropriate by the disciplinary process. In some cases, this may result in any future applications from the student being rejected.

- 2.7 **Suspension of Studies**: A suspension of studies is not a disciplinary measure. When a student chooses to take a period of time out from their studies because of a change in their personal circumstances, with the intention to return at a later date. The option of suspension of studies is dependent on what the student's course allows.
- 2.8 **Precautionary Action**: In the event of an allegation of misconduct, a student may be excluded from UHI Inverness until the investigation is completed if there is risk of harm to themselves, other students or staff. During this time, they will be able to continue to study remotely and will continue to receive student support funds. Precautionary action is not a punishment but is intended to protect the interests of all parties.

Where precautionary action is to be used, in consultation with the Vice Principal Student Experience and Quality, the Access and Progression Manager should inform the student by letter and email, explaining that they are being excluded to allow an investigation to occur.

Precautionary action may also include measures up to complete exclusion from UHI Inverness, e.g. removal of access to a course of study or specific building. Consideration should also be given to removing access to other university and academic partner facilities.

### 3. Purpose

- 3.1. The university seeks to promote, encourage, and recognise acceptable conduct in a positive learning environment, and engender a culture of equality, diversity and openness.
- 3.2. We expect conduct that helps to create a positive and safe learning environment that reinforces our culture. Examples of unacceptable conduct can be found in the Student Code of Conduct.
- 3.3 This policy fits into a broader framework of policies related to culture, conduct and discipline. Please refer to Section 1.1 and Section 9 for further information.
- 3.4 All breaches of the Student Code of Conduct will be investigated in accordance with the Student Disciplinary Procedure. Any such instance which may also constitute a criminal offence will be reported to the police and may lead to separate criminal proceedings.
- 3.5 In the event of a police referral, UHI Inverness will be unable to investigate any incidents whilst an official police investigation is underway however precautionary actions may be taken to reduce risk, ensure the safety of others and protect the integrity of the police investigation and a potential future UHI Inverness investigation. UHI Inverness will consult

with the police during this period, and appropriate support will be provided to any students and staff involved.

3.6 All disciplinary matters will be dealt with in strict confidence and all personal data will be dealt with following legislative guidelines. Should any queries arise regarding data protection and GDPR, the local Data Protection Officer should be consulted.

### 4. Scope

- 4.1. This policy applies to all current and prospective students, including apprentices, regardless of level or mode of study.
- 4.2 This policy applies to all areas of student engagement in their learning environment (physical or virtual) and/or which may affect other students and staff, including online activities.
  - 4.3 This policy applies to students in accommodation managed by the university but may be brought into effect where a student residing in privately managed accommodation conducts themselves in a manner which brings the university and/or academic partner into disrepute.

### 4.4 This policy applies to any representative acting on behalf of a student

- 4.4 **Senior phase programmes:** Senior phase programme students fall within the scope of the Student Conduct Policy when they are studying on university/academic partner campuses and are expected to observe the Student Code of Conduct.
- 4.5 The Support to Study Procedure and course specific Fitness to Practice Guidelines are not explicitly within the scope of this policy but are linked and as such are signposted within the Student Disciplinary Procedure and the Student Code of Conduct.

### 5. Exceptions

- 5.1 HISA has its own Code of Conduct, to which all HISA members are subject to. Behavioural misconduct by a student that constitutes both a breach of the Student Code of Conduct and the HISA Code of Conduct may be investigated by both organisations. Should the incident(s) occur as part of a HISA event or business, HISA should conclude their investigation before UHI Inverness begins their own investigation or vice-versa. The outcome of the HISA investigation or a UHI Inverness investigation should not prejudice one another, and UHI Inverness reserves the right to take precautionary action pending the outcome of both investigations.
- 5.2 In some circumstances a disciplinary issue may involve an externally stipulated process, such as complaints or a safeguarding referral. In these circumstances, careful consideration should be given to how the issue should be managed and the other key staff e.g. complaints manager or safeguarding lead, involved at the earliest opportunity.
- 5.3 Student attendance and engagement is not normally managed using the Student Conduct Policy and Student Disciplinary Procedure.

### 6. Notification

6.1 All staff members will be notified of changes to the policy and Student Disciplinary Procedure through the normal channels.

- 6.2 Staff responsible for overseeing the process should have a detailed knowledge of the policy and Student Disciplinary Procedure.
- 6.3 Students will be made aware of the policy, Student Code of Conduct and Student Disciplinary Procedure within four weeks of commencing their course. Students have the opportunity to read the Student Code of Conduct before agreeing to it as part of the enrolment process.
- 6.4 The policy and Student Disciplinary Procedure will be publicly available on UHI Inverness' website.

### 7. Roles and Responsibilities

- 7.1 The Board of Management, Inverness College is responsible for approving the policy and ensuring that it is followed. The Board of Management, Inverness College are also responsible for ensuring the strategic effectiveness of the policy.
- 7.2 The Principal and Executive Management Team are responsible for operational compliance with the policy. The Principal and Executive Management Team are also responsible for ensuring the operational effectiveness of the policy and making provision for training for all staff.
- 7.3 Line managers are responsible for ensuring staff participate in training and follow the policy and procedure in their day-to-day role.
- 7.4 All staff are responsible for familiarising themselves with the policy and procedure.
- 7.5 A practitioner group, made up of representatives from across the partnership and HISA, are responsible for periodic review of the policy and providing operational feedback.

### 8. Legislative Framework

Data Protection:

- Data Protection Act 2018
- General Data Protection Regulation (GDPR) 2018

General:

- Equality Act 2010

Protection of Vulnerable People:

- Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007
- Children and Young People (Scotland) Act 2014
- Post-16 Education Act (Scotland) (2013)
- Protection of Children (Scotland) Act 2003
- Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005
- Protection of Vulnerable Groups (Scotland) Act 2007

# 9. Related Policies, Procedures, Guidelines and Other Resources

- Academic Misconduct Policy

- Fitness to Practise Guidelines (course-specific)
- Gender Based Violence Policy (forthcoming 2022/23)
- Mental Health Strategy
- Mitigating Circumstances Procedure
- Support to Study Procedure
- Student Code of Conduct
- Student Criminal Offence Data Disclosure Policy (forthcoming 2022/23)
- Student Disciplinary Procedure
- Student Mental Health and Counselling Policy
- Suicide Intervention and Risk Management Policy and Guidance
- Safeguarding Policy
- University of the Highlands and Islands Academic Standards and Quality Regulations
- University of the Highlands and Islands Academic Misconduct Guidance

## **10. Version Control and Change History**

| Version | Date     | Endorsed by | Amendment(s) Author   |                 |  |
|---------|----------|-------------|---|-----------------|--|
| 0       | Sep 2019 | Academic    | n/a   | PPLE Policy     |  |
|         | ТВС      | Council     |   | Ownership Group |  |
|         | •        |             | Name change from Promoting a<br>Positive Learning Environment to<br>Student Conduct Policy; removed<br>references to Disciplinary Framework<br>Decision Tree due to removal of that<br>document; 1.1: added suite of<br>documents list for consistency; 2.7:<br>added ' If a student is excluded from<br>studies, they can also expect to have<br>their university-operated residence<br>contract terminated'; 2.8: added 'The<br>option of suspension of studies is<br>dependent on what the student's<br>course allows'; 2.9: new section on<br>precautionary action to align with<br>Student Disciplinary Procedure; 3.3:<br>Second sentence changed to 'Please<br>refer to Section 1.1 and Section 9 for<br>further information'; 3.5: new section<br>on involvement of police in<br>investigations; 4.2: 'physical or virtual'<br>added; 4.4: 'schools link' updated to<br>'senior phase'; 5.1: added 'code of<br>conduct' and new paragraph regarding<br>HISA; 5.2: new section regarding<br>externally stipulated processes running<br>in parallel; 5.3: added for clarity<br>regarding policy and attendance; |                 |  |
|         |          |             | various grammatical amendments; 6.3:<br>'Students have the opportunity to read  |                 |  |

## Item 03c

### Student Conduct Policy

| the Student Code of Conduct before<br>agreeing to it as part of the enrolment<br>process' added; 7.5: added for clarity<br>around policy creation and revision; 8:<br>Post-16 Education (Scotland) Act 2013<br>added; updating the names of related<br>policies, procedures and guidelines. 9: |  |
|--|--|
| List updated to reflect 1.1  |  |

## Item 03d

## U'HI INVERNESS

## **Board of Management**

| Subject/Title:  | Health and Safety Policy  |
|---|---|
| Author:<br>[Name and Job title]   | Allan Kerr<br>Health and Safety Manager   |
| Meeting:  | Board of Management   |
| Meeting Date:   | 25.10.22  |
| Date Paper prepared:  | 08.09.2022  |
| Brief Summary of the paper:   | The Policy was approved by Policy and Procedure Review<br>Panel on 6 <sup>th</sup> June. It was approved by EMT on 27 <sup>th</sup> July.<br>This Policy has taken out the 'Wellbeing' section to focus on<br>Health and Safety, there is a new Wellbeing Policy to be<br>drafted and taken through our local approval process. |
| Action requested:<br>[Approval, recommendation,<br>discussion, noting]  | Approval - this policy had been due for recommendation from the Audit<br>Committee but due to the meeting not being quorate this has not been<br>possible.  |
| Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with::   |   |
| <ul> <li>compliance</li> <li>partnership services</li> <li>risk management</li> <li>strategic plan</li> <li>new opportunity/change</li> </ul> |   |
| Resource implications:  | Yes / No<br>If yes, please specify:   |
| Risk implications:  | Yes / No<br><b>If yes, please specify:</b><br>Operational:<br>Organisational:   |
| Equality and Diversity implications:  | Yes/No<br>If yes, please specify:   |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail  |   |

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| <b>Status –</b> [Confidential/Non confidential]   | Non-Confidential |  |  |
|---|------------------|--|--|
| <b>Freedom of Information</b><br>Can this paper be included in<br>"open" business* [Yes/No]                     | Yes              |  |  |
| *If a paper should <b>not</b> be included within "open" business, please highlight below the reason.            |                  |  |  |
| Its disclosure would substantially prejudice a programme of research (S27)                                      |                  | Its disclosure would substantially<br>prejudice the effective conduct of public<br>affairs (S30) |  |
| Its disclosure would substantially prejudice<br>the commercial interests of any person or<br>organisation (S33) |                  | Its disclosure would constitute a breach of confidence actionable in court (S36)                 |  |
| Its disclosure would constitute a breach<br>of the Data Protection Act (S38)                                    |                  | Other (please give further details)  |  |
| For how long must the paper b<br>either as the time which needs<br>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

## U'HI INVERNESS

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### HEALTH AND SAFETY POLICY AND WELLBEING POLICY

### REFERENCE: PL/HR/2021/001

| Lead Officer                | Principal and Chief Executive Officer |
|-----------------------------|---------------------------------------|
| Review Officer              | Health and Safety Manager             |
| Date first approved by BoM  | 9 March 2009                          |
| First Review Date           | 7 March 2010                          |
| Date review approved by BoM | 29 June 2021                          |
| Next Review Date            | May <u>XXX</u> 202 <u>3</u> 2         |
| Equality impact assessment  | February-June 20221                   |
| Further information (where  |                                       |
| relevant)                   |                                       |
| iolovality                  |                                       |

| Reviewer                | Date     | Review Action/Impact  |
|-------------------------|----------|---|
| Health & Safety Manager | 07.03.10 |   |
| Health & Safety Manager | 30.05.12 |   |
| Health & Safety Manager | 20.06.12 |   |
| Health & Safety Manager | 19.03.15 |   |
| Health & Safety Manager | 28.03.17 |   |
| Health & Safety Manager | 29.05.18 | Review approved by BoM audit Committee  |
| Health & Safety Manager | 21.03.19 | Review approved by BoM  |
| Health & Safety Manager | 30.04.20 | Review approved by BoM  |
| Health & Safety Manager | 30.03.21 | <ul> <li>Legislation updated</li> <li>Departmental and job titles updated.</li> <li>Managers and Heads of School – training and responsibilities updated.</li> <li>Health &amp; Safety Manager – responsibilities updated</li> <li>Removal of standalone Technicians section.</li> <li>All employees' duties updated to include training, dangerous work activities and risk assessments.</li> <li>Addition of student disciplinary when health and safety</li> </ul> |

|                         |                 | <ul> <li>policy, procedure or protocols are not adhered to.</li> <li>Compliance section updated to include reporting committees and audit by external third party.</li> <li>Review approved by BoM.</li> </ul> |
|-------------------------|-----------------|--|
| Health & Safety Manager | <u>09.06.22</u> | Legislation updated – rescinded Coronavirus legislation<br>removed     Formatting changes     Policy renamed as Health and Safety Policy   |

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### 1. Policy Statement

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

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

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

In support of this, Inverness College UHI is committed to:

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

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

| Principal:      | Date: |
|-----------------|-------|
| Chair of Board: | Date: |

### 2. Legislative Framework/Related Policies

- 2.1. The Health and Safety at Work *etc.* Act 1974.
- 2.2. Management of Health and Safety at Work (Amendment) Regs 2006
- 2.3. Provision and Use of Work Equipment Regulations 1998
- 2.4. Manual Handling Operations 1992
- 2.5. The Workplace (Health, Safety and Welfare) Regulations 1992
- 2.6. The Personal Protective Equipment Regulations 2002
- 2.7. Health and Safety (First Aid) Regulations 1981
- 2.8. Electricity at Work Regulations 1989
- 2.9. The Control of Noise at Work Regulations 2005
- 2.10. The Employers' Liability (Compulsory Insurance) (Amendment) Regs 2011
- 2.11. Fire Safety (Scotland) Amendment Regulations 2010
- 2.12. Reporting of Injuries, Diseases and Dangerous Occurrences Regs 2013
- 2.13. The Control of Substances Hazardous to Health (Amendment) Regs 2004
- 2.14. The Health and Safety Information for Employees (Amendment) Regs 20092.15. Health and Safety (Display Screen Equipment) Regulations 1992 (As
- amended 2002)
- 2.16. Corporate Manslaughter and Corporate Homicide Act 2007
- 2.17. Counter-Terrorism and Security Act 2015
- 2.18. The Lifting Operations and Lifting Equipment Regulations 1998
- 2.19. The Work at Height Regulations 2005
- 2.20. Coronavirus (Scotland) Act 2020
- 2.21. The Health Protection (Coronavirus) (Restrictions and Requirements) (Local-Levels) (Scotland) Amendment (No. 12) Regulations 2021

### 3. Scope

- 3.1. This policy applies to all staff, students and visitors within Inverness College UHI.
- 3.2. Contractors are covered by this policy with reference to the contractors' management system.

### 4. Organisation and Responsibilities

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

### 4.1. Board of Management

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

### 4.2. Principal and Chief Executive

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

#### 4.2.2 The Principal will:

- Ensure that health safety and wellbeinghealth and safety is an integral part of the overall management and working culture.
- Ensure that procedures to assess risks are established and effective control measures are implemented.
- Develop a positive attitude to <u>health safety and wellbeinghealth and</u> <u>safety</u> amongst employees by visibly demonstrating commitment to the continuous improvement of the health and safety performance throughout Inverness College.
- Ensure regular monitoring and review Health Safety and Wellbeinghealth and safety mManagement pPolicies and Procedures.
- Ensure that relevant meetings address <u>health safety and wellbeinghealth</u> <u>and safety</u> issues and that appropriate actions are taken to address issues that arise.
- Provide Joint consultation arrangements through the <u>Health Safety and</u> <u>WellbeingHealth, Safety and Wellbeing</u> Committee and any sub-groups which report to the <u>Health, Safety and WellbeingHealth and Safety</u> Committee.

### 4.3. Executive Management Team

- 4.3.1 The Executive Management Team has delegated authority and functional responsibility for the activities carried out within their areas of corporate influence.
- 4.3.2 In order to meet their health, safety and wellbeinghealth and safety responsibilities, they will:
  - Liaise with the Principal to establish the principles of continual improvement with regard to health, safety and wellbeinghealth and safety.
  - Be aware of the Health and Safety at Work *etc.* Act 1974 and associated legislation relevant to the activities of the college.
  - Allocate sufficient financial resources to allow the policy and procedures to be effectively implemented.
  - Demonstrate commitment to achieving and maintaining a high standard of safety performance and accident prevention.
  - Ensure monitoring and review of the implementation of the Health Safety and WellbeingHealth and Safety Policy and Procedures.

### 4.4. Managers and Heads of Schools

4.4.1 Managers and Heads of Schools have a <u>health safety and wellbeinghealth</u> and <u>safety</u> responsibility for the activities and functions carried out within their areas of operational responsibility.

4.4.2-In order to meet their responsibilities, Managers and Heads of Schools will:

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- Ensure risk assessments, including assessments of plant, machinery and equipment (i.e. PUWER Assessments) are carried out where necessary and regularly reviewed in line with the requirements of health and safety legislation and the college <u>Health Safety and</u>-<u>WellbeingHealth and Safety Policy and Procedures.</u>
- Undertake training identified by the Health & Safety Manager in the pursuance of Health & Safety compliance or improvement.
- Set clear measurable objectives to ensure progressive improvement.
- Provide all personnel with, so far as reasonably practicable;
  - Safe place of work
  - Safe plant and machinery
  - Safe working environment
  - Safe system of work
  - Safe handling, storing and transportation
  - Sufficient and competent information, instruction, training and supervision

4.4.34.4.2 Managers and Heads of Schools will be responsible for:

- Ensuring that Inverness College UHI's <u>Health Safety and</u> <u>WellbeingHealth and Safety</u> Policy is explained to employees and they are made aware of their <u>health safety and wellbeinghealth and</u> <u>safety</u> duties and responsibilities and that tutors equally convey this to students under their control.
- The training needs of employees are assessed and addressed to include the requirement for role specific induction training for new employees.
- Ensuring that the activities of college employees and contractors do not expose employees, students, contractors or others to risk.
- In the event of being notified of dangerous activity being stopped by employees, they are to investigate the matter and inform the Health & Safety Manager of the circumstances.

#### 4.5. Health and Safety Manager

- 4.5.1 The Health and Safety Manager reports to the College Principal and CEO and has responsibility for:
  - Reviewing, revising, implementing, embedding and monitoring compliance of all health safety and wellbeinghealth and safety policies, procedures and arrangements.
  - Planning, implementing and co-ordinating the risk assessment, inspection and internal/external audit programmes.
  - Planning, Implementing and co-ordinating the risk assessment process.
  - Developing appropriate performance measures and reporting performance standards to ensure continuous improvement.
  - Liaising with HR regarding health surveillance requirements.
  - Preparing papers, reports and statistical data for identified Committees.
  - Ensuring emergency evacuation procedures, including personal evacuation plans, are tested and reviewed on a regular basis.
  - · Recording of accident/incidents and reporting in accordance with the

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

- Investigating and reporting on accidents, incidents and/ or near misses. Organising, co-ordinating and supporting safety personnel (first aiders and fire wardens).
- Identifying information, instruction and training requirements and delivering effective solutions.
- Provide advice and guidance to College departments/functions on contractor management.
- Acting as a point of contact for Enforcing Authorities.
- Maintaining own continuous professional development.
- Monitoring effective implementation of the Health Safety and WellbeingHealth and Safety Policy.
- Providing specialist advice and support to executive management and all departments/schools including the disseminating of good practice.
- Ensuring that the appropriate initial college health and safety induction training is given to all new employees.
- Advising EMT on the suspension, EMT of activities where health and safety is being compromised significantly.

