

Status: Approved

AUDIT COMMITTEE MEETING**MINUTE OF MEETING HELD ON 19 MARCH 2024 AT 16:00 VIA TEAMS**

Present:		
Gillian Brydson (Chair)	William Dowson (WD) from item 3	Jamie Ross (JR)
Ann Hill (AH)	Sue Irving (SI)	Malcolm MacLeod (MM)
In attendance:		
Caroline Stuart (CS)	Joanna Campbell (JC) late	Joe McGraw (JM)
Douglas Dickson (DD)	Karen Hunter (KH)	Michael Gibson – RSM (MG)
Lorraine Grierson (LG)	Alexandra Elkins (note taker)	

1. Welcome and Apologies for Absence | Verbal | G. Brydson

1.1. The Chair welcomed everyone to the meeting and the meeting was recorded as quorate.

1.2. Declaration of Interests or Connections | Verbal | G. Brydson

1.3. There were no declarations of interest noted.

FOR APPROVAL**2. Minutes of Previous Meetings and Matters Arising****2.1. Minute of the Last Meeting 29 November 2023 | Paper 2.2 | Approval | G. Brydson**

2.1.1. The minute of the last meeting was approved as an accurate record of the meeting.

2.2. Action Log | Paper 2.2 | Approval | L. Grierson

2.2.1. The Committee noted one open item relating to the Risk Register (item 1) which would be tabled at the next Board Strategy event. Item 3, Executive capacity will be reviewed in a paper at the next Remuneration Committee meeting and the item relating to the use of personal emails will be discussed at the next Board of Management Committee meeting. All other items were closed.

2.2.2. **The Committee approved the Action Log.**

3. Strategic Risk Register | Paper 3.1 | Approval | L. Grierson

3.1. The Committee were asked to review Risk 4 - Financial Fraud and Risk 11 - Failure to Achieve and Maintain Systems and Operable and Secure ICT, which sit with the Audit

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Committee. Following scrutiny of both risks, it was agreed to make no further changes. During the discussion, the Chair of the Board highlighted the continued cyber-attack risk in light of the recent NHS cyber-attack in Dumfries and Galloway.

- 3.2. The Committee noted that Risk 3 had been increased to 25 and the narrative updated. Risks 8, 9 and 10 were unchanged.

WD joined the meeting at 16:06 hrs.

- 3.3 The Chair noted the extensive discussion of risk 8 which had taken place at the recent Learning and Teaching Committee and subsequent recommendations.
- 3.4 The Depute Principal recommended a reduction to Risk 8 and 10 in light of supporting data, showing a sustained upward trend in performance and continued student satisfaction which is at 97%. The Committee noted the recommendation and supported the endorsement to reduce the rating of both at the next Learning and Teaching Committee meeting.
- 3.5 **The Committee approved the risk register.**

JC joined the meeting 16:14 hrs

FOR DISCUSSION

- 4 Internal Audit Progress Report | Paper 4.1 | Discussion | M. Gibson/RSMUK
- 4.1 An update towards completion of the annual audit plan was provided showing that of the 9 audits contained, 2 are in progress and 2 in the planning. No major concerns were reported and the Committee noted good progress, clear reportage and timelines.
- 4.1.2 Following a query regarding changes to the timelines for audits, it was confirmed that the amendment to the schedule of the Business Continuity item had been discussed and agreed at the last meeting and any further changes to the plan would be agreed with Audit committee.
- 4.2 Financial Planning – Budget Monitoring Audit Report | | Paper 4.2 | Discussion | M. Gibson
- 4.2.1 The audit had been undertaken to determine if robust systems and processes were in place with regard to financial planning and budget monitoring. Substantial assurance had been provided resulting in 4 low-priority management actions recommended. The Committee commended the positive outcome of the audit report.
- 4.2.2 JC acknowledged the improvements in practices and work undertaken by the finance team and welcomed the endorsement through the audit process.
- 4.2.3 **The Committee noted the Financial Planning – Budget Monitoring Audit Report.**
- 4.3 GDPR Audit Report | | Paper 4.3 | Discussion | M. Gibson

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- 4.3.1 An advisory review was provided to ensure that adequate and effective processes were in place to ensure GDPR compliance. The review concluded that processes were in place and recommended 1 medium and 5 low management actions, highlighting that data retention periods required closer inspection.
- 4.3.2 A query was raised on the outcomes in comparison with similarly sized organisations and the college's position was considered favourable in comparison.
- 4.3.3 The Committee enquired about methods to encourage staff ownership and engagement with record keeping and a variety of arrangements and communications with managers and the Data Protection Officer were explained.

4.3.4 The Committee noted the GDPR Audit Report.**4.4 Risk Management Audit Report | | Paper 4.4 | Discussion | M. Gibson**

- 4.4.1 The audit had been undertaken to determine if appropriate systems and processes were in place to identify and track risks and mitigations and Reasonable assurance had been awarded. The review concluded that processes were in place and identified the need for improvements in documentation with 5 medium and 4 low priority management actions recommended.
- 4.4.2 Comments and questions were invited from attendees and the risk management at operational departmental level was discussed. The Executive outlined existing processes facilitating the discussion of risk at an operational level and within the Senior Leadership Team as a standing item at meetings. It was suggested that enhanced documentation to capture emerging risks and improved measures to capture discussion at SLT be explored. The Principal advised that other colleges have a whole team working on risk, however after discussion with ELT, additional scrutiny to the risk process can be captured without requiring additional resources. The definition of 'inherent risk', and 'residual risk' was explained.
- 4.4.3 No delays to the completion of the audit actions were anticipated.

4.4.4 The Committee noted the Risk Management Audit Report.**4.5 Internal Audit Tracker | Paper 4.5 | Discussion | L. Grierson**

- 4.5.1 A summary of progress towards the actions within the 5 open reports was provided noting that all previous management actions had been completed. Following publication of the 3 new audit reports a further 15 actions were had been added.
- 4.5.2 The Committee welcomed the layout of the report.
- 4.5.3 **The Committee noted the Internal Audit Tracker.**

5 Business Continuity Management Plan | Paper 5.1 | Discussion | J. McGraw

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- 5.1 JM advised that following work with Zurich, the College's risk management consultant, the Contingency and Disaster Management Procedure was updated and a new Business Continuity Plan was developed. The plan provides clear guidance on what the College will do in the event of an incident which could give rise to business disruption. Training for line managers had been provided and the framework was designed to ensure guidance and flexibility, items had been categorised in levels with appropriate methods of testing developed. Board members were invited to participate in 'desktop' testing exercises.
- 5.2 The Level 3 category was queried regarding the managing of communications in the event of a serious incident. It was recommended to include a communication plan with major stakeholders as well as management of communications with the Board and Chair of the Board of Management, which was supported by the Committee.
- 5.3 JR recommended the inclusion of an item/exercise around extreme financial pressure. It was agreed that an item on financial continuity be added to the plan.
- 5.4 CS welcomed the introduction of the framework and recommended the development of an analogue Business Continuity Plan in the event of no communication lines. The Executive provided assurance, listing a variety of practices employed by College management and staff to support business continuity, all of which were tested in Dec 2023.
- 5.5 One Member queried the transition from level 2 actions to level 3 and the potential for gaps as there is no clear cut-off between them ie level 2 mentions an incident affecting 10% of staff and students whilst level 3 states closure of a location for at least 5 days. The design and modelling of the plan were further explained, however the Committee recommended increased clarity around the escalation of timeframes for some actions and testing in real-time conditions. It was also recommended that the role of the Board should be included.
- 5.6 The Committee welcomed the framework.
- 5.7 It was confirmed that linkage with regional planning groups and partners was in place and it was deemed appropriate to explore collaboration with partners for desktop exercises.
- 5.8 **The Committee noted the Business Continuity Management Plan.**

FOR INFORMATION ONLY

M.Gibson left the meeting 16:59 hrs.

6 Internal Audit Tender Update | Paper 6.1 | Approval | K. Hunter

6.1 Confidential

6.2 **Action: KH to communicate.**

7 AOCB

7.1 None was raised.

8 Date of the Next Meeting

8.1 The date of the next meeting is scheduled for Tuesday 04 June 2024 at 1600hrs.



Key

- Ongoing
- Closed
- Overdue

AUDIT COMMITTEE ACTION LOG 19.03.24

No	Meeting Date	Action	Lead	Deadline	Status	Commentary
1	13/6/23	To ensure the Risk Register reflected the strategic needs of the College, the item is to be included as part of a future strategy event.	LG	May 24	Ongoing	Bd Secretary to liaise with Chair of the Board to include in Strategy meeting in May 24.
2	13/6/23	Business Continuity Plan and overarching plan will be brought back to the Committee in due course.	BC	Sep-23 Nov-23 Mar 24	Closed	<p>Zurich are assisting with the contingency plans at present, therefore the BC Plan will be brought to Audit Committee on 29th November, once they are complete.</p> <p>NOV UPDATE: Business Continuity Plans are being progressed currently and will be brought to the meeting in March 2024.</p> <p>MAR 24 UPDATE: BCP presented at Mar 24 meeting.</p>

No	Meeting Date	Action	Lead	Deadline	Status	Commentary
3	19/9/23	<ul style="list-style-type: none"> Board Secretary to include the item on Executive Capacity risk for discussion at the next Board Development Committee. <ul style="list-style-type: none"> Action from 29/11/23 – move to Rem Com Board Secretary to table the use of personal email addresses at the next BDC 	LG	Dec 23	Closed	As requested, action has been moved to RemCom meeting for Jan 24.
					Closed	Moved to BDC Action Log Feb 24
4	29/11/23	Amend narrative for Risk 3 to reflect external funding agencies as the key risk.	LG	Mar 24	Closed	Risk updated as presented at Mar 24 meeting.
5	29/11/23	Audit Committee Annual Report Adjust narrative to provide additional context in regard to increases in actions and at point 5 Risk.	KH	Dec 23	Closed	Report updated and sent out to members Nov 23. Tabled at BoM 11Dec23 and approved.
6		<p><u>Item 7.1 - Annual External Audit Report</u></p> <p>Page 6 - additional context around 'funding pressures' be added to the first line. Add "in 2023/24 and beyond" in the final paragraph of page 6.</p> <p><u>Item 7.4 - Letter of Representation, Draft Financial Statements</u></p> <p>Narrative be included to reference the 'external financial environment'</p> <p>ACTION: - KH will strengthen the statement within the accounts.</p>	KH	Dec 23	Closed	Narrative amended and accounts signed in Dec 23

MEETING	AUDIT COMMITTEE
AGENDA ITEM:	3
PAPER NO:	AUD0324-3.1

Date	19 March 2024
Location	MS Teams On-line
Title of Paper	Strategic Risk Register
Presented By	Lorraine Grierson
Recommendation	Approval
Appendix Attached	NO
Disclosable Under FOISA	YES

Read Time: 10 minutes

1. Recommendation

- 1.1 The Audit Committee are asked to consider, and if so minded, approve the Strategic Risks 4 and 11 and consider any changes to Risks presented by the Committees.

2. Executive Summary

2.1 The purpose of this paper is to provide the Committee with the opportunity to review the College's Strategic Risks assigned to Audit Committee, note changes to risks assigned to other Committees and oversee the full register.

3. Context

3.1 The Principal and Executive Leadership Team routinely review the Strategic Risk Register to reflect the key risks to the College and the mitigations that are applied to each risk.

3.2 Currently Audit Committee has 2 risks assigned to it for review and any amendment made to these is noted below:

- Risk 4 – Financial Fraud – **no changes**
- Risk 11 – Failure to achieve and maintain systems and operable and secure ICT – **no changes**

3.3 Currently there are 6 risks showing an inherent major risk (red), however after mitigations have been applied, these are reduced to 'significant' risks.

3.4 Risk 3: Failure to achieve institutional sustainability - the inherent risk has been increased to a **fundamental 25 rating** (purple). After mitigations, the residual rating of 20 still remains a **major risk**. This is in line with the current and continued external financial position which is of concern and needs to be monitored closely.

3.5 Finance and General Purposes Committee

- Risk 3 Financial Sustainability – The following amendments have been made in line with FGP/Audit Committee recommendations to enhance external funding is the main cause for concern.
 - Descriptor: Failure to achieve institutional sustainability due to sector-level budget allocations in 2024-25
 - Consequences: The college will be unable to operate within the Scottish Public Finance Manual, contravening governance requirements by SG, Section 22, Reputational damage to Board and F&GP.
- Risk 7: Industrial Relations - amendment to front line mitigation and monitoring. It has been noted that there is potential for the risk to increase should a local dispute be raised by EIS/FELA if salary deductions are made for participation in ASOS.

