

## **Board of Management**

Meeting	Audit Committee
Date and time	Tuesday 26 February 2019 at 8.30 a.m.
Location	Boardroom, 1 Inverness Campus

College Secretary 20 February 2019

#### AGENDA

#### Welcome and Apologies

#### **Declarations of Interest**

#### **ITEMS FOR DECISION**

#### 1. MINUTES

- a) Minutes of Meeting of the Audit Committee held on 27 November 2018
- b) Minutes of Meeting of the Joint Audit and Finance and General Purposes Committee held on 6 December 2018
- 2. OUTSTANDING ACTIONS Action List
- 3. HEALTH AND SAFETY POLICY AND STATEMENT Covering report by Health and Safety Manager

#### ITEMS FOR DISCUSSION

- 4. AUDIT REPORT BUSINESS CONTINUITY MANAGEMENT Audit report by BDO
- 5. OUTSTANDING AUDIT RECOMMENDATIONS Report by Director of Finance

#### 6. RISK REGISTER Report by Director of Finance

- 7. HEALTH AND SAFETY Q2 REPORT Report by Health and Safety Manager
- 8. **PUBLIC BODIES CLIMATE CHANGE REPORT** Report by Estates and Campus Services Manager
- 9. GDPR COMPLIANCE Report by Information Development Manager

- **10.** ACADEMIC PARTNER AUDIT COMMITTEE CHAIRS MEETING MAY 2019 Consider issues to be raised at this meeting
- 11. ANNUAL REVIEW OF EXTERNAL AUDITORS PERFORMANCE Covering report by Board Secretary

### ITEMS FOR NOTING

12. DATA PROTECTION, FREEDOM OF INFORMATION, COMPLAINTS AND PUBLIC INTEREST DISCLOSURE ANNUAL REPORT 2018 Joint Report by Board Secretary, Quality Manager and Information Development Manager

#### 13. AUDIT COMMITTEE SELF-EVALUATION – ACTIONS

- a. Role of the audit committee in relation to the institution's fraud and corruption procedures
- b. Role of the audit committee in the rare event of external audit qualifying the institution's financial statement
   Briefing note by Director or Finance
- 14. COMMITTEE SELF EVALUATION ACTION PLAN PROGRESS Action Plan
- 15. AOCB
- **16. DATE OF NEXT MEETING** Tuesday 28 May 2019

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



## **Board of Management**

# MINUTES of the MEETING of the AUDIT COMMITTEE held in the Boardroom, 1 Inverness Campus, on Tuesday 27 November 2018

PRESENT:	Hazel Allen, Jaci Douglas, Innis Montgomery, Fiona Neilson,
	Steve Walsh
CHAIR:	Hazel Allen
APOLOGIES:	Sarah Burton
ATTENDING:	Principal (items 1 – 6)
	Depute Principal
	Director of Organisational Development
	Director of Finance
	Claire Robertson, BDO (items 1 – 10)
	Scott Peterson, BDO (items 1 – 10)
	Stephen Reid, E&Y
	Secretary to the Board of Management

#### 1. MINUTES

The Minutes of the Meeting of the Audit Committee held on 18 September 2018 were **AGREED** as a correct record, were **APPROVED** and signed by the Chair.

#### 2. OUTSTANDING ACTIONS

The Committee **AGREED** which actions had been completed and could be signed off and those which were still outstanding and would remain on the list.

#### 3. AUDIT COMMITTEE ANNUAL REPORT TO THE BOARD OF MANAGEMENT

The annual audit committee report, which had been prepared by the Board Secretary, highlighted the membership of the Audit Committee, meetings held, those attending and the key reports presented during 2017-18. This included the final work carried out by the previous Internal Auditors, Henderson Loggie, the new Internal Auditors (BDO) and Ernst & Young the External Auditors in relation to the work carried out on the 2016-17 Audit of the Accounts. Other key areas of the work of the committee were highlighted, specifically risk management, health and safety and approval of policies relevant to the terms of reference of the Committee.

The Committee **APPROVED** the annual report subject to the Board Secretary making some minor amendments - to include reference to the actions implemented in respect of the Data Protection Audit, which had been acknowledged within the Internal Audit Annual Report and to include the opinion of Ernst & Young on the 2017-18 annual accounts following the Joint Audit/F&GP meeting on 6<sup>th</sup> December.

It was **AGREED** that the Chair would review the amended report in advance of it being submitted to Board of Management meeting on 18 December for approval.

### 4. ANNUAL BOARD REVIEW OF RISK MANAGEMENT POLICY

A report by the Depute Principal reminded the Committee that the Risk Management Policy had been approved by the Board of Management in March 2018. In order to align the annual review cycle, the committee was asked to further review the policy.

The Committee **APPROVED** the Risk Management Policy subject to the Director of Finance being named as the lead officer and the next review date being amended to November 2019.

The Chair welcomed the focus on actions and mitigations within the policy.

#### 5. INTERNAL AUDIT REPORTS

Claire Robertson of BDO informed the Committee that the college had been very well prepared for all the audits which in turn had led to a smooth audit process.

The Committee recognised the amount of work which had been carried out and congratulated all the staff involved in a complete set of clean regulatory audits, a – c below.

#### a. FES Audit return

A review of the College's FES (further education statistical) data return had been carried out by BDO in accordance with the 'Credit Guidance: 2017-18 student activity data guidance for colleges' (SFC/GD/06/2017) issued in May 2017 and the audit guidance for colleges (SFC/GD/17/2018) issued on 02 August 2018.

BDO had found that the College's systems and procedures were found to be sufficiently adequate to promote the accurate collection and recording of data in respect of the credits return.

#### b. Student Support (Bursary, Childcare and FE Hardship) funds

A review of the College's student data returns has been carried out by BDO in accordance with the 'Student Support Fund' Audit Guidance Notes for 2017-18, issued on 27 July 2018.

BDO had found that the College's systems and procedures were found to be sufficiently adequate to promote the accurate collection and recording of data in respect of the aggregated student support funds returns.

### c. EMA

A review of the College's student data returns has been carried out by BDO in accordance with the Scottish Government's 'EMA' Audit Guidance released to stakeholders on the 25th of July 2018 and the Scottish Funding Council EMA audit guidance issued on 3 August 2016.

BDO had found that the College's systems and procedures were found to be sufficiently adequate to promote the accurate collection and recording of data in respect of the EMA payments.

#### 2018-19 Audits – Terms of Reference

The terms of reference for the remaining 2018-19 audits, namely, Financial Planning, Business and Commercial Development, Curriculum Planning, Research

Governance and the Follow up review had been prepared by BDO for review by the Committee.

The Committee **APPROVED** the terms of reference for the Financial Planning, Business and Commercial Development, Curriculum Planning, Research Governance and the Follow up review and **NOTED** that the key contact for the Curriculum Planning audit would be Roddy Henry.

### 6. OUTSTANDING AUDIT RECOMMENDATIONS

A report by the Director of Finance provided an updated position on the implementation of action points arising from Internal Audit reports. A number of actions had been completed since the last meeting. There were still two outstanding recommendations from 2017-18 (risk management training and the development of a fixed asset register) and two from previous years (timetable and procedure for the budget setting process and SITS/SUN transfers).

The Committee recognised that a number of actions had not been completed because of resource issues within the Finance Team and the restrictions of the current finance system. The Director of Finance assured the Committee that once the recruitment to three posts within the Finance Team was complete, the team would be in a better position to take forward these outstanding issues.

### 7. VALUE FOR MONEY AND PROCUREMENT ANNUAL REPORT 2017/18

A joint report by the APUC Supply Chain Manager and the Contracts and Procurement Co-ordinator detailed the college outcomes against objectives set out in the 2016/17 audit committee value for money report, provided 2017/18 tendering activity and set out the 2018/19 procurement objectives.

The Director of Organisational Development confirmed that the College was working closely with APUC and that there were now two members of staff dedicated to procurement.

The Committee **WELCOMED** the detailed and encouraging report.

#### 8. RISK REGISTER

A report by the Depute Principal highlighted the most significant current risks to the college as set out in the full Risk Register. A summary of progress /impact of actions for the following risks was included within the report

- Ongoing issues of non-compliance by GTFM;
- Failure to achieve the FE Credit target;
- Corruption, loss, misuse or theft of, or disruption to, institutional, personal or sensitive data.

The Chair welcomed the level of detail within the report but suggested that further reflection was required on the mitigating actions as they were very mechanistic.

#### 9. JOINT AUDIT CHAIRS MEETING – 14 NOVEMBER 2018.

The Chair had attended the Joint Audit Chairs meeting on 14<sup>th</sup> November and the draft minutes from that meeting had been circulated. The Chair raised a number of concerns:-

- National Bargaining was cited as an example of where each partner had identified the risks but there was no mechanism in place to consider collectively the actions identified by each partner to mitigate the risk.
- There appeared to be no recognition that when EO and partners acted in their own best interests that these actions might have an adverse effect across the partnership.
- There needed to be collective responsibility to identify and understand risks across the partnership.
- There was a need to recognise that accountability lay with the RSB but also, that it lay with each of the partners as separate legal entities.
- There was inconsistency in the method of reporting across the partnership e.g. a best case scenario had been presented by one partner where all other partners had reported on the worst case scenario.
- A coordinated and consistent approach was required.

It was **AGREED** that the SMT should consider how to embed the process of enhancing mitigating actions at partnership level.

Jaci Douglas and Steve Walsh left the meeting during consideration of the following item.

### **10. FINANCE SYSTEM STATUS UPDATE**

A report by the Director of Finance provided an update on the current status of the project to replace some of the existing finance systems in use within the UHI partnership as well as exploring alternative options. As UHI were in dispute with the contractor, no consultancy support would be available until a negotiated settlement had been agreed. This added to the difficulties with timescale.

The Committee had a detailed discussion which included

- Consideration of the contractual position of the college
- The risk to the college of not having a functioning finance system
- The alternative options available including the potential to use an emergency procurement route.
- The potential capital and annual licencing costs of using another provider
- The legal opinion provided to EO in regard to terminating the contract.
- Acknowledgement of value for money in whatever route was taken

The Committee **AGREED** that the Director of Finance should request sight of the legal opinion provided to EO and that this be included in a detailed report to the Board of Management at its meeting on 18 December.

### 11. BUSINESS CONTINUITY

A report by the Estates and Campus Services Manager set out developments since the last meeting on the Business Continuity arrangements including:-

- Testing of business continuity plan
- Lock down procedures full exercise
- Table top technical exercise
- Locking mechanisms
- Communication in the event of lockdown
- Training

In addition, reference was made to the business continuity audit which was currently being carried out by BDO.

The Committee **NOTED** the report.

### 12. HEALTH AND SAFETY

A report by the Health and Safety Manager provided a quarter 1 report on health and safety across the college. The main issues were as follows:-

- the reporting of incidents throughout the College in comparison with the same point last year had decreased from 99 to 87 reportable incidents.
- There had been a decrease in incidents reported involving students which was encouraging as there was normally a spike in student related incidents at the beginning of the academic year.
- There were 10 recorded hand incidents, in comparison to 15 during Q1 of 17-18, a 33% reduction. Continued focus on hand injuries, particularly at the start of every semester was having an impact.
- There were 0 reportable RIDDOR incidents during quarter 1.

The report also made reference to the progress made in the H&S Management system, health and safety training and fire management.

The Committee **REQUESTED** sight of the report prepared by UHI on the outcome of the April 2018 exercise.

**13. PUBLIC BODIES CLIMATE CHANGE REPORT** It was **AGREED** that consideration of this report be deferred to the next meeting.

# GDPR – 6 MONTH POST COMPLIANCE REPORT It was AGREED that consideration of this report be deferred to the next meeting.

#### 15. COMMITTEE EVALUATION – IMPLEMENTATION REPORT

A report by the Board Secretary referred to the committee evaluation exercise which had recently been carried out as well as outlining the proposed implementation plan with identified actions and timescales.

The Committee **APPROVED** the implementation plan.

The following items were included in the agenda for noting only and therefore no discussion took place at the meeting.

#### 16. ICT CYBER ESSENTIAL CERTIFICATION (CONFIDENTIAL)

A report by the ICT Services Manager provided an overview of progress towards UHI wide Cyber Essential Certification. The necessary paperwork was with the appointed contractor to review in advance of formal submission.

### 17. COMPLAINTS - QUARTERLY REPORT

A report by the Quality Manager provided analysis of complaints received for the year to date, namely quarter 1. 24 complaints had been received, which represented a decrease of 1 from the same quarter last year. The highest number of complaints was in the customer care category. 54.2% of complaints related to HE, 29.1% to FE and 17.7% were from members of the public. 50% of the resolved complaints had been upheld. This was an increase of nearly 12% on last year.

## 18. DATE OF NEXT MEETING

Tuesday 26 February 2019 at 8.30 a.m.

Signed by the Chair:	 
Date:	



## **Board of Management**

#### MINUTES of the JOINT MEETING of the AUDIT AND FINANCE AND GENERAL PURPOSES COMMITTEES held in the Board Room, 1 Inverness Campus on Thursday 6 December 2018

PRESENT:	Hazel Allen (Chair Audit) (by VC), Sarah Burton, Brian Henderson (Chair F&GP), Helen Miller, Innis Montgomery, Chris O'Neil, Gavin Ross, Tom Speirs
CHAIR: APOLOGIES:	Brian Henderson (item 1), Hazel Allen (item 2) Andy Gray, Jaci Douglas, Carron McDiarmid, Fiona Neilson, Steve Walsh
ATTENDING:	Director of Finance Stephen Reid, Ernst & Young Board Secretary

## 1. DRAFT AUDITED ACCOUNTS AND ANNUAL AUDIT REPORT 2017/18

a) Financial Statements for the year ended 31 July 2018 A report by the Director of Finance referred to the annual accounts which, as well as setting out and commenting on the financial position for the year end, provided information in relation to governance arrangements, performance and planning.

The Committee discussed the worsening financial position from 2015 to the date for the accounts. It was also realised that the deferred grant had, to some extent, shielded the College from a deficit in the previous year.

b) Draft Annual Audit Report to the Board of Management and the Auditor General for Scotland for the year ended 31 July 2018 Mr Reid confirmed that Ernst and Young's independent auditor's report provided an unqualified opinion that the financial statements

- gave a true and fair view in accordance with the Further and Higher Education (Scotland) Act 1992 and directions made thereunder by the Scottish Funding Council (SFC) of the state of the affairs of the College and Group as at 31 July 2018 and of its surplus for the year then ended;
- had been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- had been prepared in accordance with the requirements of the Further and Higher Education (Scotland) Act 1992 and directions made thereunder by the Scottish Funding Council, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 14 of The Charities Accounts (Scotland) Regulations 2006 (as amended).

In relation to the wider scope audit, financial sustainability was assessed as amber and governance and transparency as green. In relation to opinions on matters prescribed by Audit Scotland, Ernst & Young

- 1. were satisfied that the information within the Performance Report was consistent with the financial statements and had been prepared in accordance with applicable requirements
- 2. were satisfied that auditable part of the Remuneration and Staff Report had been properly prepared in accordance with regulations
- concluded that in all material respects, the expenditure and income in the financial statements were incurred or applied in accordance with any applicable enactments and guidance issued by the Scottish Ministers
- 4. concluded that through their review of the governance arrangements in the year, they had not identified any areas of non-compliance.

Mr Reid ran through the key sections within the draft report and referred to the three recommended management actions, namely

- Financial process improvements Grade 2 action to be completed by the end of March 2019
- Non-Profit Distribution Model Grade 2 action to be completed by end of July 2019
- Medium term financial plan Grade 1 action to be completed by end of March 2019.

Members of the Joint Committee noted that the outturn for the year to 2017/18 showed an operating deficit that had continued from the year 2016/17 (excluding pension credit). The External Auditors and the Joint Committee noted that this position was not sustainable, and nor was the increasing forecast deficit shown by the Financial Forecast Review. The Members noted that the Management Team were to present a financial strategy at the Board Away day in January that must present a clear course of action to reduce this operating deficit.

#### c. Letter of Represenations

Mr Reid confirmed that this was a standard letter in connection with the audit of the financial statements. No additional representation was sought as Ernst & Young had no areas of concern or adjustment

Mr Reid was pleased to report that the audit process had run smoothly and he extended his gratitude to the Director of Finance and the finance team for their assistance and support during the course of the audit.