### 4.6. Estates and Campus Services Manager

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

### 4.7. Union Appointed Health and Safety Representatives

- 4.7.1 Staff appointed under the Safety Representatives and Safety Committees Regulations 1977 shall:
  - Assist with the promotion of safe working practices.
  - Familiarise themselves fully with the health and safety policy and arrangements.
  - Liaise with managers and the College Health and Safety Manager in accident investigations and safety audits.
  - Attend the College Health Safety and WellbeingHealth, Safety and Wellbeing -Committee, take part in proceedings, representing their members and presenting to them information gathered from meetings.

### 4.8. Fire Marshals

- 4.8.1 Inverness College UHI campuses are sub-divided into zones. Each zone has an identified fire marshal whose responsibility is:
  - To ensure in an emergency, everyone evacuates their zone safely and does not re-enter until the "all clear" is given.
  - To assist disabled persons, where required, with evacuation to a place of safety and to ensure the chief fire marshal is advised accordingly.

### 4.9. First Aiders

- 4.9.1 Inverness College UHI campuses are sub-divided into zones. Each zone has identified First Aiders whose responsibility is:
  - To provide first aid for any staff students or visitors who require attention within their zone.
  - To check and ensure adequate first aid supplies are always available.

#### 4.10 Employees

- 4.10.1 The Health and Safety at Work Act and the Management of Health and Safety at Work Regulations place duties upon employees, at all levels, while at work. These duties include the following:
  - To take reasonable care for the health and safety of themselves and other persons who may be affected by their acts or omissions at work.
  - To co-operate with the employer, so far as is reasonably necessary to enable them to meet their statutory health and safety duties, including undertaking training identified by the Health & Safety Manager in the pursuance of Health & Safety compliance or improvement.
  - No-one may intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare.
  - Any employee who is required to operate machinery, equipment, dangerous substances, transport, safety devices or a means of production is to do so in accordance with training or instructions provided by the employer.
  - Employees must make the employer aware of any serious imminent dangers to health and safety. All employees are expected to stop dangerous work practices from taking place where observed. Where an employee believes a work practice to be dangerous, they are to instruct those involved to stop the activity and immediately inform the relevant line manager (responsible for the department, school, function or area in which the activity is taking place).
  - Participate in and conduct departmental Risk Assessments as directed by line managers, the Health & Safety Manager and Executive Management Team.

### 4.11 Students

- 4.11.1 All students shall comply with Inverness College UHI's <u>Health Safety and</u> <u>WellbeingHealth and Safety</u> Policy as published and with any health and safety procedures relating to the facilities which the student is using.
- 4.11.2 A student shall exercise reasonable care:
  - For his or her personal safety.
  - For the safety of other persons who may be affected by his or her acts or omissions.
  - For the safety of the property of Inverness College UHI and of its students, staff, officers and visitors.
- 4.11.3 It shall be a disciplinary offence for any student to:
  - Intentionally or recklessly misuse, tamper, or interfere with any firefighting equipment, fire prevention equipment, fire doors, fire detection equipment, fire alarm activation points, fire signs.
  - Intentionally or recklessly misuse any equipment provided by the University in the interests of health, safety or welfare in pursuance of the Health and Safety at Work Act or of any relevant statutory provisions relating to health and safety.
  - Fail to use appropriate Personal Protective Equipment.
  - Fail to adhere to College Health & Safety policies, procedures or protocols.

### 5. Compliance

- 5.1. This policy must be complied with and it will be reviewed annually with reports going to the Audit Committee and Board of Management for external review. committee.
- 5.2. The arrangements within the policy are subject to internal audit, conducted on an annual basis by a third party auditing organisation.
- 5.3. Inverness College UHI will comply with legal and other requirements applicable to the identified health and safety hazards.
- 5.4. All new legal and other requirements will be evaluated, and documented, to determine applicability and impact to Inverness College UHI.

### 6. Objectives and Targets

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

### 7. Communication

- 7.1. The <u>Health Safety and WellbeingHealth and Safety</u> Policy shall be actively communicated throughout the College using a variety of channels; examples of such channels include but are not limited to:
  - Via the Policy Folder.
  - Inclusion within the new start/contractor induction process.
  - Provision to all external interested parties upon written request.
  - Health and Safety notice boards.

### 8. Monitoring

- 8.1. Each college policy will be monitored and its implementation evaluated. Appropriate procedures for monitoring and evaluation are the responsibility of the lead officer. These procedures will be subject to audit by the Health and Safety and Quality departments
- 8.2. The following health and safety monitoring methods may be used to monitor implementation:
  - Active methods monitor the design, development, installation and operation of management arrangements.
  - **Reactive methods** identify evidence of poor health and safety practice through the risk assessment process and take immediate action as required.

### 9. Audit

- 9.1. A schedule will be developed and implemented to cover health, safety and
  - environmental audits. Scope and criteria for audits will consider (but not be limited to):
    - · Management system
    - · Existing and new policies and procedures
    - Student enrolment and induction
    - Staff induction.
    - Risk assessment and environmental aspects
    - Outputs from external audits or previous internal audits
- 9.2. The Audits will be planned to ensure that areas which are subject to legal compliance are completed each year.

### 10. Review

- 10.1. This policy and supporting arrangements will be reviewed annually to ensure currency of content, arrangements, new legislative requirements and to provide a framework for the setting and reviewing of health and safety improvement objectives.
- 10.2. This policy may also be updated outside of the stated annual timeframe (i.e., changes to legislation, or as the result of review).
- 10.3. Revisions will be brought to the attention of staff and students through agreed arrangements for health and safety and policy consultation and communication.

## U'HI INVERNESS

## **Board of Management**

| Subject/Title:   | Food Safety and Allergen Management  |  |
|--|--|--|
| Author:<br>[Name and Job title]  | Martin Whyte<br>Operations and Commercial Manager  |  |
| Meeting:   | Board of Management  |  |
| Meeting Date:  | 25.10.2022   |  |
| Date Paper prepared:   |  |  |
| Brief Summary of the paper:  | The Policy was approved by Policy and Procedure<br>Review Panel on 6 <sup>th</sup> June. It was approved by EMT on<br>27 <sup>th</sup> July.               |  |
| Action requested:<br>[Approval, recommendation,<br>discussion, noting]                       | Approval - this policy had been due for recommendation from the Audit<br>Committee but due to the meeting not being quorate this has not been<br>possible. |  |
| Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with::        |  |  |
| <ul><li> compliance</li><li> partnership services</li></ul>                                  |  |  |
| <ul><li>risk management</li><li>strategic plan</li><li>new opportunity/change</li></ul>      |  |  |
| Resource implications:   | Yes / No<br>If yes, please specify:  |  |
| Risk implications:   | Yes / No<br><b>If yes, please specify:</b><br>Operational:<br>Organisational:  |  |
| Equality and Diversity implications:   | Yes/No<br>If yes, please specify:  |  |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail |  |  |

| <b>Status –</b> [Confidential/Non confidential]   | Non-Confidential |                                     |  |  |
|---|------------------|-------------------------------------|--|--|
| <b>Freedom of Information</b><br>Can this paper be included in<br>"open" business* [Yes/No]   | Yes              |                                     |  |  |
| *If a paper should <b>not</b> 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<br>the commercial interests of any person or<br>organisation (S33)                       |                  |                                     | Its disclosure would constitute a breach of confidence actionable in court (S36)           |  |
| Its disclosure would constitute a breach<br>of the Data Protection Act (S38)  |                  | Other (please give further details) |  |  |
| For how long must the paper be withheld? (express<br>either as the time which needs to pass or a condition<br>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

## U'HI INVERNESS

### FOOD SAFETY & ALLERGEN MANAGEMENT POLICY

REFERENCE: PL/CS/2021/002

| Policy Owner                | Assistant Principal - Operations and External |
|-----------------------------|---|
| · · ···· <b>,</b> · ·····   | Relations                                     |
|                             |   |
| Lead Officer                | Operations and Commercial Manager             |
|                             |   |
| Review Officer              | Operations and Commercial Manager             |
|                             | oporatione and ooninerelar manager            |
|                             |   |
| Date first approved by BoM  | 30 June 2020                                  |
|                             |   |
| First Review Date           | June 2021                                     |
|                             |   |
|                             |   |
| Date review approved by BoM |   |
|                             |   |
| Next Review Date            | May 2022                                      |
|                             |   |
|                             | Mar. 0004                                     |
| Equality impact assessment  | May 2021                                      |
|                             |   |
| Further information (where  |   |
| relevant)                   |   |
| Torovanty                   |   |

| Reviewer          | Date       | Review Action/Impact       |
|-------------------|------------|----------------------------|
| Commercial        | 30.06.2020 | New Policy approved by BoM |
| Services & Events |            |                            |
| Manager           |            |                            |

| Commercial<br>Manager                   | May 2021        | Updated College department titles and job titles throughout Policy.<br>Updated information around EHO inspections.       |                        |
|---|-----------------|--|------------------------|
| Operations and<br>Commercial<br>Manager | <u>Sep 2021</u> | Updated college job title and included reference to amended Scottish Law that comes into effect 1 <sup>st</sup> Oct 2021 | Formatted: Superscript |

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| 6. | Monitoring                             | 4 |
| 7. | Review                                 | 4 |
|    |  |   |

### 1. Policy Statement

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

Inverness College UHI is committed to achieve and maintain recognised quality standards within food safety.

As an education provider and employer, Inverness College UHI is committed to developing a culture of competence and continuous improvement in food safety and allergy management practice.

In support of this, Inverness College UHI is committed to:

- Conforming with all food safety laws and regulations and relevant standards as • the minimum accepted behaviour
- Compliance with relevant industry codes of practice, which go above and beyond legal requirements to establish best practice
- Preventing injury and ill health to all students and staff of Inverness College UHI and visitors to our campuses
- Maintaining safe food standards, identifying risks associated with food safety and the management of allergens
- Promoting food safety across the organisation
- Continuous improvement of food safety and allergen management systems,
- regular reviewing and revising of this policy
- Providing and maintaining a safe food and beverage environment
- Providing relevant information, Instruction, training, and supervision

### 2. Legislative framework / related policies

2.1. Food Safety Act 1990

2<u>.2.</u> Food (Scotland) Act 2015

The Food Information (Scotland) Amendment Regulations 2021

<del>2.2.</del>2.3. <del>2.3.</del>2.4. The Health and Safety at Work etc. Act 1974

<del>2.4.</del>2.5. Management of Health and Safety at Work (Amendment) Regs. 2006

<del>2.5.</del>2.6. The Personal Protective Equipment Regulations 2002

2.6.2.7. Health and Safety (First Aid) Regulations 1981

\_Reporting of Injuries, Diseases and Dangerous Occurrences Regs <del>2.7.</del>2.8. 2013

<del>2.8.</del>2.9. The Workplace (Health, Safety and Welfare) Regulations 1992

2.9.2.10. The Control of Substances Hazardous to Health (Amendment) Regs 2004

2.10.2.11. The Health and Safety Information for Employees (Amendment) Regs 2009

- 2.11.2.12. Corporate Manslaughter and Corporate Homicide Act 2007
- 2.12.2.13. Combined Health & Safety Policy
- 2.13.2.14. The University Caterers Organisation Code of Practice for Food Allergen Management

### 3. Scope

3.1. This policy applies to the Board of Management, all staff, students and visitors to Inverness College UHI.

### 4. Organisation and Responsibilities

- 4.1. The College Board of Management is responsible for the approval of the food safety and allergen management policy.
- 4.2. The College Executive Management Team is responsible for providing leadership and commitment to the embedding principles.
- 4.3. The Assistant Principal Operations and External Relations has strategic responsibility for the food safety and allergen management policy.
- 4.4. The <u>Operations and</u> Commercial Manager is responsible for a review of the food hygiene legislation including allergens, updating procedures and guidance for staff, together with arranging all staff training in relation to food safety and allergens.
- 4.5. The Head Chef is responsible for: -<u>Labelling Pre-Packed for Direct Sale</u> (PPDS) products in accordance with legislation and Food Safety Scotland <u>Guidance, including the Displaying display of</u>all-allergens in a clear and responsible manner, ensuring the chefs are all trained in delivering the highest standards to all customers and ensuring the daily and weekly food <u>safety and</u> hygiene standards are adhered to.
- 4.6. The Health & Safety Manager is responsible for ensuring that all risk assessments are recorded and reviewed.

### 5. Compliance

5.1. This policy is a cross college policy and all staff and students must work to meet the requirements outlined within the policy. Compliance with the Policy will be monitored through regular audits, with outcome reports being reported to the appropriate Health & Safety committee.

### 6. Monitoring

- 6.1. This policy and related procedures will be monitored and its implementation evaluated.
- 6.2. Monitoring of food safety standards including the monitoring of <u>PPDS</u> <u>labelling and</u> allergens will be undertaken via the reviewing of associated procedures at agreed intervals.
- 6.3. A monthly food diary will be maintained <u>by commercial operations</u> to aid the monitoring and review of food safety and allergen compliance.
- 6.4. Environmental Health Officer reports will be reviewed and any recommendations acted upon to ensure standards are maintained and continuously improved.

### 7. Review

7.1. The policy will be reviewed on an annual basis, due to expected changes to food safety and allergen management legislation and codes of practice.

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## U'HI INVERNESS

## **Board of Management**

| Subject/Title:   | Use of College Equipment and Network Access Outwith the UK   |
|--|--|
| Author:  | Martin Robinson ICT  |
| [Name and Job title]   | Services Manager   |
| Meeting:   | Board of Management  |
| Meeting Date:  | 25.10.2022   |
| Date Paper prepared:   | 08.09.2022   |
| Brief Summary of the paper:  | This <b>New</b> Policy was approved by Policy and Procedure<br>Review Panel on 6 <sup>th</sup> June. It was approved by EMT on<br>27 <sup>th</sup> July.   |
| Action requested:<br>[Approval, recommendation,<br>discussion, noting]                       | Approval - this policy had been due for recommendation from the Audit<br>Committee but due to the meeting not being quorate this has not been<br>possible. |
| Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with::        |  |
| compliance   |  |
| <ul> <li>partnership services</li> </ul>   |  |
| <ul> <li>risk management</li> </ul>  |  |
| <ul> <li>strategic plan</li> </ul>   |  |
| <ul> <li>new opportunity/change</li> </ul>   |  |
| Resource implications:   | Yes / No<br>If yes, please specify:  |
| Risk implications:   | Yes / No<br>If yes, please specify:<br>Operational:<br>Organisational:   |
| Equality and Diversity implications:   | Yes/No<br>If yes, please specify:  |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail |  |

| <b>Status –</b> [Confidential/Non confidential]   | Non-Confidentia  | al   |  |  |  |
|---|--|--|--|--|--|
| <b>Freedom of Information</b><br>Can this paper be included in<br>"open" business* [Yes/No]   | Yes  |  |  |  |  |
| *If a paper should <b>not</b> be inclu  | *If a paper should <b>not</b> 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<br>the commercial interests of any person or<br>organisation (S33)                       |  | Its disclosure would constitute a breach of confidence actionable in court (S36)           |  |  |  |
| Its disclosure would constitute a breach<br>of the Data Protection Act (S38)  |  | Other (please give further details)  |  |  |  |
| For how long must the paper be withheld? (express<br>either as the time which needs to pass or a condition<br>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

# UHI INVERNESS

### Use of College Equipment and Network Access Outwith the UK

**REFERENCE: (will be inserted by Quality Unit)** 

| Lead Officer                |            |                      | ICT Services Manager            |
|-----------------------------|------------|----------------------|---------------------------------|
| Review Officer              |            |                      | Information Development Manager |
| Date first a                | pproved by | / BoM                |                                 |
| First Review Date           |            |                      |                                 |
| Date review approved by BoM |            |                      |                                 |
| Next Review Date            |            |                      |                                 |
| Equality impact assessment  |            |                      |                                 |
|                             |            |                      |                                 |
| Further information (where  |            |                      |                                 |
| relevant)                   |            |                      |                                 |
|                             |            |                      |                                 |
| Reviewer                    | Date       | <b>Review</b> Action | /Impact                         |

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| 5. | Monitoring                             | 4 |
| 6. | Review                                 | 4 |

### 1. Policy Statement

The purpose of this policy is to provide clarity on the access controls in place to ensure the security of staff UHI login credentials and the data colleagues require to access on a daily basis.

In summary:

- Staff are expected to login from a UK location in order to perform their daily duties
- Staff must not take college equipment abroad unless authorised to do so as part of approved college business
- EMT approval is required to temporarily change the access controls in place to enable access out with the UK.
- College equipment must always be in possession of a staff member or stored securely at a UK home residence.

### 2. Legislative framework / related policies

- 2.1. UHI IS Acceptable Use Policy
- 2.2. Information Security Policy
- 2.3. Data Protection Policy

### 3. Scope

3.1. This policy applies to all staff, temporary workers/volunteers and researchers employed by UHI Inverness.

### 4. Policy Overview

- 4.1. Information Security access controls have been put in place to reduce the risk of staff log in credentials being compromised and/or exposing the UHI network to vulnerabilities such as hacking. These arrangements must be adhered to by all individuals within the policy scope. Controls include multi-factor authentication, geographical restrictions and other similar security arrangements.
- 4.2. Staff/colleagues are expected to work from an agreed location, by default the UK, and use all equipment and system accounts (e.g., email account) provided to them, to access UHI network data and to conduct all business communications (please see UHI IS Acceptable Use Policy).
- 4.3. Staff/colleagues on holiday or abroad for non-work purposes must not take college/UHI equipment with them or attempt to access college/UHI data (unless authorised by EMT).

- 4.4. Security restrictions can be amended temporarily for business trips or activity required whilst abroad. Please contact the ICT helpdesk to authorise a change in access control, confirming the geographical area required and the timescale/duration of the change. NB: all requests require approval of a member of the EMT.
- 4.5. Any attempt to avoid geographical identification of a network login, such as use of a third-party virtual private network (VPN), is prohibited by this policy.
- 4.6. Unauthorised transportation of college equipment outside of the UK or sharing/loaning equipment to a 3<sup>rd</sup> party or relinquishing possession to a 3<sup>rd</sup> party, a college campus or residence is prohibited by this policy.

### 5. Compliance

- 5.1. This policy is a cross-college policy; and all staff/colleagues must work to meet the requirements outlined within the policy.
- 5.2. Access restrictions are in place to enforce this policy.