3.5 Learning and Teaching Committee

- Risk 8 – Failure to achieve highest academic performance levels – **no change**.
- Risk 9 – Failure to adhere to academic compliance arrangements – **no change**.
- Risk 10 - Failure to achieve an effective student experience – **no change**

3.6 Board of Management

- Risk 12: H&S Compliance – an amendment to frontline monitoring has been added.

4. Strategic Implications

- 4.1 The risks associated with Audit Committee link into the following strategic priorities:
 Priority 1 – Student Experience, Priority 4 – Growth and Financial Sustainability; Priority 5 – Systems and Infrastructure

5. Risk

Risk	Mitigations
Risks 4, 11	➤ Paperwork attached for reference.

6. Implications

Financial	Yes	Financial loss and reputational damage and impact to financial sustainability.
Legal	Yes	Compliance with UK GDPR and the Data Protection Act 2018 (DPA 2018) and the Privacy and Electronic Communications Regulation 2003 (PECR 2003).ICO implications.
Learning and Teaching	Yes	Serious impact to the college’s ability to operate and deliver education to students, financial loss, loss of data and reputation.
Equalities	No	

L Grierson

Secretary to the Board

26/2/24

STRATEGIC RISK REGISTER

RISK DEFINITION		ORIGINAL TASK				RESIDUAL RISK					
No	Risk	Likelihood	Impact	Total	Risk Level	Likelihood	Impact	Total	Risk Level	Risk Appetite	Trend
Responsible Person – Principal											
1	Failure of College strategy to meet the needs of Dumfries and Galloway Region and/or national priorities (BoM)										
		4	4	16		3	3	9		Open	=
2	Legal actions; serious accident; incident or civil/criminal breach (BoM)										
		5	3	15		3	2	6		Cautious	=
Responsible Person – Executive Director of Finance and Planning											
3	Failure to achieve institutional sustainability (FGP)										
		5	5	25		4	5	20		Cautious	=
4	Financial Fraud (AUD)										
		4	3	12		3	2	6		Averse	=
6	Failure to meet regulatory obligations (BoM)										
		3	5	15		5	1	5		Avoid	=
Responsible Person – Vice Principal People and Transformation											
5	Business Continuity Incident – Fire, Systems, Emergency Procedures, Health (BoM)										
		4	4	16		4	3	12		Avoid	=
7	Failure to achieve effective Industrial Relations (FGP)										
		5	4	20		5	3	15		Cautious	=
11	Failure to achieve and maintain systems and operable and secure ICT (AUD)										
		4	5	20		3	4	12		Avoid	=
12	Health and Safety (BOM)										
		4	5	20		3	4	12		Avoid	=
Responsible Person - Depute Principal Learning, Skills and Student Experience											
8	Failure to achieve highest academic performance levels (LT)										
		4	4	16		3	4	12		Cautious	=
9	Failure to adhere to academic compliance arrangements (LT)										
		4	3	12		2	2	4		Avoid	=
10	Failure to achieve an effective student experience (LT)										
		3	4	12		2	4	8		Cautious	=

KEY: ASSESSMENT OF RISKS

Risks which should be monitored by the Risk Management Group:	Scores: 1 – 8	Minor Risk
Risks to be brought to the attention of SMT and Board of Management:	Scores: 9 - 15	Significant Risk
Risks to be reported to, and monitored by, Board of Management:	Scores: 16 – 20	Major Risk
Risks to be reported to, and monitored by, Board of Management:	Scores: 21 – 25	Fundamental Risk

Risk Score Matrix

Impact	5	10	15	20	25
4	8	12	16	20	
3	6	9	12	15	
2	4	6	8	10	
1	2	3	4	5	
Likelihood					

Strategic Objective: Risk No: 1 Failure to meet Region/National Priorities

Reference to Departmental Risk Registers:	Strategic
Owner:	Principal
Description of the Risk:	Failure of College strategy to meet the needs of Dumfries and Galloway Region and/or national priorities
What are the possible consequences if the risk was to emerge?	Loss of credibility, unable to meet economic and societal needs of region, curriculum not fit for purpose, College will not meet funding targets and will not remain financially sustainable

Numerical Scoring of Gross Risk (i.e., without controls in place)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 4/5	What is the predicted IMPACT of the risk?	(B) 4/5	What is the total risk score? (A x B)	16/25
The GROSS risk is therefore: (MIN/SIG/MAJ/FUN)	Major Risk				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Workplans and oversight in line with ROA and Financial targets 	<ul style="list-style-type: none"> Clear performance metrics for all strategic outcomes and linked to individual performance targets reviewed on regular basis
OVERSIGHT OF MANAGEMENT ACTIVITY Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> Robust strategic planning Effective environmental scanning Strong and effective partnerships Clear links between strategy and practice Concerted demands for increased activity levels 	<ul style="list-style-type: none"> Membership of key strategic groups SLT Systems of Control and Reporting Amendment of strategic direction/plans to government policy and regional economic strategy Robust monitoring of activity targets via ROA and reported quarterly to SFC
INDEPENDENT ASSURANCE Internal Audit / external bodies		<ul style="list-style-type: none"> Ongoing engagement and reporting to SFC Ongoing engagement and reporting to SDS External Audit BoM oversight

Numerical Scoring of NET Risk (i.e., with controls in place) (2 cont.)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 3/5	What is the predicted IMPACT of the risk?	(B) 3/5	What is the total risk score? (A x B)	9/25

Risk Status	Meeting 1 SIG	Meeting 2 SIG	Meeting 3 SIG	Meeting 4
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MEETING	AMENDMENTS TO RECORD
Q1	Net risk to remain as financial sustainability still an ongoing issue - Owner
Q2	Net risk to remain as financial sustainability still an ongoing issue - Owner
Q3	Net risk to remain as financial sustainability still an ongoing issue - Owner
Q4	

No.	Risk and Risk Appetite	Avoid	Averse	Cautious	Moderate	Open	Hungry
1	Failure of College strategy to meet the needs of Dumfries and Galloway Region and/or national priorities						
4	Financial Fraud						
6	Failure to meet regulatory obligations						

Strategic Objective: Risk No: 2 Legal Actions, Serious Incidents

Reference to Departmental Risk Registers:	Strategic
Owner:	Principal
Description of the Risk:	Legal actions; serious accident; incident or civil/criminal breach
What are the possible consequences if the risk was to emerge?	Financial loss to the college, impact on reputation and potential criminal / civil legal proceedings

Numerical Scoring of Gross Risk (i.e., without controls in place)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 5/5	What is the predicted IMPACT of the risk?	(B) 3/5	What is the total risk score? (A x B)	15/25
The GROSS risk is therefore: MIN/SIG/MAJ/FUND	Significant Risk				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Mandatory staff training on regulatory compliance areas Continuous professional development 	<ul style="list-style-type: none"> Records of staff training and completion Line Manager oversight
OVERSIGHT OF MANAGEMENT ACTIVITY Internal Compliance and quality checks / Legal and Regulatory / Financial	<ul style="list-style-type: none"> Adherence to legislative and good practice requirements Positive Union relations and staff communication Ongoing management development programmes Whistleblowing Policy 	<ul style="list-style-type: none"> Monitoring and reporting in key areas – e.g., H&S, equalities, employee engagement, post-Covid arrangements Internal audit actions Staff surveys

controls / Management controls / Project assurance		
INDEPENDENT ASSURANCE Internal Audit / external bodies	<ul style="list-style-type: none"> External legal advice contract in place and used where appropriate 	<ul style="list-style-type: none"> Internal and External Audit BoM oversight

Numerical Scoring of NET Risk (i.e., with controls in place)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 3/5	What is the predicted IMPACT of the risk?	(B) 2/5	What is the total risk score? (A x B)	6/25

Risk Status	Meeting 1 MIN	Meeting 2 MIN	Meeting 3 MIN	Meeting 4
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MEETING	AMENDMENTS TO RECORD
Q1	Risk to remain as per previous score after treatment - Owner
Q2	Net risk to remain as per previous score - Owner
Q3	Net risk after treatment to remain as per previous score - Owner
Q4	

No.	Risk and Risk Appetite	Avoid	Averse	Cautious	Moderate	Open	Hungry
2	Legal actions; serious accident; incident or civil/criminal breach						

Strategic Objective: Risk No: 3 Financial Sustainability

Reference to Departmental Risk Registers:	Financial
Owner:	Executive Director of Finance and Planning
Description of the Risk:	Failure to achieve institutional sustainability due to sector-level budget allocations in 2024-25
What are the possible consequences if the risk was to emerge?	The college will be unable to operate within the Scottish Public Finance Manual, contravening governance requirements by SG, Section 22, Reputational damage to Board and F&GP

Numerical Scoring of Gross Risk (i.e., without controls in place)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 5/5	What is the predicted IMPACT of the risk?	(B) 5/5	What is the total risk score? (A x B)	25/25
The GROSS risk is therefore: MIN/SIG/MAJ/FUND	Fundamental Risk				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
<p>FRONT LINE (Management Assurance)</p> <p>Operational Delivery /Systems /Quality Assurance /Supervision</p>	<ul style="list-style-type: none"> • Increase commercial income to reduce reliance on SFC funding • Effective cost control • Active tracking of Credits achieved/forecast vs target • Protection of funding through dialogue with SFC 	<ul style="list-style-type: none"> • Regular review of Financial strategy and non-core income sensitivity • Finance business partnering to review budgets /spend with Managers, and timely preparation of Management Accounts and forecasts • Continuous monitoring of demand v funding allocation of student funds
<p>OVERSIGHT OF MANAGEMENT ACTIVITY</p> <p>Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance</p>	<ul style="list-style-type: none"> • Strategic plan and Operating Plans approved by BoM and Committee • Budgets approved by BoM and Committee • Major project business cases approved by BoM and Committee • Finance Directors Network 	<ul style="list-style-type: none"> • Regular internal reporting to SLT, BoM and Committee • Regular interaction with Scottish Funding Council Finance Team • Knowledge exchange through Finance Directors Network / Colleges Scotland • VPs Group and Principals Group
<p>INDEPENDENT ASSURANCE</p> <p>Internal Audit / external bodies</p>	<ul style="list-style-type: none"> • Internal Audit Programme agreed by BoM/Audit Committee • External Auditors appointed through Audit Scotland • Regional Outcome Agreement 	<ul style="list-style-type: none"> • BoM/Committee review and approval of IA reports and action points tracking • Audit Committee/BoM oversight • Regular returns to Scottish Funding Council (FFR/FES)

Numerical Scoring of NET Risk (i.e., with controls in place) (2 cont.)					
What is the predicted LIKELIHOOD of the risk occurring?	(A)	What is the predicted IMPACT of the risk?	(B)	What is the total risk score? (A x B)	20/25
	4/5		5/5		

Risk Status	Meeting 1 MAJ	Meeting 2 MAJ	Meeting 3 MAJ	Meeting 4

MEETING	AMENDMENTS TO RECORD
Q1	No change by Owner
Q2	<p>Timely preparation of Management Accounts and forecasts added to Front Line Monitoring. SLT added to Oversight of Management Activity Monitoring – Owner</p> <p>FGP have considered the net rating given the mitigations in place but agree that the funding element of the risk is still significant, therefore the rating will remain the same. Members asked for consideration to be given to the wording in the risk to reflect funding as the major concern.</p> <p>Audit - the funding element being the significant risk, the Committee agreed that the narrative should be revised to ensure clarity that the risk was attributed to external funding restrictions Owner to re-word</p>
Q3	Suggest scoring of Gross Risk increased to Fundamental. Description of Risk updated to refer to sector level budget allocations and ability to operate within SPFM
Q4	

No.	Risk and Risk Appetite	Avoid	Averse	Cautious	Moderate	Open	Hungry
3	Failure to achieve institutional sustainability						

Strategic Objective: Risk No: 4 Financial Fraud

Reference to Departmental Risk Registers:	Financial
Owner:	Executive Director of Finance
Description of the Risk:	Financial Fraud
What are the possible consequences if the risk was to emerge?	Financial Loss, Loss of reputation, impact to financial sustainability

Numerical Scoring of Gross Risk (i.e., without controls in place)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 4/5	What is the predicted IMPACT of the risk?	(B) 3/5	What is the total risk score? (A x B)	12/25
The GROSS risk is therefore: MIN/SIG/MAJ/FUN	Significant Risk				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> No PO / no Pay policy Scheme of financial delegation Segregation of duties and review of transactions Staff training and sharing of good practice for emerging fraud risks 	<ul style="list-style-type: none"> Continuous review of financial controls Implementation of Internal Audit recommendations
OVERSIGHT OF MANAGEMENT ACTIVITY Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> Review of impact of any changes in structure or duties Public Interest Disclosure (Whistleblowing) Policy Review of lessons learned report from COGC 	<ul style="list-style-type: none"> Continuous review of financial controls Budget / spend review Monitoring across SLT Directorates
INDEPENDENT ASSURANCE Internal Audit / external bodies	<ul style="list-style-type: none"> Internal Audit plan 	<ul style="list-style-type: none"> Internal Audit External Audit Counter Fraud Initiative Audit Committee/BoM oversight

Numerical Scoring of NET Risk (i.e., with controls in place) (2 cont.)

