

Meeting	Audit Committee
Date and time	Tuesday 27 February 2018 at 8.30 a.m.
Location	Boardroom, 1 Inverness Campus

College Secretary
21 February 2018

AGENDA

Welcome and Apologies

Declarations of Interest

ITEMS FOR DECISION

1. **MINUTES**
 - a) Minutes of Meeting of the Audit Committee held on 28 November 2017
 - b) Minutes of Meeting of the Joint Audit and Finance and General Purposes Committee held on 7 December 2017
2. **OUTSTANDING ACTIONS**
Action List
3. **POLICIES**
 - a. **Health & Safety Policy and Statement**
 - b. **Public Interest Disclosure Policy**
 - c. **Risk Management Policy**
Covering reports

ITEMS FOR DISCUSSION

4. **AUDIT REPORTS - FINANCIAL CONTROLS**
Audit reports by BDO
5. **OUTSTANDING AUDIT RECOMMENDATIONS**
Report by Director of Finance
6. **RISK REGISTER**
Report by Depute Principal
7. **BUSINESS CONTINUITY UPDATE**
Report by Director of Organisational Development

- 8. ICT PROJECTS**
Report by ICT Services Manager
 - 9. HEALTH AND SAFETY Q2 REPORT**
Report by Health and Safety Manager
 - 10. ACADEMIC PARTNER AUDIT COMMITTEE CHAIRS MEETING – MAY 2018**
Consider issues to be raised at this meeting
-

ITEMS FOR NOTING

- 11. DATA PROTECTION, FREEDOM OF INFORMATION, COMPLAINTS AND PUBLIC INTEREST DISCLOSURE ANNUAL REPORT 2018**
Joint Report by College Secretary, Quality Manager and Information Development Manager
- 12. AOCB**
- 13. DATE OF NEXT MEETING**
Tuesday 29 May 2018

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

Board of Management

MINUTES of the MEETING of the AUDIT COMMITTEE held in the Boardroom, 1 Inverness Campus, on Tuesday 28 November 2017

PRESENT:	Hazel Allen, Sarah Burton, Jaci Douglas, Innis Montgomery, Fiona Neilson
CHAIR:	Hazel Allen
APOLOGIES:	Steve Walsh
ATTENDING:	Principal Depute Principal Director of Organisational Development Director of Finance Claire Robertson, BDO Andrew O'Donnell, BDO Stephen Reid, E&Y Secretary to the Board of Management

Fiona Neilson declared an interest in item 10 – New Campus issues of risk. Stephen Reid declared an interest as external auditor of UHI and the assigned partner colleges.

1. MINUTES

The minutes of the Meeting of the Audit Committee held on 19 September 2017 were **AGREED** as a correct record, were approved and signed by the Chair.

2. AUDIT COMMITTEE ANNUAL REPORT TO THE BOARD OF MANAGEMENT

The Board Secretary advised that the Audit Committee was required, in accordance with Scottish Funding Council guidance, to report annually to the Board of Management. The report had been prepared using the template which had been adopted across the UHI partnership and highlighted the membership of the Audit Committee, meetings held, those attending and the key reports presented during 2016-17. This included the work carried out by Henderson Loggie, the Internal Auditors, and Scott Moncrieff the External Auditors in relation to the 2015-16 Audit of the Accounts. Other key areas of work of the committee which were covered were risk management, health and safety and approval of policies relevant to the terms of reference of the Committee.

The Chair stated that the report was a very useful summary of the work of the committee over the 2016-17 academic year and the Committee **AGREED** to recommend it to the Board of Management for approval.

3. INTERNAL AUDIT REPORTS

a) Credits Audit

A review of the College's FES (further education statistical) data return had been carried out in accordance with the 'Credit Guidance: 2016-17 student activity data guidance for colleges' (SFC/GD/17/2016) issued in August 2016

and the audit guidance for colleges (SFC/GD/15/2017) issued on 20 July 2017.

The final 2016/17 FES return submitted to SFC by the College matched the figures which BDO reviewed. A number of findings had been raised and recommendations had been made to improve the College's underlying systems and processes to ensure accurate reporting of student activity data to the SFC. The Depute Principal advised that all recommendations had been implemented.

The Committee were pleased to **NOTE** a timely and clean FES return.

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

A review of the College's student data returns had been carried out in accordance with the 'Student Support Fund' Audit Guidance Notes for 2016-17 issued on 19 July 2017. BDO had found that the College's systems and procedures were sufficiently adequate to promote the accurate collection and recording of data in respect of the aggregated student support funds returns.

The Committee were pleased to **NOTE** a clean audit with no recommendations. The Committee passed on their congratulations to the Director of Finance and the Admissions team.

c) Risk Management

A review of the risk management framework had been undertaken by BDO to assess whether a suitable risk strategy and policy was in place, and whether the structure, roles and responsibilities for risk management were clear.

BDO reported that the review had identified that clear responsibilities and reporting lines were in place in relation to the reporting of risks to management, the Audit Committee and the Board of Management. This provided senior management with the opportunity to review and challenge both the risks identified and mitigating controls in place.

The level of assurance given for both design and effectiveness was "Moderate". Several areas for improvement were identified in relation to risk management policy limitations, risk register limitations and training requirements.

There was a robust discussion on the findings in the report and on the adoption of the UHI risk register template which had in essence led to there being a two tier risk register with UHI strategic risks and IC local risks being identified. The committee also discussed risk appetite and the Chair advised that risk appetite would be considered at the board development day which was scheduled for the early part of 2018.

It was suggested that risks should not be identified as being solely within one department, rather they should be aligned to strategy.

The Committee **AGREED** that the risk register would be updated and that risk appetite and the risk register would be considered at the board development day to be held in the early part of 2018.

d) Corporate Governance

A review of key corporate governance controls had been undertaken by BDO in order to provide assurance to the Audit Committee and the Board of Management that these were well designed and operating effectively.

BDO reported that Inverness College UHI had a clearly documented set of internal corporate governance policies and procedures.

The level of assurance given for both design and effectiveness was “Substantial”.

The Committee **WELCOMED** the very positive audit.

4. PLANNED AUDITS – TERMS OF REFERENCE

As part of the 2017-18 Internal Audit Plan, it was agreed that the Internal Auditors BDO would carry out reviews of key financial control systems, data protection, partnership working and student support. The proposed terms of reference for each of these audits were presented to the Committee for discussion.

a) Financial Controls

To assess whether Inverness College is effective in maintaining good financial controls and to provide assurance on the design and effectiveness of the key financial control processes in place.

The Committee **APPROVED** the terms of reference for the review of all key financial control systems.

b) Data Protection

A review of the arrangements in place to assess the level of compliance with General Data Protection Regulation (GDPR) within Inverness College.

The Committee **APPROVED** the terms of reference for the review of data protection subject to a small amendment being made to the wording under the scope of the review relating to compliance with data governance arrangements.

c) Partnership Working

To provide assurance on whether Inverness College has effective arrangements in place to strategically manage key relationships and to ensure common understanding of aims, roles and responsibilities, and effective partnership working.

The Committee **APPROVED** the terms of reference for the review of partnership working on the understanding that consideration be given to the level of importance and fragility with each partner and that proportionate effort and impact also be considered.

d) Student Support

To provide assurance on the design and effectiveness of the controls in place in relation to the provision of student support services.

The Committee **APPROVED** the terms of reference for the review of student support services subject to the inclusion of the views of key partners also being sought.

5. OUTSTANDING AUDIT RECOMMENDATIONS

A report by the Director of Finance highlighted the list of outstanding recommendations from audits carried out in 2016-17. Two actions had been completed since the last meeting. A further two recommendations relating to procurement and creditors purchasing would be completed by mid-December. The final outstanding action related to the New Campus and GTFM. An improvement plan had been put in place so the recommendation was complete but the issue of compliance was still ongoing.

The Committee **NOTED** the progress with the outstanding audit recommendations and **AGREED** that the ongoing issues of non-compliance by GTFM be included in the risk register.

6. RISK REGISTER

A report by the Depute Principal advised that the Principal had reviewed the Risk Register and made several amendments. It had been agreed that the SMT would review items from the Risk Register on a rolling basis at each monthly SMT meeting. Subsequent amendments would be highlighted for presentation to the Audit Committee.

The Committee **NOTED** the amendments to the risk register and welcomed this new approach.

7. BUSINESS CONTINUITY

A report by the Director of Organisational Development advised that the business continuity plan which had been approved by the Audit Committee in November 2016 was currently under review as were the critical incident procedures. It was suggested that the first issue to consider in any crisis was "life".

The Committee considered the draft business continuity plan, noting some inconsistencies in text when referencing the cloud and the requirement to remove any reference to Director of Corporate Services. The final version of the updated plan would be submitted to the Committee in February 2018 after the completion of the full test.

The Committee **AGREED**

1. that the draft plan be amended to show that the first issue to consider in any crisis was "life" and
2. that in terms of the timescale outlined in the report, the table top exercise would not be held until after the staff development and training days had been completed.

8. VALUE FOR MONEY AND PROCUREMENT ANNUAL REPORT 2016/17

A joint report by the Director of Finance and the APUC Supply Chain Manager provided an update on procurement and value for money activities across the college departments during 2016/17 specifically –

- 2016/17 objectives
- PECOS
- SUN financial system
- Credit card spend
- Tendering activity 2016/17

The report also highlighted the procurement and value for money objectives which would be taken forward throughout 2017/18.

The Committee **NOTED** the report.

9. HEALTH AND SAFETY

A report by the Director of Organisational Development outlined matters pertaining to health and safety in quarter 1, 2017/18. The main issues to note were as follows:-

- One reportable RIDDOR incident
 - There had been a significant increase in accident/incident/near miss reporting from Q1 last year with the increase in reports due to several factors:
 - The Early Learning Childcare Centre reporting on all incidents involving the children in the nursery
 - Awareness of staff in using the new online reporting system
 - Ease of use of the reporting system
- 87 out of the 99 incidents reported took place on College premises and 37 of the incidents noted were from the Nursery

The Committee **NOTED** the report

10. NEW CAMPUS – ISSUES OF RISK

A report by the Director of Organisational Development provided an update on

- the disposal of the Longman site and the Longman Learning resource centre funding conditions
- the performance of GTFM
- Room data sheet (RDS) and construction specification issues
- Group 2 equipment and
- Water compensation event

The Committee **NOTED** the report.

11. GDPR

A report by the Director of Organisational Development provided an update on progress towards GDPR compliance including the information security check up project, the student data and tertiary retention schedule, recent internal audit reports as well as the Information Risk Review undertaken by ICO in October 2017.

The Committee were pleased to **NOTE** the progress towards GDPR compliance and also noted that the recent ICO review had identified 9 areas of good practice and 6 areas for improvement.

12. MEETING OF UHI AUDIT CHAIRS –15 November 2017

The Chair apologised as she had been unable to attend this meeting, an update was not available.

13. CYBER RESILIENCE

A report by the Director of Organisational Development provided a high level briefing on the impact of the Scottish Government Cyber Resilience Action Plan on the College and the planned response to this.

The work on Cyber Resilience was managed by way of a UHI-wide project with Inverness ICT Services Manager a member of the UHI Cyber Resilience project team. From an initial review by the project team of the working documents and drafts, the actions required across the UHI were achievable. Progress at a local level in meeting these actions would be reported by the ICT Services Manager on a monthly basis to the project team and quarterly to the Audit Committee.

The Committee **NOTED** the report

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

14. COMPLAINTS - QUARTERLY REPORT

A report by the Quality Manager provided an analysis of complaints year to date, covering Quarter 1 (1st August 2017 to 31st October)

15. DATE OF NEXT MEETING

Tuesday 27 February 2018 at 8.30 a.m.

Signed by the Chair: _____

Date: _____

Board of Management

MINUTES of the JOINT MEETING of the AUDIT AND FINANCE AND GENERAL PURPOSES COMMITTEES held in the Board Room, 1 Inverness Campus on Thursday 7 December 2017

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

1. DRAFT AUDITED ACCOUNTS AND ANNUAL AUDIT REPORT 2016/17 **a) Financial Statements for the year ended 31 July 2017**

A report by the Director of Finance referred to the annual accounts which, as well as setting out the financial position for the year end, provided information in relation to governance arrangements, performance and planning. The SFC Accounts Direction included some new information requirements for 2016/17, one of which was a standard format for reporting the underlying operating position. This was to ensure consistency of reporting across the sector.

The Director of Finance highlighted the key issues in the 2016/17 Financial Statements as follows:-

- The underlying position was an operating surplus of £1.128m as against an operating surplus of £313,000 for 2015/16.
- Income had increased from £24,660,409 in 2015/16 to £26,501,005 in 2016/17. The significant movement from 2015/16 to 2016/17 on Founding Council Grants mainly related to the additional release of £1.596m of deferred capital grant to the Statement of Comprehensive Income. There had also been positive movement in tuition fees and education contracts and this reflected SDS contracts for Foundation Apprenticeships as well as Modern Apprenticeship funding. Other income continued to increase, from £2,885,099 in 2015/16 to £2,901,281 in 2016/17.
- Expenditure had marginally reduced from £26,156,013 in 2015/16 to £26,151,324 in 2016/17. The significant rise in staff costs from £13,572,813 in 2015/16 to £14,559,692 in 2016/17 was due to a number of underlying factors including
 - an increase in the staffing complement from 343 FTE in 2015/16 to 351 FTE in 2016/17
 - the full year impact of the change in employers' National Insurance contribution rates

- increasing employers' local government pension scheme contribution rates
- pay awards and
- the first part-year (April 2017 on) impact from the new national pay scales for teaching staff.
- The reduction in other operating expenses from £6,860,463 in 2015/16 to £6,346,608 in 2016/17 was partly due to increasing efficiencies within purchasing. With 2015/16 being the first year in the new campus buildings, there were additional costs associated with settling in, therefore 2016/17 was the first full year of standard operations within the new buildings.
- Within the balance sheet, there had been a reduction in fixed assets from £55,841,646 at the end of 2015/16 to £52,252,859 at the end of 2016/17, and this reflected the disposal of former campus sites at Midmills, Burnett Road and the Longman student car park.
- In current assets, the year-end cash position of £3,763,193 at 31 July 2017 was an increase on the 31 July 2016 position of £3,343,595. However, the debtors figure had increased from £409,751 in 2015/16 to £451,536 in 2016/17.
- The College ended the year with net current liabilities of £2,902,768, compared with net current liabilities of £3,882,684 in 2015/16, a decrease of £979,916. The decrease was partly attributable to the reduction in creditors due within one year.
- The value of creditors falling due after one year had decreased from £48,595,864 in 2015/16 to £44,916,894 in 2016/17. This reduction reflected the capital repayment element of the unitary charge in 2016/17 and the application of deferred grant in respect of the asset disposal in 2016/17.
- The increase in provisions from £11,903,722 in 2015/16 to £12,971,414 in 2016/17 was a result of the increase in pension provisions. An additional provision of £1,077,000 was required in respect of the defined pension liability relating to the LGPS.
- The movements above resulted in an accumulated reserves position of £8,538,217 for 2016/17, a small decrease on the 2015/16 position of £8,540,624.

The Committee asked a number of questions and the following points were made

- The NPD funding model was extremely complex and it was important for the college to ensure that it was fully in line with accounting standards and to clarify the ongoing level of unitary charge payments. A recommendation had been made in this regard.
- The increase in income was welcomed but given the need for financial sustainability in the medium term a greater increase was required, especially given the increase in staffing costs.
- There was a need to sufficiently address financial risk and to consider focussed investment and disinvestment to ensure financial sustainability
- A financial strategy on achieving financial sustainability was required

- Pension costs within the LGPS would continue to increase.

The Committee thanked the Director of Finance and the Finance Team for another set of quality accounts and subject to one small amendment, **RECOMMENDED** the Financial Statements for the year ended 31 July 2017 to the Board of Management for approval.

b) Draft Annual Audit Report to the Board of Management and the Auditor General for Scotland for the year ended 31 July 2017

Mr Reid confirmed that Ernst and Young's independent auditor's report provided an unqualified opinion that the financial statements

- gave a true and fair view in accordance with the Further and Higher Education (Scotland) Act 1992 and directions made thereunder by the Scottish Funding Council (SFC) of the state of the affairs of the College and Group as at 31 July 2017 and of its surplus for the year then ended;
- had been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- had been prepared in accordance with the requirements of the Further and Higher Education (Scotland) Act 1992 and directions made thereunder by the Scottish Funding Council, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 14 of The Charities Accounts (Scotland) Regulations 2006 (as amended).

Mr Reid confirmed that the draft annual accounts and supporting papers were of a good standard. He ran through the key sections within the draft report and referred to four recommended management actions. He was pleased to report that the audit process had run smoothly and he extended his gratitude to the Director of Finance and the finance team for their assistance and support during the course of the audit.

The Committee asked a number of questions and the Chair thanked the Auditors for a helpful report.

The Joint Committee **NOTED** the four recommendations within the Draft Annual Audit report for the year ended 31 July 2017 and **RECOMMENDED** it to the Board of Management for approval.

The Principal and Director of Finance left the meeting

2. MEETING WITH EXTERNAL AUDITORS

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

Mr Reid confirmed that the level of support provided by the Finance Team had been very good. He acknowledged that Ernst and Young, as the new External Auditors had different methods of working from the previous Auditors. His team and the finance team had needed to learn about each other's methods and approach.

The new Internal Auditors, BDO had only recently been appointed but he had no concerns with their relationship with Management. Ernst & Young would also build a relationship with BDO.

The Committee thanked Mr Reid for his assessment and their previous years' work.

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

- Resourcing issues in the Finance Team
- Quality of reports received by the Finance and General Purposes Committee
- Loss of corporate memory with the resignation of the Director of Corporate Services
- The urgent requirement to review a range of finance systems and processes
- The need to assess whether the Finance Team had the appropriate skills required
- The failure of the succession planning process in 2016

3. AOCB – UHI INTEGRATION

A member of the committee asked whether, as part of the discussion on UHI Integration, each Board would be able to see the financial position of all other partners especially given the recent financial difficulties of two of the Incorporated Colleges.

The Chair of the Board hoped that some of the financial risks could be reduced with a move to a new structure but further discussion was required on the detail of any proposals.

Signed by the Chair: _____

Date: _____

Outstanding Actions - Audit Committee

29 May 2017				
Item	Action	Responsibility	Time line	Actioned
Risk Register	recent changes and improvements in the structure of the EO SMT, namely the establishment of the three part time Vice Principal posts and the current vacancies in the Inverness College SMT be included in the next review of the risk register.	Depute Principal	For September Audit meeting	
28 November 2017				
Item	Action	Responsibility	Time line	Actioned
Risk Management Audit	risks to be aligned to strategy rather than identified as being within one dept.	Depute Principal	Ongoing	
	Risk register and risk appetite to be discussed at Board Development Day	Board Secretary	Early 2018	
Planned audits – terms of ref	1. Data Protection – change to wording under scope of review relating to compliance with data governance arrangements 2. Partnership working – consideration be given to the level of importance and fragility with each partner and also consider proportionate effort and impact. 3. Student Support - inclusion of the views of key partners also to be sought.	BDO	In advance of start of each audit	Complete
Outstanding audit recommendations	Ongoing issues of non-compliance by GTFM be included in risk register	D of Org Dev / Depute Principal	By mid January 2018	Complete
Business Continuity	1. the draft plan be amended to show that the first issue to consider in any crisis was “life” and 2. hold staff development and training days before the table top exercise.	D of Org Dev	By mid January 2018	1. complete

Board of Management

Subject/Title:	Health and Safety Policy
Author: [Name and Job title]	Richie Hart, Health and Safety Manager
Meeting:	Audit Committee
Meeting Date:	27 February 2018
Date Paper prepared:	19 February 2018
Brief Summary of the paper:	Minor revisions have been made to the Health and Safety Policy
Action requested: [Approval, recommendation, discussion, noting]	Approval
Link to Strategy: Please highlight how the paper links to, or assists with:: <ul style="list-style-type: none"> compliance <ul style="list-style-type: none"> partnership services risk management strategic plan new opportunity/change 	Compliance with relevant legislation
Resource implications:	No If yes, please specify:
Risk implications:	Yes / No If yes, please specify: Operational: Organisational: reputational risk to the College
Equality and Diversity implications:	No If yes, please specify:
Consultation: [staff, students, UHI & Partners, External] and provide detail	Through normal policy review process

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

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

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

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

Recommendation(s)

The Audit Committee is asked to approve the revised Health & Safety Policy and approve it for progression to the full Board for final approval.

Purpose of report

To inform Committee of the changes to the revised Health & Safety Policy.

Background

This revised policy has been discussed at Scrutiny Panel (28 November 2017) and SMT (18 January 2018).

Following approval from the Audit Committee, the policy will be presented to the full Board for final approval and will then be published.

Overview

The Legislation section of the policy has been reviewed and updated.

There were minor adjustments agreed at SMT. This included amending 4.6.1 to read “advise appropriate member of the SMT”.



HEALTH AND SAFETY POLICY

REFERENCE: PL/HR/2017/002

Policy Owner	Director of Organisational Development
Lead Officer	Health and Safety Manager
Review Officer	Health and Safety Manager
Date first approved by BoM	9 March 2009
First Review Date	7 March 2010
Date review approved by BoM	28 March 2017
Next Review Date	March 2018
Equality impact assessment	25 February 2016
Further information (where relevant)	Previous EIA 24.02.12

Reviewer	Date	Review Action/Impact
Health & Safety Manager	07.03.10	
Health & Safety Manager	30.05.12	
Health & Safety Manager	20.06.12	
Health & Safety Manager	19.03.15	
Health & Safety Manager	28.03.17	
Health & Safety Manager		

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1. Policy Statement

Health and Safety Policy Statement

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

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

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

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

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

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

Principal:

Date:

Chairman of Board:

Date:

2. Legislative Framework/Related Policies

- 2.1. The Health and Safety at Work *etc.* Act 1974.
- 2.2. Management of Health and Safety at Work (Amendment) Regs 2006
- 2.3. Provision and Use of Work Equipment Regulations 1998
- 2.4. Manual Handling Operations 1992
- 2.5. The Workplace (Health, Safety and Welfare) Regulations 1992
- 2.6. The Personal Protective Equipment Regulations 2002
- 2.7. Health and Safety (First Aid) Regulations 1981
- 2.8. Electricity at Work Regulations 1989
- 2.9. The Control of Noise at Work Regulations 2005
- 2.10. The Employers' Liability (Compulsory Insurance) (Amendment) Regs 2011
- 2.11. Fire Safety (Scotland) Amendment Regulations 2010
- 2.12. Reporting of Injuries, Diseases and Dangerous Occurrences Regs 2013
- 2.13. The Control of Substances Hazardous to Health (Amendment) Regs 2004
- 2.14. The Health and Safety Information for Employees (Amendment) Regs 2009
- 2.15. Health and Safety (Display Screen Equipment) Regulations 1992 (As amended 2002)
- 2.16. Corporate Manslaughter and Corporate Homicide Act 2007

3. Scope

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

4. Organisation and Responsibilities

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

4.1 Board of Management

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

4.2 Principal and Chief Executive

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

4.2.2 The Principal will:

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

4.3 Senior Management Team

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

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

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

4.4 Managers

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

4.4.2 In order to meet their responsibilities, Managers will:

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

-
- Safe system of work
 - Safe handling, storing and transportation
 - Sufficient and competent information, instruction, training and supervision

4.4.3 Managers will be responsible for:

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

4.5 Health and Safety Manager

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

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

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

4.6 Estates and Campus Services Manager

4.6.1 The Estates and Campus Services Manager advises the appropriate member of the SMT and is responsible for:

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

4.7 Union Appointed Health and Safety Representatives

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

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

4.8 Fire Marshalls

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

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

4.9 First Aiders

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

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

4.10 **Technicians**

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

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

4.11 **Employees**

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

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

4.12 **Students**

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

4.12.2 A student shall exercise reasonable care:

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

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

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

-
- Fail to use appropriate Personal Protective Equipment.

5. Compliance

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

6. Objectives and Targets

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

7. Communication

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

8. Monitoring

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

9. Audit

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

- Management system
- Existing and new policies and procedures
- Student enrolment and induction
- Staff induction.
- Risk assessment and environmental aspects
- Outputs from external audits or previous internal audits

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

10. Review

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

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

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

Board of Management

Subject/Title:	Public Interest Disclosure Policy
Author: [Name and Job title]	Fiona Ambrose, Board Secretary
Meeting:	Audit Committee
Meeting Date:	27 February 2018
Date Paper prepared:	19 February 2018
Brief Summary of the paper:	Minor revisions have been made to the Public Interest Disclosure Policy
Action requested: [Approval, recommendation, discussion, noting]	Approval
Link to Strategy: Please highlight how the paper links to, or assists with:: <ul style="list-style-type: none"> • compliance • partnership services • risk management • strategic plan • new opportunity/change 	Compliance with relevant legislation including The Public Interest Disclosure Act 1998 and the Bribery Act
Resource implications:	No If yes, please specify:
Risk implications:	Yes / No If yes, please specify: Operational: Organisational: reputational risk to the College
Equality and Diversity implications:	No If yes, please specify:
Consultation: [staff, students, UHI & Partners, External] and provide detail	Through normal policy review process

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

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

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

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

Public Interest Disclosure Policy

Recommendation(s)

The Audit Committee is asked to approve the revised Public Interest Disclosure Policy.

Purpose of report

To inform Committee of the changes to the revised Public Interest Disclosure Policy.

Background

This revised policy has been discussed at Scrutiny Panel (28 November 2017) and SMT (18 January 2018).

Following approval from the BoM Audit Committee, the policy will be published.

Main Body of Information

There are no changes required to the body of the Policy so the review date has been extended to March 2021.

It was agreed at SMT to change the Policy Owner from the Principal to the Chair of the Board of Management.

An EIA is not needed for this procedure as there is nothing potentially discriminatory.



**PUBLIC INTEREST DISCLOSURE (WHISTLE BLOWING)
POLICY**

REFERENCE: PL/GO/2017/002

Policy Owner	Chair of the Board of Management
Lead Officer	College Secretary
Review Officer	College Secretary
Date first approved by BoM	09 June 2008
First Review Date	26 March 2012
Date review approved by BoM	
Next Review Date	March 2021
Equality impact assessment	
Further information (where relevant)	

Reviewer	Date	Review Action/Impact
College Secretary	26.03.12	Review approved by BoM
College Secretary	25.11.14	Review approved by BoM

Contents

1. Policy Statement
2. Legislative framework/related policies
3. Scope
4. Compliance
5. Monitoring
6. Review

Policy Statement:

Members of staff may often be the first to be aware of misconduct that may turn out to be fraud, corruption, bribery, professional malpractice or some other form of dishonesty.

Inverness College UHI is committed to providing the means by which a member of staff (including contractors) may raise serious concerns which he/she may have about malpractice or corruption in the workplace. Members of staff have a right and a duty to have matters of concern that are raised lawfully, in good faith, without malice and in the public interest investigated without fear of reprisal and victimisation.

Inverness College UHI will treat all such concerns/disclosures in a confidential and sensitive manner and the identity of the individual making the allegation will be kept confidential so long as it does not hinder or frustrate any investigation.

Members of staff are encouraged to put their name to any concerns/disclosures they make. Concerns expressed anonymously are much less powerful and will be considered at the discretion of Inverness College UHI. In exercising this discretion, the factors to be taken into account will include:

- The seriousness of the issues raised.
- The credibility of the concern.
- The likelihood of confirming the allegation from attributed sources.

Allegations which are made in good faith, and subsequently not confirmed by an investigation, will incur no action being taken against that member of staff. Abuse of this policy by members of staff making malicious or vexatious allegations will be regarded as a serious matter and as such, may be subject to disciplinary action. This policy does not in any way prevent a member of staff seeking redress at law against anyone making false allegations against him/her.

Inverness College UHI will comply with the requirements of the Public Interest Disclosure Act 1998 and other legislative requirements.

2. Legislative framework/related policies

- 2.1 The Public Interest Disclosure Act 1998.
- 2.2 Bribery Act 2010.
- 2.3 Staff Code of Conduct.
- 2.4 Code of Conduct for members of devolved public bodies.
- 2.5 Grievance Policy and Procedure.
- 2.6 Discipline Policy and Procedure.
- 2.7 Financial Regulations.

3. Scope

- 3.1 This policy covers all members of staff at the College. Members of staff are defined as all paid staff and include contractors, agency staff, consultants and home workers.
- 3.2 Members of staff are responsible for:
 - 3.2.1 Familiarising themselves with this policy and related procedures.
 - 3.2.2 Contacting the College Secretary when assistance is required.
- 3.3 It is the responsibility of Managers to ensure that their staff are made aware of the existence and content of this policy.
- 3.4 This policy is not intended to be another mechanism for members of staff to raise any general dissatisfaction with their employment. Such matters should be dealt with under the College's Grievance Policy and Procedure. This policy assists members of staff only in respect of conduct which amounts to matters identified in section 3.6 below. It is not designed to allow members of staff to question financial or business decisions taken by the College, save where the member of staff reasonably believes they may be illegal or tainted by illegality.
- 3.5 This policy is also not intended to deal with concerns which should be raised or addressed, or which have already been raised or addressed, under the College's disciplinary, complaints, grievance or other policies, such as the alleged misbehavior of another member of staff.
- 3.6 Qualifying Concerns/Disclosure to be raised under this policy should relate to activities which have occurred or are likely to occur, which would amount to:
 - 3.6.1 Fraud.
 - 3.6.2 Financial irregularities.
 - 3.6.3 Corruption.
 - 3.6.4 Bribery.
 - 3.6.5 Criminal offences.
 - 3.6.6 Failure or likely failure to comply with a legal obligation.
 - 3.6.7 Breach of confidentiality.

- 3.6.8 Financial misconduct/irregularities.
 - 3.6.9 Serious professional misconduct/impropriety.
 - 3.6.10 The occurrence or likely occurrence of a miscarriage of justice.
 - 3.6.11 Damage or likely damage to the environment.
 - 3.6.12 Endangering the health and safety of any individual.
 - 3.6.13 Information intended to show any of the above is being or likely to be deliberately concealed.
- 3.7 Malpractice does not include mismanagement, which may arise from, for example, weak management, rather than an illegal or unethical action for personal benefit whilst in a position of trust.
- 3.8 This policy is designed to offer protection to those members of staff, or others associated with Inverness College UHI, who disclose such concerns, provided disclosure is made:
- 3.8.1 Following this policy and associated procedure
 - 3.8.2 In good faith, and not for personal gain or out of personal motives, and in the reasonable belief of the members of staff that the allegation is substantially true.
- 3.9 Members of staff who raise concerns in accordance with this policy will be protected under the Act provided:
- 3.9.1 The disclosure is to the employer or other responsible person within Inverness College UHI.
 - 3.9.2 The disclosure is made to a legal adviser.
 - 3.9.3 The disclosure is made to a Minister of the Crown or Member of the Scottish Government.
 - 3.9.4 The disclosure is made to a person prescribed by the Secretary of State.
 - 3.9.5 Disclosure in other cases where none of the above options are available and the members of staff believe that they will be subject to a detriment if the disclosure is to one of the above.
 - 3.9.6 The matter is so serious to merit the bypassing of the above and certain conditions are met then the members of staff will be protected.

4. Compliance

This policy must be complied with, with an annual or post investigation report being submitted to the Audit Committee as necessary.