#### 6. Monitoring

6.1. Audit logs and alerts are available to the ICT Team to monitor adherence to this policy.

### 7. Review

7.1. The policy will be reviewed annually due to the on-going development of secure systems.

## U'HI INVERNESS

## **Board of Management**

| Subject/Title:   | FE Fee Waiver Policy   |
|--|--|
| Author:  |  |
| [Name and Job title]   | Gillian Hossack  |
| Meeting:   | Board of Managment   |
| Meeting Date:  | 25.10.2022   |
| Date Paper prepared:   | 12.08.2022   |
| Brief Summary of the paper:  | The F&GP Committee is asked to recommend the above<br>policy for approval by the Board of Management. The policy<br>was approved at both Policy & Procedure Review Panel and<br>SMT Committee. |
| Action requested:<br>[Approval, recommendation,<br>discussion, noting]                       | Approval - this policy had been due to go to the F&GP Committee for recommendation, however the meeting was cancelled and is therefore coming straight to the BOM for approval.                |
| Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with::        |  |
| compliance   |  |
| <ul> <li>partnership services</li> </ul>   |  |
| risk management  |  |
| strategic plan   |  |
| <ul> <li>new opportunity/change</li> </ul>   |  |
| Resource implications:   | Yes / No<br>If yes, please specify:  |
| Risk implications:   | Yes / No<br><b>If yes, please specify:</b><br>Operational:<br>Organisational:  |
| Equality and Diversity implications:   | Yes/No<br>If yes, please specify:  |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail |  |

## Item 03g.

| <b>Status –</b> [Confidential/Non confidential]   | Non-Confid   | ential   |  |  |  |
|---|--|--|--|--|--|
| Freedom of Information<br>Can this paper be included in<br>"open" business* [Yes/No]  | Yes  |  |  |  |  |
| *If a paper should <b>not</b> be inclue   | *If a paper should <b>not</b> 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<br>of the Data Protection Act (S38)  |  | Other (please give further details)  |  |  |  |
| For how long must the paper be withheld? (express<br>either as the time which needs to pass or a condition<br>which needs to be met.) |  |  |  |  |  |

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http://www.itspublicknowledge.info/web/FILES/Public\_Interest\_Test.pdf

EMT approved immediate publication of the Policy ahead of Board Approval due to the fact the Policy had no material changes – only one link to Scottish Funding Council which had been updated. This was done so that the publication of the Policy could be put onto the website in time for the new academic year 2022-23.

The Committee are asked to approve the Policy.

# **UHI INVERNESS**

Inverness College UHI

## Further Education Fee Waiver Policy

### PL/CS/2022/003

| Lead Officer (Post):                   | Assistant Principal – Finance & Audit         |
|--|---|
| Responsible Office/ Department:        | Finance                                       |
| Responsible Committee:                 | Finance & General Purposes Committee          |
| Review Officer (Post):                 | Finance Manager                               |
| Date policy approved:                  | 27/07/2022 – EMT Approval                     |
|  | Board of Management Approval pending (Oct 22) |
| Date policy last reviewed and updated: | 01/06/2022                                    |
| Date policy due for review:            | 01/05/2023                                    |
| Date of Equality Impact Assessment:    | April 2021                                    |
| Date of Privacy Impact Assessment:     | n/a   |

This policy covers the 2022-23 academic year.

For all our up-to-date policies, please visit our website UHI Inverness.

Accessible versions of this policy are available upon request.

## Item 03g.

### Policy Summary

| Overview                         | This policy is required to set out a regional approach to Further Education<br>Fee Waivers for Inverness College UHI and all academic partners in UHI.   |
|----------------------------------|--|
| Purpose                          | The policy will provide a framework for a consistent and coherent methodology for the awarding of Scottish Funding Council and discretionary fee waivers for further education courses.  |
| Scope                            | This policy applies to all academic partners who run further education courses.  |
| Consultation                     | This policy was developed by a Policy Ownership Group, made up of<br>practitioners from across UHI. Endorsement was received from Partnership<br>Council, before the policy went through local consultation and approval by<br>college Boards of Management. |
| Implementation and<br>Monitoring | Academic partners will be responsible for implementing and monitoring the policy.  |
| Risk Implications                | The policy reduces risk for the university and partners by creating a streamlined process and a community of practice for staff. Students will also benefit from a consistent approach across all partners.  |
| Link with Strategy               | Links with our obligations under the Regional Outcome Agreement.   |
| Impact Assessment                | Equality Impact Assessment: Assessed – No further action to be taken.  |
| impact Assessment                | Privacy Impact Assessment: n/a   |


## 1. Policy Statement

1.1 This document sets out the policy for the awarding of further education fee waivers in Inverness College UHI This policy refers to Scottish Funding Council policy and guidelines on fee waivers, which is reviewed annually. A position is also set out for the awarding of discretionary fee waivers from a college's individual budget.

## 2. Definitions

- 2.1 Scottish Funding Council ("SFC"): SFC is the national, strategic body that is responsible for funding teaching and learning provision, research and other activities in Scotland's colleges and universities. SFC provides funding that colleges can claim for fee waivers.
- 2.2 Fee waiver: Some students will be able to access a fee waiver, which means they will not have to pay their own course fees. Eligibility for a fee waiver will be assessed at the start of the course, and the student may be required to produce evidence to support their application.

### 3. Purpose

- 3.1 This policy sets outs a robust and transparent framework for the awarding further education course fee waivers at in Inverness College UHI.
- 3.2 The policy will create an equality of experience for students across the partnership, whilst allowing individual colleges the flexibility to respond to local needs.

#### 3.3 SFC Funded Fee Waivers

The core of this policy is based on the SFC Fee Waiver Policy, associated annexes and appendices. The current SFC Fee Waiver Policy can be accessed <u>here</u>. The majority of fee waivers will be approved by the college and funded by SFC.

#### 3.4 Discretionary Fee Waivers

Students attending UHI will have a parity of experience through the use of SFC fee waivers. Under exceptional circumstances and subject to individual budgets, colleges have the power to award discretionary fee waivers and for the college to pay the course fees.

- 3.4.1 Categories of Discretionary Fee Waivers include but are not limited to:
  - Staff development, where a course is an essential part of an approved staff development plan;
  - Where the college stipulates compulsory completion of an additional qualification as part of the main course;
  - Exceptional requirements, where college senior management identify a local benefit to use of Discretionary Fee Waivers (being cognisant of 3.4.3).
- 3.4.2 Colleges should endeavour to create parity of experiences for students across the region through their use of discretionary fee waivers.
- 3.4.3 Due consideration should be given to the impact of discretionary fee waiver usage on other colleges in UHI.

#### 3.5 **SVQs**

3.5.1 Students undertaking a part-time SVQ as a condition of their employment will not be awarded a fee waiver. In these circumstances, the employer is normally expected to meet the cost of the fees.

- 3.5.2 Students undertaking a SVQ where it is not a condition of their employment may be eligible for a fee waiver dependent on the course and their personal circumstances.
- 3.5.3 For students undertaking a part-time SVQ regardless of whether it is a condition of employment, their eligibility for fee waivers on additional courses will be assessed according to the current SFC Fee Waiver Policy, associated annexes and appendices.

### 4. Scope

- 4.1 This Policy applies to all applicants for further education courses (full-time and part-time), except for the courses set out in Section 5 below.
- 4.2 Applicants for higher education courses should refer to the <u>Higher Education Fees Policy</u>. Higher education courses are normally Level 7 and above on the <u>SCQF Framework</u>.

## 5. Exceptions

- 5.1 Courses outwith the scope of this policy are:
  - Any non-credit bearing leisure courses, designed for hobby or personal interest
  - All commercial courses, designed and delivered for a particular business/industry
- 5.2 Please refer to the accompanying Fee Waiver Procedures and eligibility flowchart for further information.

## 6. Notification

- 6.1 Staff engaging with fee waivers should be familiar with this policy and all relevant SFC policies.
- 6.2 Annual changes to SFC policies will be cascaded to staff by line managers and hyperlinks in the policy updated to reflect the most recent guidance.
- 6.3 Any changes in SFC policy or national legislation will be reflected in this policy.
- 6.4 The policy will be publicly available on the in Inverness College UHI's website, along with other current policies.

## 7. Roles and Responsibilities

- 7.1 The College's most senior financial officer has overall responsibility for the implementation of this policy and the management of fee waivers, including the approval of discretionary fee waivers.
- 7.2 Staff administering fee waivers are responsible for ensuring up-to-date SFC guidance is followed.

### 8. Legislative Framework Further and Higher Education (Scotland) Act 2005

Equality Act 2010

Scottish Government: Costs of Learning Student Funding Guide

### 9. Related Policies, Procedures, Guidelines and Other Resources

- 9.1 This policy should be read in conjunction with SFC Fee Waiver policies and guidance. The up-todate information can be accessed <u>here</u>.
- 9.2 UHI Further Education Fee Waiver Procedures

- 9.3 UHI Further Education Student Funding Support Policy
- 9.4 UHI Higher Education Fees Policy

## 9.5 UHI Further Education Fees Policy (Forthcoming)

## 10. Version Control and Change History

| Version | Date  | Endorsed by | Amendment(s)   | Author            |
|---------|-------|-------------|--|-------------------|
| 0       | May   | Partnership | New single policy  | Fee Waiver        |
|         | 2018  | Council     |  | Policy Ownership  |
|         |       |             |  | Group             |
| 1       | March | Partnership | Various formatting and grammatical   | Fee Waiver Policy |
|         | 2021  | Council     | changes through policy; 2.1: Clarity added                                     | Ownership Group   |
|         |       |             | around source of funding; 2.2: New   |                   |
|         |       |             | definition added; 3.3: 'approved by college                                    |                   |
|         |       |             | added'; 3.4: ' for the college to pay the                                      |                   |
|         |       |             | course fees' added; 3.4.1: changes to three                                    |                   |
|         |       |             | bullet points for clarity, including removal                                   |                   |
|         |       |             | of 'significant' and addition of '(being                                       |                   |
|         |       |             | cognisant of 3.4.3)' in third bullet point;                                    |                   |
|         |       |             | 3.5: New section added bringing SVQs into                                      |                   |
|         |       |             | scope of policy; 5.1: SVQs removed from  |                   |
|         |       |             | exceptions, and additional information added to other exceptions; 7.3: section |                   |
|         |       |             | removed. 9.4 and 9.5: Removed Access   |                   |
|         |       |             | and Inclusion Strategy and added HE Fees                                       |                   |
|         |       |             | Policy and FE Fees Policy.   |                   |
| 2       | June  | UHI         | SFC link updated for academic year 2022-                                       | Review Officer    |
|         | 2022  | Inverness   | 23.  | neview officer    |

## UHI INVERNESS

| Subject/Title:   | Sub Strategies for Approval   |
|--|---|
| Author:<br>[Name and Job title]  | N/A   |
| Meeting:   | Board of Management   |
| Meeting Date:  | 25 October 2022   |
| Date Paper prepared:   | N/A   |
| Brief Summary of the paper:  | Various Sub-Strategies for Approval   |
| Action requested:<br>[Approval, recommendation,<br>discussion, noting] | <ul> <li>For approval (following recommendation from HR<br/>Committee) – Talent Management Strategy</li> <li>For approval (following recommendation from LT&amp;R<br/>Committee) – Quality Assurance Enhancement Strategy,<br/>Student Partnership and Engagement Strategy, Access<br/>and Inclusion Strategy, Digital Transformation Strategy,<br/>Research and Innovation Strategy and Tertiary Education<br/>Strategy.</li> <li>The following have not been taken to any Committees and<br/>are coming direct to the Board for approval:<br/>Marketing Strategy, Estates and Campus Strategy and<br/>Sustainability Strategy.</li> </ul> |

and

| Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with::<br>compliance<br>partnership services<br>risk management<br>strategic plan<br>new opportunity/change | Strategic Plan  |  |
|--|---|--|
| Resource implications:   | Yes / No<br>If yes, please sp   | ecify:   |
| Risk implications:   | Yes / No<br><b>If yes, please sp</b><br>Operational:<br>Organisational: | ecify:   |
| Equality and Diversity   | Yes/No  |  |
| implications:  | lf yes, please sp   | ecify:   |
| Student Experience<br>Impact:  | Yes/No<br>If yes, please spe  | cify:  |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail   |   |  |
| <b>Status –</b> [Confidential/Non confidential]  | Confidential  |  |
| Freedom of Information<br>Can this paper be included in<br>"open" business* [Yes/No]   | No  |  |
| *If a paper should <b>not</b> be inclu   | ded within "open" b   | usiness, please highlight below the reason.  |
| Its disclosure would substantia<br>a programme of research (S27  |   | Its disclosure would substantially<br>prejudice the effective conduct of public<br>affairs (S30) |
| Its disclosure would substantia<br>the commercial interests of an<br>organisation (s33)  | y person or Y   | Its disclosure would constitute a breach of confident actionable in court (s36)                  |
| Its disclosure would constitute the Data Protection Act (s38)  | a breach of   | Other (Please give further details)  |

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http://www.itspublicknowledge.info/ScottishPublicAuthorities/ScottishPublicAuthorities.asp

http://www.itspublicknowledge.info/web/FILES/Public\_Interest\_Test.pdf

## UHI INVERNESS

| Subject/Title:   | UHI 24 – Revitalisation Programme  |
|--|--|
| Author:<br>[Name and Job title]  | UHI Executive Office   |
| Meeting:   | Board of Management Meeting  |
| Meeting Date:  | 25 October 2022  |
| Date Paper prepared:   | 07 September 2022  |
| Brief Summary of the paper:  | The programme of strategic change initiatives agreed at the<br>Partnership Conference on 23 August 2022. |
| Action requested:<br>[Approval, recommendation,<br>discussion, noting] | For Discussion   |

and

| Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with::<br>compliance                       | Partnership Services<br>New Opportunity/Change<br>Risk Management  |  |  |  |  |
|---|--|--|--|--|--|
| <ul> <li>partnership services</li> <li>risk management</li> <li>strategic plan</li> <li>new opportunity/change</li> </ul> |  |  |  |  |  |
| Resource implications:  | Yes / No<br>If yes, please specify:<br>The requirement to find alternative income sources within UHI to ensure<br>that the organisation remains sustainable and to generate financial<br>sustainability through an integrated and open university. |  |  |  |  |
| Risk implications:  | <mark>Yes</mark> / No<br><b>If yes, please specify:</b><br>Operational:<br>Organisational: Financial Sustainability of UHI.  |  |  |  |  |
| Equality and Diversity implications:  | Yes/No<br>If yes, please specify:  |  |  |  |  |
| Student Experience<br>Impact:   | Yes/No<br>If yes, please specify:  |  |  |  |  |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail                              |  |  |  |  |  |
| <b>Status –</b> [Confidential/Non confidential]   | Confidential   |  |  |  |  |
| <b>Freedom of Information</b><br>Can this paper be included in<br>"open" business* [Yes/No]                               | No   |  |  |  |  |
| *If a paper should <b>not</b> be inclue   | led within "open" business, please highlight below the reason.   |  |  |  |  |
| Its disclosure would substantia<br>a programme of research (S27   |  |  |  |  |  |
| Its disclosure would substantia<br>the commercial interests of any<br>organisation (s33)                                  | person or confident actionable in court (s36)  |  |  |  |  |
| Its disclosure would constitute<br>the Data Protection Act (s38)  | a breach of Other (Please give further details)  |  |  |  |  |

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http://www.itspublicknowledge.info/web/FILES/Public\_Interest\_Test.pdf

## UHI INVERNESS

| Subject/Title:   | Principal's Report  |
|--|---|
| Author:<br>[Name and Job title]  | Professor Chris O'Neil<br>Principal   |
| Meeting:   | Board of Management   |
| Meeting Date:  | 25 October 2022   |
| Date Paper prepared:   | 18 October 2022   |
| Brief Summary of the paper:  | <ul> <li>This report provides the Board of Management with an overview of new and continuing activity including:</li> <li>Morale within Campus</li> <li>SFC and Funding</li> <li>Student Numbers</li> <li>KPI Matrix</li> </ul> |
| Action requested:<br>[Approval, recommendation,<br>discussion, noting] | Discussion  |

and

| Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with::<br>compliance<br>partnership services<br>risk management<br>strategic plan<br>new opportunity/change | Partnership Serv   | vices  |  |  |
|--|--|--|--|--|
| Resource implications:   | Yes / No<br>If yes, please spec<br>Funding implication<br>students.                                | <b>ify</b> :<br>s in respect of SFC, Student Nos, free meals for                                 |  |  |
| Risk implications:   | Yes / <mark>No</mark><br><b>If yes, please specify:</b><br>Operational:<br>Organisational:         |  |  |  |
| Equality and Diversity implications:   | Yes/ <mark>No</mark><br>If yes, please specify:  |  |  |  |
| Student Experience<br>Impact:  | <mark>Yes</mark> /No<br>If yes, please specify:<br>Student Cost of Living and Morale within Campus |  |  |  |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail   | N/A  |  |  |  |
| <b>Status –</b> [Confidential/Non confidential]  | Confidential   |  |  |  |
| <b>Freedom of Information</b><br>Can this paper be included in<br>"open" business* [Yes/No]  | No   |  |  |  |
| *If a paper should <b>not</b> be inclu   | ded within "open" bus  | iness, please highlight below the reason.  |  |  |
| Its disclosure would substantia<br>a programme of research (S27  |  | Its disclosure would substantially<br>prejudice the effective conduct of public<br>affairs (S30) |  |  |
| Its disclosure would substantia<br>the commercial interests of an<br>organisation (s33)  | y person or  | Its disclosure would constitute a breach of confident actionable in court (s36)                  |  |  |
| Its disclosure would constitute<br>the Data Protection Act (s38)   | a breach of  | Other (Please give further details)  |  |  |

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http://www.itspublicknowledge.info/web/FILES/Public\_Interest\_Test.pdf

## UHI INVERNESS

| Subject/Title:   | Principal's Targets<br>Annual Strategic Plan Review   |
|--|---|
| Author:<br>[Name and Job title]  | Professor Chris O'Neil<br>Principal   |
| Meeting:   | Board of Management   |
| Meeting Date:  | 25 October 2022   |
| Date Paper prepared:   | 24 August 2022  |
| Brief Summary of the paper:  | This report assesses the current position of UHI Inverness<br>against our approved Strategic Plan and provides the basis for<br>the Principal's Targets for the year ahead. |
| Action requested:<br>[Approval, recommendation,<br>discussion, noting] | Discussion  |

| Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with:<br>compliance<br>partnership services<br>risk management<br>strategic plan<br>new opportunity/change | Strategic Plan & Compliance  |  |  |
|---|--|--|--|
| Resource implications:  | <mark>Yes</mark> / No<br><b>If yes, please specify</b> :<br>Ensuring Financial Sustainability  |  |  |
| Risk implications:  | Yes / No<br><b>If yes, please specify:</b><br>Operational:<br>Organisational:  |  |  |
| Equality and Diversity implications:  | Yes/No<br>If yes, please specify:  |  |  |
| Student Experience<br>Impact:   | Yes/No<br>If yes, please specify:<br>Provision of a progressive and accessible tertiary education.<br>Continued development of student support |  |  |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail  |  |  |  |
| <b>Status –</b> [Confidential/Non confidential]   | Confidential   |  |  |
| Freedom of Information<br>Can this paper be included in<br>"open" business* [Yes/No]  | No   |  |  |
| *If a paper should <b>not</b> be inclu  | ded within "open" business, please highlight below the reason.   |  |  |
| Its disclosure would substantia<br>a programme of research (S27   |  |  |  |
| Its disclosure would substantia<br>the commercial interests of an<br>organisation (s33)   | Ily prejudice Y Its disclosure would constitute a breach of confident actionable in court (s36)  |  |  |
| Its disclosure would constitute the Data Protection Act (s38)   | a breach of Other (Please give further details)  |  |  |

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and

http://www.itspublicknowledge.info/web/FILES/Public\_Interest\_Test.pdf

# CHI INVERNESS

## **Board of Management**

| Subject/Title:  | Student Outcomes and Satisfaction in AY 21-22  |  |  |
|---|--|--|--|
| Author:<br>[Name and Job title]   | Lindsay Snodgrass, Vice Principal Student Experience & Quality   |  |  |
| Meeting:  | Board of Management  |  |  |
| Meeting Date:   | 25 <sup>th</sup> October 22  |  |  |
| Date Paper prepared:  | 13 <sup>th</sup> October 22  |  |  |
| Brief Summary of the paper:   | To provide the committee with an overview of student outcomes and satisfaction for AY 21-22.                   |  |  |
| Action requested:<br>[Approval, recommendation,<br>discussion, noting]  | Discussion   |  |  |
| Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with::<br>a) compliance<br>• partnership services<br>• risk management<br>• strategic plan<br>• new opportunity/change | This paper links to the strategic plan, particularly in relation to the student experience and the curriculum. |  |  |
| Resource implications:  | Yes  |  |  |
| Risk implications:  | Yes – quality of the student experience / impact on reputation, future recruitment / retention                 |  |  |
| Equality and Diversity implications:  | Yes – equity of the student experience and student outcomes  |  |  |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail  | n/a  |  |  |

| <b>Status –</b> [Confidential/Non confidential]   | Non-confident        | ial  |
|---|----------------------|--|
| <b>Freedom of Information</b><br>Can this paper be included in<br>"open" business* [Yes/No]                     | Yes                  |  |
| *If a paper should <b>not</b> be inclue   | ded within "open" bi | usiness, please highlight below the reason.  |
| Its disclosure would substantia prejudice a programme of rese   |                      | Its disclosure would substantially<br>prejudice the effective conduct of public<br>affairs (S30) |
| Its disclosure would substantially prejudice<br>the commercial interests of any person or<br>organisation (S33) |                      | Its disclosure would constitute a breach of confidence actionable in court (S36)                 |
| Its disclosure would constitute<br>of the Data Protection Act (S38  |                      | Other (please give further details)  |
| For how long must the paper b<br>either as the time which needs<br>which needs to be met.)                      |                      |  |

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http://www.itspublicknowledge.info/web/FILES/Public\_Interest\_Test.pdf

#### Student Outcomes and Satisfaction 2021/22

#### Executive summary

The report provides a summary of student outcomes and satisfaction for academic year (AY) 21-22.