What is the predicted LIKELIHOOD of the risk occurring?	(A) 3/5	What is the predicted IMPACT of the risk?	(B) 2/5	What is the total risk score? (A x B)	6/25
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Risk Status	Meeting 1 MIN	Meeting 2 MIN	Meeting 3 MIN	Meeting 4
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MEETING	AMENDMENTS TO RECORD
Q1	Staff training and sharing good practice added to Front Line Mitigations
Q2	No change - Owner
Q3	No change - Owner
Q4	

No.	Risk and Risk Appetite	Avoid	Averse	Cautious	Moderate	Open	Hungry
4	Financial Fraud						

Strategic Objective: Risk No: 5 Business Continuity

Reference to Departmental Risk Registers:	Organisational
Owner:	VP People and Transformation
Description of the Risk:	Business Continuity Incident – Fire, Systems, Emergency Procedures, Health threats
What are the possible consequences if the risk was to emerge?	Serious impact to the college’s ability to operate and deliver education to students, safeguarding of staff and students, impact to financial sustainability of college, loss of reputation

Numerical Scoring of Gross Risk (i.e., without controls in place)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 4/5	What is the predicted IMPACT of the risk?	(B) 4/5	What is the total risk score? (A x B)	16/25
The GROSS risk is therefore: MIN/SIG/MAJ/FUN	Major Risk				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
<p>FRONT LINE (Management Assurance)</p> <p>Operational Delivery /Systems /Quality Assurance /Supervision</p>	<ul style="list-style-type: none"> Documented disaster recovery procedures, regularly reviewed Separate COVID -19 – Risk Register /BCT Plan in place Sound systems of administration Staff CPD on business continuity themes Monitoring Public Health Advice Increased awareness of 	<ul style="list-style-type: none"> Adherence to local and national Public Health Guidance SA Climate awareness activities Regular review/reporting on milestones, systems effectiveness etc. Business Continuity Plan including scenario testing Active data protection monitoring and auditing

	climate emergency issues <ul style="list-style-type: none"> • Planning, careful phasing of changes to processes, systems, and equipment • Effective management of / Asset Register in place • Effective management of systems and GDPR 	
OVERSIGHT OF MANAGEMENT ACTIVITY Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> • Rolling programme of routine updates to systems and equipment 	<ul style="list-style-type: none"> • Liaison with SFC and Colleges Scotland – COVID-19 response groups • Climate Emergency College Group (includes Student Representatives)
INDEPENDENT ASSURANCE Internal Audit / external bodies	<ul style="list-style-type: none"> • Communication to stakeholders 	<ul style="list-style-type: none"> • Internal Audit on process and statutory compliance • BoM oversight

Numerical Scoring of NET Risk (i.e., with controls in place) (2 cont.)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 4/5	What is the predicted IMPACT of the risk?	(B) 3/5	What is the total risk score? (A x B)	12/25

Risk Status	Meeting 1 SIG	Meeting 2 SIG	Meeting 3 SIG	Meeting 4
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MEETING	AMENDMENTS TO RECORD
Q1	No change by Owner
Q2	No Change by Owner
Q3	No change by owner
Q4	

No.	Risk and Risk Appetite	Avoid	Averse	Cautious	Moderate	Open	Hungry
5	Business Continuity Incident, e.g., Fire, MIS Failure, Failure of Emergency Procedures, Threats to Health						

Strategic Objective: Risk No: 6 Failure to meet Regulatory Obligations

Reference to Departmental Risk Registers:	Organisational
Owner:	Executive Director of Finance and Planning
Description of the Risk:	Failure to meet regulatory obligations
What are the possible consequences if the risk was to emerge?	Loss of reputation, impact to financial sustainability, Government bodies intervention

Numerical Scoring of Gross Risk (i.e., without controls in place)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 3/5	What is the predicted IMPACT of the risk?	(B) 5/5	What is the total risk score? (A x B)	15/25
The GROSS risk is therefore: MIN/SIG/MAJ/FUN	Significant Risk				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Prevent, Health and Safety and Safeguarding training Staff awareness and contingency planning Engagement/practice sharing with local agencies 	<ul style="list-style-type: none"> Business Continuity Plan including scenario testing Information sharing with local agencies HR monitors staff numbers trained
OVERSIGHT OF MANAGEMENT ACTIVITY Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> Engagement/practice sharing with local agencies Board approval of SFC submissions 	<ul style="list-style-type: none"> Information sharing with local agencies SFC obligations
INDEPENDENT ASSURANCE Internal Audit / external bodies		<ul style="list-style-type: none"> Internal Audit across all areas Annual external Audit BoM oversight

Numerical Scoring of NET Risk (i.e., with controls in place) (2 cont.)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 5/5	What is the predicted IMPACT of the risk?	(B) 1/5	What is the total risk score? (A x B)	5/25

Risk Status	Meeting 1 MIN	Meeting 2 MIN	Meeting 3 MIN	Meeting 4
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MEETING	AMENDMENTS TO RECORD
Q1	No change by Owner
Q2	No change by Owner
Q3	No change by Owner
Q4	

No.	Risk and Risk Appetite	Avoid	Averse	Cautious	Moderate	Open	Hungry
6	Failure to meet regulatory obligations						

Strategic Objective: Risk No: 7 Failure to Achieve Effective Industrial Relations

Reference to Departmental Risk Registers:	Organisational
Owner:	Vice Principal People and Transformation.
Description of the Risk:	Failure to achieve effective Industrial Relations through local dialogue/relationships and effect of national campaigns from trade unions
What are the possible consequences if the risk was to emerge?	Financial loss, impact to ability to effectively teach, industrial action, action short of strike action (ASOS), loss of reputation.

Numerical Scoring of Gross Risk (i.e., without controls in place)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 5/5	What is the predicted IMPACT of the risk?	(B) 4/5	What is the total risk score? (A x B)	20/25
The GROSS risk is therefore: MIN/SIG/MAJ/FUN	Major Risk				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Constructive formal and informal communication channels Regular meetings Staff awareness and contingency planning Consideration of deductions from salary for participation in ASOS 	<ul style="list-style-type: none"> LJNC College Employers Scotland advice and updates Regular union/management dialogue Communication issued to teaching staff about possibility of salary deductions for participation in ASOS. Ongoing dialogue with local TU Representatives. Risk could increase if local dispute raised
OVERSIGHT OF MANAGEMENT ACTIVITY Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> LJNC (Local Joint Negotiation Committee) Representation at Employers Association NRPA (National Recognition and Procedures Agreement) Engagement/practice sharing with local agencies Attendance at Strategic HR Network 	<ul style="list-style-type: none"> ELT/SLT/Board Regular employee engagement monitoring Regular union/management dialogue
INDEPENDENT ASSURANCE	<ul style="list-style-type: none"> College Employers Scotland 	<ul style="list-style-type: none"> SFC/Scottish Government FGP/BoM oversight

Internal Audit / external bodies		
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Numerical Scoring of NET Risk (i.e., with controls in place) (2 cont.)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 5/5	What is the predicted IMPACT of the risk?	(B) 3/5	What is the total risk score? (A x B)	15/25

Risk Status	Meeting 1 SIG	Meeting 2 SIG	Meeting 3 SIG	Meeting 4
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MEETING	AMENDMENTS TO RECORD
Q1	No changes by Owner. FGP asked for the description and consequences to be amended as below: <ul style="list-style-type: none"> Failure to achieve effective Industrial Relations through local dialogue/relationships and effect of national campaigns from trade unions. Consequences: Financial loss, impact to ability to effectively teach, industrial action, action short of strike action (ASOS), loss of reputation.
Q2	No change by Owner.
Q3	Owner - Potential for risk to increase should a local dispute be raised by EIS/FELA if salary deductions made for participation in ASOS. Front Line mitigation added - Consideration of deductions from salary for participation in ASOS. Front Line Monitoring added - Communication issued to teaching staff about possibility of salary deductions for participation in ASOS. Ongoing dialogue with local TU Representatives. Risk could increase if local dispute raised
Q4	

No.	Risk and Risk Appetite	Avoid	Averse	Cautious	Moderate	Open	Hungry
7	Failure to achieve effective Industrial Relations						

Strategic Objective: Risk No: 8 Failure to achieve highest academic performance

Reference to Departmental Risk Registers:	Organisational
Owner:	DP Learning Skills and Student Experience
Description of the Risk:	Failure to achieve highest academic performance levels
What are the possible consequences if the risk was to emerge?	Loss of reputation in the region, financial sustainability, ability to attract future students and educational partners Note – College performance has been a long term issue that predates COVID

Numerical Scoring of Gross Risk (i.e., without controls in place)

What is the predicted LIKELIHOOD of the risk occurring?	(A) 4/5	What is the predicted IMPACT of the risk?	(B) 4/5	What is the total risk score? (A x B)	16/25
The GROSS risk is therefore: MIN/SIG/MAJ/FUN	Major Risk				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Online reports with curriculum areas performance Action planning at curriculum area level Regular curriculum team meetings 	<ul style="list-style-type: none"> Managers and Directors monitor course PIs Self-evaluation reporting monitored by Performance
OVERSIGHT OF MANAGEMENT ACTIVITY Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> College wide enhancement plan developed from self-evaluation Action planning from portfolio reviews 	<ul style="list-style-type: none"> College wide enhancement plan monitored annually Annual portfolio review to examine improvement actions Regular reportage on performance to SLT Reportage to L&T Committee on College wide self - evaluation and portfolio reviews
INDEPENDENT ASSURANCE Internal Audit / external bodies	<ul style="list-style-type: none"> Annual scrutiny by Education Scotland annually by HMI and STMs Self-evaluation reportage to Scottish Funding Council 	<ul style="list-style-type: none"> Reportage by Education Scotland presented to the BoM SFC Outcome Team monitor returns and provide feedback as required

Numerical Scoring of NET Risk (i.e., with controls in place) (2 cont)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 3/5	What is the predicted IMPACT of the risk?	(B) 4/5	What is the total risk score? (A x B)	12/25

Risk Status	Meeting 1 SIG	Meeting 2 SIG	Meeting 3 SIG	Meeting 4
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MEETING	AMENDMENTS TO RECORD
Q1	No change by Owner
Q2	No change by Owner L&T discussed Risk 8 and whether the impact of the recent industrial action and ASOS has impacted performance levels and increased the risk. As strike action has now ceased, it was agreed that the Risk will be reviewed again in January 2024 when it will be clear whether further industrial action will be taken and the impact this may cause.
Q3	No change by Owner
Q4	

No.	Risk and Risk Appetite	Avoid	Averse	Cautious	Moderate	Open	Hungry
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8	Failure to achieve highest academic performance levels						
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Strategic Objective: Risk No 9: Failure to adhere to academic compliance

Reference to Departmental Risk Registers:	Organisational
Owner:	DP Learning Skills and Student Experience
Description of the Risk:	Failure to adhere to academic compliance arrangements, eg awarding bodies, Education Scotland
What are the possible consequences if the risk was to emerge:	Loss of reputation, financial loss, loss of ability to deliver and develop new courses, loss of ability to issue international visas and impact on student certification.