5. Monitoring

A Public Standards Panel, shall comprise four members of the Senior Management Team, one of whom shall be the Director of Organisational Development or, if the complaint relates to one or more members of the Senior Management Team, the

Chair of the Board plus two other Board Members, who may not be members of the Audit Committee.

The Public Standards Panel shall decide how a matter raised under this policy should be investigated, including whether the procedure should be involved, and what actions need to be taken, and will report on the procedure used and the outcome of each investigation to the Audit Committee.

6. Review

The Public Interest Disclosure (Whistle Blowing) policy shall be reviewed every 3 years.

Board of Management

Subject/Title:	Risk Management Policy
Author: [Name and Job title]	Roddy Henry – Depute Principal (Author of Policy) Claire Fraser – Quality Officer (Author of Cover report)
Meeting:	Audit Committee
Meeting Date:	27 February 2018
Date Paper prepared:	19 February 2018
Brief Summary of the paper:	Minor revisions have been made to the Public Interest Disclosure Policy
Action requested: [Approval, recommendation, discussion, noting]	Approval
Link to Strategy: Please highlight how the paper links to, or assists with:: <ul style="list-style-type: none"> compliance <ul style="list-style-type: none"> partnership services risk management strategic plan new opportunity/change 	Risk management compliance
Resource implications:	No If yes, please specify:
Risk implications:	Yes / No If yes, please specify: Operational: Organisational: reputational risk to the College
Equality and Diversity implications:	No If yes, please specify:
Consultation: [staff, students, UHI & Partners, External] and provide detail	Through normal policy review process

Status – [Confidential/Non confidential]	Non confidential		
Freedom of Information Can this paper be included in “open” business* [Yes/No]	Yes		
*If a paper should not be included within “open” business, please highlight below the reason.			
Its disclosure would substantially prejudice a programme of research (S27)		Its disclosure would substantially prejudice the effective conduct of public affairs (S30)	
Its disclosure would substantially prejudice the commercial interests of any person or organisation (S33)		Its disclosure would constitute a breach of confidence actionable in court (S36)	
Its disclosure would constitute a breach of the Data Protection Act (S38)		Other (please give further details)	
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http://www.itspublicknowledge.info/web/FILES/Public_Interest_Test.pdf

Recommendation(s)

The Audit Committee is asked to approve the revised Risk Management Policy and approve it for progression to the full Board for final approval.

Purpose of report

To inform the Committee of the changes to the Risk Management Policy.

Background

The policy was discussed and Scrutiny Panel (9th February 2018). This revised policy has been discussed at Scrutiny Panel (9th February 2018) and SMT (15 February 2018).

Following approval from the Audit Committee, the policy will be presented to the full Board for final approval and will then be published.

Overview

It was agreed to adopt the UHI Risk Management Policy through discussion at Audit Committee and the policy has been revised to reflect this.



RISK MANAGEMENT POLICY

REFERENCE: PL/CS/2018/001

Policy Owner	Depute Principal
Lead Officer	Depute Principal
Review Officer	Depute Principal
Date first approved by BoM	10 December 2007
First Review Date	December 2010
Date review approved by BoM	
Next Review Date	December 2021
Equality impact assessment	N/A
Further information (where relevant)	

Reviewer	Date	Review Action/Impact
Director of Corporate Services	20.12.10	Review approved by BoM
Director of Corporate Services	02.12.14	Review approved by BoM
Director of Corporate Services	24.12.15	Review approved by Audit Committee
Depute Principal		

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1 Policy Statement

The Board of Management of Inverness College UHI has adopted this policy for the management of risk at the College. This policy forms part of the governance arrangements of the University of the Highlands and Islands.

The current policy statements on risk were reviewed and agreed by the University Court on 20 September 2017. The College has adopted the statements:

The College's general approach is to minimise its exposure to risk. It will seek to recognise risk and mitigate the adverse consequences. However, the College recognises that in pursuit of its mission and academic objectives it may choose to accept an increased level of risk. It will do so, subject always to ensuring that the potential benefits and risks are fully understood before developments are authorised, and that sensible measures to mitigate risk are established.

1.2 Overview and Scope

Risk is inherent in all activity. Risk management is important to ensure that all significant, relevant risks are understood and prioritised as part of normal management practices. Information on risk must be organised in a way that is useful for management purposes and enables decisions to be taken based on the knowledge of risk versus reward.

Identification and management of risk on a consistent, appropriate and timeous basis is a requirement of the University Court, as regional Strategic Body, and of the Scottish Funding Council (SFC).

The recognition and management of risk is the responsibility of everyone who allocates and/or uses resources so all members of staff should have an awareness of the risks of the organisation.

1.3 Implementation and Monitoring

The policy will be implemented through the Senior Management Team (SMT) of the College. A report comprising the corporate/high level risk register will be presented to the committee of the SMT and to the Board of Management Audit Committee for review and monitoring at each meeting.

2 Legislative framework/related policies

- 2.1. Health and Safety Policy
- 2.2. ICT - UHI Partnership Information Security Acceptable Use Policy
- 2.3. Data Protection Policy
- 2.4. Financial Regulations
- 2.5. Data Protection Act 1998
- 2.6. General Data Protection Regulation (GDPR) (From 25 May 2018)
- 2.7. Business Continuity Plan.

2 Overview

Risk is inherent in all activity. Risk management is important to ensure that all significant, relevant risks are understood and prioritised as part of normal management practices.

Information on risk must be organised in a way that is useful for management purposes and enables decisions to be taken based on the knowledge of risk versus reward. Identification and management of risk on a consistent, appropriate and timeous basis is a requirement of the University Court, as regional Strategic Body, and of the Scottish Funding Council (SFC).

4 Scope

The scope of this policy was initially developed to apply to faculties and departments of Executive Office and also to create a model of good practice methodology that could be adopted by Academic Partners. The College, as an integral part of the University, has adopted the policy to cover all aspects of its activity and operations.

5 Risk Appetite

The College will take a portfolio approach to risk management: i.e. whilst at any one time it may be carrying a high level of risks in one or more parts of its business, it will ensure that the number of areas exposed to high risk at any time are minimised and balanced with a low risk approach in other areas.

The portfolio of risk will be regularly reviewed by the SMT, Audit Committee and Board of Management.

High risk areas will be very closely aligned to strategic priorities and aligned to high returns i.e. the College should not be exposed to high levels of risk if returns are likely to be minimal or if the activity is not business critical.

The elapsed time over which the College is exposed to a high level of risk in any area should be minimised as much as possible.

6 Partnership Approach to Risk management

The University uses a standardised risk template and this has been adopted by the College. The template and the methodology for recording risks was developed and agreed through the Finance Directors Practitioners Group and the process for completing and sharing risk registers was endorsed by Academic Partners Principals.

The criteria for measuring the likelihood of risks occurring and the gross impact of risks is attached at Appendix 1.

7 Roles and Responsibilities

7.1 The Depute Principal is the policy owner.

The recognition and management of risk is the responsibility of everyone who allocates and/or uses resources, so all members of staff should have an awareness of the risks of the organisation.

Risks need to be evaluated in a controlled manner and the uncertainties involved need to be minimised. The approaches available to managing risk include:

- Terminate – avoid risk by doing something else
- Transfer – risk passed on to someone else e.g. outsourcing, insurance, subcontracting
- Treat – reduce risks by management action
- Tolerate – accept risk and manage appropriately

7.2 Board of Management

The Board of Management has a fundamental role to play in the management of risk. Its role is to:

- Set the tone and influence the culture of risk management within the institution. This includes determining the risk appetite of the institution, i.e. determining what risks are acceptable and which are not, and to provide a framework within which the appropriate level of exposure to risk can be determined in particular circumstances; and;
- Approve major decisions affecting the College's risk profile or exposure.

7.3 Finance and General Purposes Committee

The Finance and General Purposes Committee is responsible for:

- Ensuring that the major risks associated with specific proposals put to it have

been properly considered and can be appropriately managed within the policy framework set by the Board.

7.4 Audit Committee

The Audit Committee is responsible for monitoring the College's general arrangements for risk management and specifically for:

- Ensuring that corporate risks are properly managed, reviewing evidence to this effect and ensuring measurement of results as appropriate.
- Advising the Board on the effectiveness of policies and procedures for risk assessment and risk management;
- Annually reviewing the College's approach to risk management and, if appropriate, recommending changes or improvements to key elements of its processes and procedures;
- Providing a statement to the Board annually indicating how the College has complied with good practice with regard to Corporate Governance and, in particular, in relation to effective risk management.

7.5 Role of Internal Audit

A "risk based" internal audit plan is prepared taking account of the College's risk register, strategic plan and wider operating environment.

The College aims to progress towards "risk managed" which is defined as "Enterprise approach to risk management developed and communicated".

Internal audit will:

- Report its findings to the audit committee
- Advise and make recommendations to senior managers as appropriate.

7.6 Senior Management Team

The Senior Management Team is responsible for:

- Implementing the Board's risk management policy and ensuring compliance
- Identifying, evaluating and managing strategic and operational risks in the College and bringing emerging corporate risks to the attention of the Board and/or its committees.
- Ensuring that everyone in each SMT member's area of responsibility understands their risk management responsibilities making clear the extent to which staff are empowered to take risks.

- Communicating College policy and information about the risk management programme to all staff and external partners as appropriate

DRAFT

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

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

IMPACT - CRITERIA		TIMESCALE 3 YEARS	
		Financial	Reputational (need to)
5 - Catastrophic	A disaster with the potential to lead to: •loss of a major UHI partner	> £500,000 or lead to	Likely loss of key partner, curriculum area or department Litigation in progress Incident or event that could result in potentially long term damage to UHI's reputation. Strategy needed to manage the
4-Major	A critical event which threatens to lead to: major reduction in funding	£250,000 - £500,000 or lead to	•Possible loss of partner and litigation threatened •Major deterioration in quality/pass rates/delivery Incident/event that could result in limited medium – short term damage to UHI's reputation at local/regional level.
3-Significant	A Significant event, such as financial/ operational difficulty in a department or	£50,000 - £250,000	General deterioration in quality/delivery but not persistent An incident/event that could result in limited short term damage to UHI's reputation and
2-Minor	An adverse event that can be accommodated	£10,000 -	•Some quality/delivery issues occurring regularly Low media profile Problem commented
1-Insignificant	An adverse event that can be accommodated	<£10,000	•Quality/delivery issue considered one-off •No adverse publicity •Credibility unaffected

Inverness College

INTERNAL AUDIT REPORT

Financial Controls

February 2018

LEVEL OF ASSURANCE	
Design	Operational Effectiveness
Substantial	Moderate



CONTENTS

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REPORT STATUS

Auditors:	Mark Foley
Dates work performed:	15 January 2018 – 07 February 2018
Draft report issued:	12 February 2018
Final report issued:	19 February 2018



DISTRIBUTION LIST




Fiona Mustarde	Director of Finance
Audit Committee	

Restrictions of use

The matters raised in this report are only those which came to our attention during the course of our audit and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. The report has been prepared solely for the management of the organisation and should not be quoted in whole or in part without our prior written consent. BDO LLP neither owes nor accepts any duty to any third party whether in contract or in tort and shall not be liable, in respect of any loss, damage or expense which is caused by their reliance on this report.

EXECUTIVE SUMMARY

LEVEL OF ASSURANCE (SEE APPENDIX II FOR DEFINITIONS)		
Design		There is a sound system of internal control designed to achieve system objectives.
Effectiveness		Evidence of non compliance with some controls, that may put some of the system objectives at risk.

SUMMARY OF RECOMMENDATIONS (SEE APPENDIX II)		
High		
Medium		1
Low		1
Total number of recommendations: 2		

OVERVIEW

Background

As part of the 2017-18 Internal Audit Plan, it was agreed that Internal Audit would perform a high level review of key financial control systems in place within Inverness College. The purpose of this review was to assess whether Inverness College is effective in maintaining good financial controls and to provide assurance to management and the Audit Committee on the design and operational effectiveness of the key financial control processes in place.

Documented Finance Regulations are in place which provide overall guidance on College financial policies and the roles and responsibilities of the Board and sub-committees in relation to financial control. This document is supported by a Finance Manual and a number of supporting guidance documents which outline key financial processes, including bank reconciliations, monthly payroll, purchases (including fixed assets), payments, and income.

Scope and Approach

The scope of the review was to assess whether the procedures and controls in place in relation to key financial processes including cash and bank, purchasing, income, fixed assets and payroll, are well designed and operate as described. We also assessed whether there is adequate segregation of duties and effective management oversight in place surrounding the key finance processes.

Our approach was to review key documentation and interview finance staff to identify the processes and assess whether the design of the controls is appropriate. We also performed walkthrough testing to confirm the controls were operating effectively and as described.

EXECUTIVE SUMMARY

OVERVIEW

Overview of Processes

Inverness College's main source of income is Scottish Government grant funding received via University of Highlands and Islands (UHI), with additional income generated, for example, through student fees and the College's shops and restaurants. Scottish Government grant income is paid monthly by UHI directly into Inverness College's current account. Bank reconciliations are prepared by the Finance Officer and authorised by the Finance Manager on a monthly basis, in accordance with the Finance Manual.

Staff are able to raise purchase orders through an electronic purchasing system, Pecos. Purchase order and invoice authorisation limits are documented on a delegated authority spreadsheet which provides the authorised signatory by budget code and authorisation limit. The authorisation requirements vary depending on the value of a purchase. Whereas a purchase of under £1,000 requires one quote to be obtained and can be approved by a department manager, for example, a formal tender process is required for an order with a value of between £25,001 to £150,000, with approval sought from the Director of Finance. Where it is not possible to use Pecos to place an order, a purchase order requisition form must be completed and authorised by the budget holder. All orders in excess of £500 require to be countersigned by the Director of Finance prior to the order being raised.

Payment runs are completed on a fortnightly basis and require to be reviewed and authorised by the Finance Manager and countersigned by the Director of Finance. Online payments are processed through the Royal Bank of Scotland's online banking platform and all payments made are recorded on the finance system, SUN.

Fixed assets are purchased in accordance with the authorisation limits defined in the Delegated Authority spreadsheet. A comprehensive fixed asset register is currently being developed by staff. The Accountant carries out a monthly analysis of the expenditure being posted to nominal account codes, such as Repairs and Maintenance, to identify any expenditure which may be above the College's capital thresholds and requires to be capitalised.

The Cintra payroll system interfaces with the SUN finance system. The data brought across is checked and monthly reconciliations are completed of all payroll control accounts. The Payroll department provides the HR department with a monthly salary report which lists individual staff salaries and provides a total salary figure. The HR department supplies a list of changes, such as starters and leavers, to the Payroll department in line with operational timescales. The Finance Manager conducts a final reasonableness review of the report by comparing this to the prior month's report, and a signature is then required from the Director of Finance prior to the salary being processed for payment through BACS.

EXECUTIVE SUMMARY

OVERVIEW

Good Practice

We are pleased to report that our walkthrough testing confirmed that key financial processes, including cash and bank, purchasing, income, fixed assets and payroll, are operating as described by management. Our testing also confirmed that authorisation limits are clearly documented on a Delegated Authority spreadsheet which provides the authorised signatory by budget code. There is effective oversight of key financial processes in place, including review of the monthly budget statements and summary income and expenditure reports reviewed by the Finance and General Purposes Committee four times per year.

Key Findings

Notwithstanding the areas of good practice noted above, we have noted areas where further improvement is possible, summarised below:

- **Bank reconciliations:** Whilst Inverness College has clearly documented procedures for processing bank reconciliations, these had not been completed for the sample of two months we selected for testing. Management explained that staff shortages resulted in insufficient resource being available to prepare these and that outstanding reconciliations have now been prepared.
- **Fixed asset register:** Whilst a monthly analysis of the expenditure being posted to nominal account codes is undertaken to identify any expenditure which may be above the College's capital thresholds and requires to be capitalised, a comprehensive fixed asset register is not in place.

Conclusion


We are able to provide substantial assurance over the design and moderate assurance over the operational effectiveness of the key financial control processes.

RISKS REVIEWED GIVING RISE TO NO FINDINGS OF A HIGH OR MEDIUM SIGNIFICANCE

- ✓ Inadequate segregation of duties may compromise the control environment in relation to the finance processes
- ✓ There is inadequate management oversight of the financial processes

EXECUTIVE SUMMARY

AREAS FOR IMPROVEMENT

Ref.	Sig.	Finding Summary	Recommendation
1		Bank reconciliations had not been completed for the sample of two months we selected for testing. Management explained that staff shortages resulted in insufficient resource being available to prepare these and that outstanding reconciliations have now been prepared.	We recommend that bank reconciliations are prepared and approved appropriately on a regular basis in accordance with the documented procedures.

All our findings and recommendations are set out in the following pages and include those of low significance which have not been summarised above.

DETAILED FINDINGS AND RECOMMENDATIONS

RISK: Ineffective or inefficient procedures and controls may be in place for the finance processes

Ref.	Finding	Sig.	Recommendation
1	<p>Bank reconciliations should be prepared by the Finance Manger and authorised by the Director of Finance on a monthly basis.</p> <p>Bank reconciliations had not been completed for the sample of two months we selected for testing. Management explained that staff shortages resulted in insufficient resource being available to prepare these and that outstanding reconciliations have now been prepared.</p> <p>There is a risk that bank reconciliations are not being prepared and approved on a regular basis.</p>		We recommend that bank reconciliations are prepared and approved appropriately on a regular basis in accordance with the documented procedures.
MANAGEMENT RESPONSE			RESPONSIBILITY AND IMPLEMENTATION DATE
<p>Agreed. This was a resourcing issue but bank reconciliations are now fully up to date and this will be maintained.</p>			<p><i>Responsible Officer: Finance Manager</i></p> <p><i>Implementation Date: 28 February 2018</i></p>

DETAILED FINDINGS AND RECOMMENDATIONS

RISK: Ineffective or inefficient procedures and controls may be in place for the finance processes





Ref.	Finding	Sig.	Recommendation
2	<p>Fixed assets are purchased in accordance with the authorisation limits defined in the Delegated Authority spreadsheet.</p> <p>Whilst a monthly analysis of the expenditure being posted to nominal account codes (such as Repairs and Maintenance) is undertaken to identify any expenditure which may be above the College's capital thresholds and requires to be capitalised, a comprehensive fixed asset register is not in place. We recognise that staff are in the process of developing this.</p> <p>There is a risk that assets are not identified, capitalised and depreciated appropriately.</p>	●	We recommend that a comprehensive fixed asset register is developed and maintained on a regular basis.
MANAGEMENT RESPONSE			RESPONSIBILITY AND IMPLEMENTATION DATE
<p>Agreed. All fixed assets are identified at time of purchase and recorded appropriately. Assets are correctly allocated to a class in line with the depreciation policy and depreciated accordingly. We are aware that the fixed asset register currently used requires to be enhanced to reflect all relevant information at a detailed asset level.</p>			<p><i>Responsible Officer: Finance Manager</i></p> <p><i>Implementation Date: 31 July 2018</i></p>




APPENDIX I – STAFF INTERVIEWED

NAME	JOB TITLE
Fiona Mustarde	Director of Finance
Neil Dingwall	Business Services Team Leader
Carlene Vincent	Acting Finance Manager / Accountant
Derek Cowie	Supply Chain Manager

BDO LLP appreciates the time provided by all the individuals involved in this review and would like to thank them for their assistance and cooperation.

APPENDIX II – DEFINITIONS

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

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

APPENDIX III – TERMS OF REFERENCE

BACKGROUND



As part of the 2017-18 Internal Audit Plan, it was agreed that Internal Audit would perform a high level review across all key financial control systems. This will include a review of processes relating to purchasing, income, cash and banking, payroll and fixed assets.

PURPOSE OF REVIEW




The purpose of this review is to assess whether Inverness College is effective in maintaining good financial controls and to provide assurance to management and the Audit Committee on the design and effectiveness of the key financial control processes in place.

KEY RISKS



Based upon the risk assessment undertaken during the development of the internal audit operational plan, through discussions with management, and our collective audit knowledge and understanding the key risks associated with the area under review are:

- Ineffective or inefficient procedures and controls may be in place for the finance processes;
- Inadequate segregation of duties may compromise the control environment in relation to finance processes; and
- There is inadequate management oversight of financial processes.



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Board of Management

Subject/Title:	Outstanding Internal Audit Recommendations
Author: [Name and Job title]	Fiona Mustarde, Director of Finance
Meeting:	Audit Committee
Meeting Date:	27 February 2018
Date Paper prepared:	20 February 2018
Brief Summary of the paper:	Update on progress against audit recommendations resulting from 2016/17 and 2017/18 internal audits not previously reported as completed.
Action requested: [Approval, recommendation, discussion, noting]	Discussion
Link to Strategy: Please highlight how the paper links to, or assists with:: <ul style="list-style-type: none"> • compliance • partnership services • risk management • strategic plan • new opportunity/change 	Risk Management – demonstrates the steps taken to address the risks identified as a result of internal audit reviews.
Resource implications:	Yes. Potential for reduced income/increased costs if correct procedures not followed.
Risk implications:	Yes If yes, please specify: Operational: clear procedures identified and followed Organisational: reputational risk of failure to adhere
Equality and Diversity implications:	No
Consultation: [staff, students, UHI & Partners, External] and provide detail	N/A

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

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

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

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

Update on Outstanding Internal Audit Recommendations

Executive summary

This report provides the Committee with an updated position regarding the implementation of action points arising from Internal Audit reports in 2016-17 and 2017-18 that have not already been reported to Committee as completed.

Background information

The College is committed to following up on internal recommendations and implementing these timeously and has made significant progress in efficient and timely implementation of action points arising from internal audit recommendations.

A summary of the recommendations and their status is attached.

Outstanding Audit Recommendations 2016-17

There were three remaining outstanding audit action points from 2016-17, all of which have now been marked as complete.

In relation to the new campus action, this action is complete as it has been built into the ongoing monitoring of GTFM performance which is reported to both the Senior Management Team and the Finance and General Purposes Committee.

Outstanding Audit Recommendations 2017-18

A number of minor points resulted from the annual FES return audit for the year 2016/17 which took place in September 2017. With the exception of one action point which is no longer relevant due to changes in SFC reporting, all of these actions have now been completed.

There are a number of action points resulting from the Risk Management audit which reported back to the November Audit Committee meeting. These actions are all either complete or in progress, with further detail in the attached summary.

The one action point from the Corporate Governance review which also reported to the November Audit Committee is also complete.

UPDATE ON ACTIONS FROM INTERNAL AUDIT REVIEWS

Updated 20 February 2018

Action No	Audit Recommendation	Action Required	Actioned By	Date of Rec.	Due Date	Comments
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Procurement and creditors/purchasing - 2016/17

1	R1 Matching invoices to purchase order requisitions Not all non-PECOS invoices matched an appropriately authorised purchase order requisition, although all invoices sampled had been authorised by an appropriate signatory within their authorisation limits. This was due to a lack of clarity regarding exceptions to the requirement to raise a purchase order requisition.	Fully describe in the financial regulations and/or other college documents appropriate exceptions where no purchase order requisition is required to be raised. Ensure purchase orders are raised in all other circumstances, including, where appropriate, annual orders for recurring spend.	Accountant	15/05/2017	01/07/2017	Complete Financial Regulations updated and published. Updated Finance Manual published February 2018.
2	R2 Clarity over authorisation limits Lack of clarity over the authorisation limits for staff members may result in invoices or purchase orders being inappropriately authorised.	The college should maintain a full list of staff with delegated purchasing authority and their authorised limits to ensure that all purchase orders or invoices are appropriately authorised.	Business Services Team Leader	15/05/2017	01/07/2017	Complete Listing reviewed and data now stored electronically for ease of access and updating.

New Campus - Maintenance and Unitary Charge Controls - 2016/17

1	R1 Areas for improvement relating to GTFM areas of responsibility GTFM may not be in a position to demonstrate to the College that the performance standards contained in the Project Agreement are being adequately satisfied and that work is carried out in a timely manner.	Discuss with GTFM the matters highlighted in the internal audit report which lie within their areas of responsibility, and obtain formal assurances from GTFM on a) how and b) when they will take the necessary action to address the areas of non-compliance noted.	Director of Organisational Development	12/09/2017		Complete. Robust monitoring and management from the Estates Manager has brought progress on these points. Areas for improvement continue to be monitored and reported to both SMT and F&GP Committee.
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2017/18 Internal Audit Actions

FES Return 2016/17

1	Credits calculation on system is incorrect We recommend that the College ensures that checks are in place to ensure that the actual credits completed for each course are recorded and claimed on the system, and that where applicable, actual hours are input on the system, when they differ from planned hours.	At present the Student Record System will automatically calculate the number of credits for students on Highers courses based on the number of units attached to the award, which includes the final exam. For full-time students this was reviewed and updated accordingly to reduce the credits claimed, however the same process had not been undertaken for students studying one higher on an infill basis. The process adopted for full-time students will be applied to students studying on an infill basis in future years.	MIS Manager	24/10/2017	10/11/2017	Complete. Completed for part time students, in line with the same methodology as full time students.
2	Credits required date calculations We recommend that management carry out reviews on college course dates following the start of each term to ensure that the required dates recorded are in line with SFC guidance.	A review of "required dates" will be built into the FES 1 pre-submission process to ensure the correct dates have been calculated.	MIS Manager	24/10/2017	10/11/2017	Complete
3	Student attendance procedures We recommend that management consider ways to incorporate formal attendance monitoring procedures for all of the courses provided.	Some courses are delivered to school pupils at their school by college staff (e.g at Kingussie High School and Tain Academy). As these courses are delivered off-site, registers are not created. However, the college, in partnership with the schools concerned, will consider how best to record attendance on these courses. Work based students do not attend college and, due to the nature of the courses, attendance registers are not created. However, progress and achievement are monitored and recorded to evidence attendance. No further action is required.	Head of Student Services	24/10/2017	01/12/2017	Complete Registers are now in place for all in-school delivery so that attendance can be recorded
4	Accurate Student Records We recommend that the college should strengthen procedures to ensure that when a student declares a disability after enrolment, that the student's record is amended to accurately reflect the relevant disability.	Post enrolment a review will be undertaken by the MIS Manager to ensure that the Student Records Team have correctly updated records to capture relevant needs for students within Price Group 5.	MIS Manager	24/10/2017	10/11/2017	Complete. All students within Price Group 5 reviewed for accuracy prior to FES Q1 submission. No amendments required.

5	Documentation Storage We recommend that management implement robust documentation management controls to ensure that documents are available, and securely stored. We also recommend that management store electronic copies of documents for ease of accessibility for authorised users.	The majority of enrolments are completed online and online enrolment continues to be rolled out further on an annual basis, which allows for ease of retrieval by relevant personnel. Centralised document management will be addressed by the Student Records Team.	Student Records Team Leader	24/10/2017	10/11/2017	Complete – the majority of students enrol online but for those who complete a paper enrolment, these are held securely in a central file and not by individuals. Staff have been briefed by the Student Records Team Leader on the importance of complying with this process.
6	Signed PLSPs We recommend that management consider whether it is viable for the ELS PLSP's to have electronic signatures and dates recorded on them, to evidence agreement, or whether there is another way to evidence finalisation and agreement.	In the majority of cases the student will (as a minimum) have signed an early paper copy of their PLSP, having discussed their requirements with student services staff. UHI has obtained agreement from SFC that partnership disability practitioners do not therefore need to obtain the student's physical signature on the approved version of their PLSP. From 2017-18, colleges are no longer required to report Extended Learning Support (ELS) activity through FES, and as such PLSPs will not form part of the audit requirements. No action required.	Depute Principal	24/10/2017	n/a	No action required
7	Withdrawal Process We recommend that checks are put in place to ensure that the withdrawal process for students is completed in a timely manner.	The timely submission of withdrawals by Personal Academic Tutors (PATs) to the Student Records Team for processing is being addressed through improvements to the College's INSIGHT process and through fortnightly MIS reports. The College will continue to monitor the timeliness of withdrawals processing. Management reports will be provided at SMT and AMG meetings.	Head of Curriculum	24/10/2017	01/11/2017	Complete 1.The improvements in the Insight process have led to the visibility of the timeliness of withdrawals which has resulted in a review of the process led by HOSS. 2. Monitoring is occurring at AMG with any issues raised at SMT.

Risk Management

1	<p>Inverness College may not have set out clearly its strategic direction and objectives in relation to risk management (including policy, roles and responsibilities, objectives and communication).</p> <p>We recommend that the College takes the following steps to improve the effectiveness of the Risk Management Policy:</p> <ol style="list-style-type: none"> 1. Review and update the Risk Management Policy to reflect current risk management procedures and staffing structures; 2. Develop a risk appetite model in consultation with the Audit Committee and embed this into the risk management policy and risk register; 3. Develop detailed risk management processes that outline the methods of identifying, analysing and reporting risks. This should include a framework for escalating and de-escalating risks as required; and 4. Document detailed responsibilities in relation to risk management, including the Board of Management, Audit Committee, SMT and departments. <p>We also recommend that the Audit Committee reviews and approves the Risk Management Policy on an annual basis to ensure that it is accurate and reflects current practice.</p>	<p>1. Risk Management policy will be updated to reflect current practice and structures, and a procedure developed to document responsibilities. 2. Engage with Executive Office, directly and via the Joint Audit Committee, to review risk appetite and management processes. 3. The Board will hold a development day in February 2018 to better understand its role in relation to risk management and appetite, and embedding risk management across its committees.</p>	Depute Principal	15/11/2017	27/02/2018	<p>1. Policy for approval at February Audit Committee, procedure to follow.</p> <p>2. EO risk appetite adopted by college Board of Management. Discussions via Joint Audit Committee pending.</p> <p>3. To be led by Chair of Audit Committee, date tbc.</p>
2	<p>Inverness College may not have adopted a systematic process in identifying, evaluating and measuring its key strategic and operational risks. We recommend that Management takes the following steps to improve the effectiveness of the risk register:</p> <ol style="list-style-type: none"> 1. Consider significant risks that are currently omitted for inclusion within the College's risk register; 2. Expand the categories of risks currently utilised. Example categorisations is provided within Appendix VII; 3. Record actions to mitigate each risk, with assigned owners and target completion dates; 4. Assess the effectiveness of each control listed, with actions identified where controls are not operating as expected; 5. Record the College's risk appetite within the risk register; 6. Agree and document a target score for each risk identified; and 7. Review existing risk matrices to reflect the impact and likelihood of risks occurring during one year, in line with annual reporting arrangements. 	<p>1. Consideration of risks and potential omissions will be embedded in the updated risk management policy and new procedure (see previous section). 2. Actions to mitigate risk will be recorded in the risk register template from now on, with immediate effect. 3. The effectiveness of actions taken is reflected in the residual risk score, which includes consideration of the actions and controls in place. The effectiveness of the actions is monitored on an ongoing basis through the reporting and analysis of KPIs at management and Board committees. No further action on this point is required. 4. The recommendations relating to risk categories, recording risk appetite and three-year timescale will be presented to the Chair of Audit Committee for discussion at the Joint Audit Committee, as they relate to the university risk management template and processes.</p>	Depute Principal	15/11/2017	27/02/2018	<p>1. Completed</p> <p>2. Completed</p> <p>4. For discussion at Joint Audit Committee, date tbc</p>

3	<p>Inverness College may not be providing appropriate risk management training. We recommend that the College develops a risk management training plan/programme to ensure that appropriate provisions are in place for staff at all levels of the College.</p> <p>We also recommend that, at all levels, risk management is made a part of the staff appraisal process.</p> <p>Agreed training arrangements for risk management should be documented within the Risk Management Policy.</p>	<p>1.The college will develop a risk management training plan, to include all key staff, which will be documented in the updated risk management policy.</p> <p>2. Where risk management is identified as a key part of a staff member's role, it will already feature within the existing Professional Development and Review (PDR) process. The college will ensure that the training programme emphasises the need for this aspect to be covered effectively during PDRs.</p>	Director of Organisational Development	15/11/2017	27/02/2018	<p>Partially complete. Training for business continuity planning has been put in place and options for risk management training are still being considered as this may be taken forward in conjunction with UHI.</p>
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Corporate Governance

1	<p>The Board and sub-committee terms of reference may be unclear, overlapping or leave gaps We recommend that the process for Board and committee members adding an item to meeting agendas is documented within the Standing Orders.</p>	<p>The Standing orders will be amended to include AOCB within the order of business. In addition, a note will be put at the end of each agenda to the effect: If any member wishes to add an item of business to the Agenda, please inform the Chair and the Board Secretary as soon as possible. Additional items of business will be considered for inclusion in the agenda in advance of and at the start of the meeting.</p>	Secretary to the Board	16/11/2017	19/12/2017	<p>Complete.</p>
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Board of Management

Subject/Title:	Risk Register
Author: [Name and Job title]	Roddy Henry, Depute Principal
Meeting:	Audit Committee
Meeting Date:	27 February 2018
Date Paper prepared:	16 February 2018
Brief Summary of the paper:	Standing item: review of risk register.
Action requested: [Approval, recommendation, discussion, noting]	Discussion
Link to Strategy: Please highlight how the paper links to, or assists with:: <ul style="list-style-type: none"> • compliance • partnership services • risk management • strategic plan • new opportunity/change 	Risk management
Resource implications:	No If yes, please specify:
Risk implications:	No If yes, please specify: Operational: Organisational:
Equality and Diversity implications:	No If yes, please specify:
Consultation: [staff, students, UHI & Partners, External] and provide detail	n/a

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

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

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

Risk Register

Executive summary

The college's Risk Register is presented for review as a standing item on the Audit Committee agenda.