The Committee asked a number of questions and the Chair of the Audit Committee thanked the Auditors for a clear and concise audit report.

The Joint Committee **NOTED** the three recommendations within the Draft Annual Audit report for the year ended 31 July 2018 and **RECOMMENDED** it, together with the financial statements for the year ended 31 July 2018 and the letter of representations to the Board of Management for approval.

The Principal, Director of Finance and Finance Manager left the meeting

### 2. MEETING WITH EXTERNAL AUDITORS

The Joint Committee met with Stephen Reid of Ernst & Young, the external auditors. This was considered good governance practice and provided an opportunity to ensure that there was clear and direct communication between the auditors and the Committee and for any issues or concerns to be raised.

Mr Reid confirmed that this was the second year in which Ernst & Young had undertaken the annual audit and the process improved from the first year. There had been a very positive attitude across the College with good interaction, particularly with the Director of Finance and the Finance team and a constructive relationship had been developed. A number of challenges in relation to resource had been identified but he was aware that the Board were aware of these. It was important that the College placed sufficient focus to resolve these challenges.

Members of the Joint Committee raised a number of general concerns as follows:-

- Ongoing resourcing issues in the Finance Team including the capability to undertake general finance processes
- The late receipt of papers across all Committees
- The lack of financial figures within recent committee reports
- The culture of financial responsibility and the perceived poor awareness of efficiency requirements across the organisation and the finance section resourcing potentially limiting the cultural change that was required
- The ongoing problem with the roll out of the new Finance System, the resource implications for the UAT phase and the deficiencies of the current system
- Assurance that the key financial risks were being addressed as part of an integrated curriculum planning process, including the ability to support research.

All of these concerns had been raised previously at meetings of the standing committees and at the Board of Management over recent months. The financial risks were well understood and there was an urgent need for the college to develop a medium term financial plan based on the strategic objectives. The plan would need to identify tangible strong levers to allow the college to mitigate against the identified key risks.

The Committee thanked Mr Reid for his frank assessment and for the work carried out by his team. The Joint Committee was pleased to note that Ernst & Young acknowledged that there was a high level of understanding by the Board of the key issues to be addressed.

Signed by the Chair:

Date:

18 September 2018				
Item	Action	Responsibility	Time Line	ACTIONED
Risk Management	Paper on scenario planning to future meeting of the BOM	Principal / DoF	Board Away Day 25 January 2019	COMPLETE
27 November 2018				
Item	Action	Responsibility	Time Line	ACTIONED
Risk Register/ Risk	Further reflection on the mitigating actions as they are very mechanistic	SMT	ongoing	
	consider how to embed the process of enhancing mitigating actions at partnership level.	SMT	ongoing	
	Discussion at BOM away day on 25 Jan in terms of actions going forward			
Finance System       Director of Finance should request sight of the legal opinion provided to EO and that this be included in a detailed report to the Board of Management at its meeting on 18 December.		D of F	BOM 18 Dec	Not provided
Health and Safety/ Business ContinuityRequest sight of the report prepared by UHI on the outcome of the April 2018 UHI wide exercise		D of Org Dev	To be circulated to board members by Mid January	Not provided
Public Bodies Climate Change report	Deferred to next meeting	D of Org Dec	Feb 2019	Item 10 on the agenda
GDPR – 6 month post compliance report	Deferred to next meeting	D of Org Dec	Feb 2019	Item 11 on the agenda



## **Board of Management**

Subject/Title:	Health and Safety Policy and Statement annual review	
Author: [Name and Job title]	Director of Organisational Development	
Meeting:	Audit Committee	
Meeting Date:	26/02/2019	
Date Paper prepared:	19/02/2019	
Brief Summary of the paper:	The Health and Safety Policy and statement are reviewed annually. The current policy and statement were approved by the Board of Management in May 2018. Both have been reviewed and no changes are required.	
<b>Action requested:</b> [Approval, recommendation, discussion, noting]	The Committee is asked to recommend the unchanged health and safety policy and statement to the Board of Management for approval.	
Link to Strategy: Please highlight how the paper links to, or assists with:: • compliance • partnership services • risk management • strategic plan • new opportunity/change	The law requires us as employers to monitor and review arrangements on how we are managing occupational safety and health (OSH). This paper forms part of the review process.	
Resource implications:	No.	
Risk implications:	Yes If yes, please specify: Operational: clear procedures identified and followed Organisational: reputational risk of failure to adhere	
Equality and Diversity implications:	No	
<b>Consultation:</b> [staff, students, UHI & Partners, External] and provide detail	N/A	

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

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

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

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



## HEALTH AND SAFETY POLICY

## REFERENCE: PL/HR/2019/001

Policy Owner	Director of Organisational Development
Lead Officer	Health and Safety Manager
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 May 2018
Next Review Date	November 2019
Equality impact assessment	25 February 2016
Further information (where relevant)	Previous EIA 24.02.12

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		No changes to policy – review date changed

## Contents

1. Policy Statement	3
2. Legislative Framework/Related Policies	4
3. Scope	4
4. Organisation and Responsibilities	4
5. Compliance	9
6. Objectives and Targets	9
7. Communication	9
8. Monitoring	9
9. Audit	10
10. Review	10

## 1. <u>Policy Statement</u> Health and Safety Policy Statement

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

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

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

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

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

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

Principal:	Date:
Chairman 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 2009
- 2.15. 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

## 3. Scope

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

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

## 4. Organisation and Responsibilities

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

## 4.1 Board of Management

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

## 4.2 Principal and Chief Executive

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

### 4.2.2 The Principal will:

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

## 4.3 Senior Management Team

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

## 4.4 Managers

- 4.4.1 Managers have a health and safety responsibility for the activities and functions carried out within their areas of operational responsibility.
- 4.4.2 In order to meet their responsibilities, Managers will:
  - Ensure risk assessments are carried out and regularly reviewed in line with the requirements of health and safety legislation and the college health and safety management policy and procedures.
  - Set clear measurable objectives to ensure progressive improvement.
  - Provide all personnel with, so far as reasonably practicable;
    - Safe place of work
    - Safe plant and machinery

- Safe working environment
- Safe system of work
- > Safe handling, storing and transportation
- Sufficient and competent information, instruction, training and supervision
- 4.4.3 Managers will be responsible for:
  - Ensuring that Inverness College UHI's health and safety policy is explained to employees and they are made aware of their health and safety duties and responsibilities and that tutors equally convey this to students under their control.
  - The training needs of employees are assessed and addressed to include the requirement for role specific induction training for new employees.
  - Ensuring that the activities of college employees and contractors do not expose employees, students, contractors or others to risk.

### 4.5 Health and Safety Manager

- 4.5.1 The Health and Safety Manager reports to the Director of Organisational Development and has responsibility for:
  - Reviewing, revising, implementing, embedding and monitoring compliance of all health and safety policies, procedures and arrangements.
  - Planning, implementing and co-ordinating the risk assessment, inspection and internal/external audit programmes.
  - Planning, Implementing and co-ordinating the risk assessment process.
  - Developing appropriate performance measures and reporting performance standards to ensure continuous improvement.
  - Liaising with HR regarding health surveillance requirements.
  - Preparing papers, reports and statistical data for identified Committees.
  - Ensuring emergency evacuation procedures, including personal evacuation plans, are tested and reviewed on a regular basis.
  - Recording of accident/incidents and reporting in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
  - Investigating and reporting on accidents, incidents and/ or near misses.
  - Organising, co-ordinating and supporting safety personnel (first aiders and fire wardens).
  - Identifying information, instruction and training requirements and delivering effective solutions.
  - Contractor Management in association with the Estates Office.
  - Acting as a point of contact for Enforcing Authorities.
  - Maintaining own continuous professional development.
  - Monitoring effective implementation of the Safety Management Policy.
  - Providing specialist advice and support to senior management and all departments/schools including the disseminating of good practice.
  - Ensuring that the appropriate initial college health and safety induction training is given to all new employees.

 Sanctioning the suspension, following consultation with the relevant SMT member, of activities where health and safety is being compromised significantly.

## 4.6 Estates and Campus Services Manager

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

## 4.7 Union Appointed Health and Safety Representatives

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

## 4.8 Fire Marshalls

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

### 4.9 First Aiders

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

### 4.10 **Technicians**

- 4.10.1 Inverness College UHI campuses are sub divided into academic departments; each department has an Academic Technician whose responsibility is:
  - Install, monitor and review agreed health and safety systems including risk assessments, COSHH assessments and policies and procedures.
  - Assist in the education and training of employees and students, including participation in induction programmes, with regard to all relevant health and safety issues e.g. accident investigation, risk assessments, employee and student safety awareness etc.

### 4.11 Employees

- 4.11.1 The Health and Safety at Work Act and the Management of Health and Safety at Work Regulations place duties upon employees, at all levels, while at work. These duties include the following:
  - To take reasonable care for the health and safety of themselves and other persons who may be affected by their acts or omissions at work.
  - To co-operate with the employer, so far as is reasonably necessary to enable them to meet their statutory health and safety duties.
  - No-one may intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare.
  - Any employee who is required to operate machinery, equipment, dangerous substances, transport, safety devices or a means of production is to do so in accordance with training or instructions provided by the employer.
  - Employees must make the employer aware of any serious imminent dangers to health and safety.

## 4.12 Students

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

• Fail to use appropriate Personal Protective Equipment.

## 5. Compliance

- 5.1. This policy must be complied with and it will be audited regularly with reports going to the appropriate committee.
- 5.2. Inverness College UHI will comply with legal and other requirements applicable to the identified health and safety hazards.
- 5.3. All new legal and other requirements will be evaluated, and documented, to determine applicability and impact to Inverness College UHI.

## 6. Objectives and Targets

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

## 7. Communication

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

## 8. Monitoring

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

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

to):

- Management system
- Existing and new policies and procedures
- Student enrolment and induction
- Staff induction.
- Risk assessment and environmental aspects
- Outputs from external audits or previous internal audits
- 9.2. The Audits will be planned to ensure that areas which are subject to legal compliance are completed each year.

## 10. Review

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



## **INVERNESS COLLEGE** INTERNAL AUDIT REPORT - FINAL

BUSINESS CONTINUITY MANAGEMENT DECEMBER 2018

LEVEL OF ASSURANCE		
Design	Operational Effectiveness	
Moderate	Moderate	



EXECUTIVE SUMMARY	2
DETAILED FINDINGS	6
STAFF INTERVIEWED	12
APPENDIX I - DEFINITIONS	13
APPENDIX II - TERMS OF REFERENCE	14

DISTRIBUTION	
Lindsay Ferries Members of the Audit Co	Director of Organisational Development
REPORT STATUS LIST	
Auditors:	Gemma Rickman
Dates work performed:	20 November - 6 December 2018
Draft report issued:	21 December 2018
Final report issued:	20 February 2019

#### EXECUTIVE SUMMARY

#### LEVEL OF ASSURANCE: (SEE APPENDIX I FOR DEFINITIONS)



#### **BACKGROUND:**

In accordance with the 2018-19 Internal Audit Plan, it was agreed that Internal Audit would review the design and operating effectiveness of the controls in place at Inverness College ('the College') surrounding business continuity management arrangements. The purpose of our review was to provide management and the Audit Committee with assurance that Inverness College has well designed and effective controls in place, which are operating effectively, and provide advice and recommendations to management to improve the arrangements further.

Inverness College has developed a Business Continuity Plan (BCP), which provides guidance to management in responding to significant incidents that may disrupt the College's operations. The BCP was most recently updated in May 2018. It was edited to reflect changes required as a result of a UHI initiated business continuity exercise. The exercise involved a meningitis outbreak on each UHI campus. Changes required as a result of the exercise included the need for trained admin support to record facts becoming a member of the Crisis Management Team. The current version of the BCP was presented to the Audit Committee in May 2018. The BCP details a range of incidents that could cause it to be evoked, along with the procedures to be followed for each. Example incidents described include fire evacuation, a serious medical emergency, severe weather, terrorist threat, power failure and loss of gas supply.

A Crisis Management Team has been formed, which consists of nine members including the Principal, Deputy Principal and various Heads of Department. The Crisis Management Team is ultimately responsible for deciding whether the crisis management phase of the BCP should be activated, and thereafter providing strategic direction in relation to a major incident. The responsibilities of and actions required by the team are described within the BCP.

In addition, an Emergency Response Team has also been established, which includes representation for Estates, ICT, and Health and Safety. The team is responsible for responding to emergency incidents, and specific tasks have been detailed within the BCP.

The BCP has consists of four key sections, which are summarised below:

- 1. *Emergency Response Section* This section details the College's assembly points and out of hours contact details, and provided action task lists in a checklist format for a range of various types of incidents, including power failure, loss of water and denial of access to facilities. The action task lists identify who is responsible for each action.
- 2. **Crisis Management Section** Contact details for each member of the Crisis Management Team are provided. A 'first actions' list is detailed, which prompts consideration of welfare issues and communications. Thereafter, tasks and responsibilities are described for a range of key areas, such as strategic management, media handling and facilities management.
- 3. **Business Recovery Section** This section separates the College departments in categories, which determine the time in which the functions within each department must become operational after an incident. The categories are "A: operational within 24 hours; B: operational within 3 days; C: operational within one week; and D: all remaining functions to be re-established after A, B and C". Additional target recovery times have been allocated to the ICT and Estates department, as the College has identified that these departments are critical to the recovery of the remaining departments. A recovery plan has been developed for each department, which provides an overview of the recovery strategy for each key function within the department. The vital records, equipment requirements, required IT applications and critical machinery requirements have also been listed for each department. Key recovery actions and milestones are detailed in the format of a checklist with an allocated owner provided for each action.
- 4. **Contacts List** This provides contact details for key staff members and external parties, including those for electricians, plumbers, surveyors, the College's bank, insurance brokers and telecommunications contractors. Contact details given include the name of the company/individual and contact numbers.

A UHI business continuity exercise took place in April 2018 across all UHI campuses, including Inverness College, which focused on an outbreak of meningitis. An analysis was performed after the event, with consideration given to areas that did and did not work well. Lessons learned were recorded from the exercise, and the BCP was thereafter updated as a result of this. Management have advised that the BCP has also been exercised as a result of live events, such as snow closures and flooding.

In 2017-18 some staff completed the Project Griffen Protect and Prevent training, which is facilitated by Police Scotland. The content of the training includes coverage of terrorist threats, dealing with bomb threats/suspicious packages and hostile reconnaissance. Management have advised that a training plan is being developed for all staff in relation to business continuity.

The BCP is located on the College's 'G' drive and available for staff to view. Copies are also held and retained offsite by the members of the Crisis Management Team. The Personal Assistant to the Principal is responsible for ensuring contact details within the BCP remain up to date and reconciles the contact details to the Active Directory on an on-going basis.

#### SCOPE AND APPROACH:

The scope of our review was to assess whether:

- There is a clear business continuity plan in place to allow for recovery from business disruptive events;
- Roles and responsibilities in relation to business continuity are fully defined within the business continuity plan;
- Inverness College has clearly defined business critical systems and processes within the business continuity plan;
- The plan is suitable to allow Inverness College to recover from a significant disruption in required timescales;
- The business continuity plan is regularly tested, and the results appropriately reported to management;
- The plan is appropriately communicated to staff, and key staff are aware of their roles to instigate the plan;
- The plan is suitably located to allow it to be put into effect in the event of an emergency incident; and
- Staff contact details are kept up to date within the business continuity plan.

Our approach was to conduct interviews to establish the controls and processes in operation, and to review documentary evidence that these controls are designed as described. We then evaluated these controls to identify whether they adequately address the risks.

#### GOOD PRACTICE:

We note a number of areas of good practice from our review. The BCP clearly identifies the responsibilities of each team or individual, and any actions to be taken are shown in a user-friendly checklist format. The Crisis Management Team holds copies of the BCP off site. In addition, regular updates on the BCP are reported to the Board of Management, for example, summarising any changes made to the content of the BCP or any related activities that have taken place.