Numerical Scoring of Gross Risk (i.e. without controls in place)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 4/5	What is the predicted IMPACT of the risk?	(B) 3/5	What is the total risk score? (A x B)	12/25
The GROSS risk is therefore: MIN/SIG/MAJ/FUN	Significant risk				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Assessor marks in line with national standards utilising awarding body resources. Action planning at curriculum area level Regular curriculum team meetings 	<ul style="list-style-type: none"> Internal verifier appointed for each unit and a cycle of verification is followed. Self-evaluation reporting monitored by Performance
OVERSIGHT OF MANAGEMENT ACTIVITY Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> Management scrutiny of the cycle of verification and appointment of internal verifiers. Issues from internal verification are identified and action planned to ensure conformity with national standards. College wide enhancement plan developed from self-evaluation 	<ul style="list-style-type: none"> Scrutiny of internal verification reports by managers. SLT scrutiny of annual verification activity. College wide enhancement plan monitored annually Reportage to L&T Committee on College wide self - evaluation and portfolio reviews
INDEPENDENT ASSURANCE Internal Audit / external bodies	<ul style="list-style-type: none"> External verification by awarding body according to an annual cycle and risk Annual scrutiny by Education Scotland annually by HMI and STMs Self-evaluation reportage to Scottish Funding Council 	<ul style="list-style-type: none"> External verifier presents report of visit to curriculum and performance team. Performance directorate monitor external verification and report to SLT and the L&T Committee. Reportage by Education Scotland presented to the BoM SFC Outcome Team monitor

		returns and provide feedback as required
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Numerical Scoring of NET Risk (i.e. with controls in place) (2 cont)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 2/5	What is the predicted IMPACT of the risk?	(B) 2/5	What is the total risk score? (A x B)	4/25
Risk Status	Meeting 1 MIN	Meeting 2 MIN	Meeting 3 MIN	Meeting 4	

MEETING	AMENDMENTS TO RECORD
Q1	No change by Owner
Q2	No change by Owner
Q3	No change by Owner
Q4	

No.	Risk and Risk Appetite	Avoid	Averse	Cautious	Moderate	Open	Hungry
9	Failure to adhere to academic compliance arrangements						

Strategic Objective: Risk No: 10 Failure to achieve an effective student experience

Reference to Departmental Risk Registers:	Organisational
Owner:	DP Learning, Skills and Student Experience <i>(Inc Infrastructure/Marketing/ICT)</i>
Description of the Risk:	Failure to achieve an effective student experience
What are the possible consequences if the risk was to emerge?	Loss of reputation in the region, financial sustainability, ability to attract future students, ability to retain students and potential to limit student progression.

Numerical Scoring of Gross Risk (i.e., without controls in place)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 3/5	What is the predicted IMPACT of the risk?	(B) 4/5	What is the total risk score? (A x B)	12/25
The GROSS risk is therefore: MIN/SIG/MAJ/FUND	Significant Risk				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance)	<ul style="list-style-type: none"> Clear arrangements for applications, onboarding and retention Student block surveys and Student Satisfaction and Engagement Survey (SSES) 	<ul style="list-style-type: none"> Review of early student experience Performance return survey and SSES results to CMs Performance

<p>Operational Delivery /Systems /Quality Assurance /Supervision</p>	<ul style="list-style-type: none"> • Student engagement prior to course start and on course • Continuous self- evaluation and action planning by support and teaching areas • Action planning at curriculum area level • Regular curriculum team meetings • Students’ association officers’ meetings with students • Student focus groups • Student class representatives input to course teams 	<p>enhancement measure support areas to improve the student experience</p> <ul style="list-style-type: none"> • Self-evaluation reporting monitored by Performance and Directors
<p>OVERSIGHT OF MANAGEMENT ACTIVITY</p> <p>Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance</p>	<ul style="list-style-type: none"> • College wide enhancement plan developed from self-evaluation • Action planning from portfolio reviews 	<ul style="list-style-type: none"> • Monitoring of College wide enhancement plan • Portfolio review to examine improvement actions • Regular reportage on performance and student satisfaction to SLT • Reportage to L&T Committee on College wide self -evaluation, enhancement plan and portfolio reviews
<p>INDEPENDENT ASSURANCE</p> <p>Internal Audit / external bodies</p>	<ul style="list-style-type: none"> • Annual scrutiny by Education Scotland annually by HMI and STMs • Self-evaluation reportage to Scottish Funding Council 	<ul style="list-style-type: none"> • Reportage by Education Scotland presented to the BoM • SFC Outcome Team monitor returns and provide feedback as required

Numerical Scoring of NET Risk (i.e., with controls in place) (2 cont)					
<p>What is the predicted LIKELIHOOD of the risk occurring?</p>	<p>(A)</p> <p>2/5</p>	<p>What is the predicted IMPACT of the risk?</p>	<p>(B)</p> <p>4/5</p>	<p>What is the total risk score? (A x B)</p>	<p>8/25</p>

Risk Status	Meeting 1 MIN	Meeting 2 MIN	Meeting 3 MIN	Meeting 4
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MEETING	AMENDMENTS TO RECORD
Q1	No change by Owner
Q2	No change by Owner
Q3	No change by Owner
Q4	

No.	Risk and Risk Appetite	Avoid	Averse	Cautious	Moderate	Open	Hungry
10	Failure to achieve an effective student experience						

Strategic Objective: Risk No: 11 Failure to maintain systems and operable and secure ICT

Reference to Departmental Risk Registers:	Organisational
Owner:	VP People and Transformation
Description of the Risk:	Failure to achieve and maintain systems and operable and secure ICT
What are the possible consequences if the risk was to emerge?	Serious impact to the college’s ability to operate and deliver education to students, financial loss, loss of data and reputation

Numerical Scoring of Gross Risk (i.e., without controls in place)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 4/5	What is the predicted IMPACT of the risk?	(B) 5/5	What is the total risk score? (A x B)	20/25
The GROSS risk is therefore:(MIN/SIG/MAJ/FUN)	Major				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> • Documented disaster recovery procedures • Cyber Incident disaster recovery plan and training • Staff CPD on business continuity areas including Cyber security • Firewalls and antivirus software in place 	<ul style="list-style-type: none"> • Cyber exercises • Regular planned security monitoring. • Desktop DRP exercises carried out and reviewed regularly. • Network traffic regularly monitored.
OVERSIGHT OF MANAGEMENT ACTIVITY Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> • Regular internal review of security measures and action around areas of concern; • Regular cyber/phishing exercises; 	<ul style="list-style-type: none"> • Feedback via SLT/ELT on monitoring statistics; • Regular Board reporting around cyber position;
INDEPENDENT ASSURANCE Internal Audit / external bodies	<ul style="list-style-type: none"> • CISO (Chief Information Security Officer) service in place through HEFESTIS. 	<ul style="list-style-type: none"> • Regular reporting and risk assessment. • Audit Committee/BoM oversight

Numerical Scoring of NET Risk (i.e., with controls in place)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 3/5	What is the predicted IMPACT of the risk?	(B) 4/5	What is the total risk score? (A x B)	12/25

Risk Status	Meeting 1 SIG	Meeting 2 SIG	Meeting 3 SIG	Meeting 4
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MEETING	AMENDMENTS
Q1	No change by Owner.
Q2	No change by Owner
Q3	No change by Owner
Q4	

No.	Risk and Risk Appetite	Avoid	Averse	Cautious	Moderate	Open	Hungry
11	Failure to achieve and maintain systems and operable and secure ICT						

Strategic Objective: Risk No: 12 Health & Safety Compliance

Reference to Departmental Risk Registers:	Organisational
Owner:	VP People and Transformation
Description of the Risk:	Failure to meet regulatory health & safety obligations
What are the possible consequences if the risk was to emerge?	Loss of reputation, financial penalties, criminal liability (corporate and individual)

Numerical Scoring of Gross Risk (i.e., without controls in place)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 4/5	What is the predicted IMPACT of the risk?	(B) 5/5	What is the total risk score? (A x B)	20/25
The GROSS risk is therefore: (MIN/SIG/MAJ/FUN)	Major Risk				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Reporting and review procedure including “near miss” Health and Safety IOSH training for staff Regular communication on responsibilities Specific communication at time of increased risk e.g.Covid, building works, adverse weather 	<ul style="list-style-type: none"> Regular, formal Health & Safety Committee New terms of reference agreed by Health & Safety Committee
OVERSIGHT OF MANAGEMENT ACTIVITY Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management	<ul style="list-style-type: none"> Clear channels of communication regarding issues and preventative actions 	<ul style="list-style-type: none"> Regular, formal Health & Safety Committee Reporting to FGP Committee / BoM

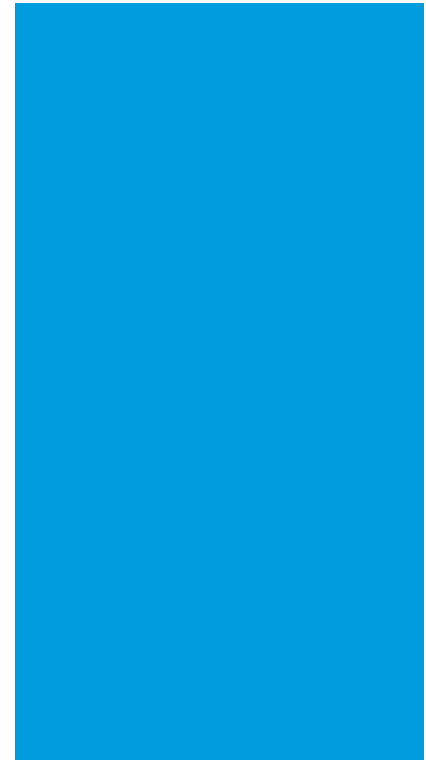
controls / Project assurance		
INDEPENDENT ASSURANCE		<ul style="list-style-type: none"> • Internal Audit • Public Health • Environmental Health
Internal Audit / external bodies		

Numerical Scoring of NET Risk (i.e., with controls in place) (2 cont)					
What is the predicted LIKELIHOOD of the risk occurring?	(A) 3/5	What is the predicted IMPACT of the risk?	(B) 4/5	What is the total risk score? (A x B)	12/25

Risk Status	Meeting 1 SIG	Meeting 2 SIG	Meeting 3 SIG	Meeting 4
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MEETING	AMENDMENTS TO RECORD
Q1	No change by Owner
Q2	No change by Owner
Q3	No change to rating by owner. Front line monitoring: New terms of reference agreed by Health & Safety Committee
Q4	

No.	Risk and Risk Appetite	Avoid	Averse	Cautious	Moderate	Open	Hungry
12	Health & Safety compliance						



Dumfries and Galloway College

Internal Audit Progress Report

19 March 2024

This report is solely for the use of the persons to whom it is addressed.
To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party.

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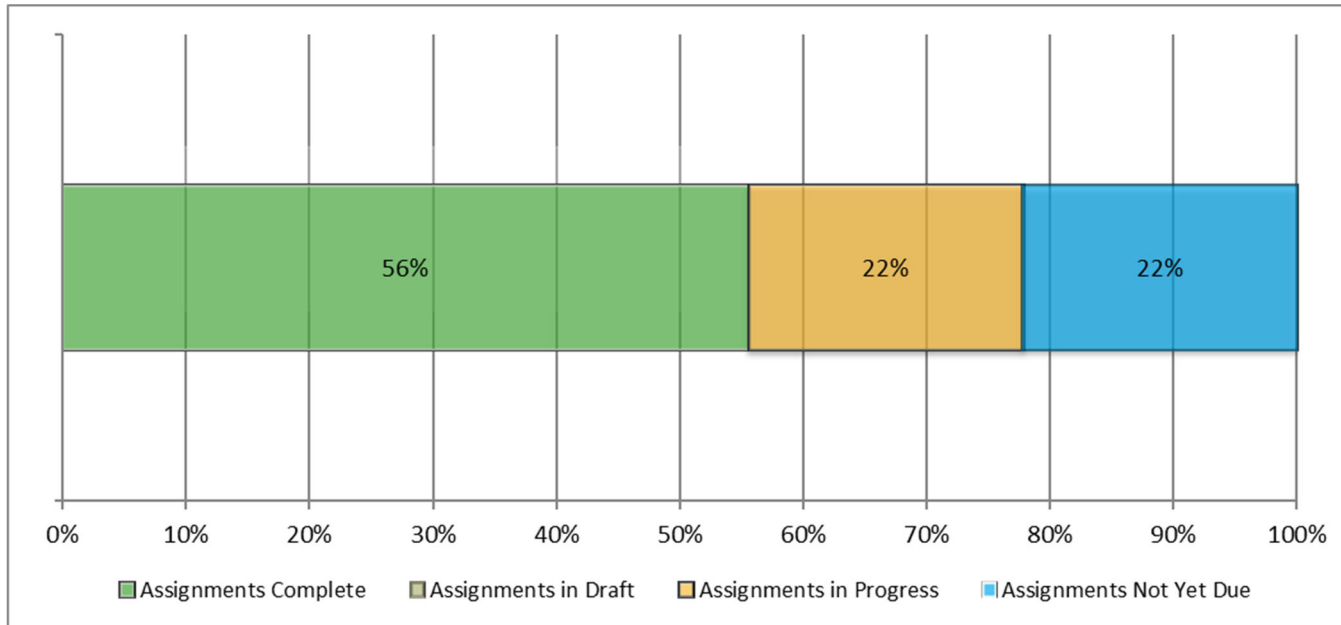
1. Key messages

The internal audit plan for 2023/24 was approved by the Audit Committee at the 13 June 2023 meeting.