Background information

The risk register template is common to all partners in UHI. The register contains 12 risks agreed by the Joint Audit Committee of UHI and applicable to all partners. The register also contains a number of local risks, to be identified by each partner.

Following a review of the register by the SMT, one local risk (reduction in HE unit of resource) has been subsumed within the 12 common risks and a further local risk (No. 19) has been added to reflect the ongoing issues on non-compliance by GTFM. There are now 16 'Active' risks on the register.

In order to maintain a continuous and manageable oversight of the risk register, a systematic approach to reviewing the risks is taken, with two risks being reviewed at each monthly meeting of the Senior Management Team (SMT). In addition, risks will be reviewed by SMT when:

- a critical incident occurs
- the operating environment changes significantly

For ease of reference, the risk register is attached to the committee papers as an excel spreadsheet. It will also be available to view during the meeting on screen.

Roddy Henry
Depute Principal

Board of Management

Subject/Title:	Business Continuity Planning
Author: [Name and Job title]	Lindsay Ferries, Director of Organisational Development
Meeting:	Audit Committee
Meeting Date:	27 February 2018
Date Paper prepared:	19 February 2018
Brief Summary of the paper:	To provide the Audit Committee with an outline of the college updates to the Business Continuity Plan, involvement of Police Scotland, Emergency Planning and Staff training.
Action requested: [Approval, recommendation, discussion, noting]	Discussion
Link to Strategy: Please highlight how the paper links to, or assists with:: <ul style="list-style-type: none"> • compliance • partnership services • risk management • strategic plan • new opportunity/change 	Compliance Risk management
Resource implications:	Yes If yes, please specify: management and staff time, all training in house or provided by police Scotland free of charge.
Risk implications:	Yes If yes, please specify: Operational: Ability to services, safeguard assets, staff students and visitors. Organisational: reputation if poor response.
Equality and Diversity implications:	Yes/No If yes, please specify:
Consultation: [staff, students, UHI & Partners, External] and provide detail	staff

Status – [Confidential/Non confidential]	confidential		
Freedom of Information Can this paper be included in “open” business* [Yes/No]	No		
*If a paper should not be included within “open” business, please highlight below the reason.			
Its disclosure would substantially prejudice a programme of research (S27)		Its disclosure would substantially prejudice the effective conduct of public affairs (S30)	
Its disclosure would substantially prejudice the commercial interests of any person or organisation (S33)		Its disclosure would constitute a breach of confidence actionable in court (S36)	
Its disclosure would constitute a breach of the Data Protection Act (S38)		Other (please give further details) The business continuity plan would compromise the security of our assets if it was shared beyond authorised personnel.	X
For how long must the paper be withheld? (express either as the time which needs to pass or a condition which needs to be met.)	In perpetuity		

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

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

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

Business Continuity Plan

Executive summary

While there have been some high profile terrorist and other attacks on civilians across the globe, this remains relatively rare. It is recognised however, that the college has considerable assets and along with the volume of users could make the college a potential target. Furthermore, and probably more likely would be the risk of a serious cyberattack and/or other potential crisis situations for example a serious fire or flood. In these circumstances the college has arrangements and plans for business continuity. The college business continuity plan was agreed by the Board of Management in November 2016. In October 2017 the college undertook a comprehensive review of the plan in light of other developments including the cybersecurity review, engages with police Scotland anti-terrorism officers and the college Prevent plans as well as a review of security arrangements generally.

It needs to be recognised that the college buildings have controlled access, CCTV coverage and security arrangements for the grounds and wider campus. We test our cyber controls and audit our data security arrangements as well as our fire evacuation procedures. A full exercise and operational test of our business continuity plan however beyond a major water leak/flood had not been tested.

This paper and the attached document set out the plans in place to take this forward.

Background

1. Complete review and update of emergency response/crisis management and business recovery sections of business continuity plan. Please see attached revision 05 last updated Feb 2018.
2. Review of Critical Incident procedures to include serious cyber-attack, attack based on ideology, information security and media arrangements/protocols.
3. Table top Testing of Procedures including Comms – March 2018
4. Training for crisis management team, emergency response team and other departments including Front of House and Estates – January 2018 – Complete.
5. Full test – April 2018

Police Scotland security advisors have provided a briefing to SMT in November 2017 and liaised with Campus estates Manager to develop the BCP to cope with current threats and offer appropriate guidance over the past few months. They have

- undertaken Project Griffin/Security Awareness Training for front line staff in January 2018
- Helped us develop a scenario for our full test in March.

The latest draft of the business continuity plan is attached for reference.



Business Continuity Plan for

Inverness College UHI

1 Inverness Campus, Inverness, IV2 5NA

Original issue number	004
Original Issue for use only by	Board of Management/ SMT
Version number	05
Version issue date	Feb 2018
Supersedes version	N/A
Prepared by	Risk Management Team
Full duplicate(s) held at	

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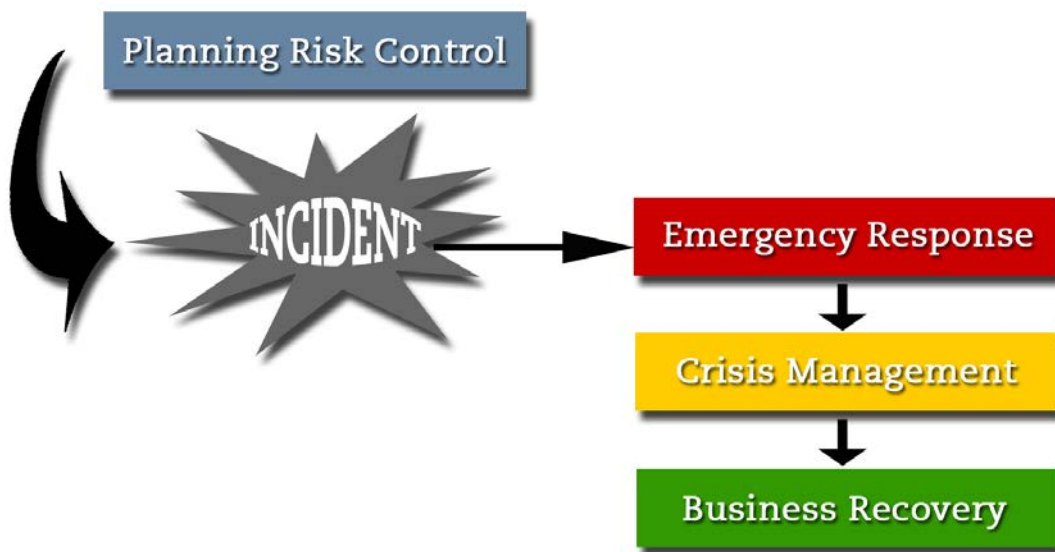
Introduction

The Business Continuity Plan

This Business Continuity Plan (BCP) provides overall guidance to College Management in responding to any significant incident that threatens to interrupt normal operations. It works at the **worst loss** level and for less severe incidents, only the relevant sections of the plan would be selected.

The full plan is set out in three time-phased categories and is focused on assisting the Senior Management Team (SMT) with the handling of the issues that will arise after an incident has occurred. This is illustrated as follows:

To some extent the planning process also addresses the adequacy of current risk controls



and may have identified improvements. Such improvements, if implemented, will form an integral part of this document. The central feature of the plan is a suite of colour coded pages, covering the entire response from the initial emergency through to the resumption of normal or near normal operations.

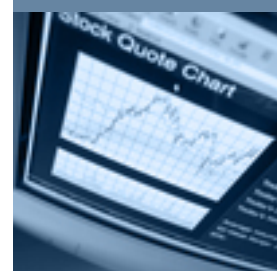
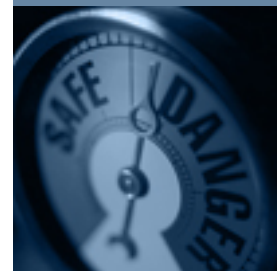
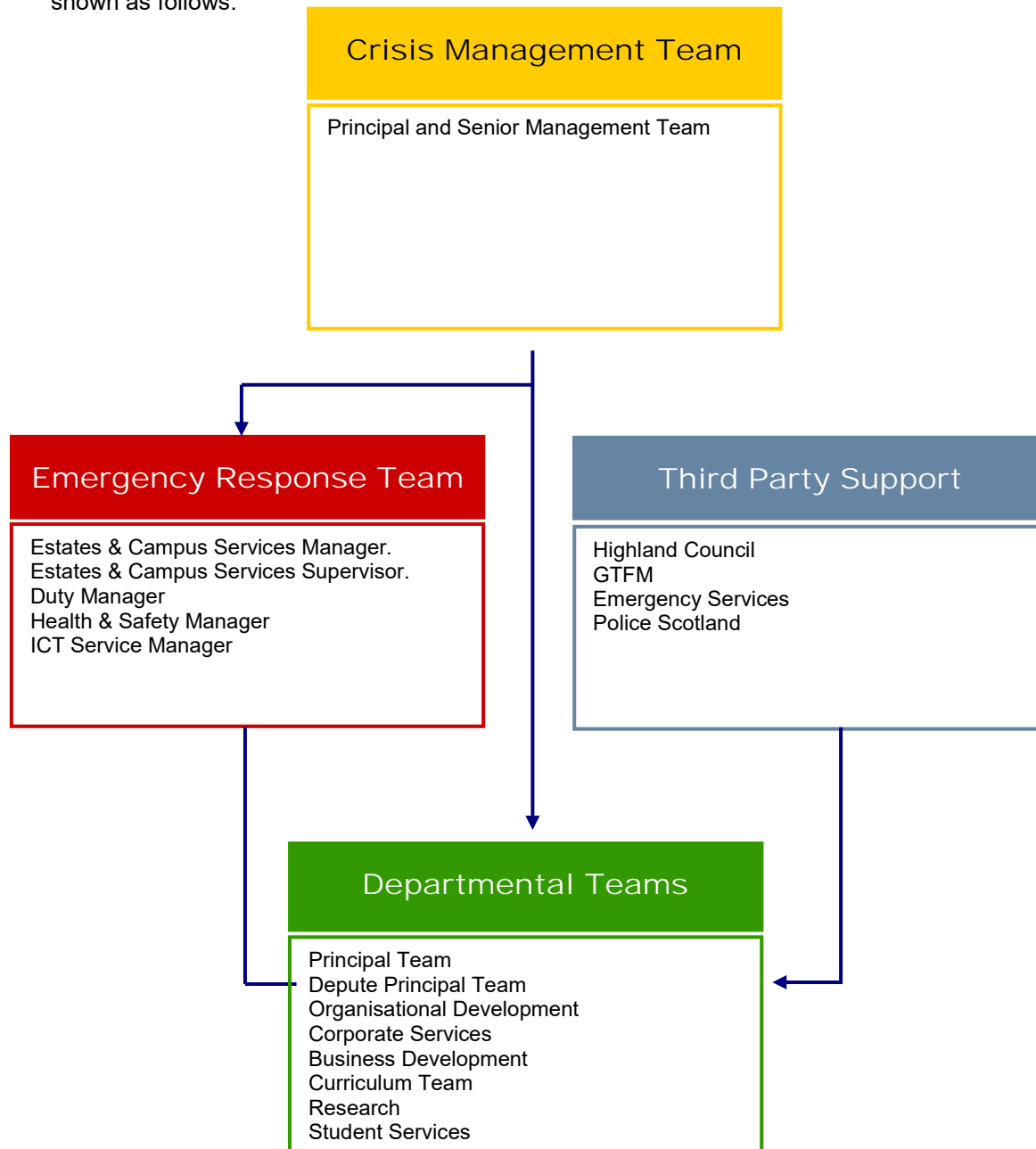
The key actions that may need to be performed and the key issues that are likely to arise are summarised. The pages are designed for use very much like checklists, helping to ensure that no major actions or issues are neglected.

A variety of procedures, guidelines and contacts, in support of these checklists, are included in the plan.

Command and Control

Major Incident Command and Control Arrangements

The Command and Control arrangements in managing a Major Incident can be graphically shown as follows:





Scope of Plan

All customer driven business processes, key support services and internal management functions across the organisation. Disruptions to include credible natural disasters, external threats, service level failure and any unforeseen event that could adversely effect the meeting of organisation objectives

Plan Distribution List

Name	Title	Full Plan or Sections Issued	Controlled Copy No
Chris O'Neil	Principal	Full Plan	
Roddy Henry	Depute Principal	Full Plan	
Lindsay Ferries	Director of Organisational Development	Full Plan	
Gill Berkley	Head of Curriculum	Full Plan	
Georgie Parker	Director of Business Development	Full Plan	
Melanie Smith	Head of Research	Full Plan	
Lindsay Snodgrass	Head of Student Services	Full Plan	
Fiona Mustarde	Director of Finance	Full Plan	

Access to Plans

Crisis Management Team members should keep copies of their plans readily available at all times. It is suggested that they consider one or more of the following options:

- In the office (to take out on evacuation)
- In the car
- In a briefcase
- At home (by the telephone)
- Electronic storage – Cloud, memory stick, organisation website

Invocation Procedure

Crisis Management Team

Name	Contact
Chris O'Neil – Principal & Chief Executive	07739 935771
Roddy Henry – Depute Principal	07500 998942
Lindsay Ferries – Director of Organisational Development	07768 008993
Gill Berkley – Head of Curriculum	07825196970
Georgie Parker – Director of Business Development	07767253803
Melanie Smith – Head of Research	07825 833789
Lindsay Snodgrass – Head of Student Services	07748622369

Any two members of the Crisis Management Team can invoke the Business Continuity Plan.

In doing so, the Crisis Management Team will decide whether to authorise the invocation of the Business Continuity Plan in part or in full.

Issues to consider:

A	Has the incident devastated the premises?	The Business Continuity Plan will be invoked immediately.
B	Is the damage to the site only partial?	The Emergency Response Team will be instructed to go to the site and report on the extent of the damage and potential unavailability period in the first instance before the plan is invoked.
C	Is there denial of access not associated with physical damage to the premises?	Further information is likely to be sought before a decision is made. Estates, IT, H&S to assist.



Recovery Strategy

In the event of a denial of access to our facilities, the strategy for managing the crisis and recovering the business is based upon the key objectives detailed below

	Objective	Recovery Strategy
1.	Protection of staff & students	
2.	Management of reputation	
3.	Maintenance of customer and stakeholder confidence	
4.	Continued service to key business partners	
5.	Protection of College resources	
6.	Protection of college data & information	
7.		

Exercising and Maintenance

This plan must work. It is therefore essential that the plan be reviewed every 12 months. Where this review reveals the need for any updating of the plan, maintenance must be carried out and this plan reissued to those on the Distribution List within 4 weeks of the review. If the 12 monthly review reveals no changes are required, those on the Distribution List should be notified to keep this plan fresh in their minds.

In addition to the 12 monthly review should the organisation undergo any major change plans should be adjusted to reflect and address the changes.

It is recommended that responsibility for this maintenance process is clearly designated and fully supported by the Process (and Departmental) Managers.

Version	Date Tested/ Amended	Sections Tested/ Amended	Exercised/ Amended By
001			



Emergency Response Section

- Summary
- Action Task Lists
- Fire Evacuation
- Power Failure
- Gas Leak or Loss of supply
- Water Damage or Loss of supply
- Serious Medical Emergency
- Cyber Security Breach
- Terrorist Threat
- Building Occupation by Protesters or Denial of Access
- Severe Weather
- Site Plan/ Utility Shut-Off Points



Emergency Response

Summary

Emergency Response Phase

This phase covers the first minutes and hours following the incident and the immediate actions that are likely to be required:

The phase covers:

- Evacuation
- Roll call
- Emergency service call out
- Attendance to injured
- Missing persons search
- Site shut down
- Securing the site
- Damage assessment

Detailed Procedures

There are procedures for the following type of incident:

- Fire Evacuation
- Water Damage
- Loss of Water
- Serious Medical Emergency
- Terrorist Threat
- Severe Weather
- Gas Leak
- Power Failure
- Loss of Gas Supply
- Denial of Access to Facilities
- Building Occupation by Protesters

Assembly Points

Pre-agreed assembly points for the Emergency Response Team have been identified as:

Assembly Points	Emergency Controller
Primary – Boardroom, 205 – Main Campus	Main – Estates & Campus Services Manager
Alternate – Estates & Campus Services Office	Depute – Estates & Campus Services Supervisor

Out of Hours Contacts/ Emergency Response Team

Name	Contact
Estates & Campus Services Manager	Mobile – 07584 618113
Estates & Campus Supervisor	Mobile – 07799 380759
Health & Safety Manager (Richie Hart)	Mobile – 07909 985531



Action Task Lists

Emergency Controller – Estates & Campus Services Manager









Receive advice of situation/ information	<input type="checkbox"/>
Ensure Emergency Services have been contacted	<input type="checkbox"/>
Call out appropriate members of the ERT and meet at an agreed point	<input type="checkbox"/>
Determine if evacuation is required	<input type="checkbox"/>
Liaise with the Emergency Services and Property & Estates team	<input type="checkbox"/>
Establish control of the incident	CMT Responsibility
Call out rest of ERT and brief members	<input type="checkbox"/>
Refer any media enquiries to Public Relations (Halogen) or a member of the Crisis Management Team	<input type="checkbox"/>
Initiate instructions to all Management and staff using the call out/ cascade arrangements	<input type="checkbox"/>
Act as main point of contact at the incident site for the Crisis Management Team	<input type="checkbox"/>

Emergency Response Team Members

Meet up with Emergency Controller at Boardroom 205 or Estates Office 123 – establish common understanding	<input type="checkbox"/>
Shut down heating/ ventilation and make safe utilities – water, gas and electricity	<input type="checkbox"/>
Obtain visitors and contractors logs	<input type="checkbox"/>
Ensure that access routes are kept clear for Emergency Services	<input type="checkbox"/>
Ensure no unauthorised entry (carried out by Fire Marshalls)	<input type="checkbox"/>
Advise Emergency Services of any missing persons or persons located at Refuge Points	<input type="checkbox"/>
Provide support for the Crisis Management Team as directed by the Emergency Controller	<input type="checkbox"/>
Prepare Incident Report Form (as per sample in plan)	<input type="checkbox"/>
Consider immediate actions to be taken by specialist staff – IT, Property, HR etc (Estates & Campus Services Manager to report to CMT)	CMT Responsibility
Decide what to do with staff in the short term	CMT Responsibility
Brief managers to instruct staff to return to work or go home	CMT Responsibility
Attend to any problems arising from: Loss of cash Loss of car keys Denial of access to cars Loss of personal effects	<input type="checkbox"/>
If appropriate collect next of kin lists and give to Police when requested (with HR Dept.)	<input type="checkbox"/>
Reference the site drawings for information as appropriate	<input type="checkbox"/>



Department Managers – Programme Development Managers/ Operational Managers

 Ensure all staff are informed of the situation	
 Later in the day, when the incident has become clearer, receive advice from the ERT and update staff	
 Advise staff of selected assembly points and time for next business day	
 Make notes of outstanding business activities	



Emergency Response

Fire Evacuation / Fire Marshall Plan

Responsible	Action	Action Taken
All Staff	Evacuate the building by the nearest fire escape route. All fire exit routes are clearly indicated with the emergency signs bearing a "running person" symbol	<input type="checkbox"/>
	Close all doors as you leave. If time allows, close any open windows	<input type="checkbox"/>
	Do not delay to collect personal belongings	<input type="checkbox"/>
	Lead or direct any students or visitors in your charge via the nearest available escape route to the designated Emergency Assembly)	<input type="checkbox"/>
	If you have disabled people in your charge, you must ensure that they attempt to evacuate the building with all other persons, using appropriate physical aids or buddies where necessary. If this is not possible, you must ensure that a volunteer can accompany the person to a designated Temporary Refuge Point (Stairways 1, 2, 4, 5, 6, 7 and 8) where they can remain safely until rescued	<input type="checkbox"/>
	Any person waiting in the temporary refuge area should use the Green call panel to contact the Estates Duty Officer/Fire Manager (see section 4) at the main fire panel to give them information about who needs to be rescued and their location (Stair and floor number).	<input type="checkbox"/>
	Do not re-enter the building until the all clear is indicated (from fire marshals) and prevent others from doing so if at all possible.	<input type="checkbox"/>
	Assist with crowd control where necessary by instructing others to move away from buildings and gather at the Fire Assembly Point	<input type="checkbox"/>
IC UHI Principal/Chief Executive and SMT	One member of the SMT stays with the Estates Duty Officer at the fire panel and awaits the arrival of the fire brigade.	<input type="checkbox"/>
SMT	The remaining members of the SMT will leave the building by the nearest exit and cover any fire exits not covered by a Fire Marshal or Estates Team member, to prevent unauthorised re-entry into the building	<input type="checkbox"/>
Fire Manager (Health & Safety Manager/E&C Campus Services Manager/Duty	Proceed to reception and pick up fire alarm panel key from 'fire' drawer located behind reception, along with the black 'fire' folder containing floor maps	
	Proceed to the fire alarm panel situated in	<input type="checkbox"/>



Emergency Response

Manager)	main reception	
	Liaise with Estates Duty Officer and assigned SMT member.	<input type="checkbox"/>
	Communicate via radio	<input type="checkbox"/>
	Respond to any calls from temporary refuge intercom system	<input type="checkbox"/>
	Co-ordinate with and provide an update to the relevant emergency services	<input type="checkbox"/>
Estates Duty Officer	Collect hi viz vest if possible.	<input type="checkbox"/>
	The Estates Duty Officer should attend the main fire panel at front door.	<input type="checkbox"/>
	Advise other members of the team, by radio, the location of the alarm activation in order that the cause can be investigated	<input type="checkbox"/>
Estates Team	Collect hi viz vest if possible.	<input type="checkbox"/>
	All Estates Team to go immediately to allocated point. This could be to prevent vehicles entering/leaving the car park or to prevent pedestrians from entering the building	<input type="checkbox"/>
	Ensure all staff and students move well away from the buildings to their muster points.	<input type="checkbox"/>
	Ensure a clear path for the arrival of the emergency services	<input type="checkbox"/>
Fire Marshals	Collect you're hi viz vest and radio (if possible) and inform the Fire Manager you are active	<input type="checkbox"/>
	Note: If you are out with your designated zone and unable to check your area or collect hi viz and radio, inform a member of the fire team that you were unable to check your area	
	Ensure that all personnel in your designated area evacuate the building in an orderly manner using the nearest available exit	<input type="checkbox"/>
	Close all doors (and windows if possible) as you leave each room	<input type="checkbox"/>
	Check temporary refuge points in your area and ensure that the Fire Manager is aware of their location	<input type="checkbox"/>
	Once you have left the building report to Fire Manager by radio to confirm that your area is clear.	<input type="checkbox"/>

Full evacuation procedure attached.



Power Failure

Responsible	Action	Action Taken
All	Notify Estates Office on discovery / GTFM Internal – Contact GTFM Helpdesk 02035 540513	<input type="checkbox"/>
Estates Office	Notify Emergency Controller	<input type="checkbox"/>
Estates Office	Establish if failure is internal or external	<input type="checkbox"/>
Estates Office	If power loss is established due to internal fault initially check fuses/RCDs and then contact electrician if required.	<input type="checkbox"/>
Estates Office	Call GTFM Helpdesk 02035 540 513	<input type="checkbox"/>
Estates Office	If external ring Power Supply Company and determine problem and likely duration of power loss.	<input type="checkbox"/>
Estates Office	Power loss phone number. EDF 0800 300 999	<input type="checkbox"/>
Affected Departments	UPS will kick in and maintain power supply to allow safe shutdown of systems and provide emergency lighting.	<input type="checkbox"/>
Affected Departments	Begin safe shutdown of equipment and backup of data.	<input type="checkbox"/>
Emergency Controller	Evacuate building if power loss presents a safety hazard. Follow Fire evacuation procedure.	<input type="checkbox"/>
Estates Office / GTFM	If an emergency generator is in use, check generator running conditions and fuel levels.	<input type="checkbox"/>
Estates Office / GTFM	Order additional fuel if necessary.	<input type="checkbox"/>
Emergency Controller	Brief department managers on estimated outage and agree an appropriate course of action	<input type="checkbox"/>
Department Managers	Brief all their staff	<input type="checkbox"/>



Gas Leak or Loss of supply

Responsible	Action	Action Taken
All on Discovery	Notify Estates & Campus Services Office. If out of normal hours (9.00am – 5.00pm), contact out of hours contact (see page 12).	<input type="checkbox"/>
Estates & Campus Services Office	Notify GTMF Internal – Contact GTFM Helpdesk 02035 540513	<input type="checkbox"/>
Emergency Controller	Assess if evacuation is required (CMT decision)	<input type="checkbox"/>
Emergency Controller	Consider if emergency services should be informed (CMT decision)	<input type="checkbox"/>
Emergency Controller	Notify Emergency Services if required	<input type="checkbox"/>
Estates & Campus Services Office	Notify Gas Supply Company. Total Gas & Power 0800 111 999	<input type="checkbox"/>
Estates & Campus Services staff/ GTFM	Turn off the meter at the control valve if safe to do so	<input type="checkbox"/>
Fire Marshalls	Open doors and windows to vent gas if safe to do so	<input type="checkbox"/>
Emergency Controller	Evacuate the premises. Follow procedure.	<input type="checkbox"/>
Fire Marshalls	Ensure everyone knows it is a gas leak and smoking is not under any circumstances permitted.	<input type="checkbox"/>
All Staff	DO NOT smoke near the premises.	<input type="checkbox"/>
All Staff	DO NOT turn electrical switches on or off.	<input type="checkbox"/>
Emergency Controller	Consider evacuation point and move further away from the building if appropriate.	<input type="checkbox"/>
Emergency Controller	Consider requirement to notify adjacent businesses.	<input type="checkbox"/>
Fire Marshalls	Ensure everyone notified of change of assembly point, if appropriate.	<input type="checkbox"/>
Emergency Controller	Liaise with Gas Supply Company and Emergency Services.	<input type="checkbox"/>
Emergency Controller	Advise on any additional action to be taken.	<input type="checkbox"/>
Emergency Controller	Once all clear given return to the building.	<input type="checkbox"/>



Water leak or Loss of Supply

Responsible	Action	Action Taken
All on Discovery	Notify Estates & Campus Services Office and manager in affected area.	<input type="checkbox"/>
Estates & Campus Services Staff (in consultation with ICT department)	If safe to do so, move computers and other portable electrical equipment, files and furniture out of harms way.	<input type="checkbox"/>
Emergency Controller	Consider requirement to evacuate premises. Evacuation would be co-ordinated by Fire Marshalls.	<input type="checkbox"/>
Estates & Campus Services Staff / GTFM	Where appropriate turn off the water supply at the stopcock. Contact plumber if required. Internal – Contact GTFM Helpdesk 02035 540513	<input type="checkbox"/>
Estates & Campus Services Staff / GTFM	Turn off/ isolate gas and electrical supplies if a cause for concern. If water loss external find out from the Water Supplier how long water is likely to be off. Contact phone no <u>Scottish Water – 0845 601 8855/ Emergency No – 0845 600 8855</u>	<input type="checkbox"/>
Emergency Controller	Await plumber and follow any advice given by phone in the interim.	<input type="checkbox"/>
Emergency Controller	Once under control notify building users.	<input type="checkbox"/>
Emergency Controller	Consider requirements to partition off affected areas for safety using high visibility tape.	<input type="checkbox"/>
Emergency Controller	Obtain dehumidifiers.	<input type="checkbox"/>
Plumber	Repair fault and reinstate water supply.	<input type="checkbox"/>



Serious Medical Emergency

On occurrence of a medical emergency:

Responsible	Action	Action Taken
All on discovery	Contact a First Aider (Fire Marshall)	<input type="checkbox"/>
Fire Marshall	Ensure someone stays with the casualty.	<input type="checkbox"/>
Front of House staff or other staff member where appropriate	Arrange for someone else to phone for an ambulance if appropriate.	<input type="checkbox"/>
Fire Marshall	Where the emergency relates to a pre-known medical condition, follow any previously given advice provided by the patient until the ambulance arrives.	<input type="checkbox"/>
Fire Marshall	Notify a member of the Senior Management Team and the Health & Safety Manager.	<input type="checkbox"/>
Health & Safety Manager	Complete an entry in the Accident Book.	<input type="checkbox"/>
Health & Safety Officer	Follow HR or senior management advice as regards notifying next of kin.	<input type="checkbox"/>
Fire Marshall	Go with the casualty to hospital and await next of kin.	<input type="checkbox"/>
Health & Safety Officer	Liaise with casualty on discharge from hospital to obtain update on wellbeing.	<input type="checkbox"/>
Health & Safety Officer	Consider the need to complete a RIDDOR form or notify HSE	<input type="checkbox"/>

First Aiders (Nov 2017)

Duncan Mackintosh
 Kate Ellistone
 Alan Duncan
 Sue Walker
 Peter Wyness
 Matthew Urquhart
 Hannah Munro
 Alan MacLeod
 Graeme Turner
 Caroline Frank
 Matt Bown
 Lesley Frame
 Martin Whyte
 Kirsty Bateson
 Kelly MacKenzie
 Stephen Wells
 Heather Keyes
 David Parker
 Martin Robb
 Tim Wood
 Allan MacDonald Tony Carroll



Cyber Security Breach

In summary, the response to any system wide Cyber Attack within Inverness College UHI is to:

- Disable any accounts, systems or services affected
- Clean or secure
- Re-enable

The approach to defending Cyber-attack is primarily preventative. That is, ensure key systems are patched as new vulnerabilities are exposed and addressed, that an up to date Information Security Management System is in place and that staff and students are aware of risk from phishing and other wider information security risks.