The pandemic continued to adversely affect both student outcomes and student satisfaction in AY 21-22. The recently published <u>HMI Engagement in Scotland's Colleges overview report</u> confirms the college sector as a whole was adversely affected. Measures to protect staff and students continued to limit the ability to deliver learning and teaching activities and student support services in person last AY. This culminated in a reduction in successful student outcomes. Full consideration should be given to these exceptional circumstances when considering the data.

#### Student Outcomes:

**Early withdrawals continued to increase** in AY 21-22 - for FE students this is withdrawal prior to 1<sup>st</sup> November and for HE prior to 1<sup>st</sup> December.

**Partial success** remained relatively static for FE part time students, the majority of whom were apprentices, however it **increased for both FE full time and HE students**.

There has been a **decline in student success** which is directly linked to the increase in withdrawals and partial success.

Sector benchmarking data suggests that UHI Inverness student outcomes have not been hit as adversely as many other colleges.

#### Student Satisfaction:

Despite restrictions around the student experience continuing in AY 21-22, student **satisfaction remained high at 89%** in the main student survey, the *Student Satisfaction and Engagement* survey. Student **participation began to recover, although remained low** at 33% of students responding to this survey.

### Main body of information

### **Student Withdrawals**

Early withdrawals continued to increase for full time students, however there was a slight decline for part time students from the previous year.

| 12.0% —          |         | Early Wi | thdrawals YTD |         |         |
|------------------|---------|----------|---------------|---------|---------|
| 10.0%            |         |          |               |         |         |
| 2.0% —<br>0.0% — |         |          | •             |         | •       |
|                  | 2017/18 | 2018/19  | 2019/20       | 2020/21 | 2021/22 |
| -FEFT            | 8.6%    | 7.2%     | 6.1%          | 9.2%    | 10.3%   |
| FEPT             | 2.3%    | 1.9%     | 2.0%          | 2.3%    | 1.9%    |
| HEFT             | 4.5%    | 5.0%     | 4.6%          | 4.6%    | 5.2%    |
| <b>—</b> НЕРТ    | 3.8%    | 3.0%     | 3.4%          | 3.6%    | 3.3%    |

Further withdrawals declined for both full time and part time students compared to the previous year. However, they were still higher for full time students than in pre-COVID years.



#### Student Success

Partial success is a measure of students who have completed their course but not achieved the qualification aim. Whilst it has remained relatively static for FE part time students, the majority of whom are apprentices, it has increased for both FE full time and HE students.



Overall student successful outcomes are directly linked to withdrawals and partial successes. Overall student successful outcomes declined in AY 21-22 to 59.06% for FE full time students.



#### Supporting a Recovery in AY 22-23

A number of actions are in place this academic year with a focus on improving student retention and successful outcomes including:

- Continuation of School level monthly data presentations supporting early interventions
- Sharing of best practice across Schools and programmes
- Target setting for retention and successful outcomes at programme level
- More flexible pathways
- Extensive suite of support for students

### **Student Satisfaction**

UHI Inverness formally gauge student satisfaction through four key surveys:

| Survey   | Cohort                               | When        |
|--|--------------------------------------|-------------|
| Early Student Experience Survey (ESES)               | All students                         | October     |
| Student Satisfaction and Engagement<br>Survey (SSES) | All students, exc. final year degree | April / May |
| National Student Survey (NSS)                        | Final year degree students           | March       |
| Postgraduate Taught Experience Survey (PTES)         | Post Graduate students               | March       |

The pandemic impacted on our ability to encourage students to complete the various surveys which meant that our response rate in our main survey (SSES) remained low at 33% in AY 21-22. This was however a significant improvement, +17pp, on the previous academic year, where only 16% of students engaged in the survey.



Participation in our most recent survey, the *Early Student Experience Survey*, indicates a full recovery has been made with the 55% response rate demonstrating the highest participation rate of the last 5 years.



The 5-year trend shows that student satisfaction began to recover in AY 21-22, up 9pp in our main survey since the previous year. Student satisfaction in the NSS remained static, varying just 4pp during the pandemic, and reflective of HE students perhaps being more resilient and able to study independently by comparison to many FE students. UHI did very well in the NSS in AY 21-22 coming 4<sup>th</sup> in Scotland, behind only Aberdeen, St Andrews and Robert Gordon universities, and ranking higher than the remaining 14 Scottish universities.

The results of the ESES 2022-23 show not only very positive participation rates, but also show satisfaction sitting at 95.3%. Both measures are likely to be well above sector average.

## UHI INVERNESS

| Subject/Title:   | Short Life Working Group Update  |
|--|--|
| Author:<br>[Name and Job title]  | Dr Dee Bird<br>Chair of Short Life Working Group   |
| Meeting:   | Board of Management  |
| Meeting Date:  | 25 October 2022  |
| Date Paper prepared:   | 17 October 2022  |
| Brief Summary of the paper:  | To provide members with information of the next phase of<br>work for the Short Life Working Group. |
| Action requested:<br>[Approval, recommendation,<br>discussion, noting] | Discussion   |

and

| Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with::<br>compliance<br>partnership services<br>risk management<br>strategic plan<br>new opportunity/change | Partnership Ser<br>Risk Manageme   |   |  |
|--|--|---|--|
| Resource implications:   | Yes / <mark>No</mark><br>If yes, please spe  | cify:   |  |
| Risk implications:   |  | <b>cify:</b><br>putational risk in respect of the Halls of Residence,<br>g and Safeguarding Responsibilities. |  |
| Equality and Diversity implications:   | Yes/No<br>If yes, please specify:<br>Ensuring suitable numbers of both male and female staff available for<br>students within the Halls of Residence |   |  |
| Student Experience<br>Impact:  | <mark>Yes</mark> /No<br>If yes, please spec<br>Safeguarding of str   |   |  |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail   | N/A  |   |  |
| <b>Status –</b> [Confidential/Non confidential]  | Confidential   |   |  |
| <b>Freedom of Information</b><br>Can this paper be included in<br>"open" business* [Yes/No]  | No<br>n  |   |  |
| *If a paper should <b>not</b> be inclu   | ded within "open" bu   | siness, please highlight below the reason.  |  |
| Its disclosure would substantia<br>a programme of research (S27  |  | Its disclosure would substantially<br>prejudice the effective conduct of public<br>affairs (S30)              |  |
| Its disclosure would substantia<br>the commercial interests of an<br>organisation (s33)  | y person or  | Its disclosure would constitute a breach of confident actionable in court (s36)                               |  |
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# ltem 11

## UHI INVERNESS

| Outcomes of the Review of the Code of Good Governance  |
|--|
| Lisa Ross<br>Governance Officer  |
| Board of Management  |
| 25 October 2022  |
| 18 October 2022  |
| This report provides members with the background to the<br>annual Board Members questionnaire in respect of the Code<br>of Good Governance, the deep dive review which was carried<br>out in October and the action plan which has come out of these<br>reviews. |
| Discussion and Approval of Action Plan   |
|  |

# ltem 11

| Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with::<br>compliance<br>partnership services<br>risk management<br>strategic plan<br>new opportunity/change | Governance (   | Compliance  |
|--|--|---|
| Resource implications:   | <mark>Yes</mark> / No<br><b>If yes, please sp</b><br>Financial implica                   | <b>becify</b> :<br>tions in respect of Board Members Training Needs             |
| Risk implications:   | Yes / No<br>If yes, please specify:<br>Operational:<br>Organisational: Governance risks. |   |
| Equality and Diversity implications:   | Yes/No<br>If yes, please specify:  |   |
| Student Experience<br>Impact:  | Yes/ <mark>No</mark><br>If yes, please specify:  |   |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail   | N/A  |   |
| <b>Status –</b> [Confidential/Non confidential]  | Non-Confidential   |   |
| Freedom of Information<br>Can this paper be included in<br>"open" business* [Yes/No]   | Yes  |   |
| *If a paper should <b>not</b> be inclu   | ded within "open" ł  | pusiness, please highlight below the reason.                                    |
|  |  |   |
| Its disclosure would substantia<br>the commercial interests of any<br>organisation (s33)   | y person or  | Its disclosure would constitute a breach of confident actionable in court (s36) |
| Its disclosure would constitute<br>the Data Protection Act (s38)   | a breach of  | Other (Please give further details)   |

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### Background

The Code of Good Governance for Colleges in Scotland outlines the following requirements for Boards of Management:

Boards are expected to innovate, pursue new opportunities and take measured risks in delivering what is best for their stakeholders. In recent times, they have gone through major transformational change, embracing regionalisation and post-16 education reforms.

Against this background, it is right and proper that the highest standards of governance and propriety are expected of our boards and those individuals who serve them. This Code of Good Governance codifies the principles of good governance for learners and learning that already exist in our colleges and promotes accountability and continuous improvement in how colleges and regional strategic bodies are governed.

To ensure that we continue to meet these requirements, Board Members are requested to complete an annual review of the Code of Good Governance. This year, in addition to this, the Governance Officer undertook a deep dive review of our compliance with the Code of Good Governance.

#### **Board Member Annual Review**

Board Members carried out the annual review of the Code of Good Governance for the year 2021/22 via an online JISC survey which was made available to all for the period 28 July – 31 August 2022. We received a 55% response rate with 11 members completing the questionnaire. This is an increase of 37.5% compared to the previous year.

A copy of the responses can be found as Appendix 1.

#### **Deep Dive Review**

Throughout October a deep dive review of our compliance with the code was carried out. A copy of this can be found as Appendix 2.

#### **Actions Required**

Following these reviews, an Action Plan has been drawn up (Appendix 3).

#### **Recommendation:**

It is recommended that the Board approves the Action Plan.

Online surv

# Board of Management - Review of Code of Good Governance 2022

Showing 11 of 11 responses Showing **all** responses Showing **all** questions Response rate: 55%



Jisc

Board Member Conduct in Public Life

1.1 UHI Inverness is governed by an effective Board?



**1.2** The Board adheres to the concept of collective responsibility?



## **1.3** Board Members are familiar with the provisions of the Code of Conduct?



### **1.4** Board Members actions comply with the provisions of the Code of Conduct?



### **1.5** Board Members are aware of and incorporate the Nine Scottish Principles into their decisions?



## 1.a Evidence/Comments

| Showing all 3 responses   |                        |
|---|------------------------|
| We have had all the training to support the understanding of being a board member.  | 927084-927066-98436791 |
| The Board suffered a catastrophic failure as a consequence of poor<br>leadership and lack of accountability. This was addressed through the<br>removal of the Chair and several resignations following 12 months of<br>serious problems. The outcome with the appointment of a new,<br>experienced and excellent Chair is a now, capable, engaged and dynamic<br>Board. | 927084-927066-98609112 |
| We have effective training, induction and creative discussions around<br>Board activities, responsibilities and strategy. Members take their<br>responsibilities seriously.   | 927084-927066-98909878 |

#### 1.b Vision and Strategy

**1.b.1** Board Members understand their responsibility for determining UHI Inverness vision, strategic direction, educational character, value and ethos?



**1.b.2** The Board provides strategic leadership and has developed and can articulate a clear vision for UHI Inverness?



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

1.b.3

The Board has set out clear strategic priorities, aims and desired outcomes and these are used as the basis for the Boards overall strategy and planning process?



# **1.b.4** The Board is able to scrutinise UHI Inverness Key Performance Indicators (KPI's) and review these against our strategic aims?



**1.b.5** The Board is aware of their responsibility with regards the negotiation and development of our Regional Strategy/Outcome Agreement with our RSB?



# **1.b.6** The Board monitors our Regional Strategy/Outcome Agreement to ensure we are achieving the agreed outcomes?



#### 1.b.i Evidence/Comments

| Showing all 2 responses  |                        |
|--|------------------------|
| Board away day for us to understand the outcomes and question the aims   | 927084-927066-98436791 |
| KPIs are under review and the role of the RSB and the Outcome<br>Agreements are being rewritten and further defined. | 927084-927066-98909878 |

### **1.c** Corporate Social Responsibility

1.c.1 The Board demonstrates high levels of corporate social responsibility?



### 1.c.2 Board Members behave ethically?



# **1.c.3** The Board ensures that UHI Inverness contributes to the economic development of the local community?



**1.c.4** The Board exercises its function with a view to improving the economic, cultural and social wellbeing of the local community and region?



**1.c.5** The Board gives regard to the social and economic needs of the local community and region when making decisions?



**1.c.6** The Board provides leadership in equality and diversity?



**1.c.7** The Board membership reflects the make-up of the local community?

Г



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

### 1.c.i Evidence/Comments

| Showing all 3 responses   |                        |
|---|------------------------|
| We as a board look closely at our local community   | 927084-927066-98436791 |
| The Board does reflect the make-up of the local community but also has representation from further afield too which makes this current Board dynamic and ambitious. | 927084-927066-98609112 |
| These areas form much of the debate and discussion around the board meetings.   | 927084-927066-98909878 |

#### 2 Student Engagement

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2.1 The Board ensures that the voice of students and the quality of the student experience is central to all decisions?



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

2.2 The Board ensures that there is meaningful and ongoing engagement and dialogue with students, HISA and as appropriate staff and trade unions in relation to the quality of the student experience?



2.3 The Board ensures that where significant changes are being proposed students are consulted and have an opportunity to express their views on the changes?



2.4 The Board considers the outcome of student surveys?



2.5 The Board monitors action plans that could impact on the quality of student experience?



2.6 The Board ensures that the students association (HISA) operates in a fair and democratic manner and fulfils its responsibilities?



### 2.7 Student Members are active at Board Level?



2.8 The Board receives regular reports from the Student's Association?



#### 2.a Evidence/Comments

| Showing all 2 responses   |                        |
|---|------------------------|
| We have HISA on the Board and they are very much part of the discussions and involvement  | 927084-927066-98436791 |
| We have a very good relationship with student members and their voice is<br>encouraged at each meeting. The Chair also meets reps in advance of<br>meetings for insight into student views. | 927084-927066-98909878 |

#### 2.b High Quality Learning and Quality Monitoring

2.b.1 The Board is aware of external local, national and international bodies and their impact on the quality of student experience?



2.b.2 The Board ensures that UHI Inverness works in partnership with external bodies in order to enhance the student experience?





Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

9 (81.8%)

2 (18.2%)

#### 2.b.4 The Board sets challenging student success targets?

Г

5

6



represent that all this question's respondents chose that option)

2.b.5 The Board ensures that there are mechanisms in place to ensure inclusivity of the learning experience for students?

 1
 0

 2
 0

 3
 1

 4
 1

 5
 2

 6
 7 (63.6%)

Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

**2.b.6** The Board ensures that UHI Inverness works in partnership with sector quality agencies and appropriate bodies to promote quality enhancement?



#### 2.b.i Evidence/Comments

| Showing all 2 responses   |                        |
|---|------------------------|
| I feel as a support member we are looking at the student experience in depth and it is a main focus when we are making our decisions                              | 927084-927066-98436791 |
| The TL and R committee makes recommendations to Board after much deliberation on these areas. Discussion and decisions making are key elements of Board meetings. | 927084-927066-98909878 |



#### 3.1 The Board recognises its chain of accountability?


### 3.2 The Board recognises that it must fulfil all statutory duties and obligations?



**3.3** The Board is aware that Scottish Ministers have powers to remove by order any or all Board Members (except the Principal) for serious or repeated breaches of governance?



**3.4** The Board recognises that they have accountability to a range of stakeholders (including students, staff, the public, employers and the community)?



3.5 The Board ensures that it's decision-making processes are transparent, properly informed, rigorous and timely?



#### 3.a Evidence/Comments

| Showing all 2 responses  |                        |
|--|------------------------|
| Yes we have had training and it is very open to questions at Board meeting<br>and after to the chair if we have questions. | 927084-927066-98436791 |
| The Board undertook two training events specifically in relation these dimensions and the Principles of Public Life.       | 927084-927066-98909878 |

#### 3.b Risk Management

**3.b.1** The Board sets the risk appetite for UHI Inverness and ensures that there is an appropriate balance between risk and opportunity?



### 3.b.2 The Board ensures that there are appropriate systems in place for monitoring risk management?



#### 3.b.i Evidence/Comments

| Showing all 2 responses                   |                        |  |
|---|------------------------|--|
| Yes Risk management is on all agendas     | 927084-927066-98436791 |  |
| Ongoing monitoring, reporting and review. | 927084-927066-98909878 |  |

#### 3.c Remuneration Committee

3.c.1 There is a formal procedure in place for setting the remuneration of the Principal?



#### 3.c.i Evidence/Comments

| Showing all 3 responses  |                        |
|--|------------------------|
| Not sure what the question means? We haven't discuss the Principal Salary for the time I have been on the Board. The amount is on the papers but it's not been set on my time. | 927084-927066-98436791 |
| This was not the case until recently and the appointment of a new Chair.   | 927084-927066-98609112 |
| Met in recent months.  | 927084-927066-98909878 |

#### 3.d Financial and Institutional Sustainability

#### 3.d.1 The Board ensures compliance with its Financial Memorandum?



3.d.2 The Board ensures that funds are used as economically, efficiently and effectively as possible?