This report provides an update on progress against that plan and summarises the results of our work to date.



The graph below provides a summary update on progress against the 2023/24 plan.



2. Reports

2.1 Summary of final reports being presented to this committee

This section summarises the reports that have been finalised since the last meeting.

Assignment	Opinion issued	Actions agreed		
		L	M	H
<p>Financial Planning / Budget Monitoring (3.23.24)</p> <p><u>Objective:</u></p> <p>Given the uncertain financial climate and high rates of inflation, robust financial management is critical to good governance, decision-making and future success.</p> <p><u>Risk:</u></p> <p>Failure to achieve institutional sustainability.</p> <p><u>Conclusion:</u></p> <p>Overall, the College has in place good processes for developing and monitoring the budget, and the actions we have agreed are to help strengthen existing processes. We also note that the College is in the process of procuring a new finance system which may enable them to automate some budget monitoring processes.</p> <p>Based on the testing we have completed during our this review, we have agreed four low priority management actions.</p>	Substantial Assurance	4	0	0
<p>GDPR (4.23.24)</p> <p><u>Objective:</u></p> <p>The College has adequate and effective policies and procedures in place to ensure that it complies with the requirements of the General Data Protection Regulation (GDPR).</p>	Advisory Review	5	1	0





Assignment	Opinion issued			Actions agreed		
	L	M	H			

Conclusion:

Our audit identified that, whilst the College has a control framework in place to manage GDPR, we identified areas for improvement where controls are not being complied with. In particular, we noted that whilst the College has recorded the retention periods for different data sets, this is spread out across multiple documents and, in some cases, the retention period is not clear. Whilst basic training has been rolled out for all staff, we noted a small number of exceptions where staff had either not completed training (though this was rectified by the end of our audit) or had not completed training in the required timeframe. Whilst basic training is mandatory for all staff, the College has not yet introduced (though is planning to do so) more advanced training for those with specific roles (such as Information Asset Owners). We also noted that the College's Register of Processing Activities (RoPA) does not clearly state whether a Data Protection Impact Assessment (DPIA) is required for some data sets.

As a result of our audit, we have agreed **one medium** and **five low priority** management actions. Further details of these actions can be found under section two of this report.

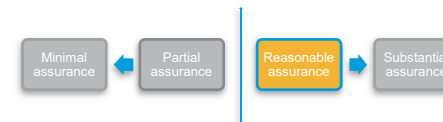
Risk Management (5.23.24)

Reasonable Assurance

4 5 0

Objective:

We will consider the arrangements in place to identify, assess and monitor risks to the delivery of the College's objectives to ensure that decisions are made at the appropriate level and on a timely basis regarding mitigating actions.



Conclusion:

We found that the College has a clear Risk Management Policy in place, supported by a well-defined Risk Appetite statement. We further found that the process of risk management is well understood at a senior management level and risk reporting and discussions were well established and documented at this level, particularly with reference to Board and Audit Committee meetings.

However, we also noted issues with the format of the strategic risk register in that it was difficult to establish a clear distinction between existing controls and future mitigating actions, which could hamper the College's ability to clearly assess levels of residual risk against agreed levels of risk appetite and determine what further mitigating actions may be required, or what assurances need to be sought over controls or future mitigating actions.

As a result of these findings, we have agreed **five medium priority** and **four low priority** management actions.

2.2 Themes arising from control observations

	Low	Medium	High
Policies and / or procedures	2	1	0
Other	1	0	0
Poor record keeping	1	0	0
Management or performance information	4	1	0
Governance weakness	2	0	0
Training / awareness for staff	2	2	0
Design of the control framework	1	1	0
Non-compliance with policies / procedures	2	1	0

We do not have any concerns in respect of themes arising to raise with the Committee at this stage.

Appendix A – Progress against the internal audit plan 2023/24

Assignment and Executive Lead	Status / Opinion issued	Actions agreed			Target Audit Committee (as per IA plan 31 July 2024 / change control*)	Actual Audit Committee
		L	M	H		
FES Return	Reasonable Assurance	1	1	0	November 2023	November 2023
Student Support Fund	Substantial Assurance	0	0	0	November 2023	November 2023
Risk Management	Reasonable Assurance	5	5	0	November 2023	March 2024*
Financial Planning / Budget Monitoring	Substantial Assurance	4	0	0	February 2024	March 2024**
Awarding Body Activity	Planning document issued and agreed	-	-	-	June 2024	-
	Fieldwork conducted week commencing 11 March 2024					
Student Onboarding	Fieldwork scheduled for week commencing 13 May 2024	-	-	-	September 2024	-
GDPR***	Advisory Review	5	1	0	September 2024	March 2024
Business Continuity Planning***	Planning document issued	-	-	-	September 2024	-
	Fieldwork scheduled for week commencing 10 June 2024					
Follow-Up	Fieldwork scheduled for week commencing 15 July 2024	-	-	-	September 2024	-

* Delayed owing to Senior Auditor leaving.

** Audit Committee scheduled for March, not February as per plan.

*** See changes below.

Appendix B – Other matters

Changes to the audit plan

Detailed below are the changes to the audit plan:

Note	Auditable area	Reason for change
1.	GDPR / Business Continuity Planning	<p>At the request of management, owing to the ongoing development of a new BCP Framework, we have agreed to swap these two audits from their original dates as follows:</p> <ul style="list-style-type: none">• GDPR was scheduled for week commencing 6 June 2024 and was performed in week commencing 11 December 2023.• BCP was scheduled for week commencing 11 December 2023 and will now be performed in week commencing 6 June 2024. <p>Audit Committee due dates have been adjusted accordingly.</p>

Quality assurance and continual improvement

To ensure that RSM remains compliant with the IIA standards and the financial services recommendations for Internal Audit we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews being used to inform the training needs of our audit teams.

The Quality Assurance Team is made up of; the Head of the Quality Assurance Department (FCA qualified) and an Associate Director (FCCA qualified), with support from other team members across the department.

This is in addition to any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments.



Post assignment surveys

We are committed to delivering an excellent client experience every time we work with you. Your feedback helps us to improve the quality of the service we deliver to you.

Currently, following the completion of each product we deliver we attached a brief survey for the client lead to complete.

We would like to give you the opportunity to consider how frequently you receive these feedback requests; and whether the current format works. Options available are:

- After each review (current option).
- Monthly / quarterly / annual feedback request.
- Executive lead only, or executive lead and key team members.

Appendix C - Key performance indicators (KPIs)

	Delivery				Quality		
	Target	Actual	Notes (ref)		Target	Actual	Notes (ref)
Audits commenced in line with original timescales	Yes	Yes	*	Conformance with PSIAS and IIA Standards	Yes	Yes	
Draft reports issued within 10 days of debrief meeting	10 days	15 days**		Liaison with external audit to allow, where appropriate and required, the external auditor to place reliance on the work of internal audit	Yes	Yes	
Management responses received within 10 days of draft report	10 days	19 days		Response time for all general enquiries for assistance	2 working days	2 days	
Final report issued within 3 days of management response	3 days	3 days		Response for emergencies and potential fraud	1 working day	1 day	

Notes

* This takes into account changes agreed by management and Audit Committee during the year. Through employing an 'agile' or a 'flexible' approach to our service delivery we are able to respond to your assurance needs.

** Risk Management report delayed owing to Senior Auditor leaving.



For more information contact

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

Our report is prepared solely for the confidential use of Dumfries and Galloway College, and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM UK Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM UK Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.

MEETING	AUDIT COMMITTEE
Agenda Item:	5
Paper No:	AUD0324-5.1

Date	19 th March 2024
Location	Teams
Title of Paper	Business Continuity Management Plan
Presented By	Joe McGraw / Billy Currie
Recommendation	Discussion
Appendix Attached	YES
Disclosable Under FOISA	YES

Read Time: 29 minutes

1. Recommendation

- 1.1 The Audit Committee are asked to discuss the new Business Continuity Management Plan

2. Executive Summary

- 2.1 Following a review of exiting Policies and Procedures internally, and subsequent work with Zurich as the Colleges risk management consultant, the Contingency and Disaster Management Procedure was identified as one need a major upgrade.
- 2.2 In creating this new plan, work has been undertaken with Zurich following their initial review. This includes initial training with a cohort of College Managers.
- 2.3 The purpose of the new plan is to provide a clear guidance on what the College will do in the event of an incident which can give rise to business disruption. The plan provides action checklists, decision logs, meeting arrangements and key responsibilities to be utilised in the event of an incident.
- 2.4 It will be noted that this plan will be a live document, subject to regular review and change due to the nature of the business. The plan must be tested at regular intervals in line with risk management best practice.

3. Context

- 3.1 For full context please refer to the appendix paper which contains the full plan. Please note that this will replace the College existing Contingency and Disaster Management Procedure which will be removed from circulation.

4. Strategic Implications

- 4.1 This paper is directly linked to all College Strategic Priorities.

5. Risk

Risk	Mitigations
Risk 5 – Business Continuity	<ul style="list-style-type: none"> ➤ Effective procedures, back-ups, checks, awareness and CPD covering all processes which could affect the Colleges ability to perform in a business as usual manner.

6. Implications

Financial	Yes	There could be financial repercussion in the event of being unable to deliver our business as usual due to a critical incident
Legal	Yes	The College may be unable to meet statutory obligations in the event of a critical incident. The College is legally obliged to have a number of policies and procedures in place which contribute to business continuity
Learning and Teaching	Yes	The Business Continuity Management Plan will positively impact Learning and Teaching as it provides a framework to ensure this can continue in some ways in the event of a critical incident
Equalities	Yes	The plan will ensure all college users are considered in the event of a critical incident.

Billy Currie

Director of Estates & Sustainability

28th February 2024



**Dumfries and
Galloway College**

One step ahead

BUSINESS CONTINUITY MANAGEMENT PLAN

Date:

Version: 1

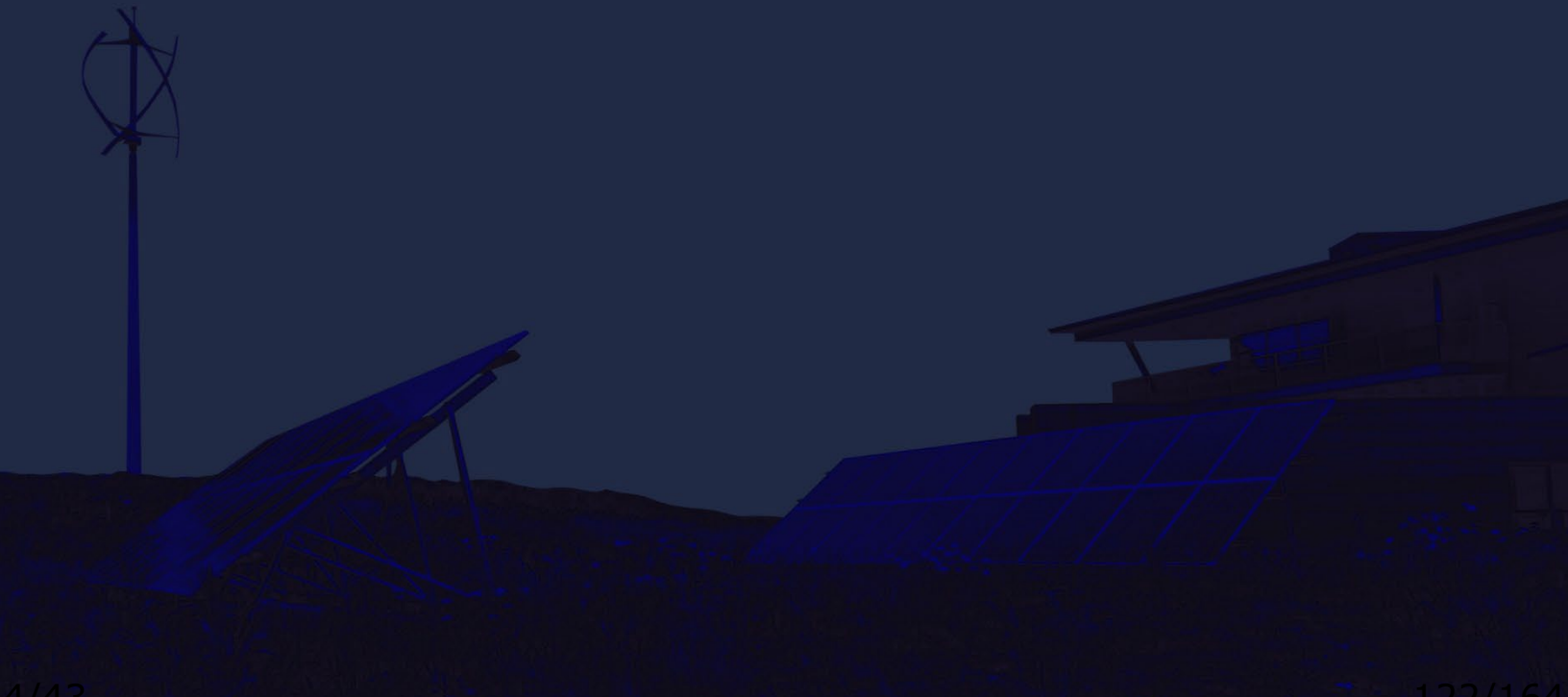


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Business Continuity Management Plan

Introduction

Business Continuity Management (BCM) is the framework for Dumfries and Galloway College to update, control and deploy an effective process to prepare for, respond to and recover from major disruptive events, which could detrimentally affect College operations.