Key access control and communication systems (controlling network accounts and email) have automated tools in place to notify of a range of mass events e.g. email sending spam, large amount of account changes and so forth.

Generally, though, the approach on the suspicion of an account or system being compromised is to disable it, and then ensure it is clean before re-enabling it. This could mean resetting a user account password through to shutting down a system, to minimise any further risk of data exposure.

Any operational impact will be escalated as appropriate.

In addition, logs and auditing are in place to investigate any incident, or suspicion of incident with regards to access control.








Responsible	Action	Action Taken
All on Discovery	Notify ICT Manager and SMT	<input type="checkbox"/>
ICT Services	Notify UHI EO and Partner staff (as any attack will be shared across the network)	<input type="checkbox"/>
ICT Services	Close access and secure the crime scene.	<input type="checkbox"/>
ICT Services	Contact EO ICT, JaNET network (providing Internet services) and liaise with industry partners to ensure actions are appropriate (e.g. could be widespread attack not just Inverness College UHI)	<input type="checkbox"/>
ICT Services	Clean any system or file impacted by Cyber Attack or Ransomware e.g. restore files back or remove compromised user account access	<input type="checkbox"/>
ICT Services / SMT / Department Managers	Notify of impact and any likely timescales whilst the cleaning operation in place	<input type="checkbox"/>
ICT Services	Re-enable services and access. Monitor and review.	<input type="checkbox"/>

See Attached ICT Business Continuity Plan



Terrorist Threat:

If an employee or student are involved in an incident of this nature, he/ she should:

Responsible	Action	Action Taken
RUN	 If there is a safe route, run – (Quick & Quite)	<input type="checkbox"/>
	 Insist others go with you	<input type="checkbox"/>
	 Don't let them slow you down	<input type="checkbox"/>
	 Leave you belonging behind	<input type="checkbox"/>
HIDE	 If you can't run Hide.	<input type="checkbox"/>
	 Find cover from Terrorists.	<input type="checkbox"/>
	 Lock the door and barricade yourself in.	<input type="checkbox"/>
	 Move away from the door.	<input type="checkbox"/>
	 Be very quiet, silence your phone. Don't shout for help as it might give away your location.	<input type="checkbox"/>
TELL	 Dial 999 Only when you are Safe	<input type="checkbox"/>
	 Give your location	<input type="checkbox"/>
	 Give direction the attacker is moving in and any other details, (clothing, weapons, etc.)	<input type="checkbox"/>
	 Give as much information as you can, (casualties, building details, etc.)	<input type="checkbox"/>
	 If you can you safely, stop others from entering the area?	<input type="checkbox"/>
POLICE ARRIVAL	 The Police will probably be armed.	<input type="checkbox"/>
	 Stay calm, don't shout or wave your arms.	<input type="checkbox"/>
	 Keep your hands visible at all times.	<input type="checkbox"/>
	 Follow there instructions at all time.	<input type="checkbox"/>

Dynamic Lockdown

Dynamic lockdown is the ability to quickly restrict access and egress to a site or building (or part of) through physical measures in response to a threat, either external or internal. The aim of lockdown is to prevent people moving into danger areas and preventing or frustrating the attackers accessing a site (or part of). It is recognised that due to their nature some sites may not be able to physically achieve lockdown;



Responsible	Action	Action Taken
Follow Stay Safe	Follow stay safe procedure RUN>HIDE>TELL	<input type="checkbox"/>
Dynamic Lockdown	Identify all access and egress points in both public and private areas of the site. Remember, access points may be more than just doors and gates	<input type="checkbox"/>
	Identify how to quickly and physically secure access/egress points	<input type="checkbox"/>
	Identify how your site can be sectorised to allow specific areas to be locked down	<input type="checkbox"/>
	Disable lifts, automatic doors to impede attacker's movements.	<input type="checkbox"/>
	Stopping people leaving or entering the site – direct people away from danger	<input type="checkbox"/>
let people know what's happening	Public Address (PA) system	<input type="checkbox"/>
	Internal messaging systems; text, email, staff phones, Computer, web site. State College is on “ Lockdown ”.	<input type="checkbox"/>



Suspicious Package

Identifying a suspicious package think **HOT**

Responsible	Action	Action Taken
Hidden	Has the item been deliberately hidden so it's difficult to see or find?	<input type="checkbox"/>
Obvious	Does it look obviously suspicious ? You may see wires, batteries, a timer, explosives or liquids	<input type="checkbox"/>
Typical	Is the item Typical of your place of work. Does the item look out of place where it is? Maybe it breaches instructions for the area where you work	<input type="checkbox"/>

DO NOT TOUCH the suspicious item as it may activate the device

Call 999

Remember

For safety reasons **do not use or allow anyone else to use** any handheld radios, mobile phones or other WiFi enabled devices within **15 metres** of a suspect item as this may cause

Receipt of Bomb Threat

Responsible	Action	Action Taken
Call Management	Remain calm and talk to caller	<input type="checkbox"/>
	Note the callers number if displayed	<input type="checkbox"/>
	If possible record call.	<input type="checkbox"/>
	If threat is sent via an email, social media record.	<input type="checkbox"/>

Ask these Questions & record answers as accurately as possible:

1. Where exactly is the bomb right now?
2. When is it going to explode?
3. What does it look like?
4. What does the bomb contain?
5. How will it be detonated?
6. Did you place the bomb? If not you, who did?
7. What is your name?
8. What is your address?
9. What is your telephone number?
10. Do you represent a group or are you acting alone?
11. Why have you placed the bomb?

Record time Call completed:

Responsible	Action	Action Taken
Inform Security	Inform estates manager and SMT	<input type="checkbox"/>
	Dial 999 and inform Police.	<input type="checkbox"/>



Building Occupation by Protesters or Denial of Access.

If a threat is received:

- Notify senior management/ Estates & Campus Services.
- Notify Reception to be especially vigilant.
- Notify Police.
- Decide on safest course of action, ideally in consultation with Emergency Services, including the safest exit from the building to use. Note – some staff may wish to leave the building irrespective of a decision to stay.
- If possible, brief staff – see staff actions below.
- Consider evacuating the building to minimise contact between staff and protesters. Note – in previous protests the fire alarm has been activated by protesters.
- All to clear desks and lock files/ cabinets/ computers away.
- If there is time, warn other stakeholders in your building.
- Monitor the incident as time progresses and record if appropriate.
- Decide if other parts of your organisation may also be targeted and warn them.

At close of incident:

- If an evacuation has taken place – before the building can be reoccupied the area must be checked as being safe and free from foreign objects/ broken glass/ contaminants and any further threat.

If an employee is involved in an incident of this nature, they should:

- Call and brief management immediately.
- Follow instructions from management/ the Emergency Services regarding the safest course of action.
- Clear desk and lock away files/ cabinets – close down computers.
- Have personal valuables to hand should evacuation be required.
- Be prepared to evacuate the building for a considerable period.

In event of contact with protesters:

- Staff are strongly advised: DO NOT TACKLE ANY PROTESTER EITHER VERBALLY OR PHYSICALLY.
- Apart from asking protesters to leave, staff are advised not to have any dialogue with protesters.
- After the event – evidence may be required – note who does what.
- Staff not to antagonise protesters or try to remove them – leave that to the appropriate authority.

Remember – in an incident the safety of people is paramount – if in doubt leave the building.



Severe Weather

**Advance actions to be taken upon forecast of severe weather:
Following actions to be undertaken by Estates and GTFM teams.**

- Check windows.
- 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.
- Ensure storage tanks are anchored.
- Move or cover machinery and plant.
- Consider personal protective equipment requirements for staff.
- Determine if staff should be asked not to attend work.
- Check adequacy of current fuel stock.

Actions to be taken during severe weather:

- Monitor weather forecasts/ Internet, local radio.
- Liaise with Emergency Services concerning recommended course of action.
- Ensure staff do not put themselves at risk.
- Keep staff informed – social media.
- Put information onto HIU website and inform MFR on situation.

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.

Site Plan/ Utility Shut-Off Points

To enable efficient command and control over a major incident, the following site plans detail the up to date locations for:

- Fire Hydrants
- Floor layouts
- Utility shut off points
- Department occupancy
- Entrances and exits
- Plant rooms
- IT and Communications rooms
- Gas pipelines
- Hazardous material storage



Crisis Management Section

■ Plan Activation

■ First Actions Agenda

■ Tasks and Responsibilities

■ Communications

■ Event Log

■ Communications Log

■ Media Golden Rules



Plan Activation

The Crisis Management Phase is only activated where the situation demands and is designed to ensure that actions are taken to minimise, as far as possible, the effects of the major incident or emergency situation and ensure timely and effective management of business recovery. It builds upon the emergency response and will overlap the ongoing activity of those involved in the emergency response phase.

The decision to activate this phase of the plan can be taken by two or more members of the Crisis Management Team.

The decision will be based on:

- The loss of life or serious injury
- The scale of the disruption
- The need to protect the organisation reputation

Crisis Management Team

The following are members of the Crisis Management Team:

Name	Mobile	Work Contact
Chris O'Neil	07739 935771	273807
Roddy Henry	07500 998942	273369
Lindsay Ferries	07768 008993	273221
Fiona Mustarde	07767 442235	273408
Gill Berkeley	07825 196970	273290
Georgie Parker	07767 253803	273651
Melanie Smith	07825 833789	273080
Lindsay Snodgrass	07748 622369	273230

The Crisis Management Team (CMT) will be formed to:

- Provide strategic direction in relation to a major incident
- Be a focal point for the co-ordination of the Emergency Response, Crisis Management and Business Recovery response
- Determine organisation policy given the nature of the incident
- Agree organisation priorities
- Direct and support the recovery of affected departments
- Allocate resource to functional areas and adjudicate on conflicting demands
- Maintain a record of the organisational response to the incident
- Assess, implement and record financial transactions arising from the incident
- Receive, collate, analyse and distribute information in an efficient and effective manner



- Manage relationships with key stakeholders
- Liaise with external services/ organisations at a strategic and tactical level
- Manage the media and maintain the organisation reputation

Command Centre

There is no need for a specific location for a command centre.

Any area can be set as long as it has the following service:-

Internet to access the cloud, Electrical supply.

Backup Strategy

All UHI data is held in the cloud so no site specific data backup are required for any local emergency events



First Actions Agenda

1st Action – Tell Spouse/ Partner going to be late



Item	Action Taken
Confirm Team Roles	
<ul style="list-style-type: none"> Agree roles and responsibilities of the team during the crisis. If required revise roles and determine if additional staff/ deputies are required. 	<input type="checkbox"/>
Confirm Key Contacts at Incident Scene	
<ul style="list-style-type: none"> Main points of contact for ongoing information and updates of information. 	<input type="checkbox"/>
Set-up Command Centre Environment	
<ul style="list-style-type: none"> Telephony. Contingency Box. Information Technology. Visual Aids. 	<input type="checkbox"/>
Start Event Log and Communications Log	
<ul style="list-style-type: none"> Written record of significant events throughout the crisis. Written record of all communications. 	<input type="checkbox"/>
Analysis of Impact	
<ul style="list-style-type: none"> Use flipcharts/ whiteboards etc to capture and share known information for analysis. Consideration of the scope of the problem and its implications. 	<input type="checkbox"/>
Organisation Objectives	
<ul style="list-style-type: none"> Review organisation objectives and policy following the incident. Define and prioritise objectives. 	<input type="checkbox"/>
Welfare Issues	
<ul style="list-style-type: none"> Have staff, visitors or third parties been injured? Where are they currently? What immediate support and assistance is needed? What ongoing support and assistance might be required? 	<input type="checkbox"/>
Communications	
<ul style="list-style-type: none"> Who should we tell? Professional Public Relations/ Media advisors required? Determination of which, if any external regulatory bodies should be notified. Determination of any internal communications that need to take place (other sites, affected departments etc). 	<input type="checkbox"/>
Media Strategy	
<ul style="list-style-type: none"> Determination of the media strategy to be implemented. What is the story? What is the deadline? 	<input type="checkbox"/>
Legal Perspective	
<ul style="list-style-type: none"> Determination as to what legal action or advice is required. 	<input type="checkbox"/>
Insurance Position	
<ul style="list-style-type: none"> Determination of whether insurance cover is available and, if so, how best to use the support it may provide. Contact assigned loss adjuster or main insurance contact 	<input type="checkbox"/>
Information Collection Strategy	
<ul style="list-style-type: none"> Identification of major information gaps. Development of an investigative strategy. 	<input type="checkbox"/>
Recovery Management	
<ul style="list-style-type: none"> Invocation of functional area recovery plans Revision of recovery priorities Determination of support requirements 	<input type="checkbox"/>



Crisis Management

Tasks and Responsibilities

Crisis Management Team

The CMT should take responsibility for the following tasks and delegate as required:

Strategic Management

- Receive report on the incident from the ERT
- Decide whether to activate departmental recovery plans
- Support the ERT in decisions affecting the recovery
- Consider which key stakeholders will be impacted
- Liaise with Media Handling and provide a lead on communications strategy
- Receive damage assessment reports from the ERT
- Consider the impact on organisation activities objectives
- Re assess objectives given resources and capabilities
- Consider policy issues arising
- Inform and liaise with the Enforcing Authorities – HSE etc
- Ensure management and staff are kept fully informed and up to date with progress
- Receive progress report on recovery activities
- Review and adjust recovery strategy as necessary
- Determine if external legal advice is required

Media Handling

- DETERMINE IF USE OF A PROFESSIONAL PUBLIC RELATIONS FIRM IS REQUIRED
- Maintain communications log
- Inform media about channels for information
- Manage media interest
- Ensure staff are aware of channels to refer media enquiries
- Consider use of a holding statement or press release – (In conjunction with Emergency Authorities if appropriate)
- Consult with legal advisors on holding statement or press release contents as required
- Ensure that a consistent message is being given from the affected site and the centre
- Arrange a press conference if appropriate
- Monitor media response
- Maintain awareness of changing emphasis of interests

Human Resources

- Obtain injury and missing persons reports from the First Aiders and Fire Wardens
- Send representatives to hospital
- If required provide Next of Kin details to Police
- If appropriate, set up an emergency number for welfare issues
- Assist in obtaining relocation transport for staff
- Arrange hospital visits
- Arrange trauma counselling as appropriate
- Develop support for relatives



Assess staff morale and assist as necessary
Support ongoing process of staff relocation/ relocation costs
Support staff at home as necessary
Liaise with trade unions and staff committees as required
Support functional areas on human resources issues arising from the incident
Contact recruitment agencies

Finance/ Administration

Ensure staff are paid if payroll due
Sanction and draw up lists of costs incurred by recovery teams
Draw up schedule for monies due/ payable
Consider overall finance needs and seek funders' assistance
Work with Insurers and loss adjusters

Facilities Management – Recovery Location

It is anticipated that a specific, facilities department recovery plan will address the detailed issues however the CMT should consider the issue below

Assess premises needs
Assign accommodation for Departments with immediate needs
Identify likely timescales for alternate premises and communicate to affected departments
Liaise with Local Planning and Building Control Department as necessary
Liaise with property agents
Arrange for supplies to be diverted
Liaise with IT concerning systems and telecommunication
Ensure funds made available to cover requirements

Facilities Management – Damaged Location

The emergency response team will be responsible for safety and security in the aftermath of the incident and thereafter initial salvage and assessment of the premises condition. The CMT should liaise to establish the following.

What is the extent of the damage to buildings and contents?
Can any part of the location remain in use?
Are utilities operational?
What is the initial estimated time to restore the facility
Is IT operational
Can key equipment be salvaged
What is the estimated time to clean/refurbish salvaged equipment

Telecommunications

The following points should be included within functional area recovery plans and the CMT should ensure these issues are being addressed.

■	Arrange for immediate divert of critical lines
■	Establish what is working and salvageable
■	Reinstate switches/ network (if possible)
■	Ensuring email access is not impacted (Cloud hosted)
■	Segregate damaged equipment for repair
■	Maintain records of costs incurred
■	Re-configure telecom systems
■	Load backed-up system data and test
■	Plan layout and specification of temporary/ permanent location
■	Build up new telephone extension numbers
■	Advise Departments as networks go live
■	Review impact on backups and business continuity (e.g. if running from secondary location do we still have valid business continuity going forward)

Information Technology

The following points should be included within functional area recovery plans and the CMT should ensure these issues are being addressed.

■	Control shut down of systems
■	Conduct assessment, salvage possibilities and systems unavailability
■	Liaise with UHI ICT colleagues, JaNET provides and specialist service providers
■	Ensure security of data and equipment
■	Segregate damaged equipment for repair
■	Maintain records of costs
■	Review services available and impacted and liaise with affected system owners
■	Plan layout and specification of temporary/ permanent location
■	Build up workstations
■	Rebuild data network
■	Advise Departments as they go live
■	Review impact on backups and business continuity (e.g. if running from secondary location do we still have valid business continuity going forward)



Process Business Recovery Activity

Each Process has its own functional area plans which cover various departments and teams, which can be progressed independently but are likely to require the support of the CMT. Plan activities will vary, however, the issues below will generally be common to all plans.

■	Assess known effect on the Process/Department/Team and list immediate needs
■	Decide with CMT what activities can be suspended or alternative action to be initiated
■	Establish one person to act as the liaison co-ordinator with all other teams
■	Consider impact of the disruption on customers
■	Update managers and assist in detailed communication to staff
■	Establish limited working as soon as possible – as enabled by the Crisis Management Team
■	Establish if any work in progress/ work materials have been lost
■	Re-appraise priorities
■	Review and adjust recovery strategy
■	Work with HR to identify staffing needs
■	Reschedule work



Communications

Critical to the maintenance of our reputation while recovering from an incident is the need to inform key stakeholders. The following is a useful aide memoir:

Stakeholder	Key Contact	Office Number	Mobile/ 24 hour contact
Board Member	Neil Stewart	01463 704054	
Public Relations Advisors	Laura Coulter, Halogen	0131 202 0120	
Contact site 1	Elizabeth Barron-Majerik, Forestry	01463 273601	
Contact site 2	Joyce Lindsay, Falcon Centre, Aviemore	01463 273270	
Legal Advisors	Chris Kerr, Harper MacLeod	01463 795007	07930 337050
Insurers	Kirsty Forsyth, Zurich	01252 387876	07767 225537
Stakeholder contact 1	HIE	01463 244309	
Stakeholder contact 2	Wilma MacDonald, SFC	0131 313 6565	
Stakeholder contact 3	Fiona Larg, UHI	01463 279	
Stakeholder contact 4	Grant Horsely, Highland Council	01463 702000	
Supplier contact 1	Scottish Water	0845 601 8855	
Supplier contact 2	EDF	0845 300 4904	
Supplier contact 3	Scottish Gas	0845 0700 135	



Event Log

To be used to record the main events and responses over time:

Reported Event	Time	Action Taken or Proposed



Communications Log

To be used to record communications between the crisis management team and 3rd parties. It should assist in ensuring a consistent message is given concerning the incident and provide a reference throughout the crisis:

From Who?	To Whom?	When?	What was said?



Media Golden Rules

Buy Time/ Be Prepared

- Never speak to the media without having gathered yourself
- Always seek to delay the process – work to your timescales – structure your commitments, e.g. statements/ interviews will be at 2pm and 5pm – ration your time wisely
- If a surprise interview is requested, delay it, if possible, even by 5 minutes
- Establish the type of issues they want answered ahead of time so you can prepare suitably
- Speak with as much preparation completed as possible
- Prepare the key points you want to say and if the first question does not give you the opportunity to give that message, start with “before I answer that question, may I say ...”

Remember

- Facts are key – assume nothing
- Avoid “no comment” responses – it suggests the worst
- Deception is fatal
- Doubts destroy confidence and fuel conjecture about dishonesty. Where appropriate a firm denial should be made.
- Someone else will be telling the story without correct information and their version sets the mood
- People will feel privileged if told early enough and are trusted with the facts; they will feel disillusioned if they ‘discover’ the truth; they will become disaffected if their story differs from yours
- Answer everything
- Manage the control and flow of information
- Media priorities are **people, environment, property** and **money** – in that order

Show

- **Concern** – you care about what has happened
- **Commitment** – to find out what happened and put it right
- **Control** – of situation at most senior level

DO's

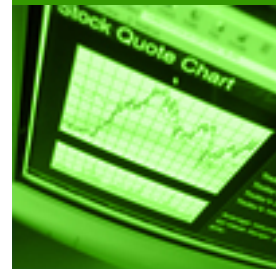
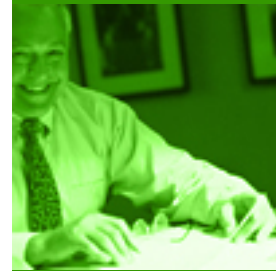
- Be positive and truthful
- If you do know – tell them
- If you don't know – tell them you don't know
- Do not speculate – instead defer to the enquiry to follow
- Remember – you want the answers more than anyone else

DON'Ts

- Admit liability – refer to the need for the matter to be fully investigated
- Negative deception is fatal



Business Recovery Section



Recovery Priorities

A target recovery time frame has been established for all of the business functions as a result of conducting a Business Impact Analysis.

The time frame against each function represents the tolerance of the business to the loss of that function in isolation. The individual strategy for recovering each function should be guided by this time frame. In the event of a full loss of site, including teaching capability, flexibility would be applied to those functions that provide a support to both campuses.

The recovery of each of these business functions must also conform to the fundamental recovery objective of re-establishing production for the core products outlined in the recovery strategy at the front of the plan.

Business functions are divided into 4 categories:

- Category A Functions – operational within 24 hours
- Category B Functions – operational within 3 days
- Category C Functions – operational within one week

Department	Category A Functions	Target Recovery Time
ICT Services		2 hrs
Estates		4 hrs

Department	Category B Functions	Target Recovery Time
Forestry		
Science		
Support ED		
Care Practice		
Construction		

Department	Category C Functions	Target Recovery Time
Hospitality		

Category D Functions – all remaining functions will be re-established after categories A, B and C.





Tasks and Responsibilities

During this phase the managers of each business function will manage the recovery of their own functions based upon their developed department plans.

Departmental managers will be responsible to recover departmental functions in line with target recovery times. Outline strategies to achieve this have already been determined as well as specific resource requirements.

The CMT will support the recovery of functional areas and if appropriate adjust the recovery priorities.

Where resources are limited the CMT will adjudicate over conflicting requirements and determine the best use of available resource.

Tasks and responsibilities for each department will vary however the table below is likely to be common to all departments.

■	Assess known effect on your Department and list immediate needs
■	Decide with CMT what activities can be suspended or alternative action to be initiated
■	Establish one person to act as the liaison co-ordinator with all other teams
■	Consider impact of the disruption on customers
■	Update managers and assist in detailed communication to staff
■	Establish limited working as soon as possible – as enabled by the Crisis Management Team
■	Establish if any work in progress/ work materials have been lost
■	Re-appraise priorities
■	Review and adjust recovery strategy
■	Work with HR to identify staffing needs
■	Reschedule work
■	Routinely update the CMT

ICT Services Plan

Manager	ICT Services Manager
Department	ICT Services

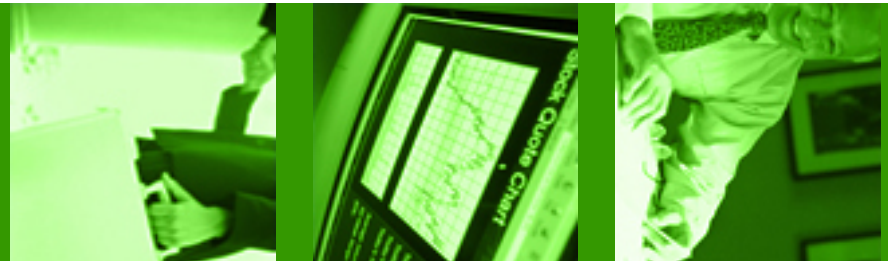
Department Recovery Team

The following staff are responsible for recovery of the process's activities:

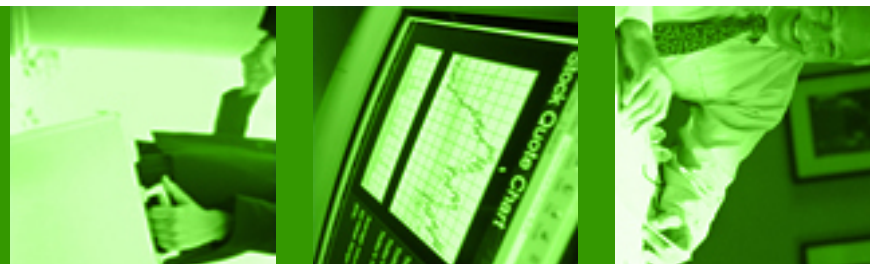
Name of Principal	Name of Deputy and Alternate
Martin Robinson	Ramsay Wood

Overview of recovery strategies

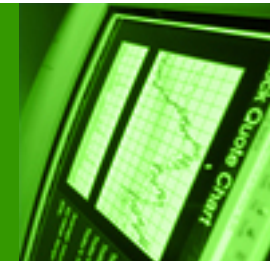
Function	Maximum Downtime	Overview of Recovery Strategy
Key Systems and Communication	Resilience for Key Data and Systems	<p>Key communication tools (email, calendar, contacts) are hosted in the Cloud. Therefore, an active internet connection is required to use this.</p> <p>Key server data (network drives) and systems are replicated from 1 Inverness Campus to 10 Inverness Campus (UHI data centre).</p> <p>Inverness College has resilience within its communication infrastructure whereby any single cable failure should automatically switchover to other connectivity path.</p> <p>Any functions / systems detailed as urgent within this business continuity plan will be reviewed as being included as key server data and systems above.</p>



Function	Maximum Downtime	Overview of Recovery Strategy
Communications Infrastructure (Voice & Data)	Resilience for Key Systems and Data	<p>1. Cable break in 1 Inverness Campus: would potentially have impact on areas of the building and would be dependent on repair by 3rd party service providers. NB: there is resilience built into LAN infrastructure at 1 Inverness Campus so secondary connection could be activated on any single failure. There is no resilience built into School of Forestry and a cable break would lead to a period of outage whereby only a copper (broadband speed) connection could be provided in the interim. (Set up of interim broadband would be up to 3 working days).</p> <p>No team or function is fully dependent on location so can move to another area where LAN is live in such circumstances e.g. classroom.</p> <p>2. Outwith Building (e.g. Major cable break on A96) – Reliant upon third party service providers for external communications, but could work within building, and resilient connectivity in place should minimise likelihood and impact of such an occurrence.</p> <p>3. Major power outage or equipment failure in 1 Inverness Campus: 1 Inverness Campus has a UPS and back up generator which should not mean any impact from short-term power loss. Longer term would have impact on systems / data not included in live replication. In that, services would need to be restored from nightly backups. Any failure of just Data Centre power should allow systems to be run from Main Communications Room (Comms. Room 6).</p> <p>4. Building Unavailable / Closed – As stated above core systems / data are not reliant upon 1 Inverness Campus building. SMT and Management teams have mobile devices (laptops, tablet, mobile phones) so can access email / communication from outside the building itself and access such services from any emergency or temporary location invoked as long as an internet connection is provided.</p> <p>5. ICT Staff, on 1 Inverness Campus being available, can re-locate to UHI Building Fairways to allow high speed access to systems / infrastructure, respond to ICT Help Desk enquiries and work on any issues with services in interim state.</p>
Help-Desk	Minimum (central ICT point-of contact, service desk, for all	ICT Help Desk is Cloud-Based any can be connected to via mobile devices / remote location.



Function	Maximum Downtime	Overview of Recovery Strategy
	users of IT)	
Telephone System (PABX)	Minimum	Key phone lines / main switchboard can be diverted to alternative locations / phone numbers / mobiles dependent on the nature of the incident.



Vital Records

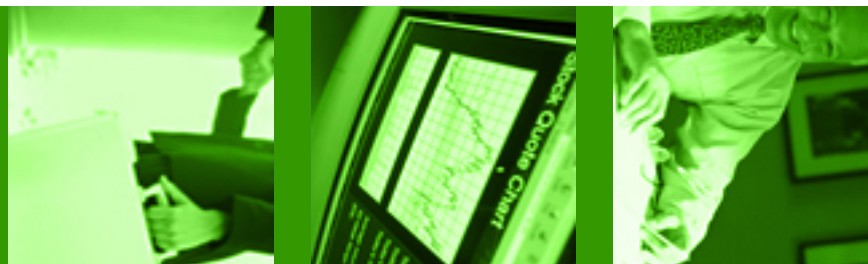
Description of Item	Location Within Work Area	Back Up Format	Back Up Location	Keys etc
ICT Business Continuity Plan	Data network	Document	Plot 10 Inverness Campus	

Required IT Applications

Applications	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	Special Requirements
Email access (Cloud based so should not be impacted)	Cloud Based					
Active Directory	Cloud Based					
Critical systems as defined within the Business Continuity Plan	Cloud Based		Systems requiring store			

Critical Machinery (Requirements)

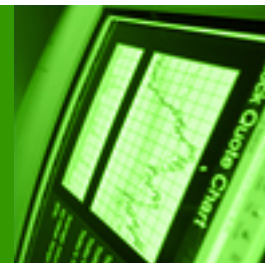
Critical machinery	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
Core and Edge Switching (LAN)	ASAP						
UHI Core Storage Area Network	ASAP						
WAN connectivity equipment	ASAP						



Critical machinery	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
WLAN (Wi-Fi) access			Review operating effectiveness				

Business Recovery

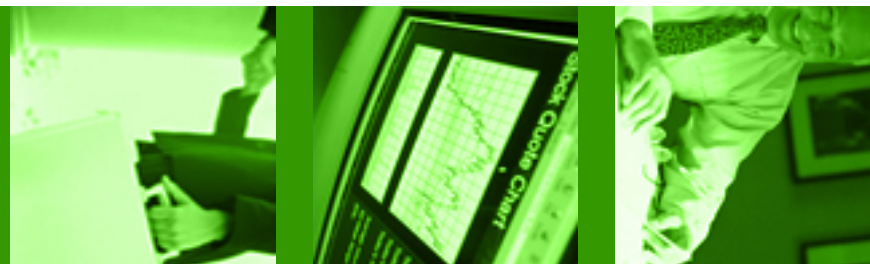
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Recovery Actions and Milestones

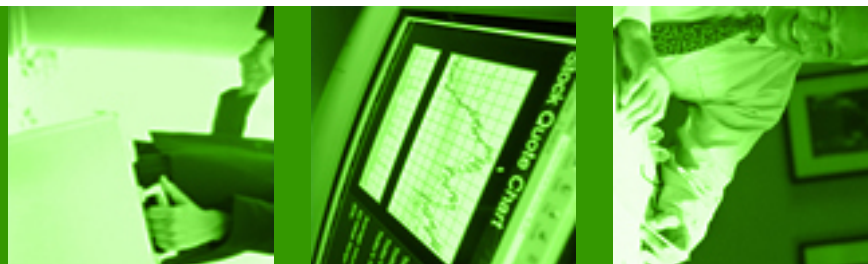
The first column should be completed in advance of any incident. If disaster should strike, the tables can be used as checklists and the third column used to track recovery progress.