#### **KEY FINDINGS:**

Notwithstanding the elements of good practice noted above, we have identified a number of areas where improvements can be made to the current business continuity arrangements. These areas include:

- **Departmental recovery plans:** We note from our review of the BCP that a recovery plan has not been developed for all departments. For example, the Human Resources and Finance departments have been omitted.
- **Recovery timescales:** ICT Services and Estates are both 'A' category (i.e., first actions) departments. Target recovery times have been allocated to these departments, as management have explained that these departments are critical to the recovery of the remaining departments. However, the rationale for this is not clearly documented within the BCP. In addition, the BCP does not state specific recovery timescales for the recovery of the ICT functions. We recognise that a number of ICT functions/applications are managed and controlled by UHI, however this is not clearly documented to provide clarity on each element of ICT that the College is responsible for managing and recover areas controlled by them.
- **Training:** We recognise that some staff members completed the Griffen Protect and Prevent training in 2017/18. However, some staff are yet to receive training in

relation to business continuity. We recognise that management are currently considering the most appropriate training methods to take forward.

- **Testing:** The College has not developed a formal testing plan/schedule for the BCP. Although we note that the BCP has been tested in the past, there is no documented schedule that shows the areas previously tested, and the areas planned for testing. In addition, we note that there is no standard template or central log for recording the results of tests, including lessons learned and further actions required.
- Omitted information: We note from our review of the BCP that there is some missing information within the document. For example, the plan makes references to recovery strategies for the key objectives documented. However, the recovery strategies are not documented. The Business Recovery section of the plan does not summarise the functions relating to each department under 'Recovery Priorities'. In addition, the contents page does not reflect the contents of the BCP.
- **Contact details:** We note a number of instances where contact details have not been provided for external contacts within the BCP. Management have advised that these contacts are no longer required, and should be removed from the BCP.

#### CONCLUSION:

At this stage, we are able to provide moderate assurance over the design and operational effectiveness of the arrangements in place relating to business continuity management. We recommend management implement the noted control improvements to develop the current arrangements, and ensure they operate consistently across the College.

OUR TESTING DID NOT IDENTIFY ANY CONCERNS SURROUNDING THE CONTROLS IN PLACE TO MITIGATE THE FOLLOWING RISKS:

- Roles and responsibilities in relation to business continuity may not be fully defined within the business continuity plan.
- The plan may not be suitably located to allow it to be put into effect in the event of an emergency incident.
- / Staff contact details may not be kept up to date within business continuity plan.

#### **DETAILED FINDINGS**

RISK: INVERNESS COLLEGE MAY NOT HAVE CLEARLY DEFINED BUSINESS CRITICAL SYSTEMS AND PROCESSES WITHIN THE BUSINESS CONTINUITY PLAN.

RISK: THERE MAY NOT BE A CLEAR BUSINESS CONTINUITY PLAN IN PLACE TO ALLOW FOR RECOVERY FROM BUSINESS DISRUPTIVE EVENTS.

#### Ref Sig. Finding

A recovery plan has been documented for each department within the BCP, which provides an overview of the recovery strategy for each key function within the department.

We note from our review of the BCP that a recovery plan has not been developed for all departments. For example, the Human Resources and Finance departments have been omitted.

There is a risk that the College has not considered and documented how it will recover all departments in the event of an incident.

#### **RECOMMENDATION:**

We recommend that the College ensures that a recovery plan is documented for all departments, to direct recovery in the event of an incident.

#### MANAGEMENT RESPONSE:

Agreed

1

Responsible Martin Kerr Officer:

Implementation April 2019 Date:

# RISK: THE PLAN MAY NOT BE APPROPRIATELY COMMUNICATED TO STAFF, AND KEY STAFF MAY NOT BE AWARE OF THEIR ROLES TO INSTIGATE THE PLAN.

#### Ref Sig. Finding

2

Training is essential in ensuring that staff are aware of the required actions to be taken in responding to a business disruptive event.

We recognise that some staff members completed the Griffen Protect and Prevent training in 2017/18. However, some staff are yet to receive training in relation to business continuity. We recognise that management are currently considering the most appropriate training methods to take forward.

There is a risk that staff are not aware of current business continuity procedures or their roles in instigating the plan.

#### **RECOMMENDATION:**

We recommend that, as planned, the College implements business continuity training for all staff. Regular refresher training should be provided going forward, and the College should ensure it records all training for each staff member, and obtains sufficient evidence of attendance/completion.

MANAGEMENT RESPONSE:		
Agreed		
Responsible Officer:	Martin Kerr and Richie Hart	
Implementation	May 2019	

Date:

## RISK: THE BUSINESS CONTINUITY PLAN MAY NOT BE REGULARLY TESTED, AND THE RESULTS APPROPRIATELY REPORTED TO MANAGEMENT.

#### Ref Sig. Finding

3

Ensuring that a clear testing strategy is in place increases the opportunity for weakness to be identified and improvements to the business continuity process to be implemented.

The College has not developed a formal testing plan/schedule for the BCP. Although we note that the BCP has been tested in the past, there is no schedule documented that shows the areas previously tested, and the areas planned for testing in the future.

In addition, we note that there is no standard template or central log for recording the results of tests, including lessons learned and further actions required.

There is a risk that key weaknesses or exclusions have not been identified within the business continuity plan due to the limitations identified.

#### **RECOMMENDATION:**

We recommend that the College develops a testing plan/schedule for BCP which should be reviewed on an annual basis to ensure a strategic approach to testing is achieved. This plan should ensure that varying categories of events are scheduled to be tested on an annual basis based upon likelihood and overall risk. A formal testing schedule should also be developed for IT/Disaster recovery.

In addition, we recommend that the outcomes, lessons learned and required actions are formally documented within the plan for each test.

MANAGEMENT RESPONSE:

Agreed. Implemented for the next induction in June 2019

Responsible Martin Kerr Officer:

Implementation June 2019 Date:

## RISK: THERE MAY NOT BE A CLEAR BUSINESS CONTINUITY PLAN IN PLACE TO ALLOW FOR RECOVERY FROM BUSINESS DISRUPTIVE EVENTS.

#### Ref Sig. Finding

4

It is expected that the College's BCP provides complete information in relation to its business continuity arrangements.

We note from our review of the BCP that there is missing information within the document. For example, the plan makes references to recovery strategies for the key objectives documented. However, these are not documented. The Business Recovery section of the plan does not summarise the functions relating to each department under 'Recovery Priorities'. In addition, the contents page does not reflect the contents of the BCP.

There is a risk that the BCP does not provide comprehensive and userfriendly guidance to staff on the College's business continuity arrangements.

#### **RECOMMENDATION:**

Date:

We recommend that the College reviews the BCP to ensure that any gaps in the content are addressed, and that the contents page aligns to the content within the plan, to ensure the BCP is complete and user-friendly.

 MANAGEMENT RESPONSE:

 Agreed.

 Responsible Officer:

 Martin Kerr

 Implementation March 2019

## RISK: THE PLAN MAY NOT BE SUITABLE TO ALLOW INVERNESS COLLEGE TO RECOVER FROM A SIGNIFICANT DISRUPTION IN REQUIRED TIMESCALES.

#### Ref Sig. Finding

5

Both internal and external contact details must be kept up to date and made easily accessible to ensure that staff can effectively communicate with all required parties during a major incident.

We note a number of instances where contact details have not been provided for external contacts within the BCP. Management have advised that these contacts are no longer required, and should be removed from the BCP.

There is a risk that the current contact details within the BCP are inaccurate and incomplete.

#### **RECOMMENDATION:**

We recommend that the College reviews the BCP Contact List to ensure that full contact details are provided for external parties. Any external contacts which are not necessary should be removed from the BCP.

MANAGEMENT RESPONSE:

Agreed

Responsible Martin Kerr Officer:

Implementation March 2019 Date:
RISK: THE PLAN MAY NOT BE SUITABLE TO ALLOW INVERNESS COLLEGE TO RECOVER FROM A SIGNIFICANT DISRUPTION IN REQUIRED TIMESCALES. RISK: THERE MAY NOT BE A CLEAR BUSINESS CONTINUITY PLAN IN PLACE TO ALLOW FOR RECOVERY FROM BUSINESS DISRUPTIVE EVENTS.					
Ref	Sig.	Finding			
6		The BCP separates the College departments into categories, which determine the time in which the functions within each department must become operational after an incident. The categories are "A: operational within 24 hours; B: operational within 3 days; C: operational within one week; and D: all remaining functions to be re-established after A, B and C". ICT Services and Estates are both 'A' category departments. Target recovery times of four hours have only been allocated to these departments, as management have explained that these departments are critical to the recovery of the remaining departments. However, the rationale for this is not clearly documented within the BCP.			
		In addition, the BCP does not state specific recovery timescales for the detailed steps in the recovery strategy for the ICT functions. We recognise that a range of ICT functions/applications are managed and controlled by UHI, however this is not clearly documented to provide clarity on each element of ICT that the College is responsible for managing and recovering			

during an incident. This could create a risk that the BCP does not clearly

#### **RECOMMENDATION:**

We recommend that the College clearly documents the rationale for target recovery timescales being applied to only the ICT Services and Estates departments. Further consideration should be given to the application of target timescales to the remaining departments.

describe actual practice.

We also recommend that clear and specific recovery timescales are applied to all functions, particularly in relation to ICT services. Or, that the rationale for not incorporating is indicated on the BCP. In addition, we recommend that the College clearly documents the ICT controls that it is, and is not responsible for managing during an incident. This should include coverage of all IT applications, machinery and software, including servers and firewalls.

#### MANAGEMENT RESPONSE:

We agree to document the ICT controls and clarify how we operate (which has been completed in version 7.1).

Responsible Martin Robinson Officer:

Implementation February 2019 Date:

#### STAFF INTERVIEWED

BDO LLP APPRECIATES THE TIME PROVIDED BY ALL THE INDIVIDUALS INVOLVED IN THIS REVIEW AND WOULD LIKE TO THANK THEM FOR THEIR ASSISTANCE AND COOPERATION.

Lindsay Ferries	Director of Organisational Development
Martin Robinson	ICT Manager
Richie Hart	Health and Safety Manager
Martin Kerr	Estates Manager

APPENDIX I - DEFINITIONS						
LEVEL OF	DESIGN OF INTERNAL CO	NTROL FRAMEWORK	OPERATIONAL EFFECTIVENESS OF CONTROLS			
ASSURANCE	FINDINGS FROM REVIEW	DESIGN OPINION	FINDINGS FROM REVIEW	EFFECTIVENESS OPINION		
Substantial	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.		
Moderate	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non compliance with some controls, that may put some of the system objectives at risk.		
Limited	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in- year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.		
No	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in- year affects the quality of the organisation's overall internal control framework.	Non compliance and/or compliance with inadequate controls.		

High	A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently.			
Medium	A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action.			
Low	Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency.			

#### APPENDIX II - TERMS OF REFERENCE

#### **PURPOSE OF REVIEW:**

In accordance with the 2018-19 Internal Audit Plan, it was agreed that Internal Audit would review the design and operating effectiveness of the controls in place at Inverness College ('the College') surrounding business continuity management arrangements. The purpose of our review was to provide management and the Audit Committee with assurance that Inverness College has well designed and effective controls in place in relation to business continuity management.

#### **KEY RISKS:**

- There may not be a clear business continuity plan in place to allow for recovery from business disruptive events.
- Roles and responsibilities in relation to business continuity may not be fully defined within the business continuity plan.
- Inverness College may not have clearly defined business critical systems and processes within the business continuity plan.
- The plan may not be suitable to allow Inverness College to recover from a significant disruption in required timescales.
- The business continuity plan may not be regularly tested, and the results appropriately reported to management.
- The plan may not be appropriately communicated to staff, and key staff may not be aware of their roles to instigate the plan.
- The plan may not be suitably located to allow it to be put into effect in the event of an emergency incident.
- Staff contact details may not be kept up to date within business continuity plan.

#### FOR MORE INFORMATION:

#### **CLAIRE ROBERTSON**

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# **Board of Management**

Subject/Title:	Outstanding Internal Audit Recommendations
Author: [Name and Job title]	Fiona Mustarde, Director of Finance
Meeting:	Audit Committee
Meeting Date:	26 February 2019
Date Paper prepared:	18 February 2019
Brief Summary of the paper:	Update on progress against audit recommendations resulting from internal audits not previously reported as completed.
Action requested: [Approval, recommendation, discussion, noting]	Discussion
Link to Strategy: Please highlight how the paper links to, or assists with:: • compliance • partnership services • risk management • strategic plan • new opportunity/change	Risk Management – demonstrates the steps taken to address the risks identified as a result of internal audit reviews.
Resource implications:	Yes. Potential for reduced income/increased costs if correct procedures not followed.
Risk implications:	Yes If yes, please specify: Operational: clear procedures identified and followed Organisational: reputational risk of failure to adhere
Equality and Diversity implications:	No
<b>Consultation:</b> [staff, students, UHI & Partners, External] and provide detail	N/A

### **ITEM 5**

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

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

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

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

#### Update on Outstanding Internal Audit Recommendations

#### Executive summary

This report provides the Committee with an updated position regarding the implementation of action points arising from Internal Audit reports in that have not already been reported to Committee as completed.

#### **Background information**

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

A summary of the outstanding recommendations is attached containing current status and progress updates. This report includes all recommendations not previously reported as completed.

#### **Outstanding Audit Recommendations 2017/18**

The final remaining action point resulting from the Risk Management audit that reported to the November 2017 Audit Committee meeting has now been completed following the Risk Management Workshop presented by Roger Sendall of UHI EO on 8 January 2019.

There is one remaining action point resulting from the Financial Controls audit that took place in January 2018 and reported back to the February Audit Committee meeting. Further detail is provided in the attached summary.

#### **Outstanding Audit Recommendations prior to 2017/18**

There are two remaining recommendations from audits prior to 2017/18. The first of these has now been updated as complete and details are as per the attached summary. The second is being taken forward through the re-distribution of tasks within the Finance Team which is now fully staffed.

### UPDATE ON ACTIONS FROM INTERNAL AUDIT REVIEWS

Action No.	Audit Recommendation	Action Required	Actioned By	Due Date	Status	Comments	
	2017/18 Internal Audit Actions Risk Management – Report Date 15 November 2017						
3	Inverness College may not be providing appropriate risk management training. We recommend that the College develop a risk management training plan/programme to ensure that appropriate provisions are in place for staff at all levels of the College. We also recommend that, at all levels, risk management is made a part of the staff appraisal process. Agreed training arrangements for risk management should be documented within the Risk Management Policy.	1. The college will develop a risk management training plan, to include all key staff, which will be documented in the updated risk management policy. 2. Where risk management is identified as a key part of a staff member's role, it will already feature within the existing Professional Development and Review (PDR) process. The college will ensure that the training programme emphasises the need for this aspect to be covered effectively during PDRs.	Director of Organisational Development	27/02/2018	Complete	<b>Complete</b> . Roger Sendall from UHI EO delivered a risk management workshop on 8 January 2019 for SMT and key managers.	
Finan	cial Controls 2017/18 – Report Date	19 February 2018		•			
2	Ineffective or inefficient procedures and controls may be in place for the finance processes. We recommend that a comprehensive fixed asset register is developed and maintained on a regular basis.	All fixed assets are identified at time of purchase and recorded appropriately. Assets are correctly allocated to a class in line with the depreciation policy and depreciated accordingly. We are aware that the fixed asset register currently used requires to be enhanced to reflect all relevant information at a detailed asset level.	Finance Manager	31/07/2018	In progress	Partially complete. This task could not be completed without the detailed group 2 equipment from GTEIL. This information was received in June but progress delayed due to staff availability. Finance will work with colleagues in ICT and Estates to define what is required beyond the financial requirements and determine the appropriate recording mechanism.	