#### 3.d.3 The Board ensure that effective financial monitoring arrangements are in place?



## **3.d.4** The Board is aware of their responsibility under charity legislation and comply with the relevant provisions set out by the Office of the Scottish Charity Regulator (OSCR)?



| Showing all 2 responses  |                        |
|--|------------------------|
| The new shared Finance are doing a great job with the Financial monitoring it's been much better in the last 2 years with the new team and Finance system.                 | 927084-927066-98436791 |
| Inverness undertook a deep and thorough Financial recovery plan in the<br>last two years and is in a strong fiscal position - monitored closely by<br>committee and Board. | 927084-927066-98909878 |

#### 3.e Staff Governance

**3.e.1** The Board is aware of their responsibilities in respect of promoting positive employee relations and ensuring effective partnership between recognised trade unions and management?



#### 3.e.2 The Board has a system in place to ensure the fair and effective management of staff?



## 3.e.3 The Board has a system in place to ensure that all legal obligations are met and all policies and agreements are implemented?



represent that all this question's respondents chose that option)



#### 3.e.5 The Board complies with the nationally agree college sector Staff Governance Standard?



represent that all this question's respondents chose that option)

## **3.e.6** The Board ensures that they comply with collective agreements placed on it through national collective bargaining?



represent that all this question's respondents chose that option)

#### 3.e.i Evidence/Comments

| Showing all 2 responses                                       |                        |
|---|------------------------|
| Yes   | 927084-927066-98436791 |
| Close scrutiny and adherence to these standards at all times. | 927084-927066-98909878 |

#### 4 The Board Chair

#### 4.1 The Chair promotes a culture of openness and debate?



#### 4.2 The Chair encourages the effective contribution of all Board Members?



4.3 The Chair fosters constructive challenge and support to both the Principal, the Executive Management Team, Board Members and the Board Secretary?



4.4 The Chair promotes effective team working?



| Showing all 3 responses  |                        |
|--|------------------------|
| Yes and I can email him if I have any question anytime which is great. | 927084-927066-98436791 |
| The current Chair is one of the most able that I have experienced.     | 927084-927066-98609112 |
| N/A as I am chair  | 927084-927066-98909878 |

#### 4.b Board Members





4.b.2 Board Members ensure that they make decisions in the best interest of UHI Inverness as a whole?



#### 4.b.i Evidence/Comments

| Showing all 2 responses   |                        |
|---|------------------------|
| Yes Inverness is always put at the best interest of the Board                                     | 927084-927066-98436791 |
| Evaluation and review process in place and carried out each session and informally over the year. | 927084-927066-98909878 |

#### 4.c Principal and Chief Executive

Item 11 - Annendix 1

**4.c.1** The Board ensures that there is an open and transparent recruitment process for the appointment of the Principal and Chief Executive?



## **4.c.2** The Board ensures that both students and staff have the opportunity to contribute to this recruitment process?



4.c.3

The Board delegates to the Principal authority for the academic, corporate, financial, estate and human resource management of UHI Inverness?



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

**4.c.4** The Board ensures that the Principal and the Executive Management Team have in place appropriate management functions in respect of academic, corporate, financial, estate and human resource management?



represent that all this question's respondents chose that option)

**4.c.5** The Board ensures that there is a clear process in place to set and agree personal performance measures for the Principal?





The Principal's performance is monitored, at least annually, against the agreed performance measures?



represent that all this question's respondents chose that option)

#### 4.c.7 The Board provides constructive challenge to the Principal and the Executive Management Team and holds them to account?



#### 4.c.i Evidence/Comments

| Showing all 2 responses  |                        |
|--|------------------------|
| Sorry I am not 100% aware of the recruitment of the principal that was before my time. and not sure of the how his performance is measure. | 927084-927066-98436791 |
| These dimensions are met in full and monitored closely.  | 927084-927066-98909878 |

#### 4.d Board Secretary

#### All Board members have access to the Board Secretary? 4.d.1



represent that all this question's respondents chose that option)

**4.d.2** The Board ensures that there are arrangements in place to deal with a Board Secretary's conflict of interest?



#### 4.d.i Evidence/Comments

| Showing all 2 responses              |                        |  |
|--------------------------------------|------------------------|--|
| Yes                                  | 927084-927066-98436791 |  |
| Of course - formally and informally. | 927084-927066-98909878 |  |

#### 4.e Board Member Appointment, Induction and Training

4.e.1 The Board ensures that a formal and open procedure is in place for recruiting and selecting new non-executive Board Members?



represent that all this question's respondents chose that option)

4.e.2 The Board ensures that HISA have in place the appropriate arrangements for the conduct of student elections and nominations?



4.e.3 The Board has in place the appropriate arrangements for staff member elections and nominations?



Г



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

## 4.e.5 All Board Members are provided the opportunity to undertake appropriate training and development in respect of their role?



#### 4.e.i Evidence/Comments

| Showing all 2 responses  |                        |
|--|------------------------|
| Yes  | 927084-927066-98436791 |
| New Board members appointed this last session and undergoing induction and training as required. | 927084-927066-98909878 |

#### 4.f Board Evaluation

4.f.1 The Board reviews its effectiveness annually and as part of this has a robust self-evaluation process in place?



### 4.f.2 The Board has an External Effectiveness Review carried out every 3 years?



#### 4.f.3 The Board has in place a process for evaluating the effectiveness of Chairs?



#### 4.f.4 All Board members are subject to an appraisal of their performance?



represent that all this question's respondents chose that option)

#### 4.f.i Evidence/Comments

| Showing all 2 responses  |                        |
|--|------------------------|
| Yes  | 927084-927066-98436791 |
| All in place and carried out this summer. An effectiveness review carried out 2020 and all areas of improvement and refinement in place. | 927084-927066-98909878 |

#### 5 Partnership Working

5.1 The Board works in partnership, ensures effective consultation and encourages collaboration?



**5.2** The Board follows the principles of effective collaboration working (mutual respect, trust and working towards commonly agreed outcomes)?



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

#### 5.a Evidence/Comments

| Showing all 2 responses   |                        |
|---|------------------------|
| Yes   | 927084-927066-98436791 |
| The Board has a close working relationship and open discussions in a respectful and supportive environment. | 927084-927066-98909878 |

### REVIEW OF COMPLIANCE WITH THE CODE OF GOOD GOVERNANCE FOR SCOTLAND'S COLLEGES

| Code  | Principal   | Evidence  | Assurance | Action required  |
|-------|---|---|-----------|--|
| Secti | on A: Leadership and Strategy   |   |           |  |
| Cond  | uct in Public Life  |   |           |  |
| A1    | Every college and regional<br>strategic body must be governed<br>by an effective board that is<br>collectively responsible for<br>setting, demonstrating, and<br>upholding the values and ethos of<br>the organisation. | Effective Board Recruitment:  We adhere to the powers conferred on the University of the Highlands and Islands in terms of the Further and Higher Education Act 1992, as amended by the Post 16 Education (Scotland) Act 2013 when appointing non-executive members to the Board, and the process our Scotland Act 2013 when appointing non-executive members to the Board and process and Scotland) Act 2013 when appointing non-executive members that we recruit the most effective Board that we can. Our selection and interview panel ensures impartiality with the panel being comprised of two members of the Board (usually the Chair/SiM/Vice Chair), an independent member (usually the Chair/SiM/Vice Chair), an independent member (usually a past non-executive member with knowledge of UHI Inverness) and a member of University Court. All panel decisions are based on the experience and knowledge and skills of each candidate. Prospective Board Members are subject to several checks to ensure that they are suitable to join the Board. These include: Checking that they do not have any automatic disqualifications (individual insolvency registers, register of disqualified directors etc) PVG Check. Appointment of Co-opted Members to Committees to bring additional knowledge and experience to discussions to enhance the Committee. Training: Aur induction process provides new members with the most recent and relevant information and includes the opportunity to meet with the Governance Officer, Chair of the Board of Management, Committee Chairs (to ensure that members have an oversight of the remit and work of each Committee) and the Principal and EMT. A yearly Board Away Day is held which looks at strategic development and allows for relevant training sessions to be held. Creative Board Space has been edveloped and is used in all meetings to explore ways to address relevant educational and community development. Evaluations We are independently assessed as part of the 3-5 yearly External Effectiveness Review and from the yearly Board Members Ev |           | <ul> <li>To ensure that we remain effective the following actions should be considered:</li> <li>Development of support offered to members including where members become a mutual point of contact for each other and support each other and support each other to grow and develop within their role.</li> <li>Board Development Plan</li> <li>That going forward the Committee and Chair Evaluations will become anonymised, with an online form to be completed by all.</li> </ul> |

| Code Principal  | Evidence  | Assurance | Action required                                      |
|---|---|-----------|--|
|   | Governance Case Study:  |           |  |
|   | • Following issues surrounding data protection, confidentiality, and governance around a 2020 confidential Board led process, the Board instructed Anderson and Strathern to conduct a review of the entire process and prepare a case study to look at what should have been done differently and to consider the lessons learned. |           |  |
|   | Use of the case study allowed the Board to reflect and provided an opportunity to reinforce the role of Board Members in respect of accountability and ethical principles.  |           |  |
|   | Collective Responsibility and Setting Values and Ethos  |           |  |
|   | Collective Responsibility:  |           |  |
|   | • All Board Members upon induction are provided with a copy of the Code of Conduct for Members of the Board of Management for UHI Inverness. 3.11 of the Code sets out the principle of collective decision making and corporate responsibility.  |           |  |
|   | • All Board members must acknowledge receipt of a copy of the Code of Conduct and sign that they accept that it is their responsibility to make sure that they are familiar with and that their actions comply with the provisions of the code.   |           |  |
|   | • All Board Members participated in the adoption of the revised Code of Conduct in March 2022 and were made aware of all key changes to this document before approval to the changes were agreed.   |           |  |
|   | A governance session was provided to all as part of the Board Away Day in January 2022 where the roles and responsibilities as member and trustee were reinforced to all.   |           |  |
|   | Setting Values and Ethos:   |           |  |
|   | Board Members were consulted on the review of our strategy which was led by the Principal and EMT.  |           |  |
|   | KPI's are now included as part of the strategy and are reviewed by the appropriate committees as part of reports.   |           |  |
|   | Board Members had final approval of the reviewed and consulted strategy.  |           |  |
|   | Chairs participate in ensuring an annual strategic plan review is conducted. This review is then discussed by the full Board.   |           |  |
|   | Our Annual Board Away Day has a focus on strategic planning. The event on 27 January 2022 focussed on:  |           |  |
|   | <ul> <li>The new visual identity for UHI.</li> </ul>  |           |  |
|   | <ul> <li>Role of Inverness College within UHI</li> </ul>  |           |  |
|   | <ul> <li>Development of the role of Board Members in supporting specific goals and priorities of Inverness College.</li> </ul>  |           |  |
| 2 Every board member must ensu<br>that they are familiar with, an                                 | of the Code sets out the principle of collective decision making and corporate responsibility.  | Effective |  |
| their actions comply with the provisions of their board's Composition of Conduct.                 |   |           |  |
|   | • All Board Members participated in the adoption of the revised Code of Conduct in March 2022 and were made aware of all key changes to this document before approval to the changes were agreed.   |           |  |
|   | • A governance session was provided to all as part of the Board Away Day in January 2022 where the roles and responsibilities as member and trustee were reinforced to all.   |           |  |
| 3 The Nine Principles of Public L   |   | Effective | To ensure that we remai                              |
| in Scotland, which incorporate the seven Nolan principles, must the basis for board decisions and | • A reading area has been set up within the Teams/SharePoint site where members can access all governance documents and reports from other  |           | effective the following action should be considered: |
| behaviour. These key principle<br>which apply individually a                                      | s, • A governance session was provided to all as part of the Board Away Day in January 2022 where the roles and responsibilities as member and trustee  |           | An additional training sessio                        |

| Code Principal               |  | Evidence   | Assurance | Action required                                      |
|------------------------------|--|--|-----------|--|
| collectively are:            |  | were reinforced to all.  |           | on the Nine Principles of                            |
| Duty/Public                  | Service                                  | These roles and responsibilities were also reinforced as part of our Case Study Session.   |           | Public Life (and the Seven Nolan Principles) will be |
| Selflessness                 | s  |  |           | included within the Board                            |
| Integrity                    |  |  |           | Development Plan.                                    |
| Objectivity                  |  |  |           |  |
| Accountabil     Stewardship  |  |  |           |  |
| Openness                     |  |  |           |  |
| Honesty                      |  |  |           |  |
| Leadership                   |  |  |           |  |
| Respect                      |  |  |           |  |
| Vision and Strategy          |  |  |           |  |
|                              | responsible for                          |  | Effective |  |
| determining<br>vision, strat | their institution's tegic direction,     | KPI's are now included as part of the strategy and are reviewed by the appropriate committees as part of reports.  |           |  |
| educational cha              | aracter, values and                      | Board Members had final approval of the reviewed and consulted strategy.   |           |  |
|                              | al strategic bodies rmine the regional   | Chairs participate in ensuring an annual strategic plan review is conducted. This review is then discussed by the full Board.                              |           |  |
|                              | lleges assigned to rd of an assigned     | Our Annual Board Away Day has a focus on strategic planning. The event on 27 January 2022 focussed on:   |           |  |
| college must h               | ave regard to the                        |  |           |  |
|                              | rmined by the gic body. Board            |  |           |  |
| members have                 | ve a collective                          |  |           |  |
|                              | e in fostering an hat enables the        |  |           |  |
| body to fulfil its           | mission and meet                         | The Board has regard for the strategy of UHI (our RSB) and this is evidenced by the discussions on the new visual identity of UHI and the participation of |           |  |
|                              | nment priorities, for students and the   | the Chair and Principal in the UHI Conference and the work which has come out of these discussions.  |           |  |
| community it se              |  |  |           |  |
| A5 The board m               | ust develop and                          | Evidenced by A4 above.   | Effective |  |
|                              | ear vision for the                       |  |           |  |
|                              | ge. This should be ed statement of its   |  |           |  |
|                              | ed outcomes which                        |  |           |  |
|                              | as the basis for its<br>y and planning   |  |           |  |
| processes.                   | ,, |  |           |  |
|                              |  | Evidenced by A4 above.   | Effective |  |
|                              | rship of the region<br>The board is      |  |           |  |
| responsible for              | r formulating and                        |  |           |  |
| agreeing strate              | egy by identifying                       |  |           |  |
|                              | ies and providing<br>in a structured     |  |           |  |
| planning frame               |  |  |           |  |

| Assurance | Action required  |
|-----------|--|
|           | on the Nine Principles of<br>Public Life (and the Seven<br>Nolan Principles) will be<br>included within the Board<br>Development Plan. |

| Code  | Principal  | Evidence  |
|-------|--|---|
| A7    | The board must ensure that a comprehensive performance measurement system is in place which identifies key performance indicators. It must ensure that it scrutinises performance measures and reports these on their website in a manner that is both timely and accessible to stakeholders. This will allow the board to determine whether or not the vision and mission of the region or the college are being fulfilled and that the interests of stakeholders are being met.          | KPI's are now included as part of the strategy and are reviewed by the appropriate committees as part of reports. The KPI's were developed to ens<br>that we have a robust way to measure against targets, to aid with forecasting and to allow us to look at the best and worse case scenario. The KPI Ma<br>is linked to both the UHI Inverness Strategy and the financial strategy.  |
| A8    | The board (except in the case of<br>assigned college boards) is<br>responsible for overseeing the<br>negotiation of its outcome<br>agreement with SFC, to meet the<br>needs of the college or region and<br>make best use of available<br>funding, consistent with national<br>strategy. The board must ensure<br>effective engagement with all<br>relevant stakeholders in the<br>development of its outcome<br>agreement and monitor<br>performance in achieving the<br>agreed outcomes. | N/A   |
| A9    | The roles and responsibilities of<br>the boards of assigned colleges<br>should be undertaken in the<br>context of the roles and<br>responsibilities of their regional<br>strategic body. Assigned college<br>boards must contribute<br>constructively to the development<br>of the outcome agreement led in<br>its region by the regional strategic<br>body and support the regional<br>strategic body to monitor<br>performance in achieving the<br>agreed outcomes.                      | The Board looked at the proposed Partnership Agreement in June 21 and whilst they were able to agree to the review of the agreement timeline, they we unable to approve the signing of the agreement in its current form. Further discussions allowed the Board to agree to part 1 of the updated partners agreement but part 2 was still unable to be agreed.  |
| Corpo | orate Social Responsibility  |   |
| A10   | The board must demonstrate high<br>levels of corporate social<br>responsibility by ensuring it<br>behaves ethically and contributes<br>to economic development while<br>seeking to improve the quality of<br>life of the local community,<br>society at large and its workforce.   | The Board has set out our purpose to have a transformational impact on the development and prospects of people, communities and the economy of Highlands and Islands within our strategy.<br>Board Members are aware of their responsibilities in respect of the community. Following an incident at the Halls of Residence, we have set up a Sh Life Working Group to ensure that the recommendations within the Anderson Strathern Action Plan are carried out. As part of this, we have repeate emphasised to Executive Office the responsibilities both we and they have in respect of Corporate Parenting and Social Responsibility. |

|                        | Assurance | Action required  |
|------------------------|-----------|--|
| sure<br>atrix          | Effective |  |
|                        |           |  |
| were<br>ship<br>nges   | Effective | The exercise will be<br>recommenced following the<br>role of the RSB being further<br>defined.   |
|                        |           |  |
| f the<br>Short<br>edly | Effective | <ul> <li>To ensure that we remain effective the following actions should be considered:</li> <li>A stakeholder mapping exercise is carried out.</li> </ul> |

| Code Principal |  | Evidence  | Assurance | Action required |
|----------------|--|---|-----------|-----------------|
|                |  | Board Members have used the creative sessions to discuss their role in respect of the promotion and profile of the College.<br>Board Members ensure that much of our debate and discussion is formed around how items will impact or develop the local community both at Board and Committee level.   |           |                 |
| A11            | The board must exercise its<br>functions with a view to improving<br>economic, cultural and social<br>wellbeing in the locality of the<br>college or region. It must have<br>regard to social and economic<br>needs and social inclusion.  | <ul> <li>Evidenced by A10 above.</li> <li>The Board has discussed and is supportive of the following measures which have been taken by the College in respect of social and economic needs:</li> <li>The Mental Health support provided to students during Covid-19.</li> <li>Student Support Funds being used to assist students who are experiencing digital poverty.</li> <li>The philanthropic initiatives put in place with regards to free hot breakfasts and lunches for students, free toiletries and coats etc.</li> </ul> | Effective |                 |
| A12            | The board must provide<br>leadership in equality and<br>diversity.   | Our current Board reflects both the local community and representation from different areas of Scotland. This additional representation makes our Board dynamic and ambitious.<br>During the recruitment process, the importance of having a diverse Board of Management was recognised and a conscious effort was made to encourage individuals from under-represented groups to apply.  | Effective |                 |
| A13            | The board must seek to reflect in<br>its membership, the make-up of<br>the community through offering<br>maximum opportunity of<br>membership to a range of<br>potential members and removing<br>potential barriers to membership,<br>in partnership with its regional<br>strategic body, as appropriate.  | Evidenced by A12 above.   | Effective |                 |
| A14            | The board must appoint one of<br>the non-executive members to be<br>the senior independent member<br>to provide a sounding board for<br>the chair and to serve as an<br>intermediary for the principal,<br>other board members and the<br>board secretary when necessary<br>(see Annex 1 for the definition of<br>'non-executive'). The senior<br>independent member should also<br>be available where contact<br>through the normal channels of<br>chair, principal or secretary has<br>failed to resolve an issue or for<br>which such contact is<br>inappropriate. Further information<br>on the role of the senior<br>independent member can be<br>found in <u>The Guide for Board</u><br><u>Members in the College Sector</u> | The Board is aware of the role which the Senior Independent Member provides. Our longest serving Board Member has been appointed in this role.  | Effective |                 |