Within Day 1		
Description of Task	Responsibility	Done?
Hold team meeting at an agreed rendezvous. (This can be decided by staff at the time)	Manager or senior member of team	<input type="checkbox"/>
Identify if any staff are injured	Manager or senior member of team	<input type="checkbox"/>
Liaise with human resources concerning welfare support.	Manager or senior member of team	<input type="checkbox"/>
Identify priority functions to be undertaken by staff – categorise into: <ul style="list-style-type: none"> Identify services impacted (Cloud services should remain operational) Identify any immediate services required (e.g. any access required to respond to incident) Salvage and clearing materials at the affected site Establishment of core activities at any temporary relocation 	Manager & senior staff with technician team	<input type="checkbox"/>
Identify each function's critical business activity and concentrate efforts on these in short term	Manager with Crisis Management Team	<input type="checkbox"/>
Make schedules of critical work due to be produced and the due dates	Manager with senior members of team	<input type="checkbox"/>
Progress report to the CMT	Manager	<input type="checkbox"/>



Day 2 – 3		
Description of Task	Responsibility	Done?
Agree where temporary activities can be conducted & advise staff	Manager	<input type="checkbox"/>
Advise the reception of the alternate location of your telephone extension numbers	ICT Technician Team Leader	<input type="checkbox"/>
Recover vital records	Manager	<input type="checkbox"/>
Arrange for suitable staff briefing note	Manager with senior members of ICT team	<input type="checkbox"/>
Progress report to the CMT	Manager	<input type="checkbox"/>

Day 3 – 7 onwards		
Description of Task	Responsibility	Done?
Identify and record medium term activities for each member of staff	Manager with senior members of ICT team	<input type="checkbox"/>
Confirm need to return to full strength and plan timetable for systems / PC work	Manager with senior members of ICT team	<input type="checkbox"/>
Review progress and all recovery milestones achieved	Manager with senior members of ICT team	<input type="checkbox"/>
Progress report to the CMT	Manager	<input type="checkbox"/>



Departmental Call Cascade

In event of the recovery plan being invoked, the call cascade below should be used to advise staff. In event of designated staff being unavailable their section of the cascade should be delegated to another member of staff.

Level One – Head of Process to Departmental Managers

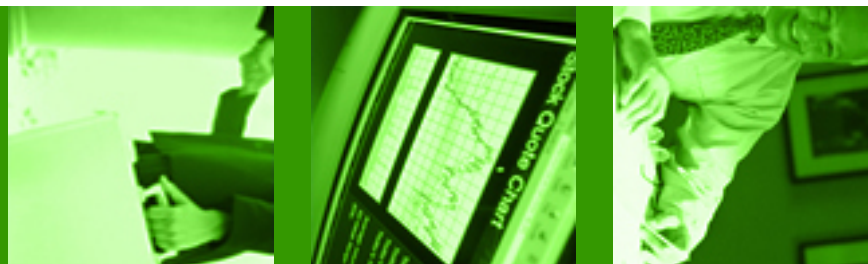
Head of Department	Departmental Managers to be Contacted	Work Contact	Mobile Contact
Lindsay Ferries, Director of Organisational Development	Martin Robinson, ICT Services Manager	01463 273524	

Level Two – Departmental Managers to Supervisory Staff/ Team Leaders

Departmental Managers	Supervisors and Team Leaders to be Contacted	Work Contact	Mobile Contact
Martin Robinson, ICT Services Manager	Ramsay Wood, ICT Technician Team Leader	01463 273527	

Level Three – Supervisory Staff to all other staff

Supervisory/ Team Leader	Staff to be Contacted	Work Contact	Home Contact	Mobile Contact
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Estates & Campus Services Plan

Manager	Estates and Campus Services Manager
Department	Estates and Campus Services

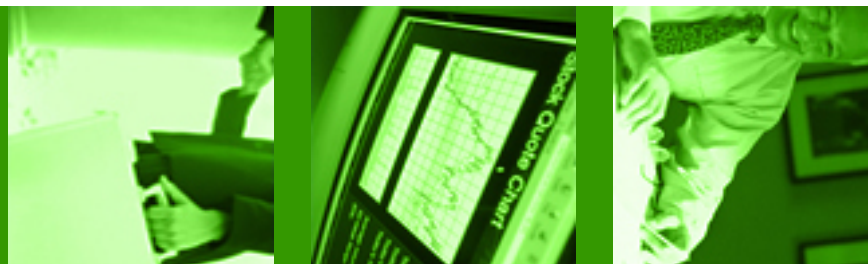
Department Recovery Team

The following staff are responsible for recovery of the process's activities:

Name of Principal	Name of Deputy and Alternate
Martin Kerr	John Newson

Overview of recovery strategies

Function	Maximum Downtime	Overview of Recovery Strategy
Accommodate Crisis Management Team (CMT)	24 hours	Occupy either Beechwood or Balloch campus, whichever is not at risk.
Make safe the property at risk	72 hours	Work with utilities and emergency services to make property safe.
Search for alternative accommodation	72 hours	Search for and report to CMT on alternative accommodation.
Agreement to occupy alternative accommodation	One week	Work with surveyors and College solicitor.



Headcount Over Time

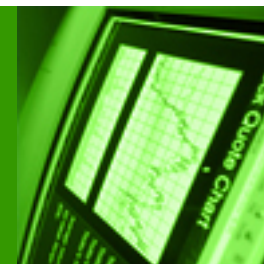
Function	Normal	<4 Hour	<1 Day	<2 days	<5 Days	<14 Days	>14 days	Special Requirements
Management	10	4	6	8	10	10	10	

Vital Records

Description of Item	Location Within Work Area	Back Up Format	Back Up Location	Keys etc
Plans detailing utilities	Property & Estates Office	Electronic copy		
Asbestos Register	Property & Estates Office	Electronic copy		
Floor plans for Beechwood and Balloch	Property & Estates Office	Electronic copy		

Equipment Requirements (No.)

PC's						Telephones						Printers						Photocopiers											
<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days
	2	3					2	3					1						1										

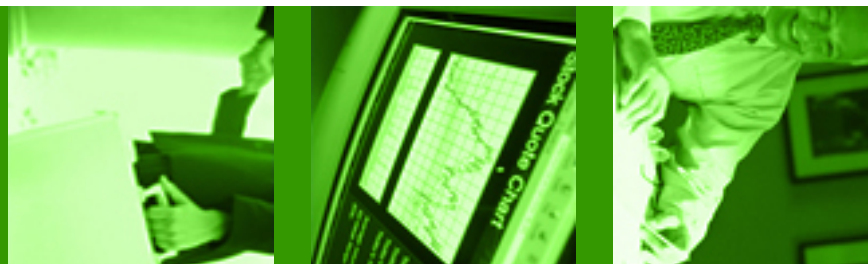


Required IT Applications

Applications	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
Email access (Cloud based so should not be impacted)	Cloud based						
Active Directory	Cloud based						
Critical systems as defined within the Business Continuity Plan	Cloud based			Systems requiring store			

Critical Machinery (Requirements)

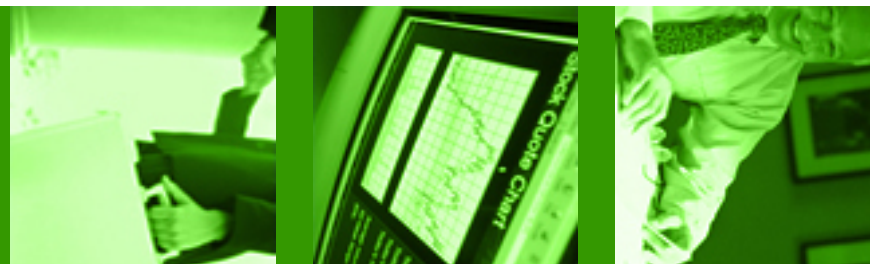
Critical machinery	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
Laptop & (Wi-Fi) access	ASAP						
Mobile device	ASAP						



Recovery Actions and Milestones

The first column should be completed in advance of any incident. If disaster should strike, the tables can be used as checklists and the third column used to track recovery progress.

Within Day 1		
Description of Task	Responsibility	Done?
Hold team meeting at an agreed time. (This can be decided by staff at the time)	Emergency Controller	<input type="checkbox"/>
Identify if any staff are injured.	Emergency Controller	<input type="checkbox"/>
Liaise with human resources concerning welfare support.	Emergency Controller	<input type="checkbox"/>
Identify priority functions to be undertaken by staff – categorise into: <ul style="list-style-type: none"> Salvage and clearing materials at the affected site Establishment of core activities at the temporary relocation 	Emergency Controller	<input type="checkbox"/>
Identify each function's critical business activity and concentrate efforts on these in short term	Emergency Controller	<input type="checkbox"/>
Make schedules of critical work due to be produced and the due dates	Emergency Controller	<input type="checkbox"/>
Progress report to the CMT	Emergency Controller	<input type="checkbox"/>

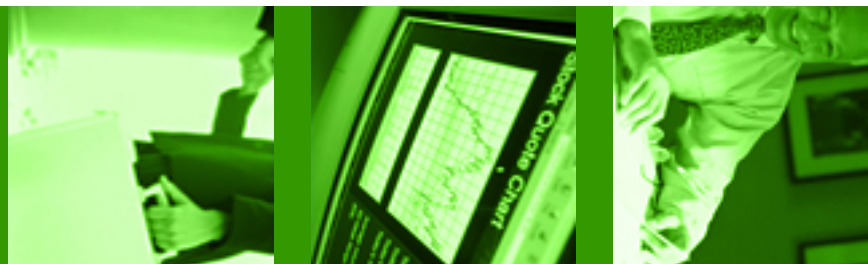


Day 2 – 3

Description of Task	Responsibility	Done?
Agree where temporary activities can be conducted	Emergency Controller	<input type="checkbox"/>
Check layout of alternative accommodation and prepare timetable for occupation	Emergency Controller	<input type="checkbox"/>
Make arrangements for staff to attend alternate premises	Emergency Controller	<input type="checkbox"/>
Familiarise yourself with the area where your Department will be temporarily based	Facilities Administrator	<input type="checkbox"/>
Advise the reception of the alternate location of your telephone extension numbers	Facilities Administrator	<input type="checkbox"/>
Recover vital records	Facilities Administrator	<input type="checkbox"/>
Arrange for suitable staff briefing note	Emergency Team Leader	<input type="checkbox"/>
Progress report to the CMT	Emergency Controller	<input type="checkbox"/>

Day 3 – 7 onwards

Description of Task	Responsibility	Done?
Identify and record medium term activities for each member of staff	Emergency Team Leader	<input type="checkbox"/>
Decide how to productively deploy less critical staff, pending return to full operation	Emergency Team Leader	<input type="checkbox"/>
Confirm need to return to full strength and plan timetable for PC installation	Facilities Administrator	<input type="checkbox"/>
Review progress and all recovery milestones achieved	Emergency Team Leader	<input type="checkbox"/>
Progress report to the CMT	Emergency Controller	<input type="checkbox"/>



Departmental Call Cascade

In event of the recovery plan being invoked, the call cascade below should be used to advise staff. In event of designated staff being unavailable their section of the cascade should be delegated to another member of staff.

Level One – Head of Process to Departmental Managers

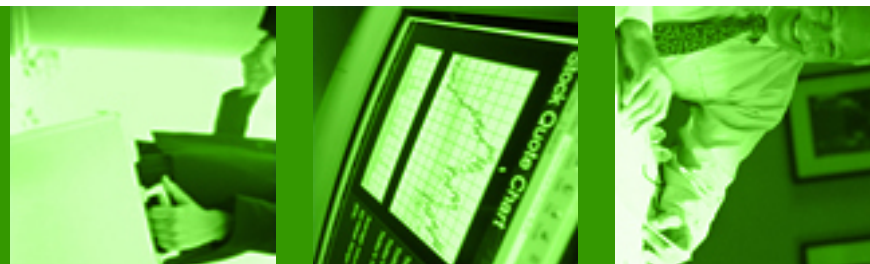
Head of Department	Departmental Managers to be Contacted	Work Contact	Home Contact	Mobile Contact
Lindsay Ferries, Director of Organisational Development	Martin Kerr	01463 273808		07500 064973

Level Two – Departmental Managers to Supervisory Staff/ Team Leaders

Departmental Managers	Supervisors and Team Leaders to be Contacted	Work Contact	Home Contact	Mobile Contact
Martin Kerr	John Newsom	01463 273737		07827955589
	Aimee Cormack / Sue Walker/ Heather Firth	01463 273737		

Level Three – Supervisory Staff to all other staff

Supervisory/ Team Leader	Staff to be Contacted	Work Contact	Home Contact	Mobile Contact
John Newsom	David Parker	01463 273737		07827955589
	Allan MacDonald			
	Martin Robb			
	Tim Wood			



Department

Manager	PDM Natural and Applied Science
Department	Forestry

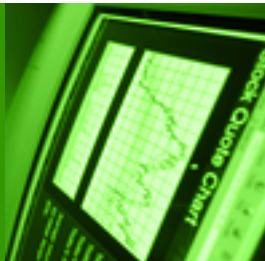
Department Recovery Team

The following staff are responsible for recovery of the process's activities:

Name of Principal	Name of Deputy and Alternate
E Barron-Majerik	Neil Stewart (Forestry)

Overview of recovery strategies

Function	Maximum Downtime	Overview of Recovery Strategy
Accommodate Crisis Management Team (CMT)	24 hours	Accommodate Estates and team from Main Campus at Balloch campus, if SSF is not at risk by relocating non priority activities
Practical (e.g Chainsaw) training	72 hours	Find alternative location and permission from landowner
Classroom teaching	24 hours	Relocate to Main Campus

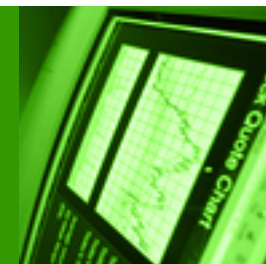


Vital Records

Description of Item	Location Within Work Area	Back Up Format	Back Up Location	Keys etc
Business Continuity Plan	Reception and online	Hardcopy	Reception	
Risk assessments documents (e.g COSHH)	Online	Online – too large for hard copy	Main Campus drives	

Equipment Requirements (No.)

PC's						Telephones						Printers						Photocopiers						Buses					
<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days
1	6	10				1	6	6				1							1					2					

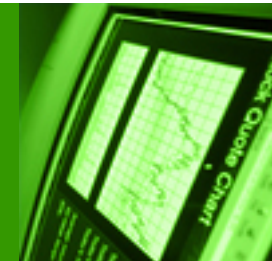


Required IT Applications

Applications	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
Ciphr	Yes – staff contact						
Celcat	Yes – planning						
Email	Yes – communications if no phone lines						

Critical Machinery (Requirements)

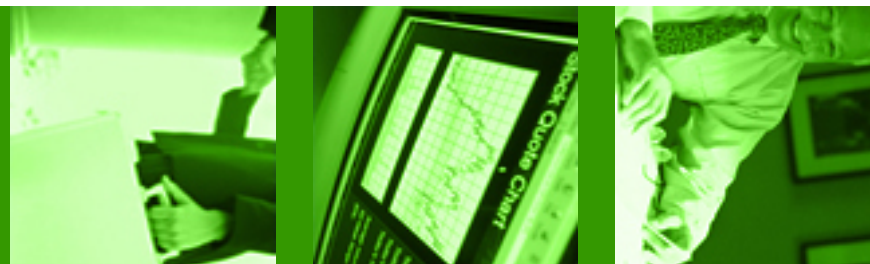
Critical machinery	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
Buses	Yes – transporting students						
Chainsaws	Could be – if storm or fire						
Tractors, ATVs and forwarder	Will need moved and secured						



Recovery Actions and Milestones

The first column should be completed in advance of any incident. If disaster should strike, the tables can be used as checklists and the third column used to track recovery progress.

Within Day 1		
Description of Task	Responsibility	Done?
Ensure emergency services have been contacted	Emergency Controller	<input type="checkbox"/>
Hold team meeting at an agreed rendezvous. (This can be decided by staff at the time)	Emergency Controller	<input type="checkbox"/>
Identify if any staff are injured	Emergency Controller	<input type="checkbox"/>
Liaise with Estates, ICT and SMT PA	Emergency Controller	
Liaise with human resources concerning any welfare support.	Emergency Controller	<input type="checkbox"/>
Identify priority functions to be undertaken by staff – categorise into: <ul style="list-style-type: none"> Minimising site risk Liaising with Estates and ICT Identifying alternative locations Liaising with Celcat Arranging student transport Establishment of core activities at the temporary relocation Communications to students 	Emergency Controller	<input type="checkbox"/>
Identify each function's critical business activity and concentrate efforts on these in short term	Emergency Controller	<input type="checkbox"/>
Progress report to the CMT	Emergency Controller	<input type="checkbox"/>

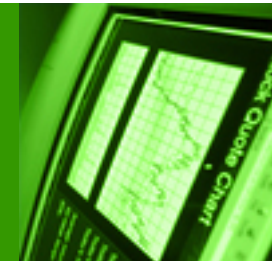


Day 2 – 3

Description of Task	Responsibility	Done?
Agree where temporary activities can be conducted	PDM	<input type="checkbox"/>
Check layout of alternative accommodation and prepare timetable for occupation	PDM and Celcat	<input type="checkbox"/>
Make arrangements for staff to attend alternate premises	PDM and Finance (IC Travel)	<input type="checkbox"/>
Ensure facilities sufficient for staff and students – catering, desk req, etc	PDM and Head of Curriculum	
Familiarise yourself with the area where your Department will be temporarily based	Team	<input type="checkbox"/>
Advise Front of House at the alternate location of your telephone extension numbers	PDM	<input type="checkbox"/>
Arrange for suitable staff briefing note	PDM, Head of Curriculum and PR	<input type="checkbox"/>
Progress report to the SMT	PDM and Gill Berkeley	<input type="checkbox"/>

Day 3 – 7 onwards

Description of Task	Responsibility	Done?
Identify and record medium term activities for each member of staff	PDM	<input type="checkbox"/>
Decide how to productively deploy less critical staff, pending return to full operation	PDM	<input type="checkbox"/>
Review progress and all recovery milestones achieved	PDM	<input type="checkbox"/>
Progress report to the CMT	Emergency Controller	<input type="checkbox"/>



Departmental Call Cascade

In event of the recovery plan being invoked, the call cascade below should be used to advise staff. In event of designated staff being unavailable their section of the cascade should be delegated to another member of staff.

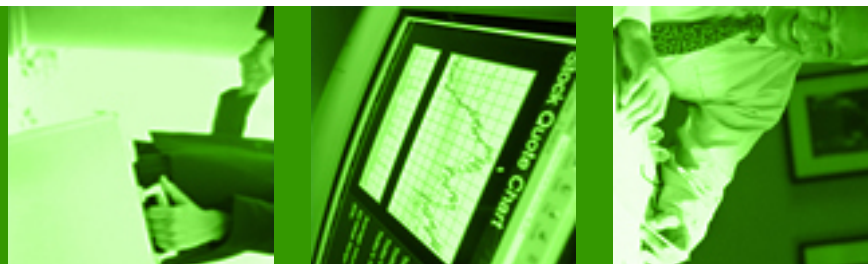
Level One – Head of Process to Departmental Managers

Head of Department	Departmental Managers to be Contacted	Work Contact	Home Contact	Mobile Contact
Gill Berkeley	E Barron-Majerik	01463 273601	07771822068	

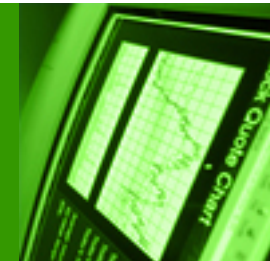
Level Two – Departmental Managers to Supervisory Staff/ Team Leaders

Departmental Managers	Supervisors and Team Leaders to be Contacted	Role	Work Contact
E Barron-Majerik	Neil Stewart	Site lead	01463 273604
	Front of House	Communications	01463 273219
	Celcat	Free room identification	01463 273358
	Shona Macdonald	Communication to appropriate SMT leads	01463 273807
	Estates	GTFM/Mears/ external cleaning/site safety	01463 273737
	ICT helpdesk	ICT and Comms	01463 273525
	Catering	Divert deliveries	01463 273532
	Marketing	Communicating to students	01463 273215

Level Three – Supervisory Staff to all other staff



Supervisory/ Team Leader	Staff to be Contacted	Work Contact	Home Contact	Mobile Contact
E Barron-Majerik (via ciphr – up to date numbers)	Neil Stewart			
	Neil Cleland			
	Laurence Campbell			
	Andrew J Smith			
	George Macgregor			
	Ben Davies			
	Andrew Potter			
	John Christison			
	Elsbeth Macdonald			
	Amanda Bryan			
	Judith Webb			
	Joachim Boehm			
	Andy Kennedy			



Department

Manager	PDM Natural and Applied Science
Department	Science, Maths, Geography, Aqua

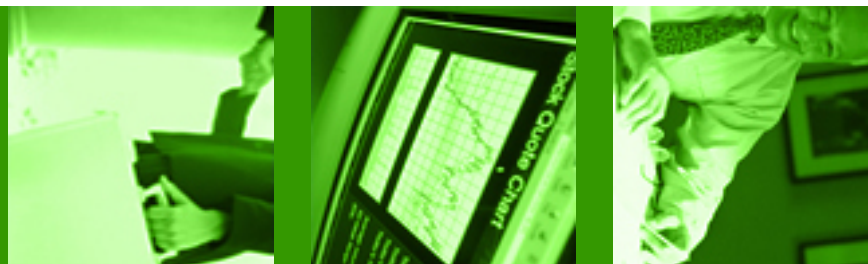
Department Recovery Team

The following staff are responsible for recovery of the process's activities:

Name of Principal	Name of Deputy and Alternate
E Barron-Majerik	Andrew Duncan (Maths) or Lesley Frame (Technician)

Overview of recovery strategies

Function	Maximum Downtime	Overview of Recovery Strategy
Chemical store	4 hours	If flood / breaking and entering we need to minimise risk of explosion / chemical contamination / Microbial risk / radioactive leak and make safe
Laboratory access	1 week	Relocate Practicals to Moray College

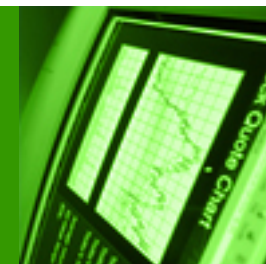


Vital Records

Description of Item	Location Within Work Area	Back Up Format	Back Up Location	Keys etc
Business Continuity Plan	Reception and online	Hardcopy	Reception	
Risk assessments documents (e.g COSHH)	Online	Online – too large for hard copy	Main Campus drives and pen drive (office and lab)	

Equipment Requirements (No.)

PC's						Telephones						Printers						Photocopiers						Buses					
<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days
1	6	10				1	6	6				1							1							1	2		

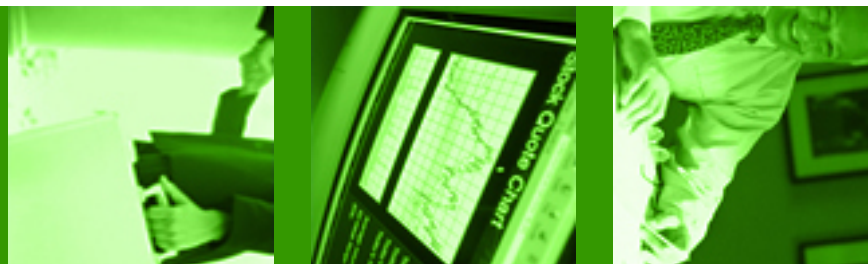


Required IT Applications

Applications	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
Ciphr	Yes – staff contact						
Celcat	Yes – planning						
Email	Yes – communications if no phone lines						

Critical Machinery (Requirements)

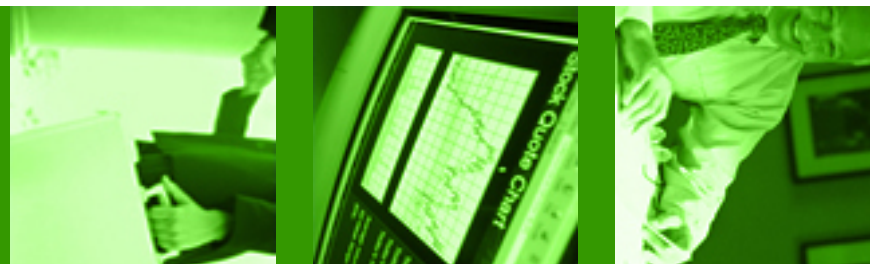
Critical machinery	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
Geiger Counter	Establish risk of contamination (trained user required)						
Chemical spill kit	Reduce risk of contamination						



Recovery Actions and Milestones

The first column should be completed in advance of any incident. If disaster should strike, the tables can be used as checklists and the third column used to track recovery progress.

Within Day 1		
Description of Task	Responsibility	Done?
Ensure emergency services have been contacted	Emergency Controller	<input type="checkbox"/>
Hold team meeting at an agreed rendezvous. (This can be decided by staff at the time)	Emergency Controller	<input type="checkbox"/>
Identify if any staff are injured	Emergency Controller	<input type="checkbox"/>
Identify if anything emergency services need to know – chemicals in use, what is stored nearby etc	Emergency Controller and Technican	
Liaise with Estates, ICT and SMT PA	Emergency Controller	
Liaise with human resources concerning any welfare support.	Emergency Controller	<input type="checkbox"/>
Identify priority functions to be undertaken by staff – categorise into: <ul style="list-style-type: none"> Minimising site risk Liaising with Estates and ICT Identifying alternative locations Liaising with Celcat Arranging student transport Establishment of core activities at the temporary relocation Communications to students 	Emergency Controller	<input type="checkbox"/>
Identify each function's critical business activity and concentrate efforts on these in short term	Emergency Controller	<input type="checkbox"/>
Progress report to the CMT	Emergency Controller	<input type="checkbox"/>

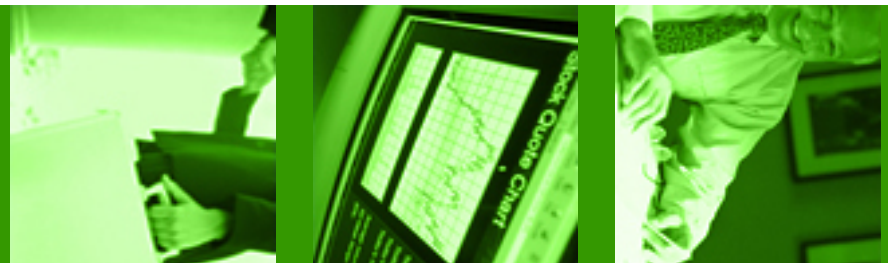


Day 2 – 3

Description of Task	Responsibility	Done?
Agree where temporary activities can be conducted	PDM	<input type="checkbox"/>
Check layout of alternative accommodation and prepare timetable for occupation	PDM and Celcat	<input type="checkbox"/>
Make arrangements for staff to attend alternate premises	PDM and Finance (IC Travel)	<input type="checkbox"/>
Ensure facilities sufficient for staff and students – catering, desk req, etc	PDM and Head of Curriculum	
Familiarise yourself with the area where your Department will be temporarily based	Team	<input type="checkbox"/>
Advise Front of House at the alternate location of your telephone extension numbers	PDM	<input type="checkbox"/>
Arrange for suitable staff briefing note	PDM, Head of Curriculum and PR	<input type="checkbox"/>
Progress report to the SMT	PDM and Gill Berkeley	<input type="checkbox"/>

Day 3 – 7 onwards

Description of Task	Responsibility	Done?
Identify and record medium term activities for each member of staff	PDM	<input type="checkbox"/>
Decide how to productively deploy less critical staff, pending return to full operation	PDM	<input type="checkbox"/>
Review progress and all recovery milestones achieved	PDM	<input type="checkbox"/>
Progress report to the CMT	Emergency Controller	<input type="checkbox"/>



Departmental Call Cascade

In event of the recovery plan being invoked, the call cascade below should be used to advise staff. In event of designated staff being unavailable their section of the cascade should be delegated to another member of staff.

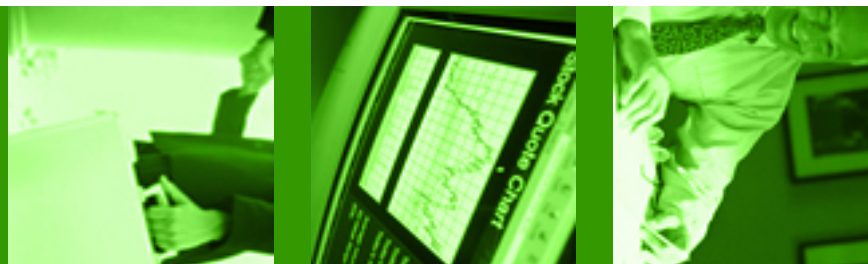
Level One – Head of Process to Departmental Managers

Head of Department	Departmental Managers to be Contacted	Work Contact	Home Contact	Mobile Contact
Gill Berkeley	E Barron-Majerik	01463 273601	07771822068	

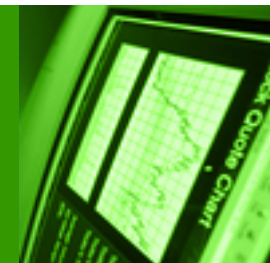
Level Two – Departmental Managers to Supervisory Staff/ Team Leaders

Departmental Managers	Supervisors and Team Leaders to be Contacted	Role	Work Contact
E Barron-Majerik	Lesley Frame	Site lead	01463 273604
	Front of House	Communications	01463 273219
	Celcat	Free room identification	01463 273358
	Shona Macdonald	Communication to appropriate SMT leads	01463 273807
	Estates	GTFM/Mears/ external cleaning/site safety	01463 273737
	ICT helpdesk	ICT and Comms	01463 273525
	Catering	Divert deliveries	01463 273532
	Marketing / PR	Communicating to students	01463 273215

Level Three – Supervisory Staff to all other staff



Supervisory/ Team Leader	Staff to be Contacted	Work Contact	Home Contact	Mobile Contact
E Barron-Majerik (via ciphr – up to date numbers)	Andrew Duncan			
	Lesley Frame			
	Phil Hallford			
	Paula Sime			
	Anthony Luke			
	Jane Manson			
	Stephanie Wright			
	Carolyn Cload			
	John Ballantyne			
	Stephen Mackintosh			
	Clare Mackintosh			
	Clare MacDowall			
	Anne Marie Nuttall			
	Margaret Carlisle			
	Emma Whitham			
	Leslie Charteris			



Department

Manager	PDM Education
Department	Supported Education

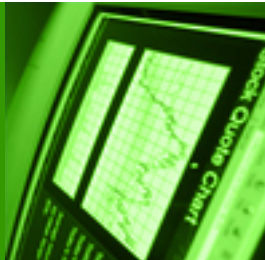
Department Recovery Team

The following staff are responsible for recovery of the process's activities:

Name of Principal	Name of Deputy and Alternate
Craig Lowther	Robyn Kennedy

Overview of recovery strategies

Function	Maximum Downtime	Overview of Recovery Strategy
Independent Living Kitchen (room 107)	1 week	Move to alternative kitchen teaching area in main campus or seek access to similar resource.
Classroom teaching	24 hours	Relocate within Campus

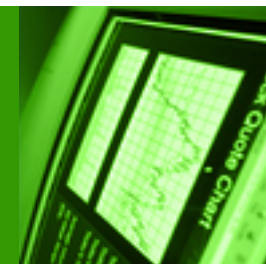


Vital Records

Description of Item	Location Within Work Area	Back Up Format	Back Up Location	Keys etc
Business Continuity Plan	Reception and online	Hardcopy	Reception	
Risk assessments documents (e.g COSHH)	Online	Online – too large for hard copy	Main Campus drives	
Locker keys	Room 101	copy	Estates	

Equipment Requirements (No.)