### UPDATE ON ACTIONS FROM INTERNAL AUDIT REVIEWS

Action No.	Audit Recommendation	Action Required	Actioned By	Due Date	Status	Comments
Budg	Internal Audit Actions – Henderson Loggie Budgetary Control / General Ledger – Report Date 12 February 2015					
2	Establish a formal timetable and procedure for the budget setting process and ensure that these are communicated to all budget holders.	The timetable to be completed as part of the operational planning cycle for 2015/16	Director of Corporate Services now Director of Finance	March 2015	Complete	Timetable prepared for 2019/20 budget setting process. Meetings with budget holders diaried.
Stude	nt Fees and Contracts – Report Dat	e 13 May 2016		L		
R5	SITS / SUN Transfers Amounts transferred between SITS and SUN should be reconciled regularly and explanations for any variances documented and corrections made if necessary. Such reconciliations should be reviewed and agreed by a second member of staff; with both the preparer and reviewer signing the reconciliations as evidence this is being done.	This task was reallocated within the team and is to be embedded into month end procedures.	Finance Manager	August 2016	Partially complete	Good progress was made however resource challenges impacted on full completion. This key task is now being addressed through the new team structure within Finance and realignment of functions within the team.



# **Board of Management**

Subject/Title:	Risk Register
Author: [Name and Job title]	Fiona Mustarde, Director of Finance
Meeting:	Audit Committee
Meeting Date:	26 February 2019
Date Paper prepared:	18 February 2019
Brief Summary of the paper:	To bring to the Committee the most significant risks on the current Inverness College UHI risk register.
Action requested: [Approval, recommendation, discussion, noting]	Approval of new template for quarterly reporting to Audit Committee.
Link to Strategy: Please highlight how the paper links to, or assists with:: • compliance • partnership services • risk management • strategic plan • new opportunity/change	Risk Management – demonstrates our understanding of the key risks facing Inverness College UHI and provides high level information in relation to risk mitigation.
Resource implications:	Not directly
Risk implications:	Yes If yes, please specify: Operational: Organisational: Ineffective management of significant risks leading to adverse financial impacts
Equality and Diversity implications:	No
<b>Consultation:</b> [staff, students, UHI & Partners, External] and provide detail	N/A

### **ITEM 6**

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

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

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

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

## **Risk Register Update**

#### **Executive summary**

This paper highlights those risks currently identified as the most significant to the College. Summary information from the full Risk Register is appended for information and the Audit Committee are asked to approve this summary register format for quarterly reporting. The full risk register will be provided on an annual basis to the September committee meeting.

The most significant risk to Inverness College UHI with a residual risk score of 16 is risk 17, the financial instability of UHI as a whole. This recognises the challenge of maintaining financial sustainability on a collective partnership basis.

The next most significant risks, all with residual scores of 12, are:

- Risk 19 ongoing issues of non-compliance by GTFM;
- Risk 26 financial failure/operating loss of the College;
- Risk 30 corruption, loss, misuse or theft of, or disruption to, institutional, personal or sensitive data.

#### Background information

Inverness College UHI follow the standard UHI risk register template for identification and monitoring of key risks. As this is a standard template, the format is fixed and is based on an excel spreadsheet. In January 2019, UHI migrated the risk register to the UHI Sharepoint site and the register can be updated at any point in time.

Risk management reporting to the Audit Committee on significant risks has primarily been undertaken through the provision of the College's Risk Register for review. On discussion with the Chair of Audit Committee, it was agreed that it would be beneficial for the most significant risks to be brought to the Committee's attention separately from the Risk Register.

#### **Risk Register Review**

The high level risk register attached follows the format that has been used successfully in other organisations. Essentially a condensed version of the full risk register, this template focuses on the movement in risk scoring between periods, the mitigating actions and reporting to support this. This more easily lends itself to in-year reporting in place of the full risk register.

The template has been populated with data from the central risk register and has been attached as Appendix A. The proposal is that this condensed register is presented to Audit Committee on a quarterly basis, with the full risk register detail provided annually. This register will be updated and reviewed by SMT in advance of Audit Committee. Currently, all key risks have been included for the sake of completeness.

This approach was discussed and agreed at SMT on 14 February as a reasonable way forward but requires Audit Committee agreement.

The scores that have been populated in the last session risk analysis are the residual risk scores taken from the central risk register. The scores for this session will be updated once agreed. You will note that there is no score currently attached to risk number 32 which centres on an adverse incident in the residences. The full risk register does not contain a score for this risk currently but this is being addressed and the register will be updated within the next two weeks.

Risk No	Description	Summary of progress/impact of actions
17	Financial instability of UHI	Regular finance monitoring reports circulated to budget holders, SMT and BOM. Monitor financial KPIs reported to Board to ensure we are exceeding collective activity targets. Ensure all budget holders are aware of college financial regulations. More efficient working practices, eg further savings in procurement. Further increase in non SFC funding including international, research. Monitor financial performance of Academic Partners and of the UHI partnership as a whole.
19	Ongoing issues of non- compliance by GTFM	GTFM performance has improved considerably, however paymech issues persist. Improvements have been made on performance standards 1 to 69 and progress against the improvement plan is reported at the monthly operations meeting. Planned preventative maintenance (PPMs) compliance audit is complete and all compliance areas have been met; ongoing compliance continues to be reviewed weekly. A facilitated workshop specifically focussed on paymech is scheduled for 20 and 21 February.
26	Financial failure/operating loss. Inability to achieve a balanced budget.	Efficiency savings achieved through efficient and effective deployment of staff, effective cost control, all spend aligned to achievement of strategic aims and objectives. Lobbying regionally for share of regional funding that reflects actual learning and teaching delivered, lobbying nationally for increased funding for Highlands and Islands region to reflect on going increasing participation rates. Development of alternative income streams, SDS and apprenticeship family, bespoke provision, international summer schools, catering business and events management.

30	Institutional, personal and sensitive data and/or services are disrupted, corrupted, lost, stolen or misused through serious inappropriate usage of IT systems or data, by internal users of the university partnership or external actors.	Firewalls and proxy filters automatically updated regularly. Proactive internal and external NVT and external scanning for at risk devices. Anti-virus software deployed to all corporate devices. Wi-Fi BYOD on segregated VPN. WSUS servers in place for regular MS Windows updates. Use of Janet Security advice service and UHI Helpdesk issues alerts for known attacks. UHI IT security group formed to share intelligence and react to published alerts. OpenDNS applied to cache filtering with added protection functionality against botnet, malware etc. Real IP address ranges reduced. Out of hours password reset enabled.

The risk register has not yet been updated to reflect the work streams and actions that are underway, or planned, as identified through the Finance Strategy.

			last Sansian P	Dick Are		-	This Society P	ick Are-	AC10/10.18	
Ref	L RISKS FEB 2019 - Description	Impact	Last Session R		-	Impact	This Session R Probability		·	Mitigation Actions
Inverness	College fails to identify and take opportunities for development and progression		3	9				0		Oversight of curriculum planning process led by Depute         Principal. Chairing Research Committee to review progress         income/investment balance of each research grouping,         continued discussuions with UHI Principal regarding IC UHI's         potential expansion on Inverness Campus. Identification of         opportunities by SMT through development of external         relationships in key sectors. Identification of additional         opportunities for development at team/subject level to         maximise opportunities fpr growth
_17.xml	Financial instability of UHI	4	4	16				0		Regular finance monitoring reports circulated to budget holders, SMT and BOM. Monitor financial KPIs reported to Board to ensure we are exceeding collective activity targets.Ensure the col discussions on Board to ensure we are exceeding collective activity targets.Ensure all budget holders are aware of college financial regulations. More efficient working practices, eg further savings in procurement. Further increase in non SFC funding including international, research. Monitor financial performance of Academic Partners and of the UHI partnership as a whole.Ensure the col 
	College fails to maintain improvement in performance against national targets and outcomes	2	4	8				0		Implement targeted intervention and internal review of learning and teaching processes       Comprehensive thorough evaluation through college         Further training quality of provimprovement       Further training quality of provimprovement
Inverness _19.xml	Ongoing issues of non-compliance by GTFM	4	3	12				0		Close monitoring of the performance through a performance improvement plan. Monthly report from GTFM on performance in light of plan. College audit of compliance and statutory PPMs, application of the 1-69 performance standards and application of the associated deductions from unitary charge. Monthly reporting to GTEIL Board of Management and SFT.

Update Report
e college engages positively and influentially with the
ns on further integration across the UHI partnership.
ensive Quality Enhancement Plan in place, informed by
evaluation of all relevant data, monitored regularly ollege committee structure.
aining to enhance staff skills in monitoring and evaluatin
provision and identifying appropriate actions for
nent (June 2018).

				AC10/10.18	
Inverness College does not achieve allocated HE student _20.xml number targets.	3	3	9	0       Rigorous curriculum planning process in place, proactive development of school/college relationships, proactive development of relationships with employers, excellent quality management processes, systematic monitoring of applications through to enrolment.	
Inverness College does not achieve allocated FE Credit _21.xml targets.	2	3	6	0       development of school/college relationships, proactive       trend         0       development of relationships with employers, excellent quality       dema         0       management processes, systematic monitoring of applications       development.         0       through to enrolment.       summ         actual       actual       actual	
Inverness 22.xml The institution has a poor reputation.	2	2	4	Image: series of the series	
Inverness Disruption to services/projects and/or _23.xml partnership working resulting from loss of a key staff member.	3	2	6	Image: Constraint of the state of the s	
Inverness _24.xml regulations.	2	3	6	0       Dedicated Health and Safety Management role, Health and Safety Management system implemented, systematic use of internal audit, SMT commitment and proactive leadership to develop a strong H & S management culture, strong emphasis on near miss recording and lessons learned, H & S Committee chaired by Principal, systematic recording and analysis of incident, accident and near miss trends, Dedicated Data Controller role with responsibility for awareness raising and adaptation of policy/procedures win line with legislative change, current shared project on effective data management with IT Manager, rigorous implementation of mandatory staff training. Director of Organisational Development with direct responsibility for awareness raising and adaptation of policy/procedure in line with legislative change. All of the above reported systematically to relevant Board of Management Committees.	

curriculum based on latest application and enrolment ions taken accordingly to ensure curriculum offer meets aeview of planned curriculum to maximise the ent of study and work-related skills across all es. Extend school-link offer to include Easter and ills development programmes. Close monitoring of uitment from the start of the academic year to ensure en to mitigate any shortfall as soon as possible.

					AC10/10.18	
Inverness _25.xml	Governance Failure.	2	2	4	0	Regular recruitment drives undertaken. Skills matrix approach used to support recruitment of members with relevant skills base. Proactive approach taken to encourage application from diverse backgrounds, development of strong governance culture verified through internal audit processes and external validation of self-evaluation procedures.
	Financial failure/operating loss. Inability to achieve a balanced budget.	4	3	12		Efficiency savings achieved through efficient and effective deployment of staff, effective cost control, all spend aligned to achievement of strategic aims and objectives. Lobbying regionally for share of regional funding that reflects actual learning and teaching delivered, lobbying nationally for increased funding for Highlands and Islands region to reflect on going increasing participation rates. Development of alternative income streams, SDS and apprenticeship family, bespoke provision, international summer schools, catering business and events management.
Inverness _27.xml	College estate not fit for purpose.	2	3	6		Space utilisation audits undertaken to support efficient use of the estate. Centralised timetabling to ensure efficient use of the estate. Twilight classes introduced to ease pressure on rooms. Collaborative projects pursued to create opportunities for growth that do not require estates development. Development work undertaken to maximise blended learning opportunities/use of VLE to reduce required face to face teaching.
Inverness _28.xml	Academic quality is sub standard	2	3	6		Achievement and maintenance of IiP Gold reflecting organisational commitment to staff, development and maintenance of attractive recognition and reward systems, alignment with national pay bargaining, investment in CPD and staff development, not least support for advanced degree study, development of research and scholarship scheme, encouragement of staff ERASMUS exchange participation. Effective, rigorous quality management systems, systematic monitoring and reporting on PI trends and external verification processes. Effective staff induction and effective observation of learning and teaching. Maintenance of higher levels of formal teacher training certification. Development of research teaching linkages, promotion of conference attendance and speaking. Excellent employer engagement. Formal monitoring of quality of the student experience through the Learning and Teaching Committee of the Board of Management. Implementation of the Progressive Academic Struture.
Inverness _29.xml	Poor Student Experience	2	2	4		Partnership approach in place to enhance the student experience evidenced by the Student Partnership Agreement, multi-faceted approach to student engagement and student feedback. Student feedback scores, trends and themes monitored systematically and inform action planning. Regional lobbying for capital funds to support the development of a students' union facility.

			r			AC10/10.18		1
	Institutional, personal and sensitive data and/or services are disrupted, corrupted, lost, stolen or misused through serious inappropriate usage of IT systems or data, by internal users of the university partnership or external actors.	3	4	12			Firewalls and proxy filters automatically updated regularly. Proactive internal and external NVT and external scanning for at risk devices. Anti-virus software deployed to all corporate devices. Wi-Fi BYOD on segregated VPN. WSUS servers in place for regular MS Windows updates. Use of Janet Security advice service and UHIHelpdesk issues alerts for known attacks. UHI IT security group formed to share intelligence and react to published alerts. OpenDNS applied to cache filtering with added protection functionality against botnet, malware etc Real IP address ranges reduced. Out of hours password reset enabled.	
Inverness _31.xml	Research outputs are sub standard	3	2	6			Significant college annual investment in research to support development of research institutes and research embedded in the curriculum. Research and scholarship fund established to encourage further staff engagement in the research agenda. Support for staff through staff development fund to attend and speak at conferences. Dedicated research posts created. Proactive targeting of grant funding to support research activity. Staff encouraged to seek financial support for activity through relevant available UHI funds.	
Inverness _32.xml	A serious incident in the college residencies, including anti-social or illegal behaviour.			0	0		law enforcement action including surveillance, engagement with wider campus to ensure intelligence led policing and security, consistent incident and disclosure recording and reporting protocols.	

ensive action plan with detailed tasks is reviewed on a asis by the Data Protection Committee.

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

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

#### LIKELIHOOD CRITERI/ TIMESCALE 3 YEARS

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



# **Board of Management**

Subject/Title:	Health and Safety Report Quarter 2 2018-19
Author: [Name and Job title]	Richie Hart, Health and Safety Manager
Meeting:	Audit Committee
Meeting Date:	26 February 2019
Date Paper prepared:	15 February 2019
Brief Summary of the paper:	To provide the Audit Committee with a quarterly report on matters pertaining to health and safety
Action requested: [Approval, recommendation, discussion, noting]	Discussion
Link to Strategy: Please highlight how the paper links to, or assists with:: • compliance • partnership services • risk management • strategic plan • new opportunity/change	The law requires us as employers to monitor and review arrangements for how we are managing occupational safety and health (OSH). This paper forms part of the review process.
Resource implications:	No If yes, please specify:
Risk implications:	No <b>If yes, please specify:</b> Operational: Organisational:
Equality and Diversity implications:	No If yes, please specify:
<b>Consultation:</b> [staff, students, UHI & Partners, External] and provide detail	

<b>Status –</b> [Confidential/Non confidential]	Non Confidential				
Freedom of Information Can this paper be included in "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 the commercial interests of any person or organisation (S33)	Its disclosure would constitute a breach of confidence actionable in court (S36)
Its disclosure would constitute a breach of the Data Protection Act (S38)	Other (please give further details)
For how long must the paper be withheld? (express either as the time which needs to pass or a condition which needs to be met.)	

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

http://www.itspublicknowledge.info/web/FILES/Public Interest Test.pdf

# Health and Safety Report Quarter 2 2018-19

### **Executive summary**

During Q2 of 2018-19 the number of incidents reported through SHE in comparison with the same point last year has decreased by 18% from 99 to 75.

There has been a decrease in incidents involving students by 30% as highlighted in the incident summary sheet below.

There were a couple of incidents recorded where it was found that students had not been wearing PPE for the tasks they were involved in. The concern is that the wearing of PPE is not being properly enforced.

As a result of this the H&S Manager has distributed a PPE requirements information sheet to PD&M's to cascade amongst their staff. The purpose of this is to remind staff that they need to be leading by example and any students that are continuously breaking the rules, should be taken through the disciplinary process.

### RIDDOR

There have been 0 reportable incidents during quarter 2.