The source of the disruption may be caused by internal events such as loss of key staff, loss of use of a building, loss of digital systems, cyber attacks or a technological systems failure, or, it might be caused by an external influence such as adverse weather or a loss of utilities.

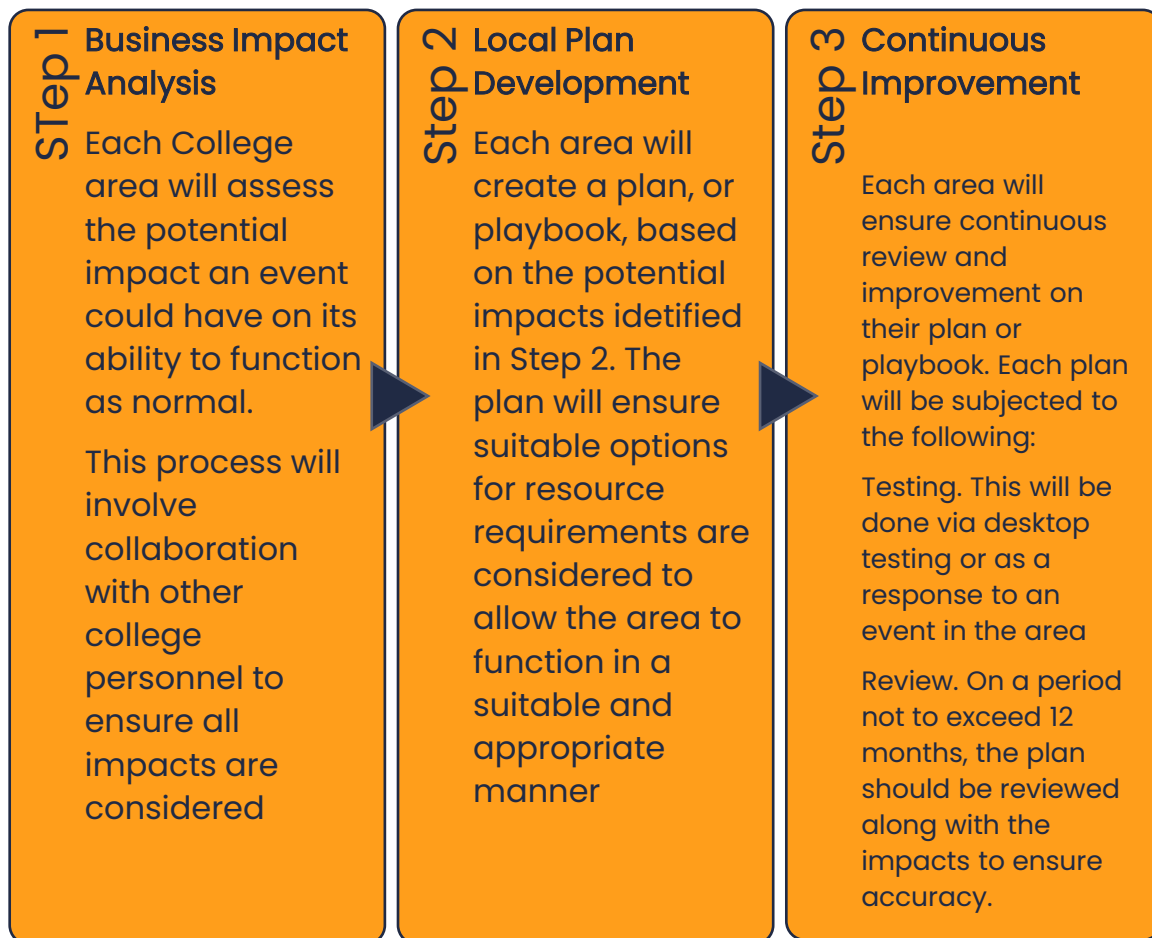
Dumfries and Galloway College has the following BCM objectives:

- To identify the major risk areas which could cause disruption to college business
- To establish defined plans to respond to critical incidents that cause a major disruption
- To establish BCM arrangements to respond to all identified risks
- To conduct regular reviews, audits and table top exercises of BCM plans, to ensure fit for purpose which lends itself to continuous improvement

- To raise the profile of BCM within Dumfries and Galloway College, and raise awareness to staff of BCM plans currently in place
- To work in partnership with other regional and national organisations to improve joint BCM planning, testing and review

Framework Statement

This Framework demonstrates how the College improves its resilience to major disruptions, so that key business systems and processes can be recovered, and business as usual restored as quickly as possible. The Framework identifies three key steps to embedding the BCM plan within the College which should be followed:



3. Understanding Business Continuity Management:

Business continuity management is the process of planning for and dealing with potential threats and hazards to an organization's ability to maintain business continuity. This management requires: Evaluating the importance of different business functions in a business impact analysis

Business Continuity Management is, by nature, a reactive task. The Colleges overall methodology will consist of:

- Prepare – Ensure all BCPs are in place and up to date
- Prevent – Systematic monitoring of risks and avoiding complacency
- Respond – Enact any BCPs in the event of an incident
- Return – Return to business as usual in a timely manner

It is to be accepted that the College will not be able to control every eventuality, however it can control outcomes by following the methodology above and having all of the correct planning in place.

Critical Incidents:

A Critical Incident is defined as 'a threat to the operation, safety or reputation of an organisation with an element of surprise and unpredictability, necessitating rapid and effective decision-making.

In a College context, this can take many guises and could include, but are not limited to:

- An incident affecting the immediate health and safety of staff or students
- An incident affecting the function of, or part of, the College buildings
- A business function incident preventing access to key operating systems
- External influences such as transport(network and infrastructure) or adverse weather

Critical Incidents should be viewed in 3 categories as follows:

Incident Level	Type and Response
<p>Level 1 •</p>	<p>An inconvenient incident that will be dealt with internally, possibly by allocating staff and/or students alternative work /space within the building.</p> <p>Principal to be kept informed. Consider whether ELT/SMT should be put on amber alert for Crisis Management duties. Probably no need to invoke BCP.</p>
<p>Level 2 •</p>	<p>An incident involving the closure of buildings or a significant part of a building (e.g. classrooms/workshops, reception, entrance), or an incident adversely affecting more than 10% of staff or students.</p> <p>. Emergency response procedures insufficient beyond initial response. Principal to be informed immediately.</p> <ul style="list-style-type: none"> • Contact ELT/SLT for Crisis Management response and invoke BCP. • Managers to allocate priority work to essential staff. <p>ELT/SLT to consider using facilities on another unaffected part of the College. If appropriate, non-essential staff will remain at home and maintain contact with the College through a range of communication channels, including, for example, a dedicated part of</p>

	the College's website and/or dedicated telephone lines.
Level 3 •	<p>An incident that severely disrupts the College, resulting in the closure of one or more locations for at least 5-days. Emergency Response procedures insufficient beyond initial response. Principal to be informed immediately.</p> <ul style="list-style-type: none"> • Form Crisis Management Team and invoke BCP. <p>The ELT/SLT, shall if necessary arrange for all critical data and other equipment to be removed from the affected site and relocated. IT services will set up in alternative sites. Staff and students will be kept informed of developments, with regular updates on the expected date of full recovery via the College's website and/or dedicated telephone lines. Alternative premises will be secured and equipped if the affected site(s) are expected to remain out of commission for more than 20 working days.</p>

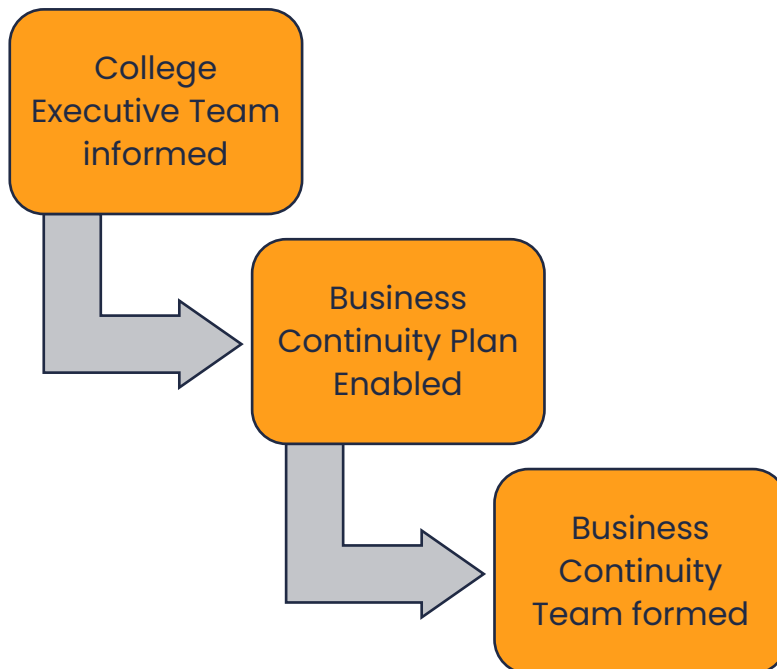
The following flow chart will show the processes to be used in the event of a Critical Incident occurring:



Enacting Business Continuity Management

If an incident has been escalated to require the utilisation of a Business Continuity Plan then this must be escalated to the College Principal, Depute or Vice Principals immediately.

The following process will take effect upon escalation:



The Business Continuity Team(BCT) will take responsibility for monitoring and decision making in the event of an incident. The team will be available and will meet in person, or online, to ensure the College process is followed in a timely manner.

The BCT will consist of the following:

- Executive Team Member to chair
- Director of Estates and Sustainability
- Director of Curriculum
- Director of Finance
- Teaching and support TU members(1 from each TU)

- ICT Manager
- HR representative
- Marketing/Comms representative

The BCT will not be responsible for implementing any Business Continuity Plan, this will be the responsibility of the appropriate line manager or Senior Leadership Team member.

The initial meeting of the BCT will progress Stage 1, 'The Initial Crisis Management', the first meeting of the BCT will have the following key priorities;

- What are the key priorities of the organisation, what will be the key focus for the IMT?