PC's						Telephones						Printers						Photocopiers						Buses						
<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	
5	1 2	18	2 4			5	5	12											1						2					

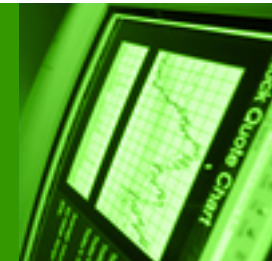


Required IT Applications

Applications	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
Ciphr	Yes – staff contact						
Celcat	Yes – planning						
Email	Yes – communications if no phone lines						

Critical Machinery (Requirements)

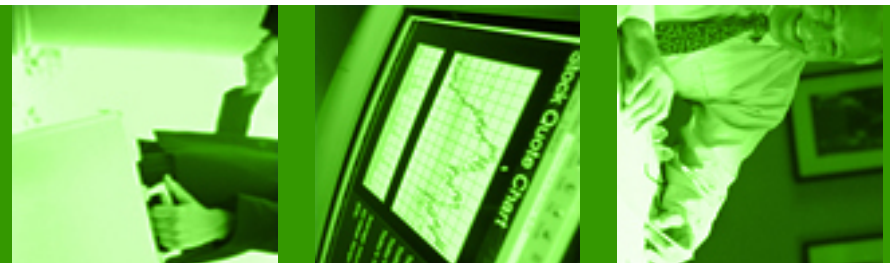
Critical machinery	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
Buses	Yes – transporting students						
Access to Taxis/buses	Yes to ensure students can travel to and from college						



Recovery Actions and Milestones

The first column should be completed in advance of any incident. If disaster should strike, the tables can be used as checklists and the third column used to track recovery progress.

Within Day 1		
Description of Task	Responsibility	Done?
Ensure emergency services have been contacted	Emergency Controller	<input type="checkbox"/>
Hold team meeting at an agreed rendezvous. (This can be decided by staff at the time)	Emergency Controller	<input type="checkbox"/>
Identify if any staff are injured	Emergency Controller	<input type="checkbox"/>
Liaise with Estates, ICT and SMT PA	Emergency Controller	<input type="checkbox"/>
Liaise with human resources concerning any welfare support.	Emergency Controller	<input type="checkbox"/>
Identify priority functions to be undertaken by staff – categorise into: <ul style="list-style-type: none"> Minimising site risk Liaising with Estates and ICT Identifying alternative locations Liaising with Celcat Arranging student transport Establishment of core activities at the temporary relocation Communications to students 	Emergency Controller	<input type="checkbox"/>
Identify each function's critical business activity and concentrate efforts on these in short term	Emergency Controller	<input type="checkbox"/>
Progress report to the CMT	Emergency Controller	<input type="checkbox"/>

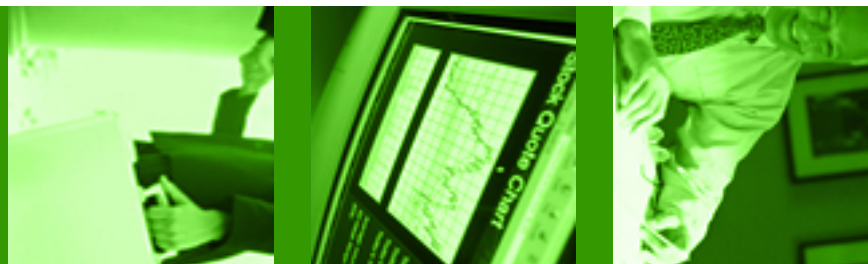


Day 2 – 3

Description of Task	Responsibility	Done?
Agree where temporary activities can be conducted	PDM	<input type="checkbox"/>
Check layout of alternative accommodation and prepare timetable for occupation	PDM and Celcat	<input type="checkbox"/>
Make arrangements for staff to attend alternate premises	PDM and Finance (IC Travel)	<input type="checkbox"/>
Ensure facilities sufficient for staff and students – catering, desk req, etc	PDM and Head of Curriculum	
Familiarise yourself with the area where your Department will be temporarily based	Team	<input type="checkbox"/>
Advise Front of House at the alternate location of your telephone extension numbers	PDM	<input type="checkbox"/>
Arrange for suitable staff briefing note	PDM, Head of Curriculum and PR	<input type="checkbox"/>
Progress report to the SMT	PDM and Gill Berkeley	<input type="checkbox"/>

Day 3 – 7 onwards

Description of Task	Responsibility	Done?
Identify and record medium term activities for each member of staff	PDM	<input type="checkbox"/>
Decide how to productively deploy less critical staff, pending return to full operation	PDM	<input type="checkbox"/>
Review progress and all recovery milestones achieved	PDM	<input type="checkbox"/>
Progress report to the CMT	Emergency Controller	<input type="checkbox"/>



Departmental Call Cascade

In event of the recovery plan being invoked, the call cascade below should be used to advise staff. In event of designated staff being unavailable their section of the cascade should be delegated to another member of staff.

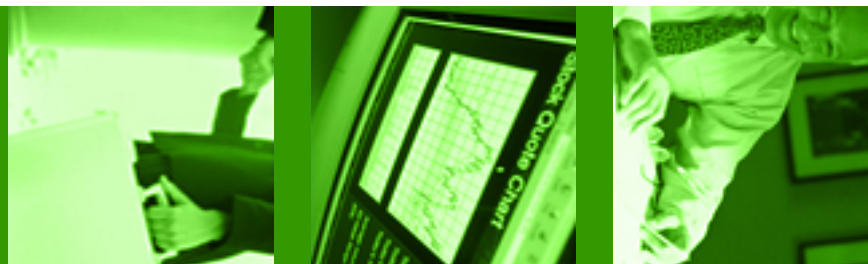
Level One – Head of Process to Departmental Managers

Head of Department	Departmental Managers to be Contacted	Work Contact	Home Contact	Mobile Contact
Gill Berkeley	Craig Lowther	01463 273205	07500098106	

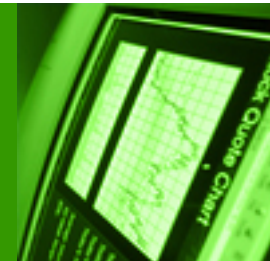
Level Two – Departmental Managers to Supervisory Staff/ Team Leaders

Departmental Managers	Supervisors and Team Leaders to be Contacted	Role	Work Contact
Craig Lowther	Robyn Kennedy	Programme Coordinator	01463 273518
	Front of House	Communications	01463 273219
	Celcat	Free room identification	01463 273358
	Shona Macdonald	Communication to appropriate SMT leads	01463 273807
	Estates	GTFM/Mears/ external cleaning/site safety	01463 273737
	ICT helpdesk	ICT and Comms	01463 273525
	Catering	Divert deliveries	01463 273532
	Marketing	Communicating to students	01463 273215

Level Three – Supervisory Staff to all other staff



Supervisory/ Team Leader	Staff to be Contacted	Work Contact	Home Contact	Mobile Contact
Craig Lowther (via ciphr – up to date numbers)	Robyn Kennedy			
	Rosemary Newman			



Department

Manager	PDM
Department	Care Practice

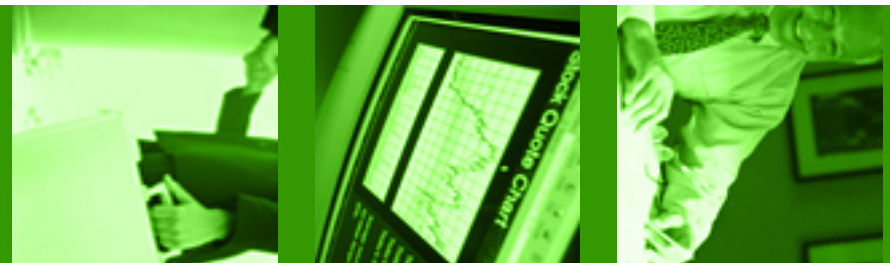
Department Recovery Team

The following staff are responsible for recovery of the process's activities:

Name of Principal	Name of Deputy and Alternate
Heather Keyes	Kate White/Julie Jones

Overview of recovery strategies

Function	Maximum Downtime	Overview of Recovery Strategy
Classroom teaching	24 hours	Relocate to SSF/ Centre for Health Science

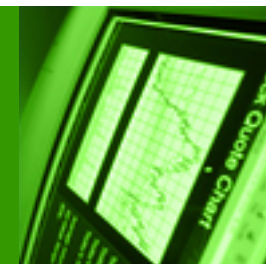


Vital Records

Description of Item	Location Within Work Area	Back Up Format	Back Up Location	Keys etc
Business Continuity Plan	Reception and online	Hardcopy	Reception	

Equipment Requirements (No.)

PC's						Telephones						Printers						Photocopiers						Buses					
<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days
9	15	15				1	3	3				1						1											

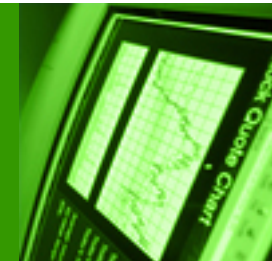


Required IT Applications

Applications	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
Ciphr	Yes – staff contact						
Celcat	Yes – planning						
Email	Yes – communications if no phone lines						

Critical Machinery (Requirements)

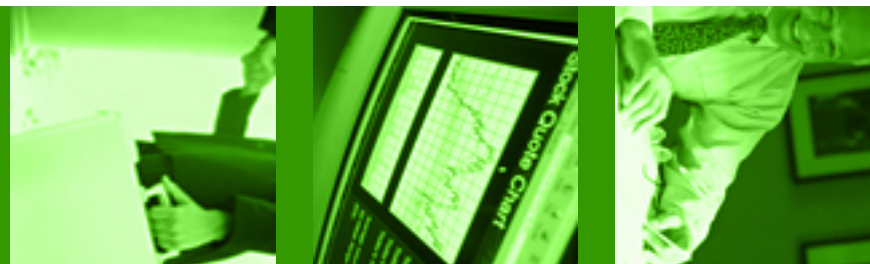
Critical machinery	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
Moving and Handling equipment				Will require to be moved			



Recovery Actions and Milestones

The first column should be completed in advance of any incident. If disaster should strike, the tables can be used as checklists and the third column used to track recovery progress.

Within Day 1		
Description of Task	Responsibility	Done?
Ensure emergency services have been contacted	Emergency Controller	<input type="checkbox"/>
Hold team meeting at an agreed rendezvous. (This can be decided by staff at the time)	Emergency Controller	<input type="checkbox"/>
Identify if any staff are injured	Emergency Controller	<input type="checkbox"/>
Liaise with Estates, ICT and SMT PA	Emergency Controller	<input type="checkbox"/>
Liaise with human resources concerning any welfare support.	Emergency Controller	<input type="checkbox"/>
Identify priority functions to be undertaken by staff – categorise into: <ul style="list-style-type: none"> Minimising site risk Liaising with Estates and ICT Identifying alternative locations Liaising with Celcat Arranging student transport Establishment of core activities at the temporary relocation Communications to students 	Emergency Controller	<input type="checkbox"/>
Identify each function's critical business activity and concentrate efforts on these in short term	Emergency Controller	<input type="checkbox"/>
Progress report to the CMT	Emergency Controller	<input type="checkbox"/>

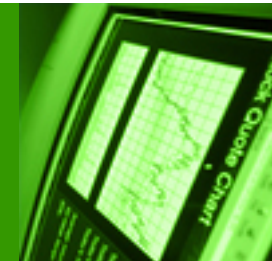


Day 2 – 3

Description of Task	Responsibility	Done?
Agree where temporary activities can be conducted	PDM	<input type="checkbox"/>
Check layout of alternative accommodation and prepare timetable for occupation	PDM and Celcat	<input type="checkbox"/>
Make arrangements for staff to attend alternate premises	PDM and Finance (IC Travel)	<input type="checkbox"/>
Ensure facilities sufficient for staff and students – catering, desk req, etc	PDM and Head of Curriculum	
Familiarise yourself with the area where your Department will be temporarily based	Team	<input type="checkbox"/>
Advise Front of House at the alternate location of your telephone extension numbers	PDM	<input type="checkbox"/>
Arrange for suitable staff briefing note	PDM, Head of Curriculum and PR	<input type="checkbox"/>
Progress report to the SMT	PDM , Head of Curriculum	<input type="checkbox"/>

Day 3 – 7 onwards

Description of Task	Responsibility	Done?
Identify and record medium term activities for each member of staff	PDM	<input type="checkbox"/>
Decide how to productively deploy less critical staff, pending return to full operation	PDM	<input type="checkbox"/>
Review progress and all recovery milestones achieved	PDM	<input type="checkbox"/>
Progress report to the CMT	Emergency Controller	<input type="checkbox"/>



Departmental Call Cascade

In event of the recovery plan being invoked, the call cascade below should be used to advise staff. In event of designated staff being unavailable their section of the cascade should be delegated to another member of staff.

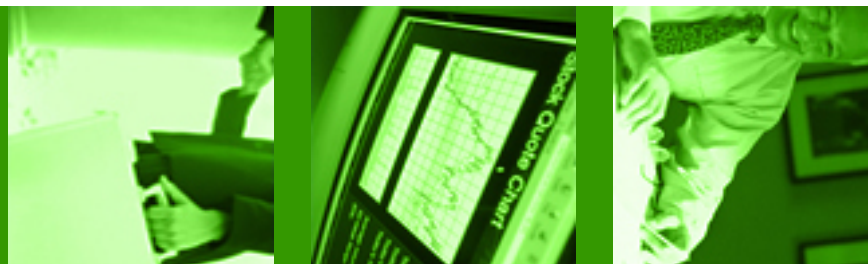
Level One – Head of Process to Departmental Managers

Head of Department	Departmental Managers to be Contacted	Work Contact	Home Contact	Mobile Contact
Gill Berkeley	Heather Keyes	01463 273326	07708414928	07500128399

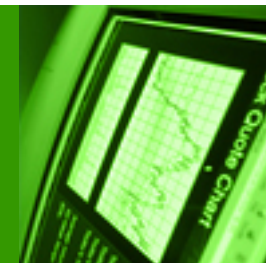
Level Two – Departmental Managers to Supervisory Staff/ Team Leaders

Departmental Managers	Supervisors and Team Leaders to be Contacted	Role	Work Contact
E Barron-Majerik	Kate White/Julie Jones	Site lead	01463 273529
	Front of House	Communications	01463 273219
	Celcat	Free room identification	01463 273358
	Shona Macdonald	Communication to appropriate SMT leads	01463 273807
	Estates	GTFM/Mears/ external cleaning/site safety	01463 273737
	ICT helpdesk	ICT and Comms	01463 273525
	Marketing	Communicating to students	01463 273215

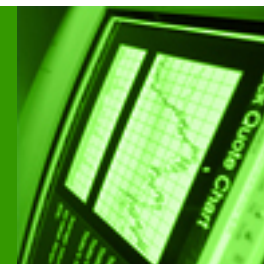
Level Three – Supervisory Staff to all other staff



Supervisory/ Team Leader	Staff to be Contacted	Work Contact	Home Contact	Mobile Contact
Heather Keyes	Ros Boner	See Ciph		
	Alice Mongiello			
	Kathleen Murray			
	Shirley Latham			
	Julie Jones			
	Emma Ross			
	Louise Martin-Theyres			
	Kate White			
	Lorna Gunn			
	Wilma MacDonald			
	Susan MacKenzie			
	Eileen MacLennan			
	Elspeth MacQueen			
	Elspeth Halfhide			
	Chris Lemon			
	Karen MacPherson			
	Jennifer Larsen			
	Matt Sillars			
	Mari Todd			
	Eileen Calveley			
	Wendy Maltinsky			



Supervisory/ Team Leader	Staff to be Contacted	Work Contact	Home Contact	Mobile Contact
	Eleanor Rutherford			
	Hannah Munro			
	Chunyan MacKay			
	Angela Cameron			



Department

Manager	PDM Construction Craft
Department	Construction Craft

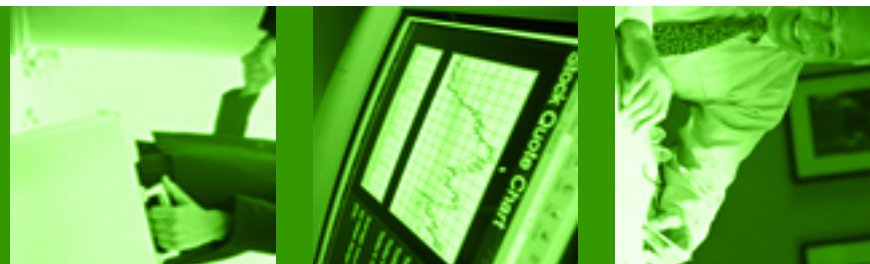
Department Recovery Team

The following staff are responsible for recovery of the process's activities:

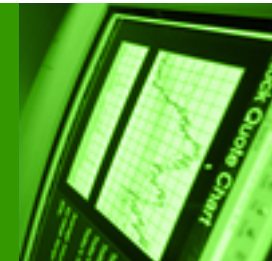
Name of Principal	Name of Deputy and Alternate
Paul Moody	Kenneth Taylor/Gary Austin

Overview of recovery strategies

Function	Maximum Downtime	Overview of Recovery Strategy
Brick Workshop	1 week	Re-locate to classroom based activity within Beechwood Campus
C&J Woodworking Machine Shop	48hrs	Re-locate to classroom based activity within Beechwood Campus
C&J Bench Workshops	48hrs	Re-locate to classroom based activity within Beechwood Campus
Project Areas	48hrs	Re-locate to classroom based activity within Beechwood Campus
P&D Workshop	1 week	Re-locate to classroom based activity within Beechwood Campus
Plumbing Workshop	1 week	Re-locate to classroom based activity within Beechwood Campus



Function	Maximum Downtime	Overview of Recovery Strategy
Gas Training & Assessment Workshop	24hrs	Students sent back to employers
Oil training & Assessment Workshops	24 hrs	Students sent back to employers
SEAM Centre	24hrs	Where students are commercial students they would be sent back to employers. Where students were using the facility as a classroom only they would be relocated to another room within Beechwood
Classroom activity	24hrs	Relocate to workshops where possible or utilise classroom facilities within Beechwood.

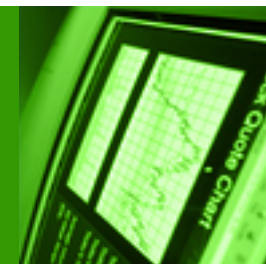


Vital Records

Description of Item	Location Within Work Area	Back Up Format	Back Up Location	Keys etc
Business Continuity Plan	Reception and online	Hardcopy	Reception	
Risk assessments documents (e.g COSHH)	Online	Online – too large for hard copy	Main Campus drives	
Student Portfolio's	Room 1069	Hardcopy	119	
Masterfolders	GDrive	Hardcopy/Electronic	Room 1069	

Equipment Requirements (No.)

PC's						Telephones						Printers						Photocopiers						Buses					
<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days
4	8	12				2	4	4				1						1						2					

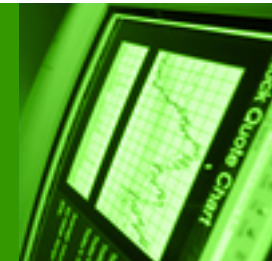


Required IT Applications

Applications	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
Ciphr	Yes – staff contact						
Celcat	Yes – planning						
Email	Yes – communications if no phone lines						

Critical Machinery (Requirements)

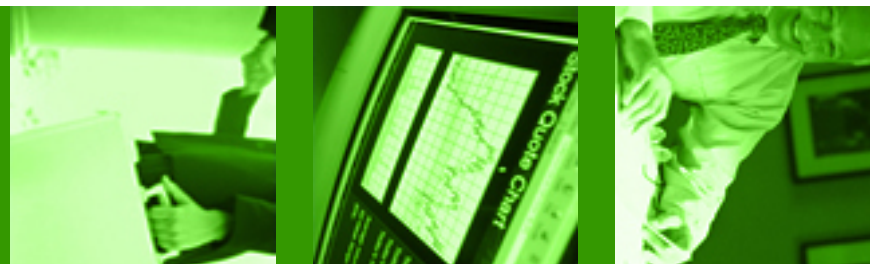
Critical machinery	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
Woodworking Machines	Yes – provide materials for students						
Panmill Mixer	Yes – provide materials for students						
Fork lift	Transportation of materials						



Recovery Actions and Milestones

The first column should be completed in advance of any incident. If disaster should strike, the tables can be used as checklists and the third column used to track recovery progress.

Within Day 1		
Description of Task	Responsibility	Done?
Ensure emergency services have been contacted	Emergency Controller	<input type="checkbox"/>
Hold team meeting at an agreed rendezvous. (This can be decided by staff at the time)	Emergency Controller	<input type="checkbox"/>
Identify if any staff are injured	Emergency Controller	<input type="checkbox"/>
Liaise with Estates, ICT and SMT PA	Emergency Controller	<input type="checkbox"/>
Liaise with human resources concerning any welfare support.	Emergency Controller	<input type="checkbox"/>
Identify priority functions to be undertaken by staff – categorise into: <ul style="list-style-type: none"> Minimising site risk Liaising with Estates and ICT Identifying alternative locations Liaising with Celcat Arranging student transport Establishment of core activities at the temporary relocation Communications to students 	Emergency Controller	<input type="checkbox"/>
Identify each function's critical business activity and concentrate efforts on these in short term	Emergency Controller	<input type="checkbox"/>
Progress report to the CMT	Emergency Controller	<input type="checkbox"/>

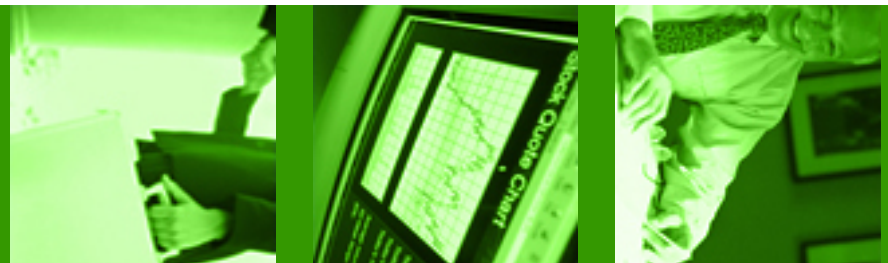


Day 2 – 3

Description of Task	Responsibility	Done?
Agree where temporary activities can be conducted	PDM	<input type="checkbox"/>
Check layout of alternative accommodation and prepare timetable for occupation	PDM and Celcat	<input type="checkbox"/>
Make arrangements for staff to attend alternate premises	PDM and Finance (IC Travel)	<input type="checkbox"/>
Ensure facilities sufficient for staff and students – catering, desk req, etc	PDM and Head of Curriculum	
Familiarise yourself with the area where your Department will be temporarily based	Team	<input type="checkbox"/>
Advise Front of House at the alternate location of your telephone extension numbers	PDM	<input type="checkbox"/>
Arrange for suitable staff briefing note	PDM, Head of Curriculum and PR	<input type="checkbox"/>
Progress report to the SMT	PDM and Gill Berkeley	<input type="checkbox"/>

Day 3 – 7 onwards

Description of Task	Responsibility	Done?
Identify and record medium term activities for each member of staff	PDM	<input type="checkbox"/>
Decide how to productively deploy less critical staff, pending return to full operation	PDM	<input type="checkbox"/>
Review progress and all recovery milestones achieved	PDM	<input type="checkbox"/>
Progress report to the CMT	Emergency Controller	<input type="checkbox"/>



Departmental Call Cascade

In event of the recovery plan being invoked, the call cascade below should be used to advise staff. In event of designated staff being unavailable their section of the cascade should be delegated to another member of staff.

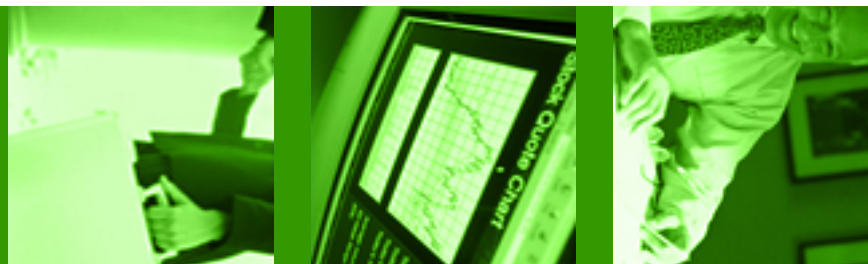
Level One – Head of Process to Departmental Managers

Head of Department	Departmental Managers to be Contacted	Work Contact	Home Contact	Mobile Contact
Gill Berkeley	Paul Moody	01463 273420	07785390842	

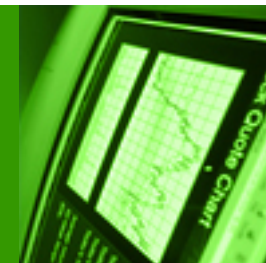
Level Two – Departmental Managers to Supervisory Staff/ Team Leaders

Departmental Managers	Supervisors and Team Leaders to be Contacted	Role	Work Contact
Paul Moody	Kenny Taylor	Programme Co-ordinator	01463 273604
	Front of House	Communications	01463 273219
	Celcat	Free room identification	01463 273358
	Shona Macdonald	Communication to appropriate SMT leads	01463 273807
	Estates	GTFM/Mears/ external cleaning/site safety	01463 273737
	ICT helpdesk	ICT and Comms	01463 273525
	Catering	Divert deliveries	01463 273532
	Marketing	Communicating to students	01463 273215

Level Three – Supervisory Staff to all other staff



Supervisory/ Team Leader	Staff to be Contacted	Work Contact	Home Contact	Mobile Contact
Paul Moody (via ciphr – up to date numbers)	Kenneth Taylor			
	Alec Rattray			
	Neil Urquhart			
	James Smith			
	Alex Fraser			
	Alasdair Sutherland			
	David MacLennan			
	Gordon Wink			
	Steven Fraser			
	Donnie MacKenzie			
	Billy Geegan			
	Mark Mitchell			
	Roy Fraser			
	Maureen Turner			
	Alan Duncan			
	Gary Austin			
	Ian Milne			
	Richard Cameron			
	Jimmy Hendry			
	Simon Goodey			



Department

Manager	Stuart Stirling
Department	Supervisor

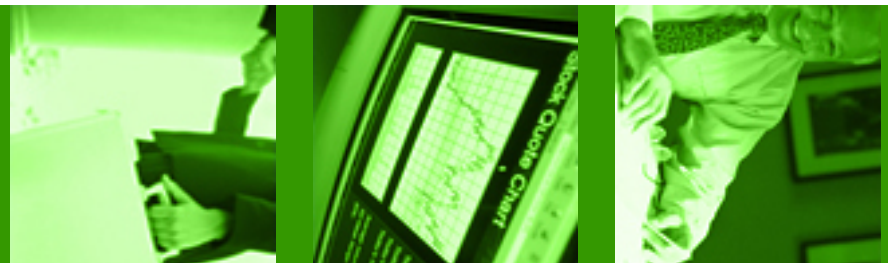
Department Recovery Team

The following staff are responsible for recovery of the process's activities:

Name of Principal	Name of Deputy and Alternate
Stuart Stirling	Liz Ashburn

Overview of recovery strategies

Function	Maximum Downtime	Overview of Recovery Strategy
Deliveries	24hours	Source product from local supplier
Practical food production kitchen	72hrs	Find alternative production kitchen or class room
Class room teaching	24hours	Find alternative class room



Headcount Over Time

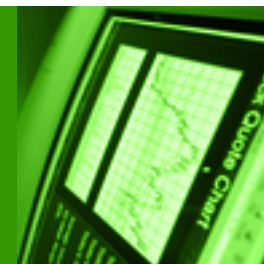
Function	Normal	<4 Hour	<1 Day	<2 days	<5 Days	<14 Days	>14 days	Special Requirements
Management	5	5	5	5	5	5	5	

Vital Records

Description of Item	Location Within Work Area	Back Up Format	Back Up Location	Keys etc
List of suppliers telephone numbers	Hospitality office	Hard copy		Duty manager access
COSH Rwcords	Chemical store	Hard copy	Diversy web portal	Hospitality staff key
Student portfolio	Computers	Web site	Web site	No key

Equipment Requirements (No.)

PC's						Telephones						Printers						Photocopiers						Fax					
<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days	<4 Hour	<1 day	<2 days	<5 Days	<14 Days	>14 Days

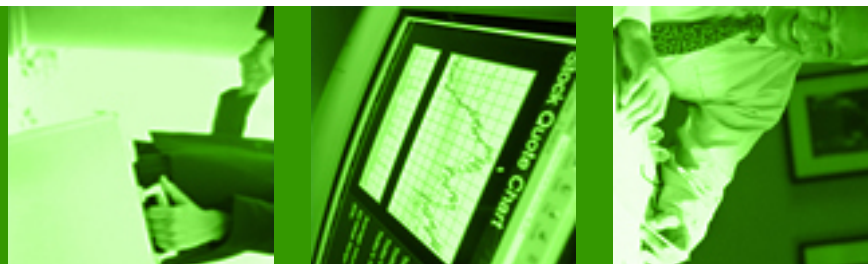


Required IT Applications

Applications	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
E Portfolio	Yes						
ciphr	Yes						
Email	yes						
Celcat	Yes						

Critical Machinery (Requirements)

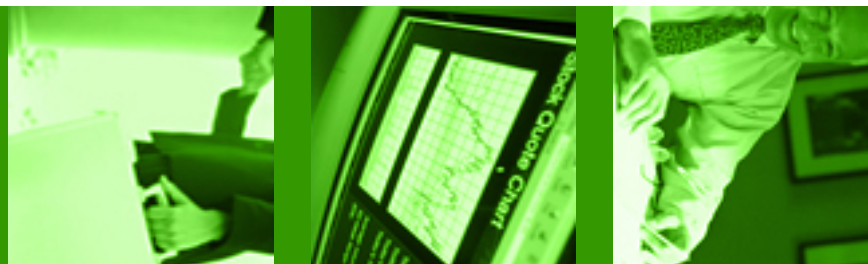
Critical machinery	<4 Hours	<1 day	<2 Days	<5 Days	<14 days	>14 days	Special Requirements
Basic kitchen equipment ie chopping board and knives trays and the van to transport	Yes	Yes	Yes				
Cleaning products	Yes	Yes					
Teaching materials	yes	yes					



Recovery Actions and Milestones

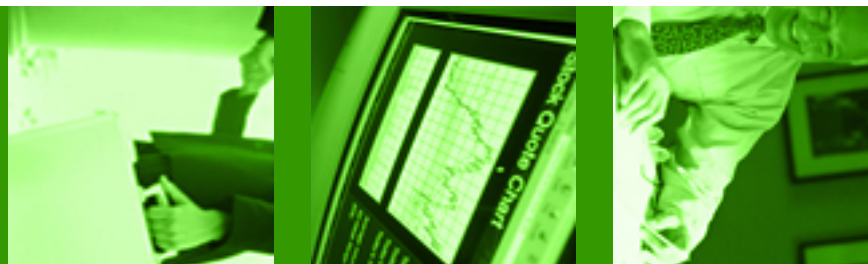
The first column should be completed in advance of any incident. If disaster should strike, the tables can be used as checklists and the third column used to track recovery progress.