#### **Other Significant incidents**

- Eye injury A small fragment of material (Slag from welding) entered student's eye. The student had been chipping the slag off a completed weld. Upon investigation it was discovered that the student was not wearing protective eyewear that was provided. He was sent to A&E for further investigation and returned to College later that day with no ill effects. As a result of this injury actions were agreed between the PDM and the H&S Manager. This included the PDM taking this up formally with staff at an internal meeting, the incident was discussed with a specific focus on the lecturing staff enforcing that PPE, where stipulated, is worn by the students and following through on incidents where this is not adhered to. The H&S Manager has also requested through the PDM that the lecturers use the Safetyhub video training programme 'The prevention of Eye Injuries' with the students. The H and S Manager has also undertaken to do spot checks to ensure that staff and students are following the correct procedures.
- Spillage of cooking oil in goods yard Upon trying to dispose of waste cooking oil to the drums in the goods yard, some of the oil was spilt on the ground. It was cleaned up however it raised some issues with regards to the transfer and storage of waste cooking oil. At present, the oil is drained into large pans and then transported down to the goods yard where it is then tipped into larger waste oil containers. This current method is far from ideal and actions have been put in place to improve this practice. A meeting was held with the Estates Supervisor, the H&S Manager and the Food and Beverages Manager. The cost of a bespoke piece of equipment for draining the oil and transferring is in excess of £2000. As a consequence, the H&S Manager discussed the issue with the Engineering department who have agreed to manufacture a similar piece of equipment. This was completed mid-February.

## Accident/Incident/Near miss Reporting QTR 2

Accident/Incident/Near miss Reporting QTR 2 Summary Sheet							
	•	Q2 2017-18	Q2 2018-19				
No. of reports		92	60				
Quarter 2 Incident	Minor	Moderate	Major				
Severity	56	4	0				
Incidents by Locality		Total					
Inverness Campus		40					
SSOF		2					
Nursery		17					
Other	1						
Who was involved	Q2	2017-18	Q2 2018-19				
Student		36	25				
Staff Member		11	5				
Member of the public		2	0				
Child		31	18				
Not Set		10	12				
Other		2	=				
Type of Incident		Total					
UE (Undesired Event/Near	Miss)	31					
Property Damage		4					
Theft		1					
First Aid Case		17					
MTC (medical treatment C	ase)	7					
Definitions:							

• First Aid case - An injury for which an injured person requires treatment by a First Aider and returns to full duties

• **Medical treatment case** - is an injured or sick person who requires treatment (more than First Aid) from a professional physician or qualified paramedic

• Undesirable Event/Near miss – An event during which injury, ill health, loss of equipment/asset or death could have occurred, but didn't actually occur.

#### H&S Management System – Update

We have recently renewed our contract with SHE. Since its implementation we have seen increased incident reporting and more importantly engagement with staff using the system. There is an ongoing process in terms of providing training to new and existing users, but the progress has been great. However we are not complacent and are still re-enforcing the importance of incident reporting as a means of mitigating risk. While this is a college wide campaign, we are particularly focussing on areas such as catering and forestry.

One thing that has been highlighted recently through the system, is the need for further training for staff in risk assessment. Where improvements have been identified the Health and Safety Manager has been assigning further training (through Safetyhub) and providing feedback.

Internal audits on risk assessment and risk control are continuing. Completed thus far:

- Forestry
- Welding and Fabrication
- Hospitality/Professional Cookery
- Construction Machine shop (report attached as Appendix 2)

Two actions from the construction audit remain open and are still under investigation. This is being progressed through Estates and GTFM. These actions are:

- Investigate extraction, its suitability and positioning (The positioning of the extract units is impacting the students work area causing an impact risk)
- Investigate extraction units in workshops.

Scheduled next

• Electrical Installation – Week beginning Feb 18th

Course name	Number of users	Not started	Still in progress	Completed	Incomplete
Bomb Threats	9	5	0	4	0
CPR - Cardiopulmonary Resuscitation	3	0	0	3	0
Cuts and Bleeding	3	0	0	3	0
Display Screen Equipment	351	109	7	235	0
Fire Extinguishers	52	14	1	37	0
Fire Safety Awareness	350	57	5	288	0
Office Fire Management	22	4	0	18	0
PPE - An Introduction	5	1	0	4	0
Preventing Slips Trips and Falls	4	0	0	4	0
Principles of Safe Lifting and Carrying	5	2	0	3	0
Risk Assessment Fundamentals	16	8	0	8	0
Safe Manual Handling	22	4	0	18	0
Safety Essentials	4	2	0	2	0
The Safe Use of Ladders	8	3	0	5	0
Understanding Hazards and Risks	3	2	0	1	0

## Health and Safety Training

There has been a delay in assigning the driving safely at work course. The H&S Manager and the Professional Development team are currently working through the approved drivers list which has required updating.

#### **Fire Management**

There have been no alarm activations this quarter in any of our campuses. We are scheduling them in for quarter 4 in the event that we do not have a fire evacuation in Quarter 3.

The majority of the actions that were identified during the new fire risk assessments have been completed.

Actions that remain include:

- Purchase of more Fire Action Notices. These have been purchased and we are awaiting delivery
- Updating electrical installation testing of E Block at Forestry This is due for completion before the end of March.
- Some updates to the Fire Management Procedure This is being reviewed for Scrutiny, due the end of February.

#### **First Aid**

In reference to the terms of Circular STS 05/18 – Support Staff Pay and Terms Agreement 2018-2020, First Aid allowance will be paid in line with the first aid agreement, and will rise to £41.66 per month. As part of our commitment to continuous improvement we want to ensure that nominated fist aiders are equipped to deal with incidents of a mental health nature should they arise. It is well documented that anxiety and panic attacks amongst students are on the increase, therefore training will help build confidence in dealing with such incidents. Formal training will be organised and the aim is to have all first aider's complete mental health first aid training within 3 years

# Appendix 1 H&S Stats



# Incident Record - Date Range - Who Was Involved





Incident Record - Date Range - Locality

Incident Record - Date Range - Unit/Department



Incident Sub Type	Nov 18	Dec 18	Jan 18
Not Set	2	3	1
Contact With Sharp Object	0	2	2
Lifting and handling injuries	0	0	1
Slip, trip fall on same level	2	6	4
Struck against	5	1	0
Overexertion/strain	0	0	4
Contact With Hot Surface	1	0	0
Exposed to harmful substance	1	0	0
Struck by moving, flying or falling object	1	0	0
Personal items	0	1	0
Damage to college property	0	1	0
Damage to personal items	0	2	1
General sickness	0	3	1
Bitten	1	1	0
Object in eye	0	1	2
Fire alarm activation	1	0	0
Other	1	1	6
Dangerous driving	0	1	0

# Inverness College UHI

Health and Safety Management Profile (HASMAP) Audit 2018 Internal Audit Report No: 2018/04/Carpentry & Joinery

Draft Issued: 28/11/2018

#### Page No.

#### Section 1 Management Summary

•	Introduction and Background	1
•	Scope of the Audit	1
•	Objectives of the Audit	1
•	Audit Approach	2
•	Action Plan	2
•	Overall Conclusion	2
•	Overall Report Grade	3
•	Summary of Main Findings and Recommendations	3 - 4
٠	Acknowledgements	4

## Section 2 Main Report – Indicator Summary's

• D: Risk Assessment and Risk Control

#### Section 3 Action Plan

#### Introduction and Background

Higher Education is a diverse and complex sector in which each institution has its own list of workplace hazards and risks that it must manage. This so-called Risk Profile sits on a continuum, one end of which represents relatively straightforward 'office' hazards and the other end includes a variety of complex and Highrisk activities. No matter where an institution sits on this continuum, it has a duty to manage workplace hazards and their associated risks. The efficient adoption of a systematic and robust approach to the discharge of this duty is the motivation behind HASMAP. HASMAP (Health and Safety Management Profile) is a management standard developed for use in Higher Education Institutions (HEI) by the Universities Safety & Health Association (USHA) and has been accepted by the Universities and Colleges Employers Association (UCEA) as a valid scheme for measuring health and safety management performance in the Higher Education sector. The 2015 HASMAP standard has been put together in such a way as to offer a robust and efficient system for the management of health and safety, with the specific aim of providing the flexibility to allow it to be used across the sector. At its heart HASMAP is a description of how health and safety can be managed and maps to the third edition of HSG65 (the HSE's guidance on managing health and safety) and UCEA/USHA 'Leadership and Management of Health and Safety for Higher Education Institutions'.

The description is not prescriptive, as it does not state that you must do 'this' or 'that', rather it is expressed as a series of questions. This allows the standard itself to be flexible in meeting individual needs and has been adopted as an audit tool for the College.

#### Scope of the Audit

The HASMAP standard is divided into modules called 'indicators' each of which maps to HSG65's Plan, Do, Check, Act'. Each indicator is divided into themes to provide a clear structure. By deploying this audit tool, we are effectively carrying out a 'gap' analysis as we go. Recommendations arising from the audit will then steer towards the management standard by stealth. Systems are grown in via the audit recommendations.

#### **Objectives of the Audit**

The main objective of this audit was to review carpentry and joinery area of the Construction Technology department risk assessment and risk control element utilising the HASMAP audit toolkit, to find out what works and what doesn't.

#### Levels of Assurance

The purpose of a Health and Safety audit is to provide assurance to the controlling minds of the College, that health and safety is being adequately managed. HASMAP has been constructed in such a way that evidence gathered during the audit can be assessed in order to give one of three levels of assurance. As the College improves and embeds the way it manages Health and Safety, then the levels of assurance should move from basic, to substantial, to high.

Basic Assurance	Substantial Assurance	Hign Assurance	External Accreditation
The basic architecture of a health and safety management system is in place, however if effectiveness in identifying and controlling risk is limited. The health and safety management system is not fully embedded within the institution.	A structured and systematic approach has been taken to the management of health and safety. The health and safety management system is robust in delivering effective control of risk. The health and safety management system is fully embedded within the institution.	The health and safety management system continues to evolve and respond effectively to the changing needs of the institution. Aspects of the health and safety management system have been extensively developed. Achieving a high level of assurance across all areas of the health and safety management system is an important step for any institution seeking external verification to a recognised standard.	Route map and guidance to progress to BS OHSAS 18001 (ISO 45001) if desired.
Level 1/2	Level 3	Level 4	Comparison with HASMAP 2007 levels

If all standards are met for a specific assurance level, then that level is assigned as fully met in the resulting profile. If not, then assurance is recorded as partially met. For a basic level of assurance to be given, the minimum legal requirements should be met. Therefore, we are looking to check that people, who need to 'Do' Health and Safety, are doing it properly. As the level of assurance increases, the quality of the systems supporting and driving Health and Safety improves. A substantial or high-level assurance correlates to increasing robustness and consistency of systems (which are described in question form on the indicator sheets). An important point to note is that each level incorporates the preceding level, such that substantial cannot be awarded until all the elements under basic have been achieved. As the auditor, I have made the judgement based on the evidence provided.

#### Audit Approach

The HASMAP indicators are grouped under the 'Plan, Do, Check, Act' headings described in HSG65, so they each representing important aspect of the way Health and Safety is managed. The audit was carried out with David MacLennan (Technician for Construction). The main areas looked at were the machine shop and construction workrooms

### **D: Risk Assessment and Risk control - Findings**

This indicator is intended to allow exploring of the structure and systems which the College has in place for the assessment of and control of risk'

#### D10: Hazard and risk register Positive findings

- Lecturers/Technicians within the department can clearly identify relevant hazards present in the workplace
- The control of risk is proportional with their significance

#### D10: Hazard and risk register Opportunities for improvement

• All activities that are risk assessed to be compiled into a risk register. Risk assessments have been compiled on SHE and to be included into College risk register by H&S Manager

• PDM for department and technician have licence for SHE and are encouraged to use the system to record any new risk assessments and any actions required. Further training if required can be arranged by H&S Manager

# D11: Arrangements for risk assessment

## Positive findings

- · Procedures exist for the assessment of risk
- A formal methodology exists for the assessment of risk
- Clear evidence of risk assessments being undertaken
- · Systems are in place to check that control measures are consistent with stipulated standards

#### **Opportunities for improvement**

 No formal training given to those who may be involved in risk assessment. H&S Manager to arrange through Safetyhub

# D12: Application of risk assessment arrangements Positive findings

- Sources of imminent danger/ill health have been risk assessed
  - Controls have been identified
- Staff and students are aware of workplace controls
- Persons at risk are identified in risk assessments
- · Specified controls are consistent with relevant standards and guidance
- Level of detail contained in risk assessments witnessed appear to be proportional to the level of risk associated with task

#### D12: Application of risk assessment arrangements Opportunities for improvement

- No formal training records for those who carry out risk assessments. Training will be arranged by H&S Manager
- Actions arising out of risk assessments can be logged on the SHE system and tracked till close out

### D13: Implementation of controls Positive findings

- Workplace controls implemented and effectively controlling sources of imminent danger
- Personal protective equipment stipulated as necessary is appropriate, available and in good condition
- Staff and students are aware of workplace controls that apply to them

#### D13: Implementation of controls Opportunities for improvement

• With regards to the machines in the machine shop, although this area, and in particular the use of machines is restricted it would be a good idea to have a list of authorised user beside each machine.

# Assurance level score

Indicator summary D: Risk assessment and control			
Theme	Basic assurance	Substantial assurance	High assurance
D10 Hazards and risk register	1/1	1/1	2/2
D11 Arrangements for risk			
assessment	1/1	3/3	2/3
D12 Application of arrangements	4/4	5/5	4/5
D13 Implementation of controls	4/4	2/2	1/2

#### **Overall Conclusion**

In terms of level of assurance I would say that the carpentry and joinery area, including the machine shop is providing a high level of assurance, albeit there were a couple of areas to improve on, mainly recording and carrying out of training for risk assessment and for recording actions.. The main thing to focus on is ensuring all risk assessments, safe systems of work etc. are kept up to date and reviewed on SHE system. Risk assessment process can also be logged on the system, allowing to track actions. Risk assessment training for staff can be arranged by the H&S Manager. With relation to the machine shop, which historically has a very good safety record, competent authorised user list should be put beside each machine. Any further training carried out on machines by technician should be documented using determined performance/knowledge criteria, and any new users added to authorised list. One area that was causing concern was the extract units in the workshop which are sticking out from the wall. These are in close proximity to the work benches and there have been several incidents noted where students have come into contact with the extract units. There has also been some concerns raised regarding the extraction in general and if it is 'fit for purpose. This will be escalated to the helpdesk to investigate and progress through with GTFM.

### **Action Plan**

This report sets out a detailed list of improvement actions, to progress through the levels of assurance. The recommendations have been graded to denote the level of importance that should be given to each one. These grading's are as follows:

Issue subjecting the organisation to material risk and which requires to be brought to the attention of management and the Audit Committee.
Issue subjecting the organisation to significant risk and which should be addressed by management.
Matters which if addressed will enhance efficiency and effectiveness.

Action	Priority	To be completed by	Responsible for action
1. Arrange Risk assessment training for construction staff	3		H&S Manager
2. Investigate extract units in workshops	3		H&S Manager/Estates/GTFM
3. Create authorised user list for machines in machine shop	3	Technician	
--	---	--------------------------	
4.Utilise SHE for recording of risk assessments and department actions	3	PDM/Technician	
5. Investigate extraction, its suitability and positioning	3	H&S Manager/Estates/GTFM	

# ITEM



# **Board of Management**

Subject/Title:	Public Bodies Climate Change Report
Author: [Name and Job title]	Martin Kerr, Estates and Campus Services Manager
Meeting:	Audit Committee
Meeting Date:	26 February 2019
Date Paper prepared:	13 February 2019
Brief Summary of the paper:	Outline of the actions being taken across the college to achieving carbon reduction, including projects as part of energy strategy: transport plan, energy management plan, waste management, capital projects and carbon management, and associated cross college projects.
Action requested: [Approval, recommendation, discussion, noting]	Discussion
Link to Strategy: Please highlight how the paper links to, or assists 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 If yes, please specify:
Risk implications:	Yes / No <b>If yes, please specify:</b> Operational: Organisational:
Equality and Diversity implications:	Yes/No If yes, please specify:
<b>Consultation:</b> [staff, students, UHI & Partners, External] and provide detail	

				ITEM 8
<b>Status –</b> [Confidential/Non confidential]	Non Confiden	ntial		
<b>Freedom of Information</b> Can this paper be included in "open" business* [Yes/No]	Yes			
*If a paper should <b>not</b> be inclue	ded within "ope	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 the commercial interests of any person or organisation (S33)			Its disclosure would constitute a breach of confidence actionable in court (S36)	
Its disclosure would constitute a breach of the Data Protection Act (S38)		Other (please give further details)		
For how long must the paper b either as the time which needs which needs to be met.)				L

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

# **Public Bodies Climate Change Report**

# Background

The UK government through Kyoto commitments has identified the public sector as a key stakeholder group in delivering carbon reduction across the UK. The Carbon Management programme is designed in response to this. It assists organisations in saving money on energy and putting it to good use in other areas, whilst making a positive contribution to the environment by lowering overall carbon emissions. The Carbon Trust are very proud to support Inverness College in our on-going implementation of the carbon management plan.