| Code   | Principal  | Evidence   |
|--------|--|--|
| Sectio | on B: Quality of the Student Experi  | ence   |
| Stude  | ent Engagement   |  |
| B1     | The board must have close<br>regard to the voice of its students<br>and the quality of the student<br>experience should be central to<br>all board decisions.                            | The Board has close regard for the voice of students. Our report templates have been updated to include student experience impact. Where there may be an impact the report writer is asked to specify this so that the Board are aware of this prior to any discussion.<br>Our Learning, Teaching and Research (LT&R) Committee is committed to the enhancement of delivering excellence in the overall student experience a |
|        |  | ensuring that our curriculum meets the needs of students. The LT&R Committee monitors data relating to the student experience and performance of t College.  |
| B2     | The board must lead by example<br>in relation to openness, by<br>ensuring that there is meaningful<br>on-going engagement and  | The Chair of the Board of Management meets with our student representatives prior to every Board Meeting, following circulation of the papers, to discu<br>and engage with our student representatives around the agenda and to provide guidance to the representatives when required.   |
|        | dialogue with students, the<br>students' association and as<br>appropriate staff and trade unions<br>in relation to the quality of the   | The Chair of the LT&R Committee meets with our student representatives prior to the setting of the LT&R Agenda to discuss any issues which t students may wish to be raised or discussed as part of the meeting.   |
|        | student experience. Consultation<br>is essential where significant<br>changes are being proposed.  | Where appropriate students are consulted on changes. Again, our report template provides the report writer with the opportunity to advise the Boa where any consultation and with whom has taken place.  |
|        |  | Our Joint Consultative Committee (JCC) is made up of the relevant senior managers and union representatives. The HR Committee are provided w sight of the minutes from these meetings and any issues are discussed within the Committee.   |
| B3     | The board must consider the<br>outcome of student surveys and<br>other student engagements and<br>monitor action plans that could<br>impact on the quality of the<br>student experience. | The LT&R Committee is committed to monitoring data relating to student experience and the performance of the College. The LT&R Committee suppor challenges and enhances the development of strategic and performance monitoring. Over the past Academic Year, the LT&R Committee has consider and discussed:   |
|        |  | Quality Enhancement Plans  |
|        |  | Early Student Survey Responses   |
|        |  | Student Outcomes   |
|        |  | Student Retention and Early Withdrawals  |
|        |  | Support services – Wellbeing and Mental Health, Transitions and PDA's  |
|        |  | Academic Development   |
|        |  | Safeguarding   |
|        |  | Complaints   |
|        |  | Education Scotland Quality Assurance Arrangements and Progress Review  |
|        |  | Corporate Parenting  |
|        |  | End of Year Student Survey (SSES)  |
|        |  | Over the past Academic Year, the Board of Management has also considered and discussed:  |
|        |  | Student Activity and Enrolment   |
|        |  | Student Outcomes   |
|        |  | The work of the Short Life Working Group   |

|                 | Assurance  | Action required |
|-----------------|------------|-----------------|
|                 |            |                 |
|                 |            |                 |
| may             | Effective  |                 |
|                 |            |                 |
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| Code Principal |   | Evidence  | Assurance |
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| B4             | The college board must have<br>regard to the <i>Framework</i> for the<br><i>Development</i> of <i>Strong</i> and<br><i>Effective College Students'</i><br><i>Associations in Scotland</i> . It must<br>put in place robust partnership<br>procedures (e.g., partnership<br>agreement) to work together to<br>achieve change and which are<br>supported by regular and open<br>communications.   | We have had a Partnership Agreement with HISA in place since 2018. The LT&R Committee discuss and review this at each meeting to ensure that this important tool is embedding improvements across the student journey as well as ensuring that the student voice is embedded across the life and work of the College.<br>Each year there are three enhancement themes chosen by management and HISA and the LT&R Committee have sight of these themes and the workstreams which come out of this. | Effective |
| В5             | The college board must<br>encourage a strong and<br>autonomous students' association<br>and ensure that the students'<br>association is adequately<br>resourced.  | HISA is an autonomous student's association which is funded through UHI.  | Effective |
| В6             | The college board must ensure<br>that the students' association<br>operates in a fair and democratic<br>manner and fulfils its<br>responsibilities.   | The LT&R Committee receives regular reports from the student's association and provides support when and if there are any concerns.   | Effective |
| В7             | The college board must review<br>the written constitution of its<br>students' association at least<br>every five years.   | The Board of Management agreed that student representation would be taken over by HISA in 2017. From looking at past papers it appears that the Board would be looking to review the written constitution of HISA this year.  | Partial   |
| Releva         | ant and High-Quality Learning   |   |           |
| B8             | The board must seek to secure<br>coherent provision for students,<br>having regard to other provision in<br>the region or college's locality.<br>The board must be aware of<br>external local, national and<br>international bodies and their<br>impact on the quality of the<br>student experience, including<br>community planning partners,<br>employers, skills development<br>and enterprise agencies and<br>employer bodies. The board must<br>seek to foster good relationships<br>and ensure that the body works in<br>partnership with external bodies<br>to enhance the student<br>experience, including<br>employability and the relevance of<br>learning to industry needs. | Both the Board and the LT&R Committee monitor our curriculum to ensure that we continue to meet the needs of students, stakeholders and the local community.<br>As part of our closed sessions the Board has looked at the role that members undertake in respect of the promotion and profile of the College and with regards collaboration and partnerships with other organisations.   | Effective |

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| hat this<br>work of | Effective |   |
| and the             |           |   |
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|                     | Effective |   |
| hat the             | Partial   | The Board of Management to<br>conduct a review of the HISA<br>constitution this year.                                 |
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| ain and<br>ssional  | Effective | Chairs are collaborating with<br>the Principal and EMT on the<br>proposed industry event<br>planned for the New Year. |
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| Code   | Principal  | Evidence  | Assurance |
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| Qualit | y Monitoring and Oversight   |   |           |
| B9     | The board must ensure<br>appropriate mechanisms are in<br>place for the effective oversight of<br>the quality and inclusivity of the<br>learning experience in the college<br>or region. The board must ensure<br>that the college works in<br>partnership with sector quality<br>agencies and other appropriate<br>bodies to support and promote<br>quality enhancement and high-<br>quality services for students. | The KPI Matrix has mechanisms in place to monitor this. As part of this the LT&R Committee reviews the data from student surveys (see B3 for further evidence), monitors the impact of Covid-19 and monitors the curriculum and enhancement themes.<br>The LT&R Committee has recommended the Quality Assurance Enhancement Strategy for approval by the Board.   | Effective |
| Sectio | on C: Accountability   |   |           |
| Αссοι  | untability and Delegation  |   |           |
| C1     | The board is primarily<br>accountable to its main funder,<br>either SFC or its regional strategic<br>body. Through the chain of<br>funding, the body is ultimately<br>responsible to the Scottish<br>Ministers who are accountable to<br>the Scottish Parliament.  | Board members are aware of the chain of responsibility. The governance case study allowed this to be reinforced to members.   | Effective |
| C2     | The board must ensure delivery<br>of its outcome agreement or in<br>the case of an assigned college,<br>its agreed contribution to the<br>region's outcome agreement.  | Board Members are aware of their responsibility with regards the delivery of our agreement. The Board has been party to the review of the new Partnership and Service Level Agreement since June 2021 and has been monitoring this to ensure that it is delivered on time.<br>This has currently been paused following the UHI Partnership Conferences. This will be followed up once the work streams which have come out of these talks are actioned. | Partial   |
| C3     | The board must ensure it fulfils its<br>statutory duties and other<br>obligations on it, and that the<br>terms and conditions of its grant<br>are being met.   | Evidenced by C2.  | Effective |
| C4     | Scottish Ministers have powers to<br>remove by order any or all board<br>members of an incorporated<br>college (except the principal) or a<br>regional board for serious or<br>repeated breaches of a term and<br>condition of grant.  | All Board Members upon induction are provided with the Scottish College Constitution which makes this clear. All members also attend a CDN induction session which reinforces this.<br>The Board has also undertaken two training events specifically in relation to their responsibilities, and the Scottish Ministers powers.   | Effective |
| C5     | The board also has a wider<br>accountability to a range of<br>stakeholders including students<br>(both current and prospective), its<br>staff, the wider public, employers<br>and the community it serves, for<br>the provision of high-quality<br>education that improves people's  | The Board has set out our purpose to have a transformational impact on the development and prospects of people, communities and the economy of the Highlands and Islands within our strategy.<br>Board Members are aware of their responsibilities in respect of accountability and during induction they are advised that our papers (excluding those which are confidential) are made public on our website.  | Effective |

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| for further               | Effective | The Board is to approve the<br>Quality Assurance<br>Enhancement Strategy on 25<br>October 2022. |  |  |  |
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| of the new<br>ut of these | Partial   | To be followed upon once<br>UHI 24 actions have been<br>delivered.                              |  |  |  |
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| N induction               | Effective |   |  |  |  |
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|      | life chances and social and economic well-being.   | The F&GP Committee are provided with a yearly Freedom of Information Report and upon induction members are made aware of all individuals right of access to recorded information.<br>Board Members have used the creative sessions to discuss their role in respect of the promotion and profile of the College.  |           |  |
|      |  | Board Members ensure that much of our debate and discussion is formed around how items will impact or develop the local community both at Board and Committee level.  |           |  |
| C6   | Incorporated colleges and<br>regional boards must maintain<br>and publicly disclose a current<br>register of interests for all board<br>members. Board members should<br>declare any conflicts of interest in<br>the business of the meeting prior<br>to the commencement of each<br>meeting of the board and its<br>committees and withdraw from<br>meetings as appropriate.  | All meetings provide members with a chance to declare any conflicts of interest, statements of connections or transparency statements at the start of the meeting. Where a conflict of interest, statement of connection or transparency statement is raised; Board members are aware that the Code of Conduct  | Effective |  |
| C7   | The board must ensure that its decision-making processes are transparent, properly informed, rigorous and timely, and that appropriate and effective systems of financial and operational control, quality, management of staff, risk assessment and management are established, monitored, continuously improved and appropriately impact assessed. This includes:<br>a) the prompt production, dissemination and online publication of board/committee agendas, minutes and papers to the public<br>b) every board meeting and every committee meeting having a well-structured agenda circulated timeously in advance<br>c) the retention of all key documentation which help justify the decisions made by the board and its committees. | on the annual calendar of submissions as well as current matters or concerns. This ensures that each meeting has a well-structured agenda. Reports are requested with at least 4 weeks' notice to staff members.<br>All agendas, papers and signed minutes are kept in the appropriate SharePoint folder for retention.<br>All papers are prepared for online dissemination, however there can sometimes be a delay in these being uploaded as final checks are required by the | Effective | To ensure that we remain<br>effective the following actions<br>should be considered:<br>Stricter timescales for the<br>prompt dissemination of<br>agendas, minutes and<br>papers to the website to be<br>set and adhered to. |
| C8   | The board may delegate<br>responsibilities to committees for<br>the effective conduct of board<br>business. As a minimum the<br>committees required are Audit,<br>Remuneration, Finance and<br>Nominations/Appointments.<br>Delegation of responsibilities from  | We have in place a Scheme of Delegation and appropriate Terms of Reference for all Committees. These are reviewed regularly.  | Effective |  |

| Code   | Principal   | Evidence  |
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|        | and matters reserved to the board<br>and its committees must be set<br>out in a scheme of delegation<br>including the functions delegated<br>by the board to the chair,<br>committees, the principal and the<br>board secretary (and any other<br>members of staff). Incorporated<br>college boards and regional<br>boards have no powers to<br>delegate functions to an individual<br>board member (except the chair<br>who has no authority to act out<br>with their delegated powers). |   |
| С9     | The board must ensure every<br>board committee has a specified<br>member of the management team<br>to provide objective, specialist<br>advice to support it to discharge<br>its remit, including by explaining<br>in an accessible way the matters<br>under discussion and the possible<br>implications of different options.   | Each Committee has two appropriate Lead Officers from the EMT who participate in both the agenda setting and the meeting.   |
| C10    | The board must consider and<br>have in place procedures to<br>ensure effective working<br>relationships and constructive<br>dialogue amongst the board as a<br>whole and ensure there are<br>effective reporting and two-way<br>communications between<br>committees and the board. The<br>board must ensure that<br>discussions and decisions of<br>every committee are accurately<br>recorded and reported to the<br>board, no later than the next<br>meeting of the board.             | The Board has appropriate procedures in place to ensure dialogue. Chairs provide a Committee update as part of each Chairs meeting. The Board provided with copies of minutes from all Committee Meetings. Board Members have access to the Teams /SharePoint Site where they can downlop papers for the Audit Committee, F&GP Committee, HR Committee and LT&R Committee. Chairs have additional access to all papers from the Char Committee, PR&R Committee and S&N Committee. |
| Risk M | lanagement  |   |
| C11    | The board of a college or a regional body is responsible for the overall management of risk and opportunity. It must set the risk appetite of the body and ensure there is an appropriate balance between risk and opportunity and that this is communicated via the principal to the body's management team.   | Both the Audit Committee and the F&GP Committee consider and discuss the Risk Register and its associated risks.  |
| C12    | The board must ensure that<br>sound risk management and<br>internal control systems are in<br>place and maintained. It must   | The Audit Committee advises the Board on the comprehensiveness, reliability and integrity of assurance of the governance and management of t<br>College, the risk management and business continuity of the College, the College's financial management, internal control and management systems.   |

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|       | ensure there is a formal on-going<br>process for identifying, reporting,<br>evaluating and managing the<br>body's significant risks and review<br>the effectiveness of risk<br>management, business continuity<br>planning and internal control<br>systems.                 | The Audit Committee ensure the provision of both an effective internal and external audit service.   |           |                 |
| Audit | Committee   |  |           |                 |
| C13   | The Audit Committee must<br>support the board and the<br>principal by reviewing the<br>comprehensiveness, reliability<br>and integrity of assurances<br>including the body's governance,<br>risk management and internal<br>control framework.                              | Evidenced in C12 and by the Audit Committee Terms of Reference.  | Effective |                 |
| C14   | Committee's work must be defined in its terms of reference  | This is defined within the Audit Committees Terms of Reference and evidenced in C12.<br>The Audit Committee meets privately at least once a year with representatives from both internal and external audit to ensure there are no issues.   | Effective |                 |
| C15   |   | The Audit Committee have sight of all audits and monitor all recommendations from these. The Audit Committee has both an internal and external recommendations tracker which is kept up-to-date and discussed at each meeting.   | Effective |                 |
| C16   |   | The Audit Committee Terms of Reference sets this out. The Terms of Reference also advise that the Chair of the Board of Management and the Principal may be invited to attend meetings. These invitations are extended to all meetings with the Principal usually attending the Audit Committee. | Effective |                 |
| C17   | The Audit Committee terms of<br>reference must provide for the<br>committee to sit privately without<br>any non-members present for all<br>or part of a meeting if they so<br>decide. The Audit Committee<br>members should meet with the<br>internal and external auditors | This is set out within the Audit Committee Terms of Reference. The Audit Committee met with the Internal Auditors privately on 07 June 2022 and with External Auditors on 08 March 2022.   | Effective |                 |

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|                | without the executive team present at least annually.  |  |           |  |
| C18            | At least one member of the Audit<br>Committee should have recent<br>relevant financial or audit<br>experience.   | The Skills Matrix evidences this.  | Effective | It has been highlighted<br>during the recent Committee<br>Evaluation that it would be<br>beneficial to seek members<br>with a financial background<br>during any future recruitment<br>drives. However currently<br>our Board is at its maximum<br>level for membership. |
| Remu           | neration Committee   |  |           |  |
| C19            | It is essential that members of the<br>Remuneration Committee<br>understand their role and<br>responsibilities. Members must<br>undertake the online training<br>module for Remuneration<br>Committees provided by College<br>Development Network within one<br>month of appointment.  | The training suite by CDN is highlighted to all new members upon induction and training logs have been developed which all members can access and update. It is unknown whether we are meeting the target of this being conducted within one month of appointment to the Committee.  | Partial   | The Governance Officer will<br>ensure that all current<br>members of the Committee<br>have completed this training<br>course and will set in place a<br>system to ensure that this<br>action is conducted upon<br>appointment to the PR&R<br>Committee.                  |
| C20            | The board must have a formal<br>procedure in place for setting the<br>remuneration of the principal by a<br>designated committee of non-<br>executive members. The board<br>may wish to supplement this by<br>taking evidence from a range of<br>sources. In particular, staff and<br>students should have a role in<br>gathering and submitting<br>evidence in relation to the college<br>principal to the relevant<br>committee. | The Board has in place a formal procedure for setting the remuneration of the Principal and EMT. This process is undertaken by the HR Manager who reports back to the PR&R Committee. This process had been on hold due to the FRP, EMT Restructure and because of the governance issue but has been conducted this year and has been diarised to be conducted again in Spring 2023.               | Effective |  |
| C21            | The board chair cannot be the<br>chair of the Remuneration<br>Committee (but they can be a<br>member of it).   | The SIM chairs the PR&R Committee.   | Effective |  |
| Finan          | cial and Institutional Sustainability  |  |           |  |
| C22            | ensuring the financial and   | The Board is aware of and ensures the financial stability of the College and complies with its financial memorandum (a copy of which is included in all member's induction packs). A finance update is provided and discussed as part of each Board meeting. Members also have access to all F&GP papers and minutes. In 2020 the Board agreed and monitored a successful Financial Recovery Plan. | Effective |  |