Within Day 1		
Description of Task	Responsibility	Done?
Ensure staff are briefed	PDM	<input type="checkbox"/>
Identify actions going forward	PDM /staff	<input type="checkbox"/>
Liaise with estates	PDM	<input type="checkbox"/>
<ul style="list-style-type: none"> Identify priority functions to be undertaken by staff – categorise into: Minimising site risk Liaising with Estates and ICT Identifying alternative locations Liaising with Celcat Arranging student transport Establishment of core activities at the temporary relocation Communications to students 	Emergency Controller	<input type="checkbox"/>
Progress report to CMT	Emergency Controller	<input type="checkbox"/>
Check out alternative class rooms	PDM	<input type="checkbox"/>
Divert telephones	Front of house /PDM	<input type="checkbox"/>



Day 2 – 3		
Description of Task	Responsibility	Done?
Staff meeting to discuss where we are	PDM /STAFF	<input type="checkbox"/>
Deploy staff pending outcome of productivity	PDM	<input type="checkbox"/>
Progress report to CMT/SMT	PDM	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Day 3 – 7 onwards		
Description of Task	Responsibility	Done?
Deploy staff as situation progresses	PDM	<input type="checkbox"/>
Report to SMT /CMT	PDM/EM	<input type="checkbox"/>
Review with staff	PDM	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>



Departmental Call Cascade

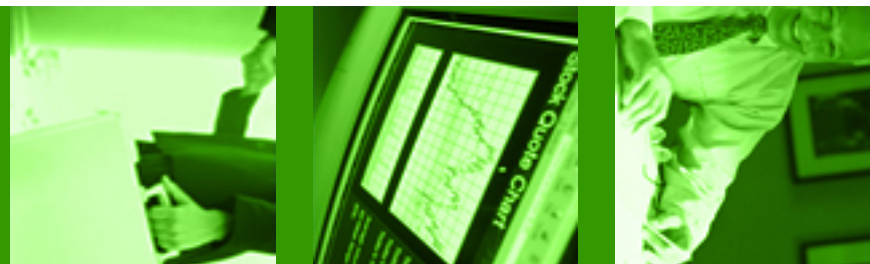
In event of the recovery plan being invoked, the call cascade below should be used to advise staff. In event of designated staff being unavailable their section of the cascade should be delegated to another member of staff.

Level One – Head of Process to Departmental Managers

Head of Department	Departmental Managers to be Contacted	Work Contact	Home Contact	Mobile Contact
Gill Berkeley	Stuart Stirling	01463273532	07768935807	

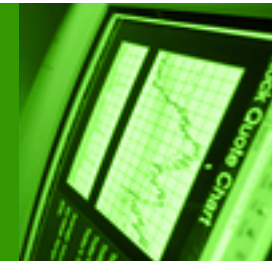
Level Two – Departmental Managers to Supervisory Staff/ Team Leaders

Departmental Managers	Supervisors and Team Leaders to be Contacted	Work Contact	Home Contact	Mobile Contact
Stuart Stirling	Liz Ashburn	01463 273528		
	Front of House	Communications	01463 273219	
	Celcat	Free room identification	01463 273358	
	Shona Macdonald	Communication to appropriate SMT leads	01463 273807	
	Estates	GTFM/Mears/ external cleaning/site safety	01463 273737	
	ICT helpdesk	ICT and Comms	01463 273525	
	Catering	Divert deliveries	01463 273532	
	Marketing	Communicating to students	01463 273215	



Level Three – Supervisory Staff to all other staff

Supervisory/ Team Leader	Staff to be Contacted	Work Contact	Home Contact	Mobile Contact
	Richard Coyne	01463 273257		
	Richard Dennis	01463 273259		
	Amanda Stewart	01463 73534		



Contact Lists

Crisis Management Team Members

Name	Title	Work Tel	Mobile
Chris O'Neil	Principal	01463 273203	07739935771
Roddy Henry	Depute Principal	01463 273369	07500998942
Lindsay Ferries	Director of Organisational Development	01463 273221	07768008993
Gill Berkeley	Head of Curriculum	01463 273290	07825196970
Georgie Parker	Director of Business Development	01463 273651	07767253803
Melanie Smith	Head of Research Development	01463 273080	07825833789
Lindsay Snodgrass	Head of Student Services	01463 73230	07748622369

Emergency Response Team Members

Name	Title	Work Tel	Mobile
Martin Kerr	Estates and Campus Services Manager	01463 273738	07500 064973
John Newsom	Estates and Campus Services Supervisor	01463 273737	07827 955589
Richie Hart	Health & Safety Manager	01463 273505	07837 088219

Department Contact Details

Name	Title	Work Tel	Home Tel	Mobile
Gill Berkeley	Head of Curriculum	01463273290		07825196970
Maria Wright	Quality Manager	01463 273443	07796448056	
Lindsay Ferries	Director of HR & OD	01463 273221		07768008993

Third Party Contact List

Supplier	Contact Name	Work	Fax	Mobile
Coach Hire				
Counsellors – Trauma Helpline				
Doctor				
Hospital				
Recruitment Agency				
Courier Services				
Light Goods				
Heavy Removal				
Warehousing				

Insurance Broker Contact Details

Company	Contact Person	Position	Work	Home	Mobile
Zurich Municipal	Kirsty Forsyth	Risk & Insurance Consultant	01252 387876		07767 225537

Insurance Policy Details

Insurance Type	Policy No	Name and address of Insurer	Work Tel	Fax
Public Liability		Zurich		
Employers Liability		Zurich		

Loss Adjuster Contact Details

Company	Contact Person	Position	Work	Fax	Mobile

Bank Contact Details

Bank	Contact Person	Position	Work	Fax	Mobile
Royal Bank of Scotland	Ruairidh Scally	Assistant Manager	01463 224990		

Royal Bank of Scotland		Manager	01463 225087		
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Legal and Regulatory Authorities

Service	Contact Person	Position	Work	Fax	Mobile
Harper MacLeod	Chris Kerr	Partner	01463 795007		

Key Stakeholder Contact List

Company	Contact Name	Tel	Mobile
Scottish Funding Council	Wilma MacDonald	0131	
UHI	Fiona Larg	01463 279211	
HIE	Forbes Duthie	01463 245245	
Highland Council	Grant Horsely	01463 702000	

Equipment Supplier Contact Details

Supplier	Company	Name	Work Tel	Fax

General Support Contact List

Supplier	Company	Name	Work Tel
Architects	BDP		0141 227 7949
Earth Moving Plant			
Electricians	GTFM	CSC Helpdesk	02035 540509
Electricity Supply	SSE	Tom Agnew	0845 070 1950 Tom: 07767 851234
Environmental Health	EH Office Inverness	Highland Council	01349 886606

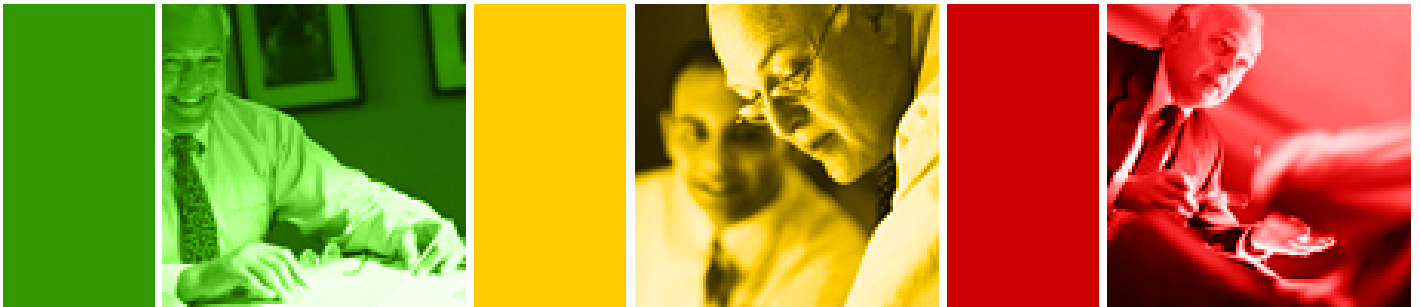
Supplier	Company	Name	Work Tel
Gas Supply	Total Gas & Power	Marcus Seville Lucy Williams	Marcus: 07875 876143 Lucy: 07890 199713
Generator Hire	HSS Hire		01463 243377
Heating & Ventilation	GTFM	CSC Helpdesk	02035 540509
HSE	HSE Inverness		Fax only: 01463 713459
Plant Hire	Ord Group Ltd		01463 870349
Plumbers	GTFM	CSC Helpdesk	02035 540509
Property Agents	Shepherd Commercial / Graham & Sibbald	Sandy Rennie @ Shepherd Charlie Lawrence @ G&S	Sandy: 01463 712239 Charlie: 01463 236977
Salvage Experts	Munro Highland	Tabitha Walker	01349 882373
Surveyors	Shepherd Commercial / Graham & Sibbald	Sandy Rennie @ Shepherd Charlie Lawrence @ G&S	Sandy: 01463 712239 Charlie: 01463 236977
Glazing Contractors	Velfac Ltd		01223 897100
Security Companies	SPIE Scotshield Bar-Tec	Tina @ SPIE Phil Barclay @ Bar-Tec	SPIE: 01463 709637 Bar-Tec: 01463 225999
Specialist Machinery	MacGregor Industrial Supplies		01463 717999
Portacabin Suppliers	Ord Group Ltd		01463 870349
Water	Anglian Water	Tony March	07525 734521

Telecommunications – Contractors Contact List

Supplier	Company	Name	Work	Home	Mobile
BT	UHI	Mike MacDonald	01463 279325		
Vodafone	UHI	Mike MacDonald	01463 279325		

Information Technology – Contractors Contact List

Supplier	Company	Name	Work	Home	Mobile
SWAN	UHI	Mike MacDonald	01463 279325		
JANET	UHI	Mike MacDonald	01463 279325		



Board of Management

Subject/Title:	ICT Projects
Author: [Name and Job title]	Martin Robinson – ICT Services Manager
Meeting:	Audit Committee
Meeting Date:	Tuesday 27th February 2018
Date Paper prepared:	16 th February 2018
Brief Summary of the paper:	<p>To provide an overview of active ICT Projects led by Inverness College UHI including:</p> <ul style="list-style-type: none"> *GDPR *Cyber Resilience *Wifi *Single Print Project <p>There is also an overview of the UHI project on single UHI Finance System Project, VLE Review and Service Desk and ICT service review.</p>
Action requested: [Approval, recommendation, discussion, noting]	Discussion
Link to Strategy: Please highlight how the paper links to, or assists with:: <ul style="list-style-type: none"> • compliance • partnership services • risk management • strategic plan • new opportunity/change 	To ensure that our practice is aligned with national, sector and/or industry recognised standards and best practice, and to our values and commitments
Resource implications:	No
Risk implications:	No
Equality and Diversity implications:	No
Consultation: [staff, students, UHI & Partners, External] and provide detail	N/A

Status – [Confidential/Non confidential]	See section on ICT Project – Commercial in Confidence ICT Service Review		
Freedom of Information Can this paper be included in “open” business* [Yes/No]	No		
*If a paper should not be included within “open” business, please highlight below the reason.			
Its disclosure would substantially prejudice a programme of research (S27)		Its disclosure would substantially prejudice the effective conduct of public affairs (S30)	
Its disclosure would substantially prejudice the commercial interests of any person or organisation (S33)	x	Its disclosure would constitute a breach of confidence actionable in court (S36)	
Its disclosure would constitute a breach of the Data Protection Act (S38)		Other (please give further details)	
For how long must the paper be withheld? (express either as the time which needs to pass or a condition which needs to be met.)			

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

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

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

ICT Projects

Executive summary

A number of ICT Projects are in place both within the College and across the UHI partnership which will be summarised below. This current academic year has brought new challenges with

- General Data Protection Regulation (GDPR) privacy laws from the EU impacting how data is stored and managed
- Public Sector Action Plan on Cyber Resilience from the Scottish Government implementing a range of information security standards to adhere to including Cyber Essentials accreditation
- issues with the new Finance System due to supplier delays
- a continuing need to improve and procure new services, such as a new Wi-Fi system across the UHI.

GDPR

The General Data Protection Regulation (GDPR) is a regulation which will be implemented on the 25th May 2018 by which the European Parliament, the Council of the European Union and the European Commission intend to strengthen and unify data protection for all EU individuals. It has a wide ranging impact ensuring staff are adequately trained, ensure organisations understand the data they process and store and why they do it, as well as the processes in place to manage data protection compliance.

In Oct 2017, we invited the Information Commissioner's Office to undertake a desk review of our organisational preparations towards the EU GDPR. The report identified a number of recommendations for staff to consider which were reported at the last Audit Committee.

In Feb 2018, the college's internal auditors (BDO) were on site to conduct a review of our readiness for compliance with the GDPR. The audit report has yet to be received. The verbal feedback provided some useful actions to take forward to ensure that the focus on assurance in line with the regulations continued beyond the May 2018 statutory implementation date so that a culture of continuous improvement and review of data security and protection continues. This included suggesting a small task force coordinated by the data controller to continue to drive developments forward. The audit also highlighted some areas to complete including data registers and a final push is being taken with departmental managers to complete the process.

Cyber Resilience

The Cyber Resilience Public Sector Action Plan is the Scottish Government's response to recent events to allow the Scottish public sector to benefit from, and address the increasing threats and vulnerabilities to, digital technologies. To create a framework of controls and procedures each Scottish public sector organisation should have in place to create a safe, secure and prosperous Digital Scotland by the end of June 2018. The work on Cyber Resilience will be managed by an LIS led UHI-wide project with the ICT Services Manager as part of the project team.

The majority of the action plan, in particular around governance, training and incident response have been addressed or are progressing in line with the College LEAD project on Information Security.

This effectively leaves the Cyber Essentials Certification requirement as the key outstanding requirement. Inverness College UHI volunteered for the pre-assessment which was undertaken by an experienced external consultant, appointed by UHI, at the end of January with a report due later in February. This involved a review of policies, system settings and technologies in place both within the College and across UHI.

The verbal feedback to date looks positive for the college and it is acknowledged that there has been an effort made to date in line with the college LEAD project on information security, work will still be required around administration permissions, password policies and patching however in line with the cyber essentials. The plan is to put our draft proposals in place when we receive the formal recommendations and the pre-assessment report.

UHI Finance System – *Commercial in Confidence*

In order to replace our existing finance system with up to date technology that meets the needs of the organisation, we have been participating in a project with UHI and a number of other academic partners to procure and implement a new solution. The tendering exercise resulted in the contract being awarded to Technology One through UHI EO. A number of issues have been experienced with the supplier and this project is now two years behind schedule. At the most recent meeting of UHI F&GP committee, it was agreed to terminate the contract at the end of February if Technology One did not deliver a fully tested solution by 28 February, and a termination notice has been served to that effect. At this stage, Technology One are working towards completion however the project is at high risk of failure.

VLE Review

Blackboard is the UHI virtual learning environment tool. Blackboard provides online teaching and learning resources and is the core tool used by most students whilst studying at the College. The current contract with Blackboard is due for renewal in summer 2019. To prepare for this appropriately a review of the current system and competitor products is underway. This is being led by the UHI Academic Development and Integrated Technologies team.

The four solutions being considered are: Blackboard, Canvas, D2L and Moodle. With both live and recorded demonstrations made available to staff with follow up feedback being collated. The next stage being a test of these solutions within a sandbox environment, which again is open to staff.

A formal procurement process is scheduled in light of the summer 2019 timescale. It is anticipated that students and staff will be involved in this process.

Wi-Fi Procurement

The Wi-Fi, or wireless network, is increasingly a key part of the student experience and used to provide services across the College, from laptops and tablets for online delivery to

taking card payments in the cafes. The current system was procured over 7 years ago and is no longer supported due to the product line being discontinued by the supplier.

The ICT Services Manager is the project lead for procuring a new solution across the UHI, as the College has been actively pushing the current Wi-Fi solution to provide an experience students now expect. That is, much like going in a coffee shop, an accessible and easy to use solution to access the internet quickly and reliably.

High level timescales are:

- Oct to Dec 2017: Supplier engagement – COMPLETE
- Jan to Feb 2018: Tender draft and issue – IN PROGRESS
- March 2018: Tender responses
- March to April 2018: Shortlisted supplier presentations
- May 2018: Supplier selection and kick off meetings
- June 2018: Installation period commences
- July 2019: Project completion.

The project is currently at the tender drafting stage after meetings being held with a range of Wi-Fi manufacturers. One of the key aims is to engage ICT staff across the partnership to create a system that can be managed and developed across the wider ICT staff pool and avoid potential bottlenecks from centralised administration.

Service Desk Replacement

The ICT Service Desk system was implemented to record user issues and requests, and is increasingly used by other teams across UHI such as Estates and Libraries. It is increasingly becoming a limitation both with functionality and the cost of adding additional administration users.

Therefore, a project has been initiated to provide a helpdesk system that can improve common workflows, reporting on trends and tickets, more self-services for resolution, as well as provide a more easy to use interface and improved channel delivery e.g. chat.

The ICT Project Officer is part of the core project team for the Service Desk Replacement and has been liaising with other Colleges as well as colleagues across the UHI to look at best practice before creating a specification for the new system.

Single Print Project

The single print project was implemented to provide an equivalent print experience across the UHI as well as provide savings from a collective procurement, initiated by Inverness College. This project is now coming to a close as the UHI partners have had 2 opportunities to become part of the solution. The last improvement implemented was to put in place a Print Everywhere solution, which allows students and staff to print from their own devices as well as from home before they attend College. Rather than needing to book a PC in the LRC or only print when in classes.

UHI ICT Services Review – *Commercial in Confidence*

A review of how ICT Services was delivered across the UHI last year which the College ICT team were actively involved with.

One of the key outputs was the creation of a Regional ICT Committee with managers across the partnership responsible for ICT collectively owning the recommendations and requirements. The ICT Services Manager, as well as taking the Wi-Fi improvements forward, is also looking into the dispersion of roles and responsibilities across the wide range of ICT services delivered within UHI. To provide a more consistent approach and stronger skill set across the ICT staff working within the Partnership.

Board of Management

Subject/Title:	Health and Safety Report Quarter 2 2017-18
Author: [Name and Job title]	Lindsay Ferries, Director of Organisational Development
Meeting:	Audit Committee
Meeting Date:	27 February 2018
Date Paper prepared:	19 February 2018
Brief Summary of the paper:	To provide the Audit Committee with a quarterly report on matters pertaining to health and safety
Action requested: [Approval, recommendation, discussion, noting]	Discussion
Link to Strategy: Please highlight how the paper links to, or assists with:: <ul style="list-style-type: none"> • compliance • partnership services • risk management • strategic plan • new opportunity/change 	
Resource implications:	No If yes, please specify:
Risk implications:	No If yes, please specify: Operational: Organisational:
Equality and Diversity implications:	No If yes, please specify:
Consultation: [staff, students, UHI & Partners, External] and provide detail	Health and Safety Committee, comprising a cross section of the college including management, staff and trade union reps.

Status – [Confidential/Non confidential]	Non confidential		
Freedom of Information Can this paper be included in “open” business* [Yes/No]	yes		
*If a paper should not be included within “open” business, please highlight below the reason.			
Its disclosure would substantially prejudice a programme of research (S27)		Its disclosure would substantially prejudice the effective conduct of public affairs (S30)	
Its disclosure would substantially prejudice the commercial interests of any person or organisation (S33)		Its disclosure would constitute a breach of confidence actionable in court (S36)	
Its disclosure would constitute a breach of the Data Protection Act (S38)		Other (please give further details)	
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Health and Safety Report Quarter 2 2017-18

Executive Summary

During Q2 of 2017-18 the reporting of incidents throughout the College in comparison with the same point last year has increased by 128% from 39 to 89.

There was one RIDDOR incident over the period. On the 13th of December 2017 a student slipped on ice at the rear of the college, just as the path joins the campus road and broke her elbow. Further information on the incident are detailed below.

Over the last twelve months the college has been requesting assurance from GTFM that they were following a compliant PPM schedule that was established and operational. On the back of an agreed Improvement Plan, a date was agreed between GTFM and the college to undertake the audit. The audit was led by the Estates and Campus Services Manager accompanied by the Health and Safety Manager.

An internal audit of GTFM's statutory PPM compliance was carried out on the 20th of December 2017. There were four major non compliances identified at the audit.

Following this initial audit, IC UHI raised concerns over the PPM schedule and absence of evidence to support statutory compliance. A further follow up audit on the 19th January 2018 was undertaken. Unfortunately this audit did not go well. This resulted in a further seven Major non compliances being generated. Areas of concern included fire safety systems, gas systems and insurance inspections. This was escalated by the college to GTEIL at the monthly Board Meeting in January 2018. Following this escalation additional resources were deployed by GTFM to address the gaps identified in the audit.

A further audit was undertaken on the 13th February 2018. While there was some evidence provided, the safety critical insurance inspections were still outstanding. A deadline of Friday 16th February 2018 was issued. Furthermore given the issues identified with the audit of 2017 inspections assurance was sought that a clear schedule was in place for PPMs going forward and GTFM were asked to submit their schedule for 2018.

A final close out meeting was held on Friday 16th of February 2018, to close off the last of the none-conformances identified in the previous audits. On review of documentation presented at the close out meeting all non-compliances had been addressed.

The following remaining actions were agreed.

1. All missing fire door black tags to be reinstated. GTFM to confirm completion date.
2. Ongoing fire damper and smoke vents inspections to be completed, 100 of the 250 signed off in the last week, remaining 150 to be inspected over the next two weeks. GTFM to confirm date of completion and present evidence to Martin Kerr at next GTFM monthly meeting.
3. PPM Task descriptions are to highlight if a task is an insurance inspection for ease of identification. Action completed during close off meeting.

4. GTFM to undertake a 'lesson learned' review of the failure of the PPM schedule to-date. GTFM to present findings at March 2018 monthly operational meeting.

PPM checks in line with the agreed schedule will continue to be the focus of weekly inspections with the Estates and Campus Services Manager and GTFM.

RIDDOR

There has been 1 reportable incident during quarter 2.

RIDDOR 1

RIDDOR Notification No 767FBFDA0E

The IP had exited the College at the rear of the building and was making her way to be picked up by her father who was parked out on the campus road. As she reached the end of the footpath, where it joins the campus road, she slipped and fell. Her father took her to the hospital (Raigmore) and returned to the College later that evening to inform that his daughter had suffered a broken elbow.

Weather conditions that day and evening were extremely cold. Earlier on in the day there had been a 'jingle jog' organised in which 90 people participated in, and took place in the same area. Prior to this event, all areas had been checked and gritted to ensure there was no danger to people participating. This included the campus road and the footpaths. Upon investigation it was found that water from previously melted snow and ice had frozen again, and external contractors responsible for clearing footpaths were not due in until the following morning. Estates staff had been actively working around the College area in general to try and maintain all paths, walkways and car parks. The external contractor was also contacted again to ensure that they were putting sufficient amounts of grit down and to ensure all areas of responsibility are taken care of. HIE on behalf of the campus owners were also contacted to ensure that their contractors were keeping the campus roads clear as it was unclear whether the IP had slipped on college grounds or on ICOA campus grounds as managed by HIE.

Other Significant incidents

- Water leak in the Shielling Kitchen. The leak was coming from a water meter located in the false ceiling. The incident took place during an evening class. A rubber seal on the water meter had perished causing the leak. The rubber seal was replaced that evening and the evening class continued as planned.
- Water leak at the Scottish School of Forestry. Due to drains being blocked, a significant volume of water had been collecting on the flat section of the roof. This weakened part of the corridor roof (adjacent to the canteen) and subsequently the water burst through this section of ceiling. On further investigation one of the outer drains had collapsed. This has been repaired however there are still some remedial works to be completed including the repair of the section of the corridor roof that was damaged.

- Report of suspected oxygen regulator removed and pipe not blanked off. In December 2017 GTFM arranged for one of their subcontractors Speck and Burke to undertake some maintenance work and had removed one of the oxygen regulators. On further investigation with Speck and Burke they confirmed that a temporary block off had been put in place to ensure the ongoing safety of the system. GTFM had not notified the college and/or the engineering department of the maintenance that was being undertaken. While Speck and Burke confirmed that they had removed one of the oxygen regulators they also confirmed that they sealed the outlets with plugs and also provided confirmation to the college that the system was safe to use. The works were not formally notified to the college through GTFM. The college has now written to GTFM to ensure that the Estates department are made aware of all maintenance and relevant departments are informed where work is taking place. In light of this experience, and the nature of the equipment, the college has requested sight of a full report of works carried out, along with a 'safe to return to service' formal notification to be communicated.

Accident/Incident/Near Miss Reporting QTR 2

Accident/Incident/Near Miss Reporting QTR 2 Summary Sheet			
		Q2 2016-17	Q2 2017-18
No. of reports		39	92
<ul style="list-style-type: none">• Comments: 135% increase in reported incidents from Q2 last year			
Quarter 1 Incident Severity	Minor	Moderate	Major
	79	11	2
Incidents by Locality	Total		
Inverness Campus	55		
SSOF	2		
Nursery	26		
Car park 1	3		
Car park 2	3		
External of Campus	3		
Who was involved	Q1 2016-17		Q1 2017-18
Student	20		36
Staff Member	4		11
Member of the public	1		2
Child	-		31
Not Set	-		10
Other	-		2
Type of Incident		Total	
UE (Undesired Event/Near Miss)		40	
Property Damage		6	
Theft		3	
First Aid Case		33	
MTC (medical treatment Case)		9	
Specified injury		1	
Definitions:			
• First Aid case - An injury for which an injured person requires treatment by a First Aider and returns to full duties			

- **Medical treatment case** - is an injured or sick person who requires treatment (more than First Aid) and is advised to seek professional medical treatment or an ambulance is called.
- **Undesirable Event/Near miss** – An event during which injury, ill health, loss of equipment/asset or death could have occurred, but didn't actually occur.
- **Specified Injury** – Injuries specified by HSE which are reportable

The specified injury relates to the injury suffered by the student who slipped on the ice.

All 9 MTC were minor however were advised to seek further treatment through their GP or other professional medical treatment.

- Arc flash from welding
- Acute lower abdominal pain
- 2 incidences of Chest pains
- 2 basketball injuries to finger
- 1 epilepsy incident
- 2 incidences where the individual had an accident at home and then requested first aid during college

Risk Management

Further to the risk consultation visit on the 31st of October 2017 requested by our insurers RSA we have now received the report.

The risk improvement summary from RSA along with College response to RSA outlined below

Summary	Inverness College Response
Remove lint from dryer lint filters regularly.	Regular servicing of dryers is part of the Estates PPM schedule and contract in place with JLA LTD contract CS-IC-1142
Review the fire risk assessment.	Fire risk assessment has been reviewed to ensure all previous actions highlighted have been carried out. Although there have been no significant changes to the building a further fire risk assessment will be carried out by the end of April 2018
Undertake a DSEAR assessment where applicable.	DSEAR assessments being reviewed by each department. Risk audits scheduled for higher risk departments starting February through to May
Provide intruder alarm system verification.	System is being verified by SPIE in line with the GTFM PPM schedule.
Install fixed fire protection systems to kitchens.	Under review in line with RDS and construction specifications.

H&S Management System (HASMAP) – Audit Schedule 2018

Risk assessment and risk control audit

During the 2016-2017 academic year, a series of audits was undertaken using the Health and Safety Management Profile (HASMAP) Audit standard.

A series of audits specifically relating to the risk assessment and risk control indicator of the HASMAP standard were carried out across departments. There was also a college wide audit completed covering all indicators outlined within the audit standard.

This resulted in a number of actions, with the main action being the procurement and implementation of an H&S management software system (SHE).

Another series of audits are planned for this year, and again, these will initially centre on how departments manage and control risks within their areas.

The first audit will take place on the 12 of March 2018 with the Scottish School of Forestry followed by:

- April - Welding & Fabrication
- May - Motor vehicle
- June - Construction Craft
- July - Catering
- August - Electrical installation

The following elements of the risk indicator will be audited:

- Hazard and Risk Register
- Arrangements for Risk Assessments
- Application of Arrangements
- Implementation of Controls

On completion of each audit, departments will be presented with an audit report with any actions identified given appropriate timescales for completion.

Health and Safety Training

The first course that has been rolled out to staff, using the Safetyhub online system was fire safety awareness. Below is the completion report thus far.

Course	Number of users	Not Started	Still in Progress	Completed
Fire Safety Awareness	361	93	6	262

This course was reallocated to staff who had not completed during the first completion timescale and a further review of completion on induction is underway.

73% of staff have completed course.

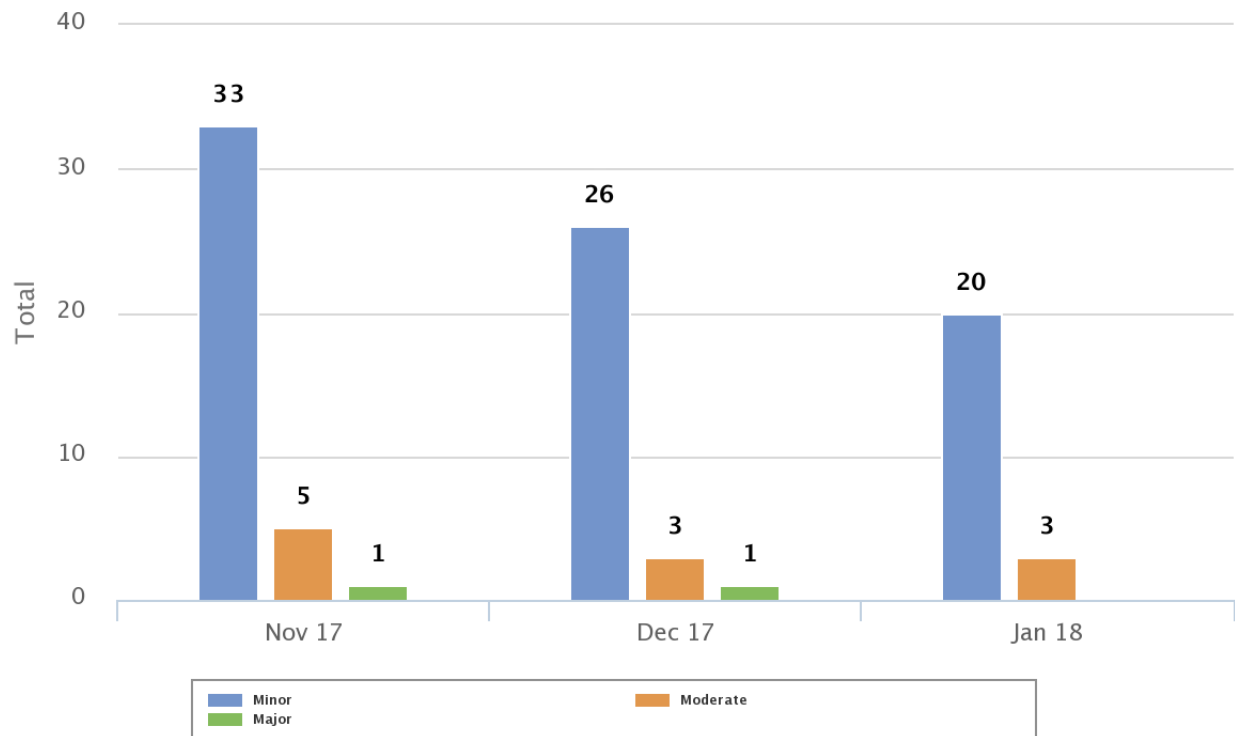
Planning is ongoing with the staff development manager to finalise the H&S training matrix for all staff positions.