#### **ICUHI Energy Strategy**

Topic area	Name of document	Time period covered	Comments
Adaptation	SSF Tractor shed Refurbishment	3 months	Partial completion, completion certificate March 2019.
Staff and Student Travel Plan	Car Share, Cycle friendly campus	3 years	Policy Document, focus on active transport
Energy efficiency	Summer / Winter loading initiative.	5 years	Facility system management
Fleet transport	Mini bus / fleet cars transferee to Electric	2 years	Fleet due to change October 2019
Information and communication technology	Video Conference	Ongoing	Well established within academic structure.
Renewable energy	Generation systems		No generation systems planned.
Sustainable/renewable heat	Biomass / Ground source pump	Ongoing	GTFM Asset management and lifecycle plan.
Waste management	Waste Reduction Plan	2 year	10% reduction & 95% recycling of waste by 2020
Water and sewerage	Rain capture nursery	3 year	Productive Garden Project
Compressed Air Management	Summer switch off	2 year	System management and system survey
Land Use	Productive Garden	5 year	Community project
Other (state topic area covered in comments)	UHI Environmental & Sustainability group	2 year	UHI wide directive – 2018 focus on paper use reduction

The following sets out the plans, actions and College targets.

# Current Live Projects

#### Energy management Plan.

The college loadings on gas and electricity have been reviewed and actions that could be implemented to reduce carbon foot print. The following actions have progressed and are being reviewed by the Campus Technical team including GTFM:

Actions:

- Gas loading review of gas use within all facilities. On review it was identified that our largest gas user was the main campus BMS system.
  - Frost protection system override of BMS system System reconfigured to reduce override on cold mornings implementation date: April 2018. Initial monitoring showing positive results.
- Atrium underfloor heating switch off during summer months. June Oct 2018
- Atrium rotary door maintained in winter mode all year, draft reduction Nov 2017
- Goods inwards door management completion date Dec 2018 Estates
- Room management Blind being closed to prevent heat build-up in south facing rooms/window management. implemented May 2018.
- Biomass loading at Scottish School of Forestry (SSF). Biomass system switch off during summer outage to reduce energy and chip consumption. Implemented June – Sep 2018
- GTFM to review more efficient chip technology Target Date Feb 2019 GTFM.
- Review of college heating management systems within SSF outbuildings Target April 2019 GTFM.
- Compressed air System usage review, compressed air surveys June 2019 GTFM.
  - SSF boot clean compressor switch off, at night and summer implemented June – Sept 2018
  - Campus main compressor switch off during summer outage implemented June – Sep 2018.
- Lighting LED replacement campaign in carpark On going GTFM
- Review of Joinery extraction speed reduction Target Date Feb 2019 GTFM.

- Building Management System Planned Preventative Maintenance efficiency review GTFM July 2018.
- Lighting management switch off policy July 2017
- PC management policy July 2017
- Longman electrical supply capability reduction May 2018

The Campus and Estates Manager and FM provider undertake a weekly site audit to monitor compliance and other opportunities. All actions are added to Estates/FM HelpDesk or Campus Technical meeting.

#### Transport Plan

The Carbon Management Plan team have reviewed our current transport plan with the finance and procurement departments to ensure we are assessing the full impact of all our transport options.

Actions:

- Review of estates transport and consideration of electric hybrid vehicles.- On hold to October 2019
- Green/ active travel plan hire, pool car, car sharing use of public transport. Ongoing Finance / Estates and ICOA campus active travel group.
- Electrical charging point on campus Target Date April 2019 to install GTFM
- Cycle Friendly Campus Project. Successful bid for hire bikes through Edinburgh University for use on campus, successful bid for expansion and updating of bike storage area. The purchase of both hybrid and electrical bicycles for staff to utilise for local journeys between sites is also subject to a funding bid.— Currently awaiting funding approval for successful bike storage bid. Capital project to follow from planning to installation. Target completion July 2019
- Car share IConnect initiative internal staff travel share platform to be expanded for a bespoke student resource. By August 2019

#### Waste Management

In July 2018 a new waste reduction initiative was launched to improve waste management. Our target by 2020, is to reduce personal waste by 10% for every student and staff member as well as achieving 95% waste recycling.

A two year waste reduction plan was agreed by SMT in December 2018. Attached to this paper at appendix 1.

Actions:

- Procurement of new waste management provider achieved. Northern recycling are now actively working in partnership with us on waste reduction initiatives
- Green week waste awareness complete, atrium display to raise awareness including involvement form students Oct 2018.
- Waste stream mapping within facilities complete Sept- Oct 2018, all catering utensils, bowls cups etc made from fully compostable materials.
- New segregation equipment and new waste recycling stations at all canteens complete Sept 2018.
- Working with local campaign groups to look at alternative waste management systems for example, 'Drastic Plastic' Nov 2018.
- Developing awareness within the campus through initiatives such as Recycle art, poster competitions, Love Food Hate Waste workshops.
- UHI Environmental & Sustainability Group Student led working group with an aim to support the improvement in environmental sustainability and therefore lessening the environmental impact of the University and its Academic Partners. It will serve as a forum to help develop understanding, identify opportunities for improvement and explore how best to engage students and staff to promote more sustainable behaviours and practice. Current focus of this group is paper reduction within UHI. The next meeting of the group is scheduled in January 2019

#### Capital Projects and Carbon Management

In 2018/19 academic year the key capital project is the refurbishment of SSF tractor shed. The objective was to reconfigure this poor energy efficient tractor shed into a more useful energy efficient space that could be utilised for academic activities in-line with current curriculum expansion plans. This entailed the removal of asbestos sheeting and old lighting systems. Installation of insulated cladding to roof and all walls, replacement of old steel door to insulated large tractor door with integrated pedestrian door. New inferred heating and low energy lighting installed with occupancy sensors. This space is now available to undertake academic studies that will combine our forestry sustainability projects and construction academic studies.

Feasibility studies are ongoing regarding E block and the chip store at the Scottish School of Forestry.

#### Productive Garden

A small LEAD project group sponsored by our Head of Research Development have been developing plans for a fully sustainable productive garden towards the front the main campus. In response to interest from HIE planners and the need for developers on the Inverness Campus Site to have fully developed Community Benefit plans to support their developments. Our project group has pitched to Robertson Construction who have agreed to support the college with top soil and construction of the new plinth for the bike shed. Further support for funding of the projects has been progressed.





# **Inverness College UHI Waste Reduction Plan** 2019/2020





University of the Highlands and Islands Inverness College

# Waste Reduction Plan

# **Executive Summary**

Inverness College UHI has already embarked on the journey towards a more sustainable approach to waste reduction throughout the College facilities. As recycling rates continue to rise, volumes of waste being sent to landfill are declining, and as a society, we are increasingly aware of the environmental impact of our activities and actions.

Following on from the success of our short term waste reduction strategy (Jul 18-Dec 18), the College will focus on waste initiatives over academic years 2018/19 to 2019/20.

With sustainability and waste reduction being high on the Scottish Government Public Sector agenda, Inverness College UHI has recognised that it requires a culture change in both staff and students in order to embed and drive sustainability to the forefront of our decision making.

The College progressed a short term plan which has brought many successes. Awareness has been raised through the introduction of our first 'Waste Challenge' event which took place in October 2018. The event's was on educating staff and students on waste management, reducing our carbon footprint and creating a cleaner and healthier College environment. This strategy builds on this work and creates a longer term commitment and plan for sustainability going forward.

The initiatives proposed also align with the Scottish Government and Zero Waste Scotland objectives – <u>https://www2.gov.scot/Topics/Environment/SustainableDevelopment</u> <u>https://www.zerowastescotland.org.uk/search/node/sustainability</u>

In addition and as part of the wider UHI community, Inverness College is actively working towards a healthy university and a safe campus for both students, staff and the public.

# Mission Statement – What makes us Inverness College UHI?

Through strong leadership, we will promote sound environmentally, sustainable and cost effective practices through an integrated system of waste reduction, reuse, recycling, innovative technology, supply chain management and education, whilst supporting a healthy and safe campus for our students and staff.

Inverness College UHI will reduce waste by 10% per staff member and student leading to recycle 95% of the remaining waste and 5% to landfill. This will create a sustainable and efficient environment that forms part of the College Carbon Management Plan. The main objective is to make the College aspirations a reality on waste reduction by using a three-pronged approach strategy involving –

- (1) Students
- (2) Staff and
- (3) Students and Staff (working together initiative).

# **Our Vision**

Our vision and ethos is to enhance the student and staff experience at Inverness College UHI by acting responsibly in protecting our environment. This will be achieved through educating and promoting the importance of managing waste and the consequences of not managing waste. As a learning environment, Inverness College UHI understands its leadership role and responsibility in influencing and impacting on the way people view waste reduction and recycling.

The strategy is aimed at everyone linked to the College, staff, students, visitors and stakeholders. The intended outcome being a more efficient, healthier, sustainable environment which also impacts positively on our wider environment.

# Sustainable Development Goals

The College will use a 4 step process to ensure successful delivery of the strategy.

- > 1: Set organisational priorities
- > 2: Communicate, inform and educate
- > 3: Integrate into core business and governance
- ➤ 4: Report progress

# 1. Set Organisational Priorities

The following priorities for Inverness College UHI have been identified and specific plans are to be developed covering;

- Development of a Waste Prevention Programme for all waste, ensuring the prevention and reuse of waste is central to all our actions and policies;
- Landfill bans for specific waste types therefore reducing our greenhouse gas emissions and capturing the revalue from these resources;
- Separate collections of specific waste types, including food, to avoid contaminating other materials, increasing reuse and recycling opportunities and contributing to our renewable energy targets;
- Achievement and reporting of two new targets that will apply to all waste: 95 per cent recycled, and a maximum of 5 per cent sent to landfill, both by end 2020;
- Embedding a culture of good practice, working together to create effective and efficient waste management services that benefit the campus;
- Produce and create education material on waste sources, types and preferred outcomes;
- > Embed a process for highlighting further economic and environmental opportunities;
- Measure the carbon impacts of waste to prioritise the recycling of resources which offer the greatest environmental and climate change outcomes;

To achieve the objectives the College will use the waste hierarchy tool, this is now generally accepted globally as the appropriate policy framework to guide activities. There are many finer layers of the pyramid – refuse, re-use, recover, waste to energy etc. and Inverness College UHI will investigate the preventative elements of reduce and recycle in the most cost-effective ways. These can deliver significant savings to the collection and disposal elements if they are well supported from Senior Management. For example -



# **Reasons for taking Environmental Action**

As detailed in the diagram below Inverness College UHI will consider commercial, regulatory and reputational reasons in the decision making process.



# 2. Communicate, inform and educate

A Core Team (Green Team) has been identified and will carry out research and consult with staff, students, the supply chain and support organisations to create a clear communication plan. The core team is responsible for making an impact through leadership and delegating roles and activities to sub-groups.

The following steps will be implemented to engage with stakeholders,

- ➤ 1: Establish aims and objectives
- > 2: Key campaign messages via the marketing team
- > 3: Communication channels and activities (include via staff and student inductions)
- ➤ 4: Budget and timescale
- > 5: Monitoring and evaluation (if you can't measure it, you can't improve it)

#### Communications - National Campaigns

The following national campaigns will be endorsed and promoted by the College;

- Big energy saving week
- > Pass it on week
- ➤ Waste Week 2019
- > Earth hour
- Climate Change Week

#### Communications - Internal College Events 2019 & 2020

- ➢ Green Week
- Waste Reduction Month
- > Healthy Campus Week
- Love Food Hate Waste
- > Communications via the College Marketing team

# 3. Integrate into Core Business and Governance

There will be vast opportunities for people to contribute ideas to support the strategy, enabling benefits to be economically and environmentally long lasting whilst enhancing the reputation of the College within the private and public sector as a sustainability leader.

#### **College Tender Activities**

For the success of the waste reduction strategy it is imperative that we work not only with our internal stakeholders but also our supply chain. The College will embed sound ethical, social and environmental policies within our procurement activities and comply with the Sustainable Procurement Duty.

Before carrying out a regulated procurement exercise, the College will consider how in conducting the procurement process it can -

- Promote the College Corporate Social Responsibility (CSR)
- Promote Sustainable Procurement Duty including; Improve the economic, social, and environmental wellbeing of the College area and facilitate the involvement of small and medium enterprises, third sector bodies and supported businesses in the process.

Promote innovation within procurement tender exercises with a view to securing such improvements identified as a result of good specifications

- Build-in Whole Life Costings where applicable
- > Duty of Care towards Contractor Waste Management
- Promote and measure Fair Work Practices

#### Low Carbon Procurement

In support of our Low Carbon Economy Programme, Inverness College UHI will produce scopes of works that make provision for low carbon solutions, specifically across our ICT, Catering, Estates and Fleet Management requirements.

#### Cost Savings and Cost Avoidance Opportunities

Procurement will work with the supply chain to drive sustainability linked cost savings and cost avoidance opportunities. These savings will allow reinvestment in other College initiatives. For example, Inverness College UHI is working to reduce paper usage on campus and targeting a printing and paper reduction of 20%

#### Special Projects & Innovation Ideas

The following projects will be investigated and implemented where applicable;

- > ECO-School, ELCC, promoting child engagement via interactive workshops
- Printing & Paper Reduction
- Scottish School of Forestry Project (Staff & Students)
- ELCC-Nursery Project (Staff & Children)
- > Focus on education and communication, working in partnership with students, and
- Student-led Project and fully managed 100% by students (Still to be identified) and incorporate as part of the new Duke of Edinburgh's award scheme

#### Community Benefit Projects

- > Inverness Campus Developments, Solasta House, and contractor engagement
- Productive Garden
- > Cycling without age programme and facilities linked into the cycle friendly campus
- Sports Pitch Development, Inverness Campus
- Seek the assistance from staff and students at the College to volunteer their time to work on a special project(s) working aligned with community benefits and the new Duke of Edinburgh's award
- ➤ Work with the UHI Science, Technology, Engineering and Math's (STEM)
- ➤ Work with ICOA, HIE and the Highland Council on joint projects
- Equality and Diversity, all projects will be open for those who are interested in joining.

#### Potential Future Research Projects

- Renewable Energy
- Energy Capture
- Wind Turbines

#### Working Collaboratively

The intention is that Inverness College UHI will share its waste reduction methods and successes with the wider UHI Partnership.

Inverness College UHI will also look at working closely with other organisations such as, Scottish Government, Zero Waste Scotland, Resource Efficient Scotland, Electronics Watch Sustrans (National Cycle Network) and Keep Scotland Beautiful etc.

With Inverness College UHI welcoming International Students the Waste Reduction Initiative Campaign will be extended for these students to join in and also to exchange what happens at their Colleges and also any innovational ideas they can offer Inverness College.

# 4. Report Progress

Progress and activities will be presented to SMT on a quarterly basis to gain approval and support. Monthly progress reports will also be presented to Manager's, Operational, Research and Academic Group (MORAG) which will then be cascaded to staff and students.