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|                 | Effective | It has been highlighted<br>during the recent Committee<br>Evaluation that it would be<br>beneficial to seek members<br>with a financial background<br>during any future recruitment<br>drives. However currently<br>our Board is at its maximum<br>level for membership. |
|                 |           |  |
| s and           | Partial   | The Governance Officer will<br>ensure that all current<br>members of the Committee<br>have completed this training<br>course and will set in place a<br>system to ensure that this<br>action is conducted upon<br>appointment to the PR&R<br>Committee.                  |
| r who<br>It has | Effective |  |
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| C23            | <ul> <li>The board must ensure that:</li> <li>funds are used as economically, efficiently and effectively as possible</li> </ul>  | This is discussed as part of all F&GP Committee Meetings and Board of Management Meetings. KPI's are monitored at all meetings.   | Effective |                 |
|                | <ul> <li>effective monitoring arrangements are in place</li> <li>college staff report relevant financial matters to it.</li> </ul>  |   |           |                 |
| C24            | For colleges that are charitable<br>organisations, board members<br>are also charity trustees. The<br>board of a college that is a charity<br>must ensure its members are<br>aware of their responsibilities<br>under charity legislation and for<br>complying with relevant<br>provisions as set out by the Office<br>of the Scottish Charity Regulator.<br>See OSCR Guidance and Good<br>Practice for Charity Trustees. | The Governance Officer, in conjunction with the Vice Principal – Finance and Audit completes and submits our yearly OSCR return. This is approved by the Board of Management before being submitted.  | Effective |                 |
| Staff C        | Governance  |   |           |                 |
| C25            | employer, is responsible for<br>promoting positive employee<br>relations and for ensuring<br>effective partnership between  | Our Joint Consultative Committee (JCC) is made up of the relevant senior managers and union representatives. The HR Committee are provided with sight of the minutes from these meetings and any issues are discussed within the Committee and with the Board, as appropriate.<br>The Chair, Governance Officer and Principal are aware of the inclusion of trade union representatives onto the Board and Committees in the future. We are currently following the guidance from Scotland's Colleges and CDN in respect of this. | Effective |                 |
| C26            | The board must have a system of<br>corporate accountability in place<br>for the fair and effective<br>management of all staff, to ensure<br>all legal obligations are met and<br>all policies and agreements are<br>implemented and identify areas<br>that require improvement and to<br>develop action plans to address<br>them.   | The HR Committee has overall strategic responsibility for developing, monitoring and enhancing the direction and oversight of all personnel matters relating to the Board of Management as the employer of the Colleges staff. This includes the development, implementation and monitoring of strategies, action plans, policies, HR measures, external support provisions and all other frameworks.   | Effective |                 |
| C27            | The board must comply with the nationally agreed college sector <u>Staff Governance Standard</u> .  | The HR Committee has overall responsibility for ensuring that all staff are well informed, appropriately trained, involved in decisions which affect them, treated fairly and consistently and provided with a safe working environment.  | Effective |                 |
| C28            | The college board must comply<br>with collective agreements placed<br>on it through national collective<br>bargaining for colleges.   | The HR Committee and where appropriate the Board of Management ensures that we comply with all collective agreements in respect of national bargaining.   | Effective |                 |

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| Section | on D: Effectiveness   | •   |
| The E   | Board Chair   |   |
| D1      | <ul> <li>The chair is responsible for leadership of the board and ensuring its effectiveness in all aspects of its role. The chair is responsible for setting the board's agenda and ensuring that adequate time is available for discussion of all agenda items, particularly strategic issues. The chair must promote a culture of openness and debate by:</li> <li>encouraging the effective contribution of all board members</li> <li>fostering constructive challenge and support to the principal, executive team and fellow board members</li> <li>effective team-working</li> <li>positive relations between board members.</li> <li>The chair must engage with the principal and the board secretary in a manner which is both constructive and effective.</li> </ul> | The Chair meets with the Governance Officer weekly, and both meet with the Principal every second week. All Board Members are aware that they contact the Chair either directly or through the Governance Officer. The effectiveness of the Chair is evidenced by the feedback within the recent Board Members Questionnaire on the Code of Good Governance.  |
| D2      | The board and its committees<br>must have the appropriate<br>balance of skills, experience,<br>independence and knowledge of<br>the body to enable them to<br>discharge their respective duties<br>and responsibilities effectively.  | A skills matrix is kept and ensures that the appropriate members are on the appropriate Committees. This ensures that all Committees have the correst<br>skills, experience, independence and knowledge to function.<br>Our S&N Committee review our skills matrix before any recruitment campaigns are undertaken to ensure that we recruit members who can fill any ga<br>that have been identified.<br>All members upon induction are provided with appropriate information about the College and the Sector to enable them to perform their duties.   |
| Board   | d Members   |   |
| D3      | Each board member is<br>collectively responsible and<br>accountable for all board<br>decisions. Board members must<br>make decisions in the best<br>interests of the college and/or<br>region as a whole rather than<br>selectively or in the interests of a<br>particular group.   | <ul> <li>All Board Members upon induction are provided with a copy of the Code of Conduct for Members of the Board of Management for UHI Inverness. 3. of the Code sets out the principle of collective decision making and corporate responsibility.</li> <li>All Board members must acknowledge receipt of a copy of the Code of Conduct and sign that they accept that it is their responsibility to make sure the they are familiar with and that their actions comply with the provisions of the code.</li> <li>All Board Members participated in the adoption of the revised Code of Conduct in March 2022 and were made aware of all key changes to the document before approval to the changes were agreed.</li> <li>A governance session was provided to all as part of the Board Away Day in January 2022 where the roles and responsibilities as member and trust were reinforced to all.</li> </ul> |

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| D4     | Staff and student board members<br>are full board members and bring<br>essential and unique, skills,<br>knowledge and experience to the<br>board. Staff and student board<br>members must not be excluded<br>from board business unless there<br>is a clear conflict of interest, in<br>common with all board members.   | Staff and student board members are treated as full members by all. Their knowledge and experience are welcomed and sought by all.   | Effective |                 |
| D5     | Where the college is a charity, all<br>board members, as charity<br>trustees, including staff and<br>student board members, have<br>legal duties and responsibilities<br>under the Charities Act 2005. This<br>includes registering any personal<br>interests that could be seen as<br>conflicting with the interests of the<br>body. The 'objective test' for<br>judging if there is a conflict of<br>interest is:<br>" whether a member of the<br>public, with knowledge of the<br>relevant facts, would reasonably<br>regard the interest as so<br>significant that it is likely to<br>prejudice your decision making in<br>your role as a member of a public<br>body". | Board Members are made aware of this upon induction. All meetings provide members with a chance to declare any conflicts of interest, statements of connections or transparency statements at the start of the meeting. Where a conflict of interest, statement of connection or transparency statement is raised; Board members are aware that the Code of Conduct states that they must withdraw from this part of the meeting.<br>A register of interest form is included within Board Member induction packs. Board members are asked to complete this upon induction and are advised of the legal requirement to update their form with any changes within 30 days. A copy of the register of interest is available to download on our website. | Effective |                 |
| Princi | pal and Chief Executive  |  |           |                 |
| D6     | The college board must appoint<br>the principal as chief executive of<br>the college, securing approval for<br>the appointment and terms and<br>conditions of the appointment<br>from the regional strategic body if<br>necessary.   | This is carried out by the Board following an appropriate recruitment process.   | Effective |                 |
| D7     | The college board must ensure<br>there is an open and transparent<br>recruitment process for the<br>appointment. Students and staff<br>must have an opportunity to<br>contribute to the recruitment<br>process.  | This process, as with all recruitment processes for the College is open and transparent.   | Effective |                 |
| D8     | The college board must delegate<br>to the principal, as chief<br>executive, authority for the<br>academic, corporate, financial,<br>estate and human resource<br>management of the college, and<br>must ensure the establishment of<br>such management functions are   | The Board are aware of the management functions delegated to the Principal and the EMT.  | Effective |                 |

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|-----------------|--|---|-----------|-----------------|--|--|
|                 | undertaken by and under the authority of the principal.  |   |           |                 |  |  |
| D9              | The college board must ensure a clear process is in place to set and agree personal performance measures for the principal. This process should seek the views of students and staff. The chair, on behalf of the board, should monitor, review and record the principal's performance, at least annually, against the agreed performance measures.  | Each year a timeline for the Principal's PRD process is set. The PRD meeting will agree the Principal's targets for the year ahead, with the Chair and the SIM involved in this process. A report on the Principal's agreed targets will be taken to the Board of Management in October. A 6-month review of the Principal's PRD is scheduled and an update from this review will be provided to the PR&R in March. | Effective |                 |  |  |
| D10             | The principal, as a board<br>member, shares responsibility for<br>good governance with the chair<br>and all other members of the<br>board, supported by the board<br>secretary. The principal also<br>enables good governance<br>through supporting effective<br>communication and interaction<br>between the body and the rest of<br>the college including staff and<br>students.   | The Principal meets with the Chair of the Board and the Governance Officer fortnightly. The Principal attends all Committee meetings and provides an effective communication between the Board and the college. The Principal is included in all Board Training and Development and Committee Evaluations.  | Effective |                 |  |  |
| D11             | The board provides strategic<br>direction for the region and/or<br>college, and the chair provides<br>leadership to the board. The<br>principal provides leadership to<br>the staff of the body.   | The Chair, the Principal and Board Members are all aware of the leadership structure in respect of both the Board and the College.  | Effective |                 |  |  |
| D12             | The board must provide a constructive challenge to the principal and executive team and hold them to account.  | The Board have the opportunity to challenge both the Principal and the Executive Team during Committee and Board meetings and hold them to account as appropriate.  | Effective |                 |  |  |
| Board Secretary |  |   |           |                 |  |  |
| D13             | The board as a whole must<br>appoint a board secretary who is<br>responsible to it and reports<br>directly to the chair in their board<br>secretary capacity. The board<br>secretary may be a member of<br>the senior management team in<br>their board secretary capacity, but<br>they cannot hold any other senior<br>management team position at the<br>same time. The appointment and<br>removal of the board secretary is<br>a decision of the board as a<br>whole. | The Board appointed the Governance Officer and is aware of its responsibilities in respect of this area.  | Effective |                 |  |  |

| Code Principal |   | Evidence   | Assurance | Action required |
|----------------|---|--|-----------|-----------------|
| D14            | access to the board secretary   | All board members have access to the Governance Officer.   | Effective |                 |
|                | who has an important governance<br>role in advising the board, the<br>committees and individual board<br>members and supporting good<br>governance. The distinctive board                     | Over the past year the Governance Officer has led the review of the Committees, Review of Terms of Reference and the implementations of the actions from the External Effectiveness Review (EER).  |           |                 |
|                | <ul> <li>facilitating good governance<br/>and advising board members</li> </ul>   | The Governance Officer ensures the recruitment process for Board Members, Staff Teaching Representatives and the induction process has been conducted.   |           |                 |
|                | on:<br>- the proper exercise of their<br>powers, including in<br>relation to relevant   | The Governance Officer has provided the Board with an explanation and reasons behind the changes to the Code of Conduct and ensured that the updated Code of Conduct for UHI Inverness was provided to the Scottish Government for final approval. |           |                 |
|                | legislation - the board's compliance  | The Governance Officer ensures that Board Members are kept updated in respect of SFC, CDN, Colleges Scotland and National Bargaining information.  |           |                 |
|                | with its Financial<br>Memorandum, the Good<br>Governance Code, its  | The Governance Officer has implemented areas of good practice following the EER and governance case study.   |           |                 |
|                | Standing Orders and<br>Scheme of Delegation   | The Governance Officer ensures the timely review of all Board Policies and Procedures.   |           |                 |
|                | <ul> <li>their behaviour and<br/>conduct in relation to the<br/>board's Code of Conduct.</li> </ul>   | Where the Governance Officer is unable to attend there is an Assigned Support College Officer in place who would be able to provide appropriate cover.   |           |                 |
|                | <ul> <li>providing clear advice to the<br/>chair and the<br/>board/committees on any<br/>concerns the board secretary<br/>may have that board<br/>members have not been<br/>given:</li> </ul> |  |           |                 |
|                | - sufficient information  |  |           |                 |
|                | - information in an appropriate form  |  |           |                 |
|                | <ul> <li>sufficient time to monitor,<br/>scrutinise or make<br/>informed and rigorous<br/>decisions in an open and<br/>transparent way.</li> </ul>  |  |           |                 |
|                | <ul> <li>attending and providing<br/>support to every board<br/>meeting and every meeting of<br/>every board committee.</li> </ul>  |  |           |                 |
|                | Where the board secretary is<br>unable to attend, while the<br>board secretary retains overall<br>responsibility, proper  |  |           |                 |
|                | arrangements must be made<br>to cover the role with a person<br>who is fully able to discharge<br>the role effectively.   |  |           |                 |
|                | <ul> <li>having an unambiguous right</li> </ul>   |  |           |                 |
| Code  | Principal  | Evidence   | Assurance | Action required |
|-------|--|--|-----------|-----------------|
|       | <ul> <li>to speak at board and committee meetings to convey any concerns they may have about governance. This extends to someone substituting for the board secretary.</li> <li>reporting any unresolved concerns about the governance of the body to the relevant funding body (i.e., SFC or the regional strategic body).</li> </ul>   |  |           |                 |
| D15   | <ul> <li>The board must ensure the board secretary:</li> <li>has suitable skills, knowledge and behaviours to carry out their role effectively</li> <li>receives appropriate induction, and if new to the role, is mentored by a more experienced board secretary for at least their first year</li> <li>has adequate time and resources available to undertake their role effectively.</li> </ul> | Evidenced through the recruitment process. The Governance Officer had a mentor within their first year, who unfortunately retired. The Governance Officer is part of the UHI Board Governance Professionals Group and the national College Board Governance Steering Group and has developed a network around her. The Governance Officer is subject to an annual PRD which is carried out with the Chair. | Effective |                 |
| D16   |  | The Chair and Governance Officer have discussed this. There is an Assigned Support College Officer in place who could take over in the event of a conflict of interest.  | Effective |                 |
| Board | Member Appointment, Induction a  | and Training   |           |                 |
| D17   | For boards with responsibility for<br>board appointments, the board<br>must ensure a formal and open<br>procedure is in place for recruiting<br>and selecting new non-executive<br>board members. Boards must<br>have regard to all relevant<br>Ministerial Guidance on board<br>appointments.   | The Search and Nomination Committee ensures that there is a formal and open procedure in respect of recruitment.   | Effective |                 |
| D18   | ensuring appropriate<br>arrangements are in place for the<br>conduct of student elections and  | HISA conducts the student elections, and this is reported back to the LT&R Committee and Board where appropriate.<br>The Search and Nomination Committee ensures that appropriate arrangements are in place for elections of staff members to the Board. A new teaching staff representative was elected in March this year.   | Effective |                 |
| D19   |  | A new induction process has been set up and is being provided to new members. This includes meeting with the Governance Officer, the Chair of the Board of Management, Committee Chairs and the EMT and Principal.   | Effective |                 |

### Item 11 - Appendix 2

| Code F | Principal   | Evidence   | Assurance | Action required  |
|--------|---|--|-----------|--|
|        | induction on joining the board,<br>tailored in accordance with their<br>individual and collective needs.<br>The board secretary should<br>support the chair in the provision<br>of relevant induction for new<br>board members.   |  |           |  |
|        | members undertake appropriate<br>training and development in<br>respect of their governance role.<br>The board secretary should<br>support the chair in the provision<br>of relevant training and<br>development opportunities for<br>board members, which should be<br>tailored to meet board members<br>skills and needs. The board<br>secretary must keep records of<br>the development activity of board<br>members, including the chair.                                   | Development Plan with additional development opportunities. Board Member individual needs are identified as part of the annual evaluation process.<br>Committee needs are also reviewed as part of their evaluation process.<br>All members have a training log which they have access to and can keep updated. The Governance Officer also keeps members training logs updated providing that members advise her of relevant training undertaken.   | Effective | <ul> <li>To ensure that we remain effective the following actions should be considered:</li> <li>Development of support and Training Board Development Plan</li> </ul> |
|        | The board must ensure that new committee members receive a committee induction and have their specific training needs assessed and met.   |  | Effective |  |
| Board  | Evaluation  |  |           |  |
|        | Extension of the term of office of<br>board appointments requires<br>evidence and the board must<br>ensure appropriate mechanisms<br>are in place to support this.  |  | Effective |  |
|        | The board must keep its<br>effectiveness under annual review<br>and have in place a robust self-<br>evaluation process. There should<br>also be an externally facilitated<br>evaluation of its effectiveness at<br>least every three years. The<br>board must send its self-<br>evaluation (including an externally<br>facilitated evaluation) and board<br>development plan (including<br>progress on previous year's plan)<br>to its funding body and publish<br>them online. | <ul> <li>Evaluation of the Code of Good Governance.</li> <li>We are independently assessed as part of the 3-5 yearly External Effectiveness Reviews.</li> <li>Board Members are subject to yearly evaluation to ensure that there is evidence of performance by each member. As part of this evaluation process all Board Members must evaluate their contribution over the past year and how they hope to support the effectiveness of the Board during the upcoming year. Feedback is provided to Members by the appropriate Chair. From these discussions an annual development plan is agreed for each member. These individual development plans will feed into our Board Development Plan for the year ahead.</li> <li>All Chairs are evaluated once a year by the appropriate Committee. Committee members provide feedback on the Chair's performance. This feedback is discussed as part of the Chair's individual evaluation.</li> </ul> | Effective |  |
|        | The board must agree a process<br>for evaluating the effectiveness of<br>the board chair and the<br>committee chairs. The vice-   | This is conducted as part of the Annual Self Evaluation Process with feedback from Committee Members on Chairs being provided to the Chair of the Board of Management for discussion as part of the process.   | Effective |  |

### Item 11 - Appendix 2

| 0.1    |  |  |           | A . (1          |
|--------|--|--|-----------|-----------------|
| Code   | Principal  | Evidence   | Assurance | Action required |
|        | chair/senior independent member<br>should normally lead the<br>evaluation of the board chair.  |  |           |                 |
| D25    | The board must ensure all board<br>members are subject to appraisal<br>of their performance, conducted<br>at least annually, normally by the<br>chair of the board.  | As evidenced by D23.   | Effective |                 |
| Sectio | on E: Relationships and Collaborat   | ion  |           |                 |
| Partne | ership Working   |  |           |                 |
| E1     |  | The Board ensures that we work in partnership – both with others within the Partnership and Executive Office and with the local community and businesses. The Board ensures that much of our debate and discussion is formed around this.  | Effective |                 |
| E2     | The board must ensure effective<br>consultation, local and regional<br>planning and must follow the<br>principles of effective<br>collaborative working: mutual<br>respect, trust and working<br>towards commonly agreed<br>outcomes.                                  | All reports to the Board indicate what, if any, consultation has occurred. The Board ensures that we work collaboratively both with the Principal and EMT and with others within the Partnership and Executive Office, the local community and other stakeholders.                                 | Effective |                 |
| E3     | The board must ensure effective<br>partnership working with local and<br>national bodies including<br>businesses, public and third<br>sector organisations to develop<br>commonly agreed priorities<br>following the principles of<br>effective collaborative working. | The Board has used their creative sessions to discuss how we can effectively work in collaboration and partnership with other organisations and the community. The Board and Committees have used these sessions to welcome presentations from National Bodies such as Education Scotland and QAA. | Effective |                 |
| E4     | The board must encourage and<br>support effective partnership<br>working and collaboration within<br>and across regions to address<br>local needs and meet national<br>priorities and specialisms.   | As evidenced above.  | Effective |                 |