Fire Management

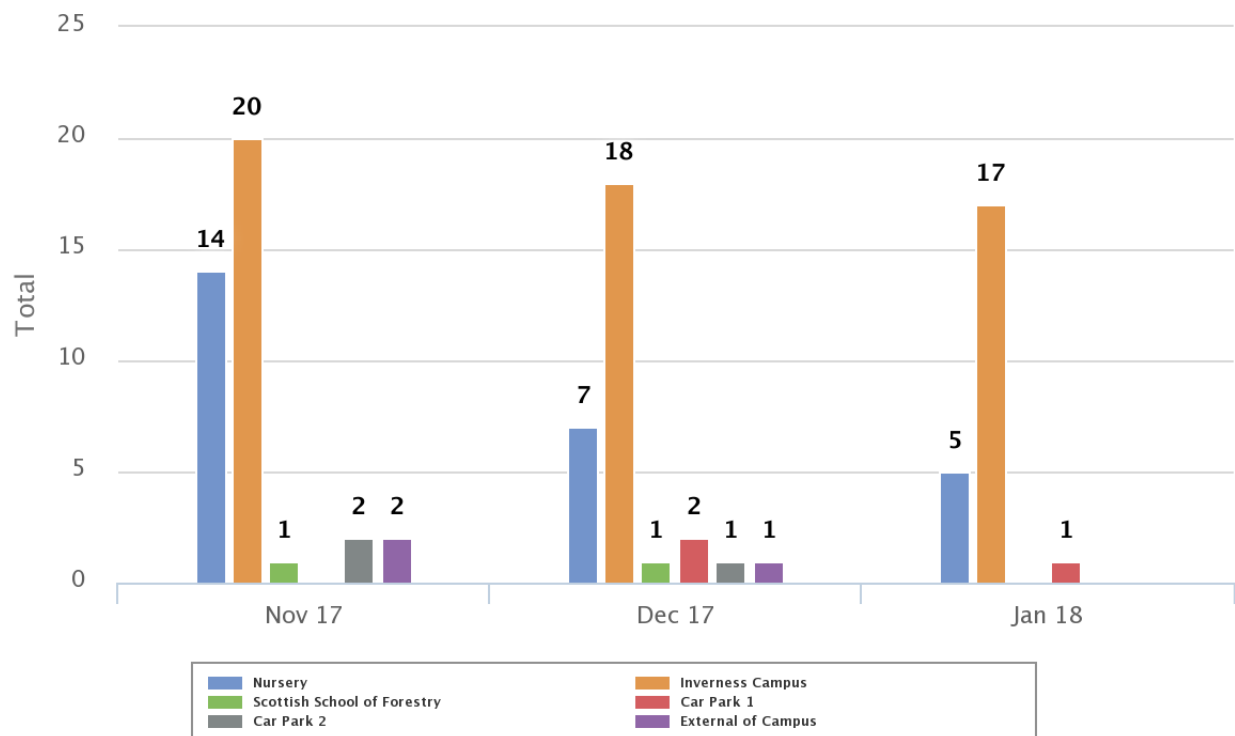
- There have been 0 emergency evacuations this quarter.
- A fire alarm drill is scheduled for School of Forestry by the end of February 2018 and the Early Learning and Childcare Centre before the summer.
- Radio protocol is currently being drafted for users in event of an emergency evacuation and will initially be tested at Forestry.
- A full evacuation drill using the radios is scheduled after the Easter break.

Appendix 1 H&S Stats

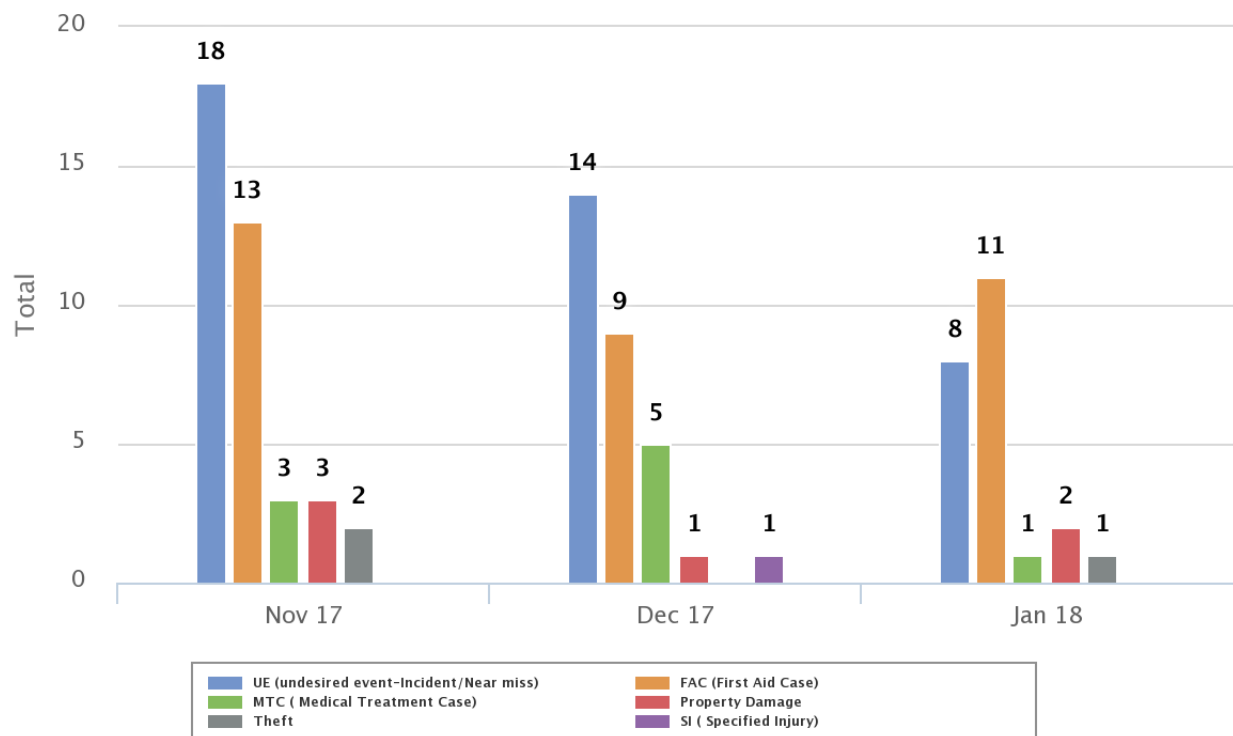
Incident Record – Date Range – Incident Severity



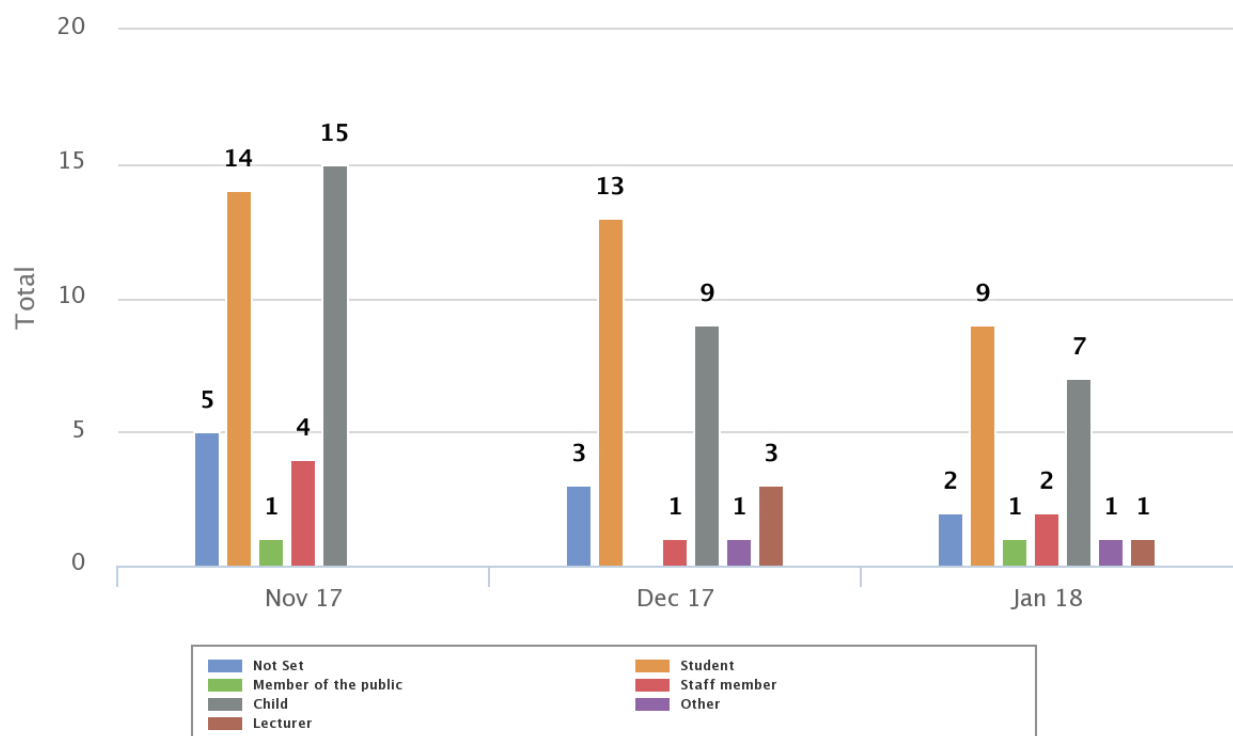
Incident Record – Date Range – Locality



Incident Record – Date Range – Type of Incident



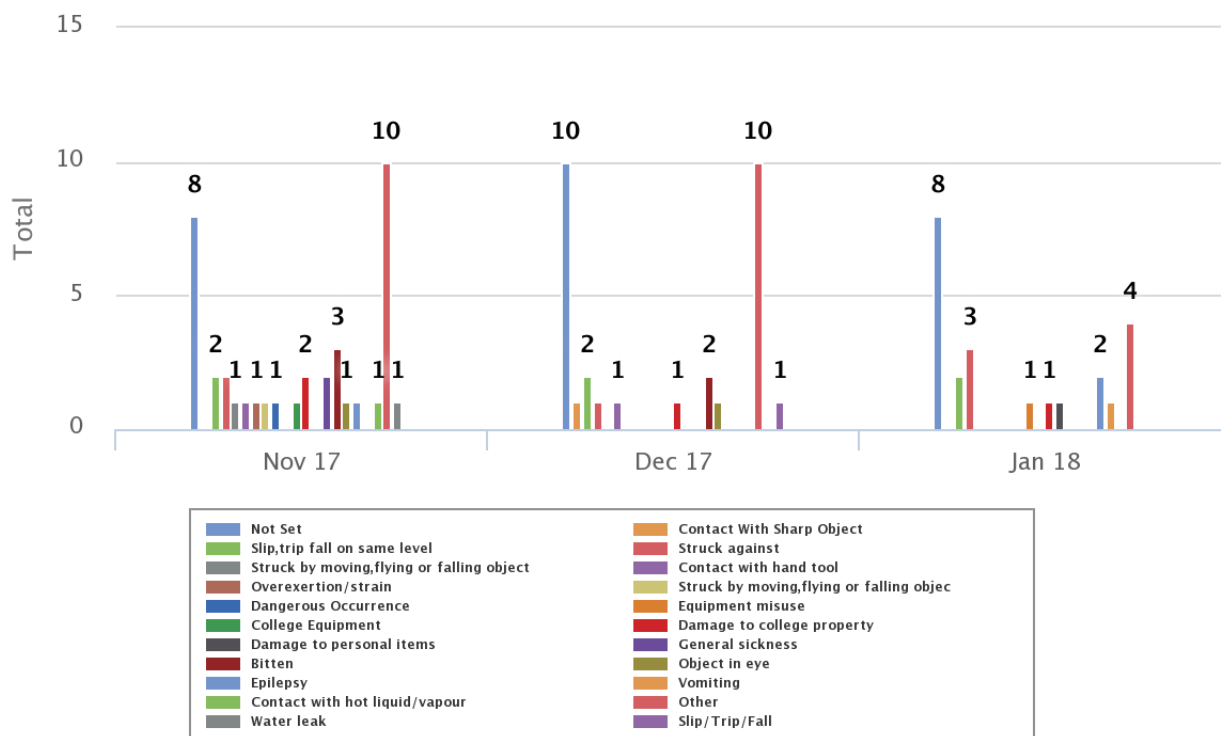
Incident Record – Date Range – Who Was Involved



***Note – 26 of the incidents to children happened at the Nursery. 3 other incidents were attributed to Nursery department but happened inside the college (in the games hall). The other 2 incidents were a sickness incident and trip going up the stairs.**

The member of public incidents were a slip on ice in the car park and fall in the revolving door

Incident Record – Date Range – Incident Sub Type



Incident Sub Type	Nov 17	Dec 17	Jan 18
Not Set	8	10	8
Contact With Sharp Object	0	1	0
Slip,trip fall on same level	2	2	2
Struck against	2	1	3
Struck by moving, flying or falling object	1	0	0
Contact with hand tool	1	1	0
Overexertion/strain	1	0	0
Struck by moving, flying or falling object	1	0	0
Dangerous Occurrence	1	0	0
Equipment misuse	0	0	1
College Equipment	1	0	0
Damage to college property	2	1	1
Damage to personal items	0	0	1
General sickness	2	0	0
Bitten	3	2	0
Object in eye	1	1	0
Epilepsy	1	0	2
Vomiting	0	0	1
Contact with hot liquid/vapour	1	0	0
Other	10	10	4
Water leak	1	0	0
Slip/Trip/Fall	0	1	0

Appendix 2 GTFM Legal Compliance Audit

Audited Dept / Function/Process	Estates	Audit No	0117
Audit Date	13/02/2018	Audit Venue	1 Inverness Campus
Audit Type	Legal Compliance Audit.		
Auditor(s)	Martin Kerr (MK), Richie Hart (RH)		

Auditee(s)		
No.	Name	Designation
1	Gordon McAllister	GTFM
2	Sue MacIver	Galliford Try
3	David Tolley, (12:30)	GTFM

Accreditation Details:	Certification:	SFG20
	Scope:	To review 2017 Legal Compliance.
Audit Purpose		
Audit Scope	Audit Scope: Review GTFM's management systems to undertake Mandatory and Statutory PPM.	
Report Distribution		

Report Date	15/02/2018	
Prepared by	Martin Kerr (MK)	
Reviewed by	Richie Hart (RH)	
Approved by		

Audit Summary

Overall Compliance and Effectiveness Level

☐ Excellent
 ☐ Good
 ☒ Satisfactory
 ☐ Poor

Excellent : Meets all and significantly exceeds the requirements.
 Good : Meets all and occasionally exceeds the requirements.
 Satisfactory : Meets the requirements
 Poor : Does not meet the requirements

Number of Findings

☐ Improvement (IMP)
 ☐ Observation (OBS)
 ☐ Non Conformance Report (NCR)

Report:

Background

Following the initial legal Compliance Audit on 20th of December 2017. IC raised concerns over the PPM schedule presented by GTFM. The follow up audit in January also identified a number of concerns. This was escalated to GTFM's board of directors. This audit is to review their findings.

Fire Systems

Fire door inspections.

All doors have GTFM bar codes to allow identification for PPM inspection. However not all doors have the black asset identification tags.

Black Door tags to be reinstated – GTFM to confirm completion date.

2018 inspections. Inspection INVC 2018 01/759 was reviewed 7/2/18 completed by Andy Upton.

Fire system - Records of system maintenance – This system is contracted out to SPIE.

CCTV inspection – SPIE inspection visit on 24/11/2017 record viewed. Annual inspection.

However on review of 2018 PPM no reference to inspection could be found.

Annual inspection to be added to 2018 PPM schedule to be reviewed on Friday 16/02/2018

Dry Riser – Pressure test. No record could be presented.

Arrangements have been made for 6 monthly check to be carried out on 14/2/2018.

2018 PPM schedule to be reviewed on Friday 16/02/2018.

Smoke Vents inspection – 2017 records presented inspection carried out by Andy Upton.

2018 schedule presented. Showing weekly, 3 monthly and annual inspections.

Inspection sheets requested to confirm weekly PPM was being undertaken. No inspection sheets could be produced as SFG20 document had not been prepared. Also PPM schedule started on week 7 and did not reference SSF.

PPM Inspection to be carried out prior to and evidence presented Friday 16/02/2018.

Fire Dampers – No records presented to when last inspected or frequency of inspection was carried out.

2018 PPM schedule reviewed. No evidence of inspections carried out in 2018. Also PPM schedule started on week 7 and did not reference SSF.

PPM Inspection to be carried out prior to and evidence presented Friday 16/02/2018.

Lifting Equipment

Lift Inspection – Inspection carried out by Zurich on 11/05/2017 viewed, (NYG29145).

2018 PPM schedule reviewed. No evidence of inspections being planned for May 2018.

2018 PPM schedule to be reviewed on Friday 16/02/2018

Gas Systems

Specialist Gas inspection – Contracted out to Spec and Buck 14th December 2017 Viewed.

Written Schemes of Examination from Zurich presented. However this document did not refer to any equipment Part 3 “Parts to be Examined” was blank. So this document can not be used as evidence of a written scheme.

Evidence of insurance inspections could not be present at the time of audit. Following an adjournment Zurich forwarded an email stating that the following had been inspected in 2017 :-

5 x pressurisation units

1 x air receiver

4 x hot water boilers

Documentation will be presented on Friday 16/02/2018.

No evidence of inspections could be found for SSF. Inspections have been arranged to be undertaken 14/02/2018. To be reviewed on Friday 16/02/2018.

Gas heating system PPM schedule changed from 6 monthly to annual inspection. This was reviewed with technician and auditor satisfied that change was acceptable for mandatory requirements but suggested it would be good practice to continue with gas analysis to ensure system efficiency.

Compressed air system

System insurance inspections - 8th January 2018 undertaken by Zurich.

No documentations could be provided for 2017.

Written scheme of compressed air system being drawn up by Zurich. Document presented still not adequate.

To be reviewed on Friday 16/02/2018

Safety valve inspection - No records presented to when last inspected.

To be reviewed on Friday 16/02/2018

Waste Water

Interceptor – Not under any preventative schedule. Only reactive maintains. ML could not show any evidence of any inspections being undertaken in the last 2.5 years.

2018 PPM interceptor inspection in schedule.

HVAC

Service records – Contracted out to Lawson Refrigeration. Annual service check of Water PPM, Chiller carried out 19/04/2017. Record viewed.

2018 PPM schedule reviewed. All in-place.

Filter Change schedule – No filter change schedule in place due to system being fully automated with pressure differential alarm system to alert when filters require to be changed. Auditor suggested good practice would be to carry out an annual review of filters to ensure all have been changed at least one a year.

Audit notes.

From this audit we still have problems with some of the PPM being undertaken in 2018 and scheduling of external inspection providers being clearly booked to undertake their inspections.

A close out meeting has been scheduled for Friday 16th to close off the last of the non-conformances identified in previous 2 audits. **This date will not be extended.** On review of PPM schedules presented SSF was not represented. As part of Fridays close out meeting evidence must be presented to clearly identify SSF PPM schedule.

Weekly monitoring of the PPM schedule will continued during the campus walkabout to build up confidence in the new Concept evolution system.

Board of Management

Subject/Title:	Data Protection, Freedom of Information, Complaints and Public Interest Disclosure Annual Report
Author: [Name and Job title]	Suzanne Stewart, Information Development Manager Liz Cook, Quality Manager Fiona Ambrose, Board Secretary
Meeting:	Audit Committee
Meeting Date:	Tuesday 27 February 2018
Date Paper prepared:	20 February 2018
Brief Summary of the paper:	Annual reporting on Data Protection, FOI, Public Interest Disclosure and Complaints.
Action requested: [Approval, recommendation, discussion, noting]	For Noting
Link to Strategy: Please highlight how the paper links to, or assists with:: <ul style="list-style-type: none"> • compliance • partnership services • risk management • strategic plan • new opportunity/change 	Compliance – FOI and DPA legislation and reporting requirements on quality.
Resource implications:	Yes / No If yes, please specify:
Risk implications:	Yes / No If yes, please specify: Operational: Organisational:
Equality and Diversity implications:	Yes/No If yes, please specify:
Consultation: [staff, students, UHI & Partners, External] and provide detail	N/A

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

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

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

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

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

Background information

The purpose of this paper is to provide an annual report to the Audit Committee on activity relating to data protection, freedom of information, public interest disclosure and complaints at Inverness College UHI. The College is now required to provide quarterly statistics to the Information Commissioner on Data Protection and Freedom of Information based on the calendar year and this report provides information on the statistics gathered for the calendar years from 2014 for comparison purposes. The statistics on complaints relates to the five academic years from 2013/14.

DATA PROTECTION

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

A section on Data Protection (how to make a Subject Access Request) has been available on the college website for approximately 7 years. Under data protection legislation, organisations must respond within 40 days to enquiries for information.

The law changes on 25th May 2018 when the EU General Data Protection Regulation comes in to effect. The new regulation specifies that a subject access request must be answered within a month and organisations can no longer charge a £10 fee for processing.

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

Statistics for the period Jan-Dec 2014-16 have been provided for comparison purposes.

Breakdown of statistics by category:

Category	Year			
	2014	2015	2016	2017
Police	21	11	17	21
Solicitor	2	3	3	nil
Employer/3rd Party	14	20	22	22
Individual	5	1	2	4
Public Agency	18	29	24	8
Total	60	64	68	54

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

Jan – Dec 2017

1-5 Days	6-10 Days	11- 15 Days	16-20 Days	21-40 Days	Over 40 Days
44	4	3	1	3	

FREEDOM OF INFORMATION

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

Number of Freedom of Information requests received

Calendar year 2014	Calendar year 2015	Calendar year 2016	Calendar year 2017
31	42	32	19

The number of requests received in 2017 was exceptionally low compared to previous years. It is unlikely that this is a downward trend as already 9 requests have been received in 2018.

Number of Environmental Regulations requests received

Calendar year 2014	Calendar year 2015	Calendar year 2016	Calendar year 2017
0	0	1	0

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

Format of requests FOI and EIR requests

	2014	2015	2016	2017
Letter	2	6	4	0
E Mail	29	36	29	19
Website	0	0	0	0

All requests were received and responded to by e mail.

Source of requests

	2014	2015	2016	2017
Journalists	3	1	3	3
Own Staff	1	0	0	0
Commercial organisations	3	5	2	0
Campaigning groups	1	0	1	0
Trade unions	7	12	11	5
MP's/ Political parties	5	14	8	4
Members of the public	2	4	3	1

Other	2	0	0	0
Local Resident	1	0	0	1
Information not given	6	5	3	5
Own Students	0	1	2	0
	31	42	33	19

A number of requests were received from the whatdotheyknow.com website which is a site designed to help people make FOI requests. It is difficult to determine whether such a request should be defined as being submitted by a member of the public, other, local resident or under the category "information not given".

Type of requests can de loosely defined as

	2014	2015	2016	2017
Admissions	0	0	1	0
Procurement Issues	4	2	1	0
HR and staffing issues	6	18	9	7
Teaching and Assessment	1	3	0	0
Estates and Buildings	1	2	7	1
Student issues and numbers	8	7	9	9
Management & Administration of the Institution	1	3	0	1
IT	1	0	2	0
Financial information	2	6	4	
Other	7 <ul style="list-style-type: none"> Governance and Equality and Diversity Bird pest control Tier 4 sponsor license Community Work Placements Board papers Facility time for TU reps, minimum wage and money into arms-length foundations Ownership of NPD project at end of contract 	1 <ul style="list-style-type: none"> Research grants for hydraulic fracking 	0	1 <ul style="list-style-type: none"> Marketing and communications

Sixteen of the 19 requests received were HR and staffing issues (7) and student issues (9).

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

- Bonuses and performance related
- Zero hours contracts
- Lecturing staff numbers
- Violence at work
- Principal's salary
- Staff headcount and age

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

- Bursary information
- Applications since 2008
- Mental health provision
- Sanitary products - provision
- Student grades
- Refunds on tuition fees
- Non UK EU staff and student numbers
- Student fees
- Safeguarding

Response times – working days

	1-5 days	6-10 days	11-15 days	16 – 20 days	Over 20 days	Withdrawn
2014	10	5	13	3	0	0
2015	8	4	21	8	0	1
2016	4	2	8	11	8	0
2017	3	4	7	2	1	2

Only one response did not meet the statutory deadline of 20 working days. The FOI legislation in respect of working days to respond only takes account of statutory holidays and does not allow for the College Closure over the Christmas and the New Year period. Essentially 8 working days were lost across this period. The late response was replied to in 32 working days and an apology was given to the enquirer.

Average response times

	Number	Working days
2014	31	9.22
2015	42	11.59
2016	33	15.7
2017	19	11.59

Fees

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

Reviews

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

Publication Scheme

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

PUBLIC INTEREST DISCLOSURE

The Board of Management approved the Public Interest Disclosure policy on 9 June 2008. The policy has been reviewed in March 2012, November 2014 and February 2018 (see item 3b within this agenda).

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

There have been no instances of individuals seeking information under the Public Interest Disclosure (whistleblowing) legislation in the period from August 2010 to December 2017.

COMPLAINTS ANNUAL REPORT - 1ST JULY 2016 – 30TH JUNE 2017

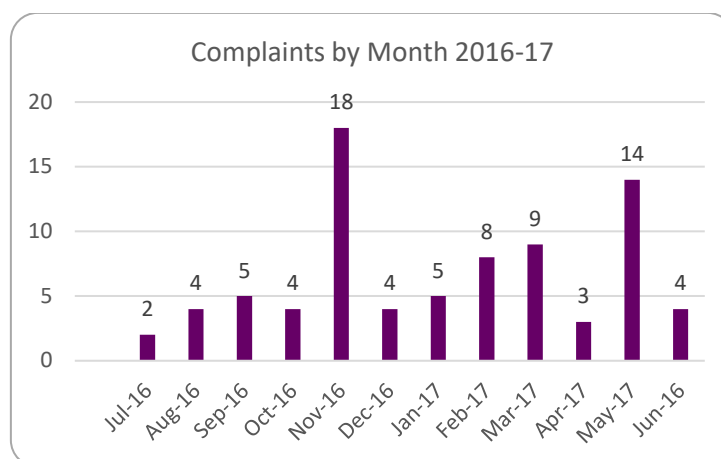
A total of 80 complaints were recorded by the Quality Unit between 1st July 2016 – 30th June 2017. This is a decrease of 55 complaints compared with the same period in the previous year.

Time Period	Complaints Received
Academic Year 2013/14	77
Academic Year 2014/15	51
Academic Year 2015/16	135
Academic Year 2016/17	80

A substantial number of complaints in 2015 – 16 related to issues in connection with the new campus. It is likely that the significant drop in the number of complaints is due to the resolution of campus issues overall.

The number of complaints received through the year is reflective of a well-embedded complaints system across college and UHI. By accurately recording complaints, we can; identify themes, learn from them and feed into relevant strands of improvement activity.

The following chart displays the timings of complaints month by month.



A peak in complaints was experienced in both November 2016 and May 2017. There are no apparent patterns in the themes emerging within these months.

Further Education and Higher Education

	2013/14	2014/15	2015/16	2016/17
FE Student Complaints	46	24	71	32
HE Student Complaints	30	18	48	40
Unknown	1	-	-	-
Other	-	-	16	8
Withdrawn	6	9		

The majority of complaints originated from HE students (40), FE students accounted for 32 complaints and 8 related to 'other' customers (e.g. parents, members of the public etc.).

In percentage terms, there appears to be an increasing number of complaints received from HE students. This needs to be balanced with the number of complaints received versus the total student population. Further monitoring will be required during 2017-18 to determine any particular trend themes.

Complaint Categories

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

C1: Customer Care
C1S04: Data Protection 1
C1S05: Environmental 2
C1S06: Staff Conduct 16
C1S07: Student Conduct 4
C1S99: Other 9
C2: Applications to Progression
C2S02: Application, Admission, Interview, Enrolment, Induction 3
C2S03: Progression, Articulation, Withdrawal 3
C2S99: Other 1
C3: Course Related
C3S01: Learning & Teaching 7
C3S02: Environment/Resources 1
C3S03: Course Management 1
C3S04: Facilitated Learning & Support 2
C3S05: Assessment, Exams & Certification 3
C3S99: Other 6
C4: Services
C4S01: Finance 1
C4S02: Funding / Bursary 1
C4S99: Other 4
C5: Facilities
C5S03: Maintenance, Lifts, Car Parking 5
C5S99: Other 2
C6: Others
C6S01: Others 8

40% of complaints are related to customer care. Within this section, there appears to be a high proportion of complaints regarding staff conduct (20% of the overall total). In percentage terms, this represents an 8% increase from last year; however, the raw count is consistent over two years i.e. 16.

34% of complaints are course related. 8.8% of these complaints are related to teaching and learning. This represents a 6% decrease from the previous year.

There is the ongoing need to ensure complaints are categorised consistently, as the two areas could be conflated. The complexity of such complaints also needs to be recognised, as this may lead to the use of the 'other' category which makes ongoing analysis more convoluted.

Complaint Outcomes

Outcome	Complaints
Not Upheld	21
Partially Upheld	25
Upheld	30
Withdrawn	4

It can be seen that 37.5% of the complaints made during 2016 - 17 were upheld, 31% were partially upheld, 26.2% were not upheld.

Learning from Complaints

Complaints often result in reviews of processes and procedures and they also allow us to identify opportunities for staff development. The Quality team continues to identify learning points from all complaints, and to liaise with staff in order to implement change aimed at improving the student experience. The following table provides some examples of improvements made as a result of complaints during 2016 - 17:

Complaint Category	Improvements/Changes Made
Customer Care	International exchange programme review
Customer Care	Review of evening class application process
Course related	Introduction of survey for International Students
Finance	Procedure for disseminating fees to be reviewed
All	Complaints data was used as part of the evidence base for focussed quality improvement activities i.e. targeted intervention
Facilitated Learning and Study	Dissertation supervisor changed

SPSO Timescales Compliance

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

During 2016-17, complaints timeline for Inverness College UHI was as follows:

- 24 resolved at Stage 1 - average of 5.6 days
- 44 resolved at Stage 2 - average of 16.5 days

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

Awareness of Complaints Process

Awareness raising with students took place during Fresher's Fayre September 2016, utilising the Students Guide to Complaints. This built on the information shared during student induction, via course handbooks and the Blackboard induction.

Staff training in both complaints and customer service will be crucial in terms of improving complaints handling. Complaints training sessions for staff have been delivered during 2016-17 as part of the Customer service training sessions. Input by the Quality officers has ensured a level of consistency of approach to complaints handling. In total 49 staff have received training; 27 in November 2016, 22 in March 2017.