The following KPI's will be used to report on strategy targets;

- ➤ Waste Forecast (Q1–Q4/2019 to Q1-Q4/2020) based on 2018 statistics
- > Waste Acceptance Criteria
- ➤ Purchasing, Supply → Demand Profiling (historic → future)
- Measuring Food Waste
- Number of staff and student inductions
- Consultation & Learn from others
- Internal Lessons Learnt

# Support Groups

Inverness College UHI is working with the following organisations in order to receive support and potential funding;

#### <u>Internal</u>

- ➢ UHI Continuous Improvement Group
- UHI Environment and Sustainability Group
- > The Highlands and Islands Students' Association (HISA)

#### <u>External</u>

- Scottish Government
- Zero Waste Scotland
- Resource Efficient Scotland
- Electronics Watch
- Sustrans (National Cycle Network)
- Keep Scotland Beautiful
- Energy Saving Trust
- ➢ Waste and Resources Action Programme (WRAP)
- ➢ High Efficiency Particulate Air (HEPA)

- > APUC Sustainable Leadership Group
- > Department for Environment, Food and Rural Affairs (DEFRA)
- Ethical Corporation
- > Drastic Plastic
- Scottish Natural Heritage
- Highlands and Islands Enterprise (HIE)

#### Next steps

The next steps is to draft a Environmental & Sustainability 5-Year Strategy through to 2023 and consult and request input from all the UHI Partners.

Widening participation, find out ways to get involved, including volunteering roles, development opportunities and practical advice and providing -

- Information for students
- Information for support staff
- Information for academic staff
- Information for senior management

We will also work together in a number of different social responsibility and sustainability areas covering but not limited to;

Stakeholder engagement	Responsible investment
Carbon Management	Research, learning and teaching
Climate change	Laboratories
Energy and water	Community engagement
Waste reduction	Laboratories
Reduce, reuse & recycle	Benchmarking and reporting
Sustainable food	Art from recycled waste
Sustainable travel	Fair employer, equality and diversity issues
Supply chains	Promoting a healthy and safe campus
Circular economy	Aim for recognition and awards
Education, teaching and learning for	
sustainable development	



# **Board of Management**

Subject/Title:	General Data Protection Regulation (GDPR) Compliance
Author: [Name and Job title]	Suzanne Stewart, Information Development Manager
Meeting:	Audit Committee
Meeting Date:	26 February 2019
Date Paper prepared:	4 February 2019
Brief Summary of the paper:	To update the committee on the GDPR points of compliance
Action requested: [Approval, recommendation, discussion, noting]	Discussion
Link to Strategy: Please highlight how the paper links to, or assists with:: • compliance • partnership services • risk management • strategic plan • new opportunity/change	To ensure that our practice is aligned with national, sector and/or industry recognised standards, that the college is legally compliant and continues to ensure that the systems and processes in place mitigate risk.
Resource implications:	No
Risk implications:	Yes, significant for organisation that do not comply with the regulations. ICO regulatory authority and enforcement authority with increased powers to fine those in serious breach. Financial and reputational.
Equality and Diversity implications:	No
<b>Consultation:</b> [staff, students, UHI & Partners, External] and provide detail	N/A

# ITEM 9

<b>Status –</b> [Confidential/Non confidential]	No			
<b>Freedom of Information</b> Can this paper be included in "open" business* [Yes/No]	Yes			
*If a paper should <b>not</b> be inclue	ded within "ope	en" 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)		
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Its disclosure would constitute a breach of the Data Protection Act (S38)		Other (please give further details)		
For how long must the paper b either as the time which needs which needs to be met.)				1

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

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

#### Background

In advance of the EU General Data Protection Regulation and the UK Data Protection Act 2018 coming in to effect on 25<sup>th</sup> May 2018, a plan of action was put in place to ensure the college's compliance with the new legislation.

Amongst other things, policies were updated and training was delivered to all staff. To ensure a culture of good GDPR compliance ongoing monitoring audit and improvement is critical post the legislation implementation date.

#### **Current Situation**

A primary aspect of the GDPR plan is Personal data registers. These have been submitted by departments and have been collated by the Data Protection Officer. These have been presented in a variety of formats and further awareness raising is needed in some areas to improve the understanding of the importance/purpose of the data register at departmental level.

Staff awareness of data protection matters generally has increased significantly and this has resulted in an increase of staff consulting the Data Protection Officer for advice and support and a significant increase in the reporting of data breaches.

#### Personal Data Registers – Auditing

The data registers were prioritised by area of risk.

Meetings have been progressed to provide feedback to all but the Finance area which is scheduled in the new year.

- Human Resources
- Student Records
- Business Solutions
- Finance

An audit schedule is now in place covering compliance activity up to the end of the academic year. Managing the personal data registers (at departmental level) is key to ensuring the college complies with its legal obligations in relation to data protection.

The target to complete the audits is June 2019.

#### **Incident Reporting**

There has been a significant increase in incident reporting this academic year as a result of increased staff awareness. Figures for academic year 2017/18 have been provided for comparison purposes.

Month	Aug	Sept	Oct	Nov	Dec	Jan	Total
Volume	2	2	2	6	Nil	2	14
Month	Feb	Mar	April	May	June	July	
Volume	2	1	1	1	5	Nil	10
							24

#### Academic Year 2017/18

# Categories

The following categories are used for recording breaches in information/data security:

CATEGORY	Total Incidents
Disclosed in Error	11
Technical/Procedural Failure	7
Lost in transit	
Non secure disposal	
Lost data/hardware	2
Stolen data/hardware	
Unauthorised access	3
Other	1
TOTAL	24

3 of the above data breaches were committed by a 3<sup>rd</sup> party organisation.

2 of the incidents were information security breaches (risk to IC or UHI system security)

# Examples of Disclosed in Error Incidents

- Report containing personal data was issued externally without seeking authority (content was not recognised as personal data)
- Email conversation between staff regarding named students, students later copied in to the communication and the email string was attached exposing the personal data of both students to each other.
- Email too many staff copied in to a communication that included personal information about a student that they didn't need to know
- Email Student feedback sent to the wrong student. Involved use of a template that wasn't saved as a blank.

# **Examples of Technical/Procedural Failure**

- A technical glitch enabled a staff members H drive contents to become visible to other staff.
- Student use of a multi-functional device (scanner/copier) and scanned some docs. The individual pressed the "Gmail" key instead of "email me" thinking the docs would be emailed to themselves. The docs were emailed to whomever had programmed in the Gmail account. This facility has now been removed from all the MDFs that are available to students
- Files containing personal data were sent via email without password protection. They were then sent to the wrong recipient.
- Individual with the same name as someone else in the network regularly receives emails for the other person.
- Staff member had withdrawn consent to the use of their image on email. The image subsequently became visible (all staff photos have since been removed as it turned out to be a quirk of Office 365)

#### **Unauthorised Access**

- Staff member caught reviewing CCTV footage without authority access to system changed
- Network login and password shared with a 3<sup>rd</sup> party who logged on to the UHI network to use the internet

#### 2018/19 Academic Year August-October

Month	Aug	Sept	Oct
Volume	5	6	7

CATEGORY	
Disclosed in Error	11
Technical/Procedural Failure	6
Lost in transit	
Non secure disposal	
Lost data/hardware	
Stolen data/hardware	
Unauthorised access	1
Other	
TOTAL	18

The above incidents have been mainly email related:

- Assessment feedback sent to the wrong student
- Email string continued in circulation and eventually a couple of students were copied in to the message. An earlier message in the string contained student data.
- Email sent to wrong recipient
- Email sent to student with same name as a staff member
- Additional people copied in to an email that contained personal data that they didn't need to know.
- Email to over 100 recipients and the BCC box was not used so all email addresses were exposed
- One Drive staff member saved student information in an area which was "shared with all". It meant it was visible to all One Drive users

#### Technical/Procedural Failure

- Personal became exposed due to technical failure. When a server was set back up it was configured with normal settings. Something should have been switched off and wasn't which exposed the data. The records should have not been stored in this location (which was the real root cause records management
- Procedures not followed (email related on 2 occasions)
- 1 incident recorded was not a data breach but security breach that related to room access.

#### ICO

One breach was reported to the ICO due to the sensitivity of the records that were exposed.

## Lessons Learned

Data breaches are not negative, they help us learn how and why things occasionally go wrong. In the main, most of the data breaches are due to trying to undertake work too quickly and therefor losing site on due care and attention. These examples are used during staff training as case studies which makes the training realistic and memorable.

Often, it's not the breach that is the issue, it is quite often the circumstances that led to the breach that create actions for the college to address.

The following are an example of actions that came out of the data breach that was recently reported to the ICO:

#### Curriculum Team

- Review content of the offending folder and move all files that do not fit in to the following category to the G drive: Teaching/reference materials, submitted student work
- Remove the ASN assessment files
- Undertake a data clean-up of the remaining files (delete all non-current student data, class lists, email addresses, spreadsheets containing module results etc.)
- Undertake some basic records management training (staff development day/Jan 2019)

# ICT Team

- Identify areas of the network that have been set up as file stores which are not part of the G or P drive (where shortcuts may be available via P for access purposes).
- Work with the Data Controller to review the file content of these areas to ensure there is no personal data and that security controls are appropriate to the content.
- Develop a procedure which includes a sign off process for individuals requiring separate storage area which outlines the purpose of the file store, type of records to be stored and the security arrangements for back up etc. Process needs to include a formal review if manager of file store changes.

# All Managers (includes Team Leaders and Programme Co-ordinators

- Review/identify all areas of the network where your department has a file store (review, G, P (staff & public), U and any other drive you have access to.
- Review and update (where necessary) departmental personal data register in line with current departmental file stores.
- Remove files containing student data that are not current.
- Undertake mandatory basic records management training (staff development day/Jan 2019)



# **Board of Management**

Subject/Title:	Annual Review of External Auditors Performance
Author: [Name and Job title]	Fiona Ambrose, Board Secretary
Meeting:	Audit Committee
Meeting Date:	Tuesday 26 February 2019
Date Paper prepared:	Monday 18 February 2019
Brief Summary of the paper:	It is good practice for the Audit Committee to undertake an annual review of the performance of the external auditors. The evaluation forms are attached
	It was agreed by the Committee in September 2018 when the last evaluation was undertaken, that the timescale should be more closely aligned to the completion of the annual accounts. Accordingly, the Committee is requested to evaluate the external auditor's performance for the year 2017-18, with particular reference to the annual accounts for the year ending 31 July 2018.
	These are the second set of accounts audited by Ernst and Young who were appointed by Audit Scotland to be the Colleges External Auditors in August 2016.
	Completion of the Audit Committee section of the evaluations will take place <b>at the meeting</b> as a group. The Director of Finance will bring her completed section to the meeting. The results of the evaluation will then be fed back to the auditors in writing following the meeting.
Action requested: [Approval, recommendation, discussion, noting]	The Committee is asked to complete the external auditor evaluation at the meeting.
Link to Strategy: Please highlight how the paper links to, or assists with:: • compliance • partnership services • risk management • strategic plan • new opportunity/change	
Resource implications:	Yes / No If yes, please specify:
Risk implications:	Yes / No

	<b>If yes, please spec</b> Operational: Organisational:	ify:
Equality and Diversity implications:	Yes/No If yes, please spec	ify:
<b>Consultation:</b> [staff, students, UHI & Partners, External] and provide detail	N/A	
<b>Status –</b> [Confidential/Non confidential]	Non confidential	
<b>Freedom of Information</b> Can this paper be included in "open" business* [Yes/No]	Yes	
*If a paper should <b>not</b> be inclu	ded within "open" bus	iness, please highlight below the reason.
Its disclosure would substantia prejudice a programme of rese		Its disclosure would substantially prejudice the effective conduct of public affairs (S30)
Its disclosure would substantia the commercial interests of any organisation (S33)		Its disclosure would constitute a breach of confidence actionable in court (S36)
Its disclosure would constitute of the Data Protection Act (S38		Other (please give further details)
For how long must the paper be either as the time which needs 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



#### External Audit Service Evaluation – 2017/18

#### Part A

Appointed Auditor: Questionnaire completed by: Date completed: Ernst & Young Audit Committee 26 February 2019

VG = very good
<b>G</b> = good, but with some scope for improvement
A = adequate
P= poor
N = don't know/ not applicable

1. T	he Auditor's interaction with the Audit Committee						
			F	Ratin	g		Comment
		VG	G	Α	Ρ	Ν	
1.1	<ul><li>Availability</li><li>Availability of/ access to senior audit staff.</li></ul>						
1.2	<ul> <li>Frequency of attendance of audit staff at Audit Committee meetings.</li> </ul>						
1.2	Accountability ■ Adequacy of (pre audit) discussion of work planned.						
	<ul> <li>Adequacy of (post audit) discussion of work actually carried out.</li> </ul>						
1.3	Quality of oral presentations to the Audit Committee						
	<ul> <li>Quality of presentations generally.</li> </ul>						

2. C	Overall view of service quality						
			R	Ratin	Comment		
		VG	G	Α	Ρ	Ν	
2.1	Overall, how do you rate the quality of the service provided by the auditor?						
2.2	How do you rate the 'value added' overall to the College by the auditor?						



# External Audit Service Evaluation – 2017/18

#### Part B

Appointed Auditor:	Ernst & Young
Questionnaire completed by:	Fiona Mustarde, Director of Finance
Date completed:	

Rating:	VG = very good
-	<b>G</b> = good, but with some scope for improvement
	A = adequate
	P= poor
	<b>N</b> = don't know/ not applicable

1. S	taffing & Working Relationships						
		Rating				Comment	
		VG	G	Α	Ρ	Ν	
1.1	In terms of their general ability and contribution to the audit, how do you rate the following categories of staff?						
	<ul> <li>Senior audit staff</li> </ul>						
	<ul> <li>Other audit staff</li> </ul>						
1.2	How do you rate the following categories of staff in terms of their understanding of Inverness College and the issues affecting it?						
	<ul> <li>Senior audit staff</li> </ul>						
	<ul> <li>Other audit staff</li> </ul>						
1.3	How would you rate the overall relationship with the external auditor?						

2. C	onsultation and Communication						
2.1	1 How do you rate the auditor's consultation and			Ratin	Comment		
	communication with you in relation to the following aspects of the audit?	VG	G	Α	Р	Ν	
	<ul> <li>Discussion of the content of the audit plan.</li> </ul>						
	<ul> <li>Focus on areas of risk.</li> </ul>						
	<ul> <li>Keeping you appraised of any significant issues arising during the audit year.</li> </ul>						
	<ul> <li>Discussing the audit fee.</li> </ul>						

3.1	Corporate Governance (including appraisal of systems How do you rate the following?	Rating					Comment
3.1	<ul> <li>How do you rate the following?</li> <li>The appropriateness and range of the external audit work carried out on systems of internal control.</li> <li>The significance of recommendations made by the auditor relative to the potential risks of control weaknesses and failures</li> <li>The degree of cooperation with internal audit to avoid duplication of effort and to ensure that effective and efficient use is made of the combined audit resource.</li> <li>The appropriateness of the reliance placed on the work of internal audit.</li> <li>The external auditor's review of the College's arrangements for preventing and detecting fraud and irregularity.</li> </ul>	VG	G	A	g P	N	Comment
	<ul> <li>The adequacy of the external auditor's coverage of standards of conduct, integrity and openness (for example, this might cover the College's arrangements for monitoring compliance with codes of conduct covering standards of behaviour).</li> </ul>						

4. A	udit of the Financial Statements		1	r	1	r	I
4.1	In relation to the audit of the financial statements, generally, how do you rate?	VG	G	A	Ρ	N	
	<ul> <li>The appropriateness of the range of work carried out by external audit.</li> </ul>						
	<ul> <li>The auditor's knowledge and understanding of the relevant financial reporting framework.</li> </ul>						
	<ul> <li>The relevance and value of issues raised by the auditor.</li> </ul>						

5. A	5. Audit Reporting						
5.1	In relation to <b>reports generally</b> how do you rate?	VG	G	A	Р	N	
	<ul> <li>The appropriateness of the volume of issues raised.</li> </ul>						
	The relevance and value of audit recommendations						
	The clarity with which issues are reported.						
	<ul> <li>The timeliness of reports.</li> </ul>						
	<ul> <li>The overall quality of reports.</li> </ul>						
5.2	In respect of the <b>annual audit report</b> specifically how do you rate?						
	<ul> <li>The extent to which the auditor provided an appropriate summary of the significant matters arising from the audit.</li> </ul>						
	The relevance of the content to Board members.						
	The clarity with which issues are reported.						
	<ul> <li>The timeliness of reporting.</li> </ul>						
	The overall quality of the report.						

Identify the three most positive aspects of the 2016/17 audit.

Identify what you consider would most improve the quality of the service provided by your auditor.