### Item 11 - Appendix 2

#### **UHI INVERNESS BOARD OF MANAGEMENT ACTION PLAN 2022-23**

| No | Action  | Person Responsible   | Timescale     | Updates |
|----|---|--|---------------|---------|
| 1. | Approval of the Quality Assurance   | Board of Management  | October 2022  |         |
|    | Enhancement Strategy  |  |               |         |
| 2. | Creation of a Board Development Plan  | Governance Officer   | December 2022 |         |
| 3. | Further development of the support offered<br>to members – so that members become a<br>mutual point of contact for each other and<br>support each other to grow and develop<br>within their role. | Governance Officer (as<br>part of the Board<br>Development Plan) | December 2022 |         |
| 4. | An additional training session on the Nine<br>Principles of Public Life (and the Seven Nolan<br>Principles) to be provided to members.  | Governance Officer (as<br>part of the Board<br>Development Plan) | December 2022 |         |
| 5. | Stricter timescales for the prompt dissemination of agendas, minutes and papers to the website are to be set and adhered to.  | Chair and Governance<br>Officer                                  | December 2022 |         |
| 6. | CDN Training for those on the PR&R<br>Committee to be completed. A system will<br>be put in place to ensure that this training is   | Governance Officer   | December 2022 |         |

| 7.  | undertaken upon appointment to the Committee.<br>Chairs to collaborate with the Principal and   | Chairs, Principal and EMT               | January 2023                             |  |
|-----|---|---|--|--|
| 7.  | EMT on the industry event planned for the New Year.   |   |  |  |
| 8.  | Recruitment of Co-opted members with financial expertise to the Audit and F&GP Committees.  | Governance Officer and<br>S&N Committee | January 2023                             |  |
| 9.  | A stakeholder mapping exercise to be carried out by the Board of Management.  | Chair and Governance<br>Officer         | February 2023                            |  |
| 10. | The Board to conduct a review of the HISA Constitution.   | Board and Governance<br>Officer         | February 2023                            |  |
| 11. | The annual Committee and Chair Evaluations<br>are to become anonymised and will be<br>completed through an online form rather<br>than during the meeting. | Governance Officer                      | June 2023                                |  |
| 12. | Work will recommence on the Partnership<br>Agreement following the UHI 24 actions<br>being delivered.   | Principal to keep Board<br>Updated      | Following delivery of UHI<br>24 actions. |  |

| Subject/Title:   | Committee and Chair Evaluation Feedback   |
|--|---|
| Author:<br>[Name and Job title]  | Lisa Ross<br>Governance Officer   |
| Meeting:   | Board of Management   |
| Meeting Date:  | 25 October 2022   |
| Date Paper prepared:   | 19 October 2022   |
| Brief Summary of the paper:  | To provide members with the outcomes of the recent<br>Committee and Chair Evaluation Exercises which were carried<br>out within June – August 2022. |
| Action requested:<br>[Approval, recommendation,<br>discussion, noting] | Discussion  |

### Item 12

| Link to Strategy:<br>Please highlight how the<br>paper links to, or assists<br>with::<br>compliance<br>partnership services<br>risk management<br>strategic plan<br>new opportunity/change | Governance (   | Compliance  |  |  |  |
|--|--|---|--|--|--|
| Resource implications:   | Yes / <mark>No</mark><br>If yes, please sp   | pecify:   |  |  |  |
| Risk implications:   | Yes / <mark>No</mark><br><b>If yes, please sự</b><br>Operational:<br>Organisational: | pecify:   |  |  |  |
| Equality and Diversity implications:   | Yes/ <mark>No</mark><br>If yes, please specify:                                      |   |  |  |  |
| Student Experience<br>Impact:  | Yes/ <mark>No</mark><br>If yes, please specify:                                      |   |  |  |  |
| <b>Consultation:</b><br>[staff, students, UHI &<br>Partners, External] and<br>provide detail   | N/A  |   |  |  |  |
| <b>Status –</b> [Confidential/Non confidential]  | Non-Confidentia  |   |  |  |  |
| Freedom of Information<br>Can this paper be included in<br>"open" business* [Yes/No]   | in Yes   |   |  |  |  |
| *If a paper should <b>not</b> be inclu   | ded within "open" I  | pusiness, please highlight below the reason.                                    |  |  |  |
| Its disclosure would substantially prejudice<br>a programme of research (S27)Its disclosure would substantially<br>prejudice the effective conduct of public<br>affairs (S30)              |  |   |  |  |  |
| Its disclosure would substantia<br>the commercial interests of any<br>organisation (s33)   | y person or  | Its disclosure would constitute a breach of confident actionable in court (s36) |  |  |  |
| Its disclosure would constitute<br>the Data Protection Act (s38)   | a breach of  | Other (Please give further details)   |  |  |  |

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

#### Background

The Code of Good Governance for Scotland's Colleges establishes standards of good governance practice for all boards and provides the essential foundations for compliance within the legislative framework. One of the five principles around which the code has been developed is effectiveness.

As part of our commitment to the Code of Good Governance we undertake an annual evaluation of our Committees and Committee Chairs.

#### Evaluations

Committee and Chair Evaluations were carried out as follows:

- HR Committee 09 June 2022
- LT&R Committee Offline during July August 2022
- Audit Committee Offline during July August 2022
- F&GP Committee 16 June 2022

In respect of Chair Evaluations all feedback will be discussed with Chairs as part of the Board Member Evaluation process.

A summary of each of the Committee Evaluations is attached (Appendix 1).

#### Feedback

The feedback received from Committees highlighted:

- That whilst we are at maximum numbers in terms of our membership; it would be beneficial to liaise with members who currently serve on just one committee to see whether they would be open to joining an additional committee.
- That additional members with a financial background would be beneficial to both the F&GP and the Audit Committee.

#### Recommendations

It is recommended that the following actions are carried out:

- Expressions of interest are requested from members in respect of joining the HR Committee.
- A recruitment drive in respect of Co-opting members with the relevant financial background to the Audit and F&GP Committees will be carried out.

### UHI INVERNESS

#### HR Committee Evaluation (to be completed by the HR committee collectively).

Date: 09 June 2022

| Good Practice   | Yes | No | N/A | Comments/Action  |
|---|-----|----|-----|--|
| Composition, Establishment and Duties of the Committee  |     |    |     |  |
| Does the Committee meet<br>regularly in accordance with the<br>Board Standing Orders?                         | Y   |    |     |  |
| Does the Committee<br>consistently have a quorum?   | Y   |    |     | The Committee highlighted that its<br>membership has been boosted<br>following the recent Board<br>Recruitment campaign.   |
| Do all Committee members attend meetings regularly?   | Y   |    |     |  |
| Does the Committee have<br>enough members?  | Y   |    |     | Again, the Committee highlighted<br>that its membership has been<br>boosted following the recent Board<br>Recruitment campaign.  |
| Does at least one of the<br>Committee members have a<br>background relevant to the<br>remit of the Committee? | Y   |    |     |  |
| Have new Committee members<br>received all necessary training?  |     | Ν  |     | Inductions are to be carried out for<br>all new members of the Board of<br>Management.<br>A Board Development Plan will be<br>available for the new Academic<br>Year and all necessary training will<br>be included within this. |
| Does the Committee report<br>regularly to the Board?  | Y   |    |     |  |

| Good Practice  | Yes | No | N/A | Comments/Action |
|--|-----|----|-----|-----------------|
| Terms of reference   |     |    |     |                 |
| Does the Committee have written terms of reference?                          | Y   |    |     |                 |
| Do the terms of reference<br>include all aspects of the<br>Committee's role? | Y   |    |     |                 |
| Does the membership of the<br>Committee need to be<br>changed?               |     | N  |     |                 |

| Are the terms of reference    | Y |  |  |
|-------------------------------|---|--|--|
| adopted by the full Board and |   |  |  |
| reviewed biannually?          |   |  |  |

Γ

| Good Practice   | Yes | No | N/A | Comments/Action   |
|---|-----|----|-----|---|
| Compliance with the Law and<br>Regulations  |     |    |     |   |
| Does the Committee have a<br>mechanism to keep it aware of<br>topical legal and regulatory<br>issues? | Y   |    |     | Anderson Strathern provide<br>updates to the Committee on all<br>legal and regulatory issues as does<br>the HR Manager. |

| Good Practice   | Yes | No | N/A | Comments/Action   |
|---|-----|----|-----|---|
| Internal Control  |     |    |     |   |
| Does the Committee monitor to ensure that risk is controlled?   | Y   |    |     | The Committee felt that this is monitored through the policies which come before them.  |
| Does the Committee regularly review relevant strategic plans?   | Y   |    |     |   |
| Does the Committee consider<br>the level of detail and<br>information it receives<br>appropriate?               | Y   |    |     | The Committee felt that if the<br>information it receives was not<br>detailed enough or appropriate then<br>they would be able to request<br>further information. |
| Are appropriate internal<br>performance measures<br>monitored by the Committee?                                 | Y   |    |     |   |
| Is the Committee addressing all<br>matters delegated to it by the<br>Board and under its terms of<br>reference? | Y   |    |     |   |

| Good Practice  | Yes | No | N/A | Comments/Action |
|--|-----|----|-----|-----------------|
| Administrative arrangements  |     |    |     |                 |
| Does the Committee have an independent secretary?  | Y   |    |     |                 |
| Are Committee papers<br>distributed in sufficient time for<br>members to give them due<br>consideration? | Y   |    |     |                 |
| Are Committee meetings<br>scheduled prior to important<br>decisions on specific matters<br>being made?   | Y   |    |     |                 |
| Is the timing of Committee<br>meetings discussed with all<br>involved?                                   | Y   |    |     |                 |

# Learning, Teaching and Research Committee Evaluation (to be completed by the LT&R committee collectively).

Date: Completed Online via Committee Members over July – August 2022

| Good Practice   | Yes          | No | N/A | Comments/Action   |
|---|--------------|----|-----|---|
| Composition, Establishment and Duties of the Committee  |              |    |     |   |
| Does the Committee meet<br>regularly in accordance with the<br>Board Standing Orders?                         | V            |    |     |   |
| Does the Committee consistently have a quorum?  | V            |    |     |   |
| Do all Committee members attend meetings regularly?   | V            |    |     |   |
| Does the Committee have enough members?   | $\checkmark$ |    |     | Yes, albeit it was felt that there will be<br>a degree of cover lost with the move<br>of the chair.   |
| Does at least one of the<br>Committee members have a<br>background relevant to the<br>remit of the Committee? | $\sim$       |    |     |   |
| Have new Committee members received all necessary training?   | V            |    |     | In as much detail as required and there<br>is additional insight session provided<br>as part of the Board considerations.<br>Induction training for new members is<br>ongoing |
| Does the Committee report regularly to the Board?   | $\checkmark$ |    |     |   |

| Good Practice   | Yes          | No           | N/A | Comments/Action  |
|---|--------------|--------------|-----|--|
| Terms of reference  |              |              |     |  |
| Does the Committee have written terms of reference?                               | V            |              |     |  |
| Do the terms of reference<br>include all aspects of the<br>Committee's role?      | V            |              |     |  |
| Does the membership of the<br>Committee need to be<br>changed?                    |              | $\checkmark$ |     | No requirements to change but it was<br>noted that a steady through put of new<br>members will always bring fresh ideas<br>and insights. |
| Are the terms of reference<br>adopted by the full Board and<br>reviewed annually? | $\checkmark$ |              |     |  |

| Good Practice   | Yes                     | No | N/A | Comments/Action  |
|---|-------------------------|----|-----|--|
| Compliance with the Law and<br>Regulations  |                         |    |     |  |
| Does the Committee have a<br>mechanism to keep it aware of<br>topical legal and regulatory<br>issues? | $\overline{\mathbf{v}}$ |    |     | Emerging issues and changes are regularly brought to the Board |

| Good Practice   | Yes          | No | N/A | Comments/Action  |
|---|--------------|----|-----|--|
| Internal Control  |              |    |     |  |
| Does the Committee monitor to ensure that risk is controlled?   | $\checkmark$ |    |     |  |
| Does the Committee regularly review relevant strategic plans?   | $\checkmark$ |    |     |  |
| Does the Committee consider<br>the level of detail and<br>information it receives<br>appropriate?               | V            |    |     |  |
| Are appropriate internal<br>performance measures<br>monitored by the Committee?                                 | V            |    |     | KPIs in place to measure and monitor<br>metrics. In depth supporting papers are<br>provided. |
| Is the Committee addressing all<br>matters delegated to it by the<br>Board and under its terms of<br>reference? | $\checkmark$ |    |     |  |

| Good Practice  | Yes          | No | N/A | Comments/Action     |
|--|--------------|----|-----|---------------------|
| Administrative arrangements  |              |    |     |                     |
| Does the Committee have an independent secretary?  | $\checkmark$ |    |     |                     |
| Are Committee papers<br>distributed in sufficient time for<br>members to give them due<br>consideration? | $\sim$       |    |     |                     |
| Are Committee meetings<br>scheduled prior to important<br>decisions on specific matters<br>being made?   | V            |    |     |                     |
| Is the timing of Committee<br>meetings discussed with all<br>involved?                                   | V            |    |     | Regularly reviewed. |

### UHI INVERNESS

#### Audit Committee Evaluation (to be completed by the Audit committee added).

Date: Offline over Summer 2022

| Good Practice   | Yes | No | N/A | Comments/Action   |
|---|-----|----|-----|---|
| Composition, Establishment and Duties of the Committee  |     |    |     |   |
| Does the Committee meet<br>regularly in accordance with the<br>Board Standing Orders?                         | Y   |    |     |   |
| Does the Committee<br>consistently have a quorum?   | Y   |    |     |   |
| Do all Committee members attend meetings regularly?   | Y   |    |     | The Committee noted that most members attend each meeting.  |
| Does the Committee have<br>enough members?  | Y   |    |     |   |
| Does at least one of the<br>Committee members have a<br>background relevant to the<br>remit of the Committee? | Y   |    |     | The Committee felt that it would be<br>helpful to have a member with<br>accountancy knowledge.  |
| Have new Committee members received all necessary training?   | Y   |    |     | Committee Members felt confident<br>that existing members had been<br>provided with the relevant training but<br>felt that newer members would benefit<br>from additional training. |
| Does the Committee report<br>regularly to the Board?  | Y   |    |     |   |

| Good Practice   | Yes | No | N/A | Comments/Action  |
|---|-----|----|-----|--|
| Terms of reference  |     |    |     |  |
| Does the Committee have written terms of reference?                               | Y   |    |     |  |
| Do the terms of reference<br>include all aspects of the<br>Committee's role?      | Y   |    |     |  |
| Does the membership of the<br>Committee need to be<br>changed?                    |     | N  |     | The Committee felt that someone with accountancy knowledge would complement the existing membership. |
| Are the terms of reference<br>adopted by the full Board and<br>reviewed annually? | Y   |    |     |  |

| Good Practice   | Yes | No | N/A | Comments/Action |
|---|-----|----|-----|-----------------|
| Compliance with the Law and<br>Regulations  |     |    |     |                 |
| Does the Committee have a<br>mechanism to keep it aware of<br>topical legal and regulatory<br>issues? | Y   |    |     |                 |

| Good Practice   | Yes | No | N/A | Comments/Action  |
|---|-----|----|-----|--|
| Internal Control  |     |    |     |  |
| Does the Committee monitor to ensure that risk is controlled?   | Y   |    |     |  |
| Does the Committee regularly review relevant strategic plans?   | Y   |    |     |  |
| Does the Committee consider<br>the level of detail and<br>information it receives<br>appropriate?               | Y   |    |     | The Committee felt that the information<br>presented was detailed and well<br>prepared but that a top-level dashboard<br>could be of assistance to non-financial<br>members. |
| Are appropriate internal<br>performance measures<br>monitored by the Committee?                                 | Y   |    |     | The Committee felt that ideally a dashboard could be used to view the measures as a summary.   |
| Is the Committee addressing all<br>matters delegated to it by the<br>Board and under its terms of<br>reference? | Y   |    |     |  |

| Good Practice  | Yes | No | N/A | Comments/Action |
|--|-----|----|-----|-----------------|
| Administrative arrangements  |     |    |     |                 |
| Does the Committee have an<br>independent secretary?   | Y   |    |     |                 |
| Are Committee papers<br>distributed in sufficient time for<br>members to give them due<br>consideration? | Y   |    |     |                 |
| Are Committee meetings<br>scheduled prior to important<br>decisions on specific matters<br>being made?   | Y   |    |     |                 |
| Is the timing of Committee<br>meetings discussed with all<br>involved?                                   | Y   |    |     |                 |

#### F&GP Committee Evaluation (to be completed by the F&GP committee collectively).

Date: 16 June 2022

| Good Practice   | Yes | No | N/A | Comments/Action   |
|---|-----|----|-----|---|
| Composition, Establishment and Duties of the Committee  |     |    |     |   |
| Does the Committee meet<br>regularly in accordance with the<br>Board Standing Orders?                         | Y   |    |     |   |
| Does the Committee consistently have a quorum?  | Y   |    |     |   |
| Do all Committee members attend meetings regularly?   | Y   |    |     |   |
| Does the Committee have<br>enough members?  | Y   |    |     | Although it was thought that the<br>Committee has enough members it<br>was raised that members with finance<br>background should be the focus of any<br>future recruitment drives.  |
| Does at least one of the<br>Committee members have a<br>background relevant to the<br>remit of the Committee? | Y   |    |     | But again it was raised that in order to<br>have a balance of background we<br>should seek additional members with<br>a finance background during any<br>future recruitment drives. |
| Have new Committee members received all necessary training?   |     | N  |     | It was highlighted that Finance<br>Training for members would form part<br>of the Board Development Plan for the<br>upcoming year.  |
| Does the Committee report<br>regularly to the Board?  | Y   |    |     |   |

| Good Practice   | Yes | No | N/A | Comments/Action |
|---|-----|----|-----|-----------------|
| Terms of reference  |     |    |     |                 |
| Does the Committee have written terms of reference?                               | Y   |    |     |                 |
| Do the terms of reference<br>include all aspects of the<br>Committee's role?      | Y   |    |     |                 |
| Does the membership of the<br>Committee need to be<br>changed?                    |     | N  |     |                 |
| Are the terms of reference<br>adopted by the full Board and<br>reviewed annually? | Y   |    |     |                 |

| Good Practice   | Yes | No | N/A | Comments/Action   |
|---|-----|----|-----|---|
| Compliance with the Law and<br>Regulations  |     |    |     |   |
| Does the Committee have a<br>mechanism to keep it aware of<br>topical legal and regulatory<br>issues? | Y   |    |     | Updates on legal and regulatory issues<br>are provided by the Assistant Principal<br>– Finance and Audit. |
|   |     |    |     | Updates to policies and procedures are also brought before the Committee.                                 |

| Good Practice   | Yes | No | N/A | Comments/Action |
|---|-----|----|-----|-----------------|
| Internal Control  |     |    |     |                 |
| Does the Committee monitor to ensure that risk is controlled?   | Y   |    |     |                 |
| Does the Committee regularly review relevant strategic plans?   | Y   |    |     |                 |
| Does the Committee consider<br>the level of detail and<br>information it receives<br>appropriate?               | Y   |    |     |                 |
| Are appropriate internal<br>performance measures<br>monitored by the Committee?                                 | Y   |    |     |                 |
| Is the Committee addressing all<br>matters delegated to it by the<br>Board and under its terms of<br>reference? | Y   |    |     |                 |

| Good Practice  | Yes | No | N/A | Comments/Action   |
|--|-----|----|-----|---|
| Administrative arrangements  |     |    |     |   |
| Does the Committee have an<br>independent secretary?   | Y   |    |     |   |
| Are Committee papers<br>distributed in sufficient time for<br>members to give them due<br>consideration? | Y   |    |     | Although it was noted that this was<br>subject to external delays in<br>information being provided to us by<br>SFC and our RSB. |
| Are Committee meetings<br>scheduled prior to important<br>decisions on specific matters<br>being made?   | Y   |    |     |   |
| Is the timing of Committee<br>meetings discussed with all<br>involved?                                   | Y   |    |     |   |