The following agenda should be used to help shape the meeting

Item	Topic	Actioned (Yes/No)
1.	<ul style="list-style-type: none"> • Agree roles and responsibilities of the group • Determine if additional members / deputies needed • Ensure decision logs in place 	
2.	<ul style="list-style-type: none"> • Determine current status of incident <ul style="list-style-type: none"> ○ review Incident Assessment forms ○ review additional information sources / consider their reliability ○ identify gaps in knowledge and actions to address gaps ○ identify immediate actions to protection life and minimise damage to assets • Assess best outcome / worst outcome / most likely outcome 	

3.	<ul style="list-style-type: none"> Identify if there are any regulatory requirements that need to be serviced and their prioritisation. Consider frequency of interaction with any external bodies/agencies as required 	
4.	<ul style="list-style-type: none"> Determine what Legal action or advice is required 	
5.	<ul style="list-style-type: none"> Determine communication requirements for key stakeholders including staff, Board and key partners. Determine the media strategy to be implemented 	
6.	<ul style="list-style-type: none"> Determine priorities giving consideration to timing / ongoing projects (see Section xx for list of Prioritised Services) Discuss and decide resource management plan 	
7.	<ul style="list-style-type: none"> Determine any adjustments needed to facilitate emergency decision making and spending 	
8.	<ul style="list-style-type: none"> Summary/AOB <ul style="list-style-type: none"> Ensure clarity on decisions and actions Agree date / time / location of next meeting 	

Ongoing meeting agenda

As the incident progresses the BCT will move towards Stage 2 'Recovery to enable business continuity'. This process will help to ensure that if key functions can be restored within an acceptable period, then staff will be notified of this timescale. Should it be considered that the incident is likely to last longer than is deemed acceptable the BCT will then assess what contingency measures need to be put in place.

Ongoing meetings and their regularity will depend on the type of incident, but as a guide it should be sufficient to keep information collation, decision making and progress reporting manageable and effective.

Item	Topic	Actioned (Yes/No)
1.	<ul style="list-style-type: none"> • Current status of incident 	
2.	<ul style="list-style-type: none"> • Staff welfare issues 	
3.	<ul style="list-style-type: none"> • Actions from previous meeting 	
4.	<ul style="list-style-type: none"> • Resource requirements for <ul style="list-style-type: none"> ○ continuing incident response ○ recovery of prioritised Services 	
5.	<ul style="list-style-type: none"> • Communication requirements and resourcing <ul style="list-style-type: none"> ○ new stakeholders ○ impact of / feedback on messaging ○ changed / new messaging 	
6.	<ul style="list-style-type: none"> • Changed legal / regulatory requirements 	
7.	<ul style="list-style-type: none"> • Summary/AOB 	

	<ul style="list-style-type: none"> ○ Ensure clarity on decisions and actions ○ Agree date / time / location of next meeting 	
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Stand Down and Post Incident Assessment

Following the restoration of the function(s) to allow service resumption a full review of the incident and the response will be required to take place. The aim of this is to highlight the strengths and weaknesses of the BCP which will be amended following the experience gained from the incident. A post incident checklist can be found in section

The final meeting agenda shown below should be used

Item	Topic	Actioned (Yes/No)
1.	<ul style="list-style-type: none"> • Communication to stakeholders covering return to "business as usual" 	
2.	<ul style="list-style-type: none"> • Assign responsibility for final reporting to external agencies/bodies 	
3.	<ul style="list-style-type: none"> • Decision logs - finalised, collated, stored 	
4.		

	<ul style="list-style-type: none"> • Arrangements for incident debrief - to identify opportunities for improvement and any lessons learned 	
5.	<ul style="list-style-type: none"> • Arrangements to review the Business Continuity Plan in the light of the lessons learned 	

Prioritised Services

Included here a prioritised services map showing the timescales within which a minimum acceptable level of service must be provided;

Service / Business Activity	Timescale within which a minimum acceptable level of service must be provided				
	< 24hrs	1 day	2-3 days	1 week	2 weeks +
Learning Spaces	Red				
Key Staff	Red				
Estates Cleaning/Janitorial Service	Red				
Telephone Systems	Red				
ICT Systems	Red				
Decant & rehousing	Red	Red			
Payroll	Green	Green	Red		
Finance Services	Green	Green	Green	Red	
Premises Availability	Green	Green	Red	Red	

Supplier Payment (Plus)					
Procurement of Goods and services					
Treasury Management					
Office Accomodation					

Key

service Area Plans

See Appendix 1 for the key service area plan template which should be complete for all areas listed in the above table:

Testing Business Continuity Arrangements

Testing of the business continuity arrangements are critical to ensuring the College remains prepared for any potential incidents. The following table will outline the Colleges preferred approach to testing its arrangements:

Approach	How we do it	What it does	How often its done
Component Test	Confirming that a key procedure or piece of equipment that is relied on in an incident works. Could be as simple as checking that contact procedures work (e.g. checking phone numbers on an	Benefits: Provides a more focused method of testing key procedures and equipment that are central to a plan are sound. Limited resources and time needed to implement this option. Enhances	Frequency: As required - scheduled compliance testing, review after component failure or if recommended after walkthrough, rehearsal or real life incident. Responsible: Component owner/s.

	emergency contact list).	familiarity with the plan and encourages key people to question and challenge the assumptions made by getting them to think about real life scenarios.	
Walkthrough	A structured discussion involving key people responsible for responding to service disruptions. Involves discussion of how the team would respond in the event of different types of incident	Enhances familiarity with the plan and encourages key people to question and challenge the assumptions made by getting them to think about real life scenarios.	Frequency: One Corporate BCM Plan per calendar year. Department BCM Plan rehearsals completed if/ as required or requested by SLT/Executive team but not less than every 12 months. Responsible: Plan owner
Rehearsal / Table Top	Key people who you rely on to respond to College disruptions rehearse their recovery, in real time to an incident. People play set roles either as participants or as facilitators. The scenario is highly controlled, with use of a script to prompt interactions to strict timescales.	A very realistic exercise type which provides a reliable test of the plan. It is dynamic, which ensures that lessons learnt and the value of business continuity is strongly reinforced. Highly effective form of training as this allows people to practice how they would respond to an incident in a way which is very memorable.	Frequency: One Corporate BCM Plan per calendar year. Department BCM Plan rehearsals completed if/ as required or requested by SMT/Executive team. Responsible: SMT/ Executive team.

Following on from any real life incident or testing process a lessons learned exercise should be held and actions documented and communicated.

This could be a debrief with fire marshals after an evacuation or with key staff after major IT service loss but the approach should be the same in that open communication to understand any challenges faced should be allowed and documented afterwards.

Any updates required to policies and procedure would then be issued on to College committees or groups as required in line with Corporate Governance.

Corporate Governance

College Management Team	Responsible for overseeing all BIAs, Operational BCM plans, implementation and validation activities at departmental level. Responsible for discussing and review the departmental approach quarterly at management team meetings.
Risk Management and Assurance Group	Responsible for the corporate management and review of all BCM framework and policy matters within the College. Responsible for linking the BCM framework to the risk management arrangements within the College. Responsible for testing and validating Corporate BCM Plans.
Senior Leadership Team (SLT) & Executive Leadership Team (ELT)	Responsible for the BCM Framework. Provide reports to Audit and Risk Assurance Committee / Board of Management. Coordinating internal and external audit activity with regard to BCM. Responsible for leadership in

	respect of critical incident management and invoking BCM plans.
Audit and Risk Assurance committee + Board of Management	Responsible for strategic scrutiny and assurance of the BCM framework and policy, and ensuring internal controls are in place.
Internal Auditors	Responsible for providing an objective analysis and evaluation of the BCM framework and policy, BIAs and BCM plans, and proposing any consequent improvement actions.

Appendix 1 – Key Area Service Plans

This document is to be used for all key areas to determine immediate, medium and long term actions to follow during a service disruption. For guidance, the following should be adhered to for timeframe measuring:

Immediate – Not to exceed 24 hours

Medium – Not to exceed 1 week

Long – Not less than 1 week

Sign off will be done by the responsible owner and the form will be held in the central business continuity file log.

Action	Timeframe (immediate, medium or long)	Responsible Owner	Notes	Sign off
1				
2				
3				
4				
5				

Appendix 2 – Key Contacts Staff

Name	Position	Phone	Email
Joanna Campbell	Principal and CEO	Home: Mobile:	
Douglas Dickson	Depute Principal	Home: Mobile:	
Joe McGraw	Vice Principal	Home: Mobile:	
Billy Currie	Director	Home: Mobile:	
Phil Storrier	Director	Home: Mobile:	
Karen Hunter	Director	Home: Mobile:	
Billy McMillan	Director	Home: Mobile:	
Kate Glendye	Director	Home: Mobile:	
Calum Rodgers	Digital Services Manager	Home: Mobile:	
Lorraine Grierson	Secretary to the Board	Home: Mobile:	
Mary Cheetham	Pa to Principal	Home: Mobile:	
Alex Elkins	Executive Assistant	Home: Mobile:	

Company	Service	Account Number	Phone number
Scottish Power	Electricity Supply		08000929290
Scottish Water	Water Supply		0800 077 8778
Scottish Gas	Gas Supply		0800 111 999
Moffat Fire and Security	Fire and Security Alarms		01461 339900 07774 000300
Croma Vigilant	Security Guarding		01387 247842
Kirsty Forsyth Zurich Municipal	Insurance Services		07767 225537
Scottish Fire and Rescue Service	Fire Service		01387 252222
Ian Morris	Emergency Joiner		07880936037
JC Martin	Emergency Electrician		07921 318556
Jim Dalziel	Emergency Plumber		01387 265543
Glass and Glazing	Emergency Glaziers		01387 253029

Appendix 3 – Emergency Action Task Lists

Fire Evacuation		
Responsible	Action	Action Taken
All on Discovery	Raise the alarm by activating the fire alarm call point. Most of these are close to exits on each floor.	<input type="checkbox"/>
All on Discovery	Notify Reception/ Fire Wardens as to location and extent of the fire.	<input type="checkbox"/>
The fire alarm will be a continuous sounder		
Reception	Notify the Fire Brigade.	<input type="checkbox"/>
Duty Manager/BCT Lead	Evacuate the premises to external assembly points.	<input type="checkbox"/>
Receptionist	Remove visitors and contractors book.	<input type="checkbox"/>
Fire Wardens	Assist in clearing the building if safe to do so	<input type="checkbox"/>
Fire Wardens	Ensure staff members do not stop to collect personal belongings.	<input type="checkbox"/>
Duty Manager/BCT Lead	Liaise with Emergency Services advising as to location and severity of fire and evacuation status.	<input type="checkbox"/>
Fire Wardens	Ensure each Department is content that all members of staff and visitors are accounted for. If not the Emergency Response Team Leader/ Emergency Services must be informed immediately.	<input type="checkbox"/>
All	Follow advice of Emergency Services.	<input type="checkbox"/>
Duty Manager/BCT Lead	Advise staff to return to the building on the advice of the Emergency Services.	<input type="checkbox"/>

Gas Leak

Responsible	Action	Action Taken
All on Discovery	Notify Reception.	<input type="checkbox"/>
Reception	Notify Duty Manager and Estates Team Leader/Director of Estates	<input type="checkbox"/>
Duty Manager	Assess if evacuation is required	<input type="checkbox"/>
Duty Manager	Consider if emergency services should be informed.	<input type="checkbox"/>
Reception	Notify Emergency Services if required	<input type="checkbox"/>
Estates Personnel	Notify Scottish Gas Networks: 0800 111 999	
Trained Staff	Turn off the meter at the control valve or gas slam valve if safe to do so.	<input type="checkbox"/>
Fire Wardens	Open doors and windows to vent gas if safe to do so	<input type="checkbox"/>
Duty Manager/BCT Lead	Evacuate the premises using Fire Wardens to notify everybody of evacuation.	<input type="checkbox"/>
Fire Wardens	Ensure everyone knows it is a gas leak and smoking is not under any circumstances permitted.	<input type="checkbox"/>
All Staff	DO NOT smoke in or near the premises.	<input type="checkbox"/>
All Staff	DO NOT turn electrical switches on or off.	<input type="checkbox"/>
Duty Manager/Estates Personnel	Consider evacuation point and move further away from the building if appropriate.	<input type="checkbox"/>
Emergency Response Team Leader	Consider requirement to notify neighbours.	<input type="checkbox"/>
Fire Wardens	Ensure everyone notified of change of assembly point.	<input type="checkbox"/>
Duty Manager/Estates Personnel	Liaise with Scottish Gas Networks: 0800 111 999 and Emergency Services.	<input type="checkbox"/>
Duty Manager/Estates Personnel	Advise on any additional action to be taken.	<input type="checkbox"/>

Duty Manager/BCT Lead	Once all clear given return to the building.	<input type="checkbox"/>
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Water Damage