Comment Reference	Explanatory Comments



# **Board of Management**

Subject/Title:	Data Protection, Freedom of Information, Complaints and Public Interest Disclosure Annual Report
Author: [Name and Job title]	Suzanne Stewart, Information Development Manager Liz Cook, Quality Manager Fiona Ambrose, Board Secretary
Meeting:	Audit Committee
Meeting Date:	Tuesday 26 February 2019
Date Paper prepared:	Friday 15 February 2019
Brief Summary of the paper:	Annual reporting on Data Protection, FOI, Public Interest Disclosure and Complaints.
Action requested: [Approval, recommendation, discussion, noting]	For Noting
Link to Strategy: Please highlight how the paper links to, or assists with:: • compliance • partnership services • risk management • strategic plan • new opportunity/change	Compliance – FOI and DPA legislation and reporting requirements on quality.
Resource implications:	Yes / No If yes, please specify:
Risk implications:	Yes / No If yes, please specify: Operational: Organisational:
Equality and Diversity implications:	Yes/No If yes, please specify:
<b>Consultation:</b> [staff, students, UHI & Partners, External] and provide detail	N/A

# **ITEM 12**

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

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

# Data Protection, Freedom of Information, Complaints and Public Interest Disclosure Annual Report

# **Background information**

The purpose of this paper is to provide an annual report to the Audit Committee on activity relating to data protection, freedom of information, public interest disclosure and complaints at Inverness College UHI. The College is now required to provide quarterly statistics to the Information Commissioner on Data Protection and Freedom of Information based on the calendar year and this report provides information on the statistics gathered for the last three calendar years from 2016 for comparison purposes. The statistics on complaints relate to the last three academic years from 2016/17.

#### DATA PROTECTION

The College is registered as a Data Controller with the Information Commissioner's Office (ICO) and registration is renewed annually in February of each year. This is a legal requirement covered by the Data Protection (charges and information) Regulations 2018.

A section on Data Protection (how to make a Subject Access Request) has been available on the college website for approximately 8 years. Under current data protection legislation a request for personal data must be answered within a month. No charge can be made for responding to such requests.

During the period January-December 2018 a total of 31 requests were received. This is a considerable reduction from the past few years.

Statistics for the period Jan-Dec 2014-17 have been provided for comparison purposes.

# Breakdown of statistics by category:

Category			
	2016	20017	2018
Police	17	21	13
Solicitor	3	nil	nil
Employer/3rd Party	22	22	8
Individual	2	4	5
Public Agency	24	8	5
Total	68	54	31

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

#### Jan – Dec 2018

1-5 Days	6-10 Days	11- 15 Days	16-20 Days	21-40 Days	Over 40 Days
20	4	4	2	1	0

# FREEDOM OF INFORMATION

As a public authority, the College is required to comply with the Freedom of Information (Scotland) Act 2002.

#### Number of Freedom of Information requests received

Calendar year 2016	Calendar year 2017	Calendar year 2018
32	19	31

The number of requests received in 2018 compare with those received in 2016. The very low number of requests received in 2017 may, however, be repeated in 2019 as at the time of writing this report, no requests have been received.

#### Number of Environmental Regulations requests received

Calendar year 2016	Calendar year 2017	Calendar year 2018
1	0	0

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

#### Format of requests FOI and EIR requests

	2016	2017	2018
Letter	4	0	0
E Mail	29	19	31
Website	0	0	0

All requests were received and responded to by e mail.

#### Source of requests

	2016	2017	2018
Journalists	3	3	7
Own Staff	0	0	0
Commercial organisations	2	0	1
Campaigning groups	1	0	1
Trade unions	11	5	14
MP's/ Political parties	8	4	5
Members of the public	3	1	2
Other	0	0	1
Local Resident	0	1	0
Information not given	3	5	0
Own Students	2	0	0
	33	19	31

By far the greatest number of requests came from Trades Unions. 9 of the 14 requests were received from EIS, 3 from NUS and 2 from UNISON. The number received from EIS reflects the ongoing discussions on National Bargaining.

## Type of requests can de loosely defined as

	2016	2017	2018
Admissions	1	0	0
Commercial activities	0	0	1
Procurement Issues	1	0	1
HR and staffing issues	9	7	11
Teaching and Assessment	0	0	1
Estates and Buildings	7	1	0
Student issues and numbers	9	9	11
Management & Administration of the Institution	0	1	0
IT	2	0	0
Financial information	4		5
Other	0	1	1
		Marketing and communications	Query related to both staff and students – sexual misconduct / harassment

8 of the 11 requests on HR and staffing were from Trades Unions

5 of the 11 requests on student issues and numbers were from Trades Unions and 3 were from MP's / Political parties

The requests received on HR and staffing issues were on the following topics

- Zero hours contracts (2)
- Staff grades and salary conservation
- Paternity leave
- Modern apprentices
- External managers disciplinary process
- Stress management (2)
- Assaults on staff
- staff breaks paid or unpaid
- senior salaries

The requests received on HR and staffing issues were on the following topics

- Safeguarding
- Counselling services (2)
- Student homelessness

- Early years and education places
- Mandatory curses benefit sanctions
- Free sanitary provision
- Physical disability / access
- Dyslexia tests / costs
- Courses for under 16 year olds
- Student costs of graduating

#### **Response times – working days**

	1-5 days	6-10 days	11-15 days	16 – 20 days	Over 20 days	Withdrawn
2016	4	2	8	11	8	0
2017	3	4	7	2	1	2
2018	7	8	4	12	0	0

#### Average response times

	Number	Working days
2016	33	15.7
2017	19	11.59
2018	31	11.16

#### Fees

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

#### Reviews

The College did not receive any requests from the enquirer for a review.

#### **Publication Scheme**

Under the terms of the Freedom of Information (Scotland) Act 2002, Inverness College adopted and published the new model publication scheme for public authorities in 2013. A revised scheme was adopted in 2017 and it is available on the College website.

In March and April 2018, the Scottish Information Commissioner commissioned Craigforth, a social research and support company, to conduct a mystery shopper style audit of the Model Publication Scheme. The audit encompassed 71 authorities, including Inverness College UHI. The results were published in autumn 2018. The College fared very well in the audit, with the only key issue being that a "last updated" date should be shown on the Guide to Information. This is now a requirement for all authorities. The raw data from the audit can be accessed from the Scottish Information Commissioner's <u>website</u>.

## PUBLIC INTEREST DISCLOSURE

The Board of Management approved the Public Interest Disclosure policy on 9 June 2008. The policy has been reviewed in March 2012, November 2014 and February 2018.

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

There have been no instances of individuals seeking information under the Public Interest Disclosure (whistleblowing) legislation in the period from August 2010 to December 2018.

#### Complaints Annual Report 1st July 2017 – 30<sup>th</sup> June 2018



A total of 108 complaints were recorded by the Quality team between 1st July  $2017 - 30^{\text{th}}$  June 2018. This is an increase of 25 complaints compared to the previous year.





There has been a 47% increase in course related complaints from 2016-17, which relate to learning and teaching and course management.

## **Categories of Complaints**

Category	Complaints
Applications, Admissions,	8
Progression	
Customer Care	32
Course Related	40
Services	13
Facilities	14
Withdrawn	1

The most commonly reported complaint categories during 2017-18 were:

- Course Related
- Customer Care

# Complainant by Level of Delivery



The majority of complaints originated from HE students (63), FE students accounted for 36 complaints and 9 related to 'other' customers (e.g. parents, members of the public etc.).

#### **Complaint Outcomes**

Outcome	Complaints	
Not Upheld	30	
Partially Upheld	33	
Upheld	42	
Withdrawn	1	

It can be seen that 38% of the complaints made during 2017-18 were upheld, which represents a 13% increase from last year. 33% complaints have been partially upheld. This represents a 2% increase from last year. 2 complaints from 2017-18 have not been resolved.

# Learning from Complaints

Complaints often result in reviews of processes and procedures and they allow us to identify opportunities for staff development. Specific improvements are implemented at the time of a complaint where there is a clear resolution identified. For example:

- Verification of graduand data introduced prior to publication
- Finance and induction information communication has been reviewed

Curriculum and support teams use the outcomes from complaints as part of their evidence bank to inform their self-evaluation activities. The outcomes from complaints are also used to inform the decision regarding team selection for targeted intervention, where there are themes emerging.

#### SPSO Timescales Compliance

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

During 2017 - 18, the complaints timeline for Inverness College UHI was as follows:

- 53 resolved at Stage 1 dealt within 5 working days (average of 5 days)
- 37 resolved at Stage 2 dealt within the 20 working days requirement (average of 8.74 days)
- 15 complaints have exceeded the 20 working days requirement. This is largely due the complexity of the complaint, the investigation process spanning more than one department and the communication delay from the investigating officers to the Quality team.
- 1 complaint was withdrawn
- 2 complaints have yet to be resolved

One complaint was referred to SPSO regarding entry requirements to PGDE Education in 2017/18, specifically in relation to the Maths entry requirement which had been changed in the last academic year. SPSO found that the student was given the correct entry requirements for the course held in 2016/17. SPSO found UHI are entitled to change entry requirements for courses and did advise the student to check the website for updates before applying for the course. The SPSO decision was to not take the complaint forward. However following the complaint, the PGDE course team were advised to review the layout of their website to ensure that the 'Frequently Asked Questions' document is more easily identifiable.

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



# **Board of Management**

Subject/Title:	Briefing Note on the role of the Audit Committee in particular circumstances				
Author: [Name and Job title]	Fiona Mustarde, Director of Finance				
Meeting:	Audit Committee				
Meeting Date:	26 February 2019				
Date Paper prepared:	18 February 2019				
Brief Summary of the paper:	<ul> <li>A briefing note to outline the role of the Audit Committee in relation to:</li> <li>Fraud and corruption procedures</li> <li>External audit qualification of the financial statements</li> </ul>				
Action requested: [Approval, recommendation, discussion, noting]	Noting				
Link to Strategy: Please highlight how the paper links to, or assists with:: • compliance • partnership services • risk management • strategic plan • new opportunity/change	Risk Management – assists the Audit Committee by ensuring clarity of purpose in two particularly challenging scenarios.				
Resource implications:	No.				
Risk implications:	Yes If yes, please specify: Operational: clear procedures identified and followed Organisational: reputational risk of failure to adhere				
Equality and Diversity implications:	No				
<b>Consultation:</b> [staff, students, UHI & Partners, External] and provide detail	N/A				

# **ITEM 13**

<b>Status –</b> [Confidential/Non confidential]	Non-confidential				
<b>Freedom of Information</b> Can this paper be included in "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 the commercial interests of any person or organisation (S33)			Its disclosure would constitute a breach of confidence actionable in court (S36)		
Its disclosure would constitute a breach of the Data Protection Act (S38)			Other (please give further details)		
For how long must the paper be withheld? (express either as the time which needs to pass or a condition which needs to be met.)					

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# Briefing Note on the Role of the Audit Committee

#### Executive summary

This report provides two briefing notes for the Audit Committee members to aid their understanding of the role of the committee in two particular scenarios.

#### Background information

During the self-evaluation undertaken by Audit Committee members in 2018, committee members identified that they required clarity of the role of the committee in certain circumstances. The two particular areas identified are as follows:

- in relation to the institution's fraud and corruption procedures
- in the event of external audit qualifying the institution's financial statements

This briefing note has been prepared to provide Audit Committee members with further clarity on their role in these circumstances.

#### Accountability

Scottish Ministers task the Scottish Funding Council with holding boards to account for delivery of their policies and associated legal requirements, including adherence to the Financial Memorandum and the Scottish Public Finance Manual.

The Scottish Funding Council holds bodies in the college sector to account for their financial discipline and delivery of agreed outcomes, as well as the quality of education provided. As an assigned college, Inverness College UHI is accountable to UHI, its Regional Strategic Body.

Scottish Parliamentary Committees have a duty to hold Scottish Ministers to account and, as part of that role, they may from time to time seek information and evidence from colleges. In addition, the Public Audit or the Education and Culture Committees of the Parliament will occasionally hold individual colleges to account if there is evidence of weak management or governance.

As a board member you will not be held personally liable for any decisions taken by your board or college as long as any actions you take or decisions you make are done 'honestly and in good faith'.

#### Fraud and Corruption

The key role played by the Audit Committee in relation to fraud and corruption is through the assurance provided in respect of ensuring effective arrangements for countering fraud and corruption risks. The College Financial Regulations require all staff, management and Board members to notify the Director of Finance immediately whenever any matter arises which involves, or is thought to involve, irregularity, including fraud, corruption or any other impropriety. The Director of Finance shall immediately advise the Principal and Chief Executive who will consider the course of action to take. Any frauds that are detected must be reported to SFC, through the Regional Strategic Body, as and when they occur. If the suspected fraud is thought to involve the Director of Finance and/or the Principal, the member of staff shall notify the College Secretary; who in turn will contact the Chair of the Audit Committee directly about the irregularities.

Strict internal control and an audit committee can never eliminate the risks of serious fraud, misconduct or misrepresentation of the financial position. However, an audit committee:

- gives additional assurance through a process of independent and objective review
- raises awareness of the need for sound control and the implementation of recommendations by internal and external audit
- offers a route for a 'whistle blower' to report irregularities.

Should an adverse event occur, the Audit Committee will receive reports on this matter and determine whether management have dealt with the matter appropriately, including investigation and timeous reporting to the Regional Strategic Body. The Audit Committee will hold Senior Management to account to ensure that all reasonable steps are taken to protect the College, to avoid any recurrence of the incident and that acceptable controls are in place and working effectively.

#### **Financial Statements Qualification**

Audit Committee, sitting jointly with Finance and General Purposes Committee, receive the annual report and accounts alongside the external audit report and opinion. Audit Committees generally focus on the audit and control aspects of the financial statements, paying particular attention to:

- the external audit report and opinion
- any relevant issue raised in the external auditor's management letter
- corporate governance statements, including the statement of internal control
- any other audit-related matters.

The role of the Audit Committee in relation to external audit qualifying the institution's financial statements will vary depending on the nature of the qualification. Examples of situations where external audit may consider qualification are major fraud, significant control weakness, lack of effective governance, and lack of confidence in the institution's ability to operate as a going concern. Qualifications are exceptional and should be brought to the attention of the Audit Committee as soon as they are anticipated.

The Audit Committee will require to form an opinion on the qualification and should adopt a principle based approach to this. The Audit Committee will need to support the Board in understanding the qualification and provide its opinion and any necessary assurances.



# AUDIT COMMITTEE SELF- EVALUATION – ACTION PLAN

	Issue	Action required	Responsible person	Timescale/ Comments
1	Is the role and purpose of the audit committee understood and accepted across the institution?	Prepare a brief introduction to the Board and the role of its committees and make this accessible to all staff and students through iConnect and MyDay internet portals.	Board Secretary	End January 2019 COMPLETE – published 18 January 2019
2	Is the audit committee's role defined in respect of the following? • good governance • assurance • risk management and internal control • internal audit • external audit • financial reporting • value for money .	Review terms of reference as scheduled - May 2019	Board Secretary	For May 2019 Audit committee
3	Do the audit committee members have the right skills and expertise to enable them to challenge effectively?	All members of Audit committee have been asked to undertake the Audit committee online training module from CDN. Review question upon completion of the training	Board Secretary	By end January 2019 for completion of module Review at Audit Committee in February 2019
	Are there appropriate training and induction procedures for the audit committee members?	As Above		, <b>,</b>
4	Are the audit committee members familiar with, and do they understand, their institution's financial memorandum or funding agreement and articles of government	Provide links to the financial memorandum and other articles of governance to allow refresh of knowledge and understanding	Board Secretary	End December 2018 COMPLETE - Sent to all members 11 Dec 2018
5	Is the audit committee's role in relation to the institution's fraud and corruption procedures clear?	Clarification to be provided to all board members.	Director of Finance	For Audit Committee in February 2019 COMPLETE
6	Is the audit committee clear regarding its role in the rare event of external audit qualifying the institution's financial statements?	provide short briefing paper for all Board members	Director of Finance	For Audit Committee in February 2019 COMPLETE
7	Do the members assess how they could carry out their business more effectively? e.g. improved meeting time table	Committee to carry out assessment at future meeting	Board Secretary	For Audit committee in May 2019