Responsible	Action	Action Taken
All on Discovery	Notify Reception and manager in affected area who in turn will notify Estates.	<input type="checkbox"/>
Designated Staff	If safe to do so move computers and other portable electrical equipment, files and furniture out of harm's way.	<input type="checkbox"/>
Duty Manager/BCT Lead	Consider requirement to evacuate premises. Evacuation would be co-ordinated by Fire Wardens.	<input type="checkbox"/>
Designed Trained Staff or Plumber	Where appropriate turn off the water supply at the stopcock. Contact plumber if required. Telephone:	<input type="checkbox"/>
Designated Trained Staff	Turn off/ isolate gas and electrical supplies if a cause for concern and only if safe to do so.	<input type="checkbox"/>
Duty Manager.Estates Personnel	Await plumber and follow any advice given by phone in the interim.	<input type="checkbox"/>
Duty Manager/BCT Leade	Once under control notify building users.	<input type="checkbox"/>
Duty Manager/Estates Personnel	Consider requirements to partition off affected areas for safety using high visibility tape.	<input type="checkbox"/>
Estates Personnel	Obtain dehumidifiers. Telephone local suppliers including HSS or Hire and Supplies	<input type="checkbox"/>
Plumber	Repair fault and reinstate water supply.	<input type="checkbox"/>

Power Failure

Responsible	Action	Action Taken
All	Notify Reception on discovery	<input type="checkbox"/>
Reception	Notify Duty Manager and Estates team immediately	<input type="checkbox"/>
Estates	Establish if failure is internal or external	<input type="checkbox"/>
Estates	If power loss is established due to internal fault Estates personnel will check RCDs and contact electrician if required.	<input type="checkbox"/>
Estates	Call electrician JC Martin, Derek Mitchell, Lotus.	<input type="checkbox"/>
Estates Personnel	If external ring Power Supply Company and determine problem and likely duration of power loss.	<input type="checkbox"/>
Estates Personnel	Power loss phone number. Telephone 0800 092 9290 or 105_____.	<input type="checkbox"/>
Affected Departments	UPS will kick in and maintain power supply to allow safe shutdown of ICT systems and provide Central Lift. Battery unit will allow for 3 hour emergency lighting to allow safe evacuation	<input type="checkbox"/>
Affected Departments	Begin safe shutdown of equipment and backup of data.	<input type="checkbox"/>
Duty Manager/BCT Lead	Evacuate building if power loss presents a safety hazard.	<input type="checkbox"/>
Estates and ICT Departments	If an emergency generator is in use, check generator running conditions and fuel levels.	<input type="checkbox"/>
Estates	Order additional fuel if necessary.	<input type="checkbox"/>
Duty Manager/BCT Lead	Brief department managers on estimated outage and agree an appropriate course of action	<input type="checkbox"/>
Dept. Managers	Brief staff	<input type="checkbox"/>

Loss of Water

Responsible	Action	Action Taken
All	Notify reception on discovery	
Reception	Notify Estates Team	
Estates	Determine if water loss is internal or external	
Estates	If water loss determined to be internal – contact plumber. Jim Dalziel/S&D	
Estates	If water loss external find out from the Water Supplier how long water is likely to be off. Telephone: Scottish Water 0800 077 8778	
Estates	Consider requirement to shut down boilers, including pumps and other associated water devices which could cause damage	
Duty Manager/BCT Lead	If the water is to be off for a long period of time, find out whether any nearby occupancy still has water and establish if their facilities can be used.	
Duty Manager/BCT Lead	Consider requirements for purchase of additional bottled drinking water	
Duty Manager/BCT Lead	Consider requirement for hire of portaloos	
Duty Manager/BCT Lead	Brief managers on short term alternate arrangements	

Loss of Gas Supply

Responsible	Action	Action Taken
All	On discovery notify reception and Duty Manager who in turn will notify Estates Team	<input type="checkbox"/>
Estates	Turn gas off at meter (to prevent dangerous build up on restart) – use qualified staff or contact GAS SAFE registered plumber. Contact Jim Dalziel or S&D for local plumber	<input type="checkbox"/>
Estates Personnel	Find out how long supply likely to be out. Contact Scottish Gas Networks 0800 111 999	<input type="checkbox"/>
Duty Manager	Notify affected departments and update as required	<input type="checkbox"/>
Duty Manager/Estates Team/BCT Lead	In winter or colder periods consider the use of temporary heaters.	<input type="checkbox"/>
Estates Team	If safe to do so, and network provider confirm all ok, re-instate gas supply and check all gas reliant equipment is functional including boilers and kitchen equipment.	<input type="checkbox"/>

Denial of Access

If access to organisation offices is denied by an outside event staff:

Action	Action Taken
Should follow directions of emergency services.	<input type="checkbox"/>
Should not attempt to access the building.	<input type="checkbox"/>
Liaise with duty manager or estates personnel concerning personal belongings.	<input type="checkbox"/>
College communications process should be used to advise staff whether to attend work once situation is determined.	<input type="checkbox"/>
The ELT/SLT/BCT will determine next course of action.	<input type="checkbox"/>
Should follow directions of emergency services.	<input type="checkbox"/>

Building Lockdown

There are important differences between the lockdown and shelter arrangements.

Lockdown is necessary when students, visitors and staff need to be **locked** within buildings for their own safety i.e. in an emergency situation such as a hostile intruder, terrorist attack or other criminal activity.

Signals

Alarm or signal for lockdown shelter	
Signal for stand down / all-clear	

Incident Control Officers & Response Team

Role	Name	Emergency Contact Number
Incident Control Officer	Senior Leadership Team	
Deputies	College Management Team	
Communications Officer	Marketing Team Leader	

It is important to remember that it is very much **the exception** to evacuate a building in the event of a hostile intruder. Unless the location of the intruders is known, a "blind" evacuation may be putting people in more danger (e.g. from an intruder or device at one of the entrances/exits) than if they had remained within the building.

Rooms most suitable for lockdown

1 Classrooms
2 Hall
3 Sports hall
4 Offices

It is important to make sure that items that could be used as weapons (kitchen implements, sports equipment, tools, cleaning products) are securely locked away when not in use.

Communication arrangements

Wherever possible use silent communications and keep noise to a minimum especially if the intruders are close by. Make sure any communications devices are secure and cannot be intercepted.

Two-way radios
Classroom telephones
Mobile phones
Instant messaging / email

Other (TV's / Whiteboards / etc)

Alternative place of safety in the event that it is considered necessary to leave site (for example, partner school/college / leisure centre) <u>must be pre-arranged.</u>	
Name of venue	Easterbrook Hall
Type of venue	Event space/Secure Hall
Contact name	Gordon Clark
Contact telephone number	
Venue is located 0.6mi from College campus, suitable transport distance for persons of all physical abilities due to road network. Event space up to 1000 persons with 4 side rooms available for a further 720 persons	

Other useful contacts:

Name	Emergency Contact Number
Police Scotland	101/999
Croma Vigilant	01387 247842

Action Plan	Completed by (sign and time)
Sound Alert - Activate lock-down procedures immediately	
Dial 999	
Direct all students, staff and signed in visitors to the nearest safe place (this may be dependent on what and where the risk is)	
Secure rooms and take action to increase protection from attack - Lock and barricade doors and windows	
Close windows / blinds	
Turn off the lights, fans or mobile air conditioning units (this will reduce noise and the risk of exposure to any chemical/biological attack)	
Hide, sit on the floor under desks, and away from windows	
Stay as silent as possible - put any mobile devices to silent (consider writing / displaying instructions on whiteboards / TV's etc as long as it can't be seen by the intruder)	
Ensure that students, staff and visitors are aware of an exit point in case the intruder does manage to gain access	
If possible, check for missing / injured students, staff and visitors	
Keep doors and windows locked shut and remain inside until an all-clear has been given, or unless told to evacuate by the emergency services	

Severe Weather

Action

Advance actions to be taken upon forecast of severe weather:

- Check windows, close shutters, nail down and brace loose frames.
- Board up openings if necessary.
- Secure loose objects in the open.
- Move drums of chemicals/ fuels to safety.
- Inspect and secure roof and loose coverings.
- Ensure gutters, drains etc. are cleared.
- Obtain sandbags/ barriers and utilise as appropriate.
- Evaluate requirements to isolate utilities.
- Move stored goods out of reach of water damage.
- Move or cover machinery and plant.
- Consider personal protective equipment requirements for staff.
- Determine if staff should be asked not to attend work/be sent home (refer to Adverse Weather Procedure)
- Ensure adequate stock of food/ water etc.
- Check adequacy of current fuel stock for standby generators.

Actions to be taken during severe weather:

- Ensure staff are located in a place of safety.
- Monitor weather forecasts/ local radio/local resilience partnership.
- Liaise with Emergency Services and wider regional partners concerning recommended course of action.
- Ensure staff do not put themselves at risk.
- Keep staff informed.

Actions to be taken post event:

- Make arrangement to secure dangerous areas – physical barriers/ high visibility tape etc.
- Consider short-term security issues.
- Assess initial damage.
- Begin salvage – limit access to appropriate staff and ensure appropriate PPE in use.
- Restore utilities.
- Review effectiveness of preparations.
- Restock any emergency supplies utilised.

BOMB THREATS CHECKLIST

ACTIONS TO BE TAKEN ON RECEIPT OF A BOMB THREAT

1. Remain calm and talk to the caller
2. Note the caller's number if displayed on your phone
3. If the threat had been sent via email or social media, see appropriate section below
4. If you are able to, record the call
5. Write down the exact wording of the threat:

--

ASK THESE QUESTIONS AND RECORD ANSWERS AS ACCURATELY AS POSSIBLE:

1. Where exactly is the bomb right now?

7. What is your name?

--	--

2. When is it going to explode?

8. What is your address?

--	--

3. What does it look like?

9. What is your telephone number?

--	--

4. What does the bomb contain?

10. Do you represent a group or are you acting alone?

--	--

5. How will it be detonated?

11. Why have you placed the bomb?

6. Did you place the bomb? If not you, who did?	12. Record time completed:

INFORM BUILDING SECURITY OR
COORDINATING MANAGER

DIAL 999 AND INFORM POLICE

Name and telephone number of person informed:

Time informed:

This part should be completed once the caller has hung up and police / building security / coordinating manager have all been informed.

Date and time of call: Duration of call: The telephone number that
received the call:

--	--	--

About the caller:

Male

Female

Age

Nationality

Threat language:

Well spoken

Irrational

Tape

Foul

Incoherent

d

Caller's voice:

- Calm
- Crying
- Clearing throat
- Angry
- Nasal

- Slurred
- Excited
- Stutter
- Disguised
- Slow

- Lisp
- Rapid
- Deep
- Laughter
- Hoarse

Familiar (if so, who did it sound like?)

Accent (if so what accent?)

Other (please specify)

Other sounds:

- Street noises
- House noises
- Animal noises
- Crockery

- Motor
- Clear
- Voice
- Static

- PA system
- Booth
- Music
- Factory machinery

- Office machinery
- Other (please specify)

Remarks

Additional notes

Signature:

Print
name:

Date:

ACTIONS TO BE TAKEN ON RECEIPT OF A BOMB THREAT SENT VIA EMAIL OR SOCIAL MEDIA

- 1 Do not reply to, forward or delete the message
- 2 If sent via email, note the address
- 3 If sent via social media, what application has been used and what is the username/ID?
- 4 Dial 999 and follow police guidance
- 5 Preserve all web log files for your organisation to help the police investigation (as a guide, 7 days prior to the threat message and 48 hours after)

SAVE AND PRINT – HAND COPY TO POLICE AND SECURITY OR COORDINATING MANAGER

Retention period: 7 years

Appendix 4 – Incident Report Form

Incident detail.....

Time and date of report.....

Name of person making the report.....

Questions	Noted By	Record Information here
What has happened, e.g. fire, explosion, theft, malicious damage, water damage, power failure, denied access?		
Who is involved – any casualties: <ul style="list-style-type: none"> • Any injury reports? • Any staff, visitor or contractor injuries or fatalities? • Where are staff now? – evacuated, or not • Have incident services (fire, police, ambulance)/ local authority been called? 		
When did it occur?		
Where is the problem?		

Why did it happen? If known at this stage.		
Who is in charge of the situation?		

Appendix 2 – Incident Logs

The progress of the individual tasks during an incident must be recorded in order to maintain a reliable picture of the current circumstances and for any post incident investigations. A copy of this form should be retained in the Business Continuity Folder within the College Management Teams file

Incident Description			
Location Affected			
Date / Time Incident Commenced			
Loggist name			
Sheet No.		Sheet total	
Circumstance / Issue / Decision Taken		Date Time	Responsible Person

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