

FINANCE AND GENERAL PURPOSES COMMITTEE

| Subject: Strategic Risk Register | Purpose: For Approval <input type="checkbox"/> For Discussion <input checked="" type="checkbox"/> For Information <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|------------|--------|--------|----------|--|---|---|--|---|---|---|---|---|-----------|--------------------------------------|---|----|------------------|--------------------------------|---|---|-----------------------------------|---|---|-------------------------|---|---|---|---------------------------------------|---|---|--|
| Prepared by: Hazel Robertson, VP Finance & Corporate Services | Date: 11 February 2022 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose: To present the current report on the Risk Register for review. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Linked to Strategic Ambition: Take a leading role in enabling an inclusive, resilient and sustainable Scotland Performance Measures: Recognised as national leaders in sustainable practice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Linked to Strategic Risk Register: New Risk (outwith themes) New Risk Commentary: Encompassing all risks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Executive Summary: Introduction <p>This report comprises updates Committee on progress/changes to the register. The report is provided to each of the Governance Committees for review and then onward to the Regional Board. In addition the Audit Committee has a role to play in providing the Regional Board with assurance around risk management processes.</p> <p>In addition to updating actions/outcomes, performance indicator information has been included where possible. Further to previous discussion a new risk theme has been added around governance arrangements, risk 4b.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Summary risk profile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Perspective</th> <th>Risk theme</th> <th>Target</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Customer</td> <td>1a Delivery model changes to political environment</td> <td>6</td> <td>6</td> </tr> <tr> <td>1b Alumni skilled, resilient and agile – impact of COVID</td> <td>4</td> <td>6</td> </tr> <tr> <td>1c Alumni skilled, resilient and agile – practice reflects need</td> <td>6</td> <td>6</td> </tr> <tr> <td>Financial</td> <td>2 Financial plan and in year targets</td> <td>6</td> <td>12</td> </tr> <tr> <td rowspan="2">Internal process</td> <td>3a Integrated asset management</td> <td>6</td> <td>9</td> </tr> <tr> <td>3b Breakdown in internal controls</td> <td>6</td> <td>9</td> </tr> <tr> <td rowspan="2">Organisational capacity</td> <td>4a Motivated, engaged and capable staff</td> <td>6</td> <td>6</td> </tr> <tr> <td>4b Inadequate governance arrangements</td> <td>2</td> <td>2</td> </tr> </tbody> </table> | Perspective | Risk theme | Target | Rating | Customer | 1a Delivery model changes to political environment | 6 | 6 | 1b Alumni skilled, resilient and agile – impact of COVID | 4 | 6 | 1c Alumni skilled, resilient and agile – practice reflects need | 6 | 6 | Financial | 2 Financial plan and in year targets | 6 | 12 | Internal process | 3a Integrated asset management | 6 | 9 | 3b Breakdown in internal controls | 6 | 9 | Organisational capacity | 4a Motivated, engaged and capable staff | 6 | 6 | 4b Inadequate governance arrangements | 2 | 2 | |
| Perspective | Risk theme | Target | Rating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Customer | 1a Delivery model changes to political environment | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1b Alumni skilled, resilient and agile – impact of COVID | 4 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1c Alumni skilled, resilient and agile – practice reflects need | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial | 2 Financial plan and in year targets | 6 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Internal process | 3a Integrated asset management | 6 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3b Breakdown in internal controls | 6 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organisational capacity | 4a Motivated, engaged and capable staff | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4b Inadequate governance arrangements | 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

The finance risk remains a high risk at 12. Financial planning assumptions for 2022/23 were expected to become clearer after the Scottish Government Budget was announced on 9 December 2021. We are advised that this will now not be known until mid March. It has been indicated that we should anticipate flat cash based on 2021/22 allocations. Further clarity is being sought through the College Principals Group and the Finance Directors Network. This is essential in order to inform our savings requirements and our planning approach for next year. Consideration of scenarios is well underway. We are engaging directly with SFC in relation to our financial outlook.

New risks

Following the first round of committee and Board meetings, there were a number of reports which were unable to be allocated to a risk theme. Several of these related either to all risk themes or could be seen as being related to our governance processes. Risk 4b has been added for your consideration.

Changes to risk profile

There are three changes in the risk profile:

- Increase in COVID impact (risk 1b) to 6, which remains a medium risk. The recent change in language from Scottish Government around hybrid working is enabling more on campus activity.
- Reduction in finance risk (risk 2) from 16 to 12. Scenario planning on least pessimistic and most pessimistic scenarios provide options for achieving a break even position in 2022/23 although the position still holds a lot of risk in relation to potential pay increases.
- New risk in relation to potential inadequacy of governance arrangements, scored at 2 which is low.

Notable progress on actions (marked in red type on the register)

| | Delegated to | Update |
|---------|---------------|--|
| 1a | Board | Addition of political lobbying for growth and fair funding |
| 1a 2 | Board F&GP | SFC budget to be known by mid March Scenario planning has been undertaken although significant risk remains in relation to current and future pay awards. |
| 1b | C&Q | More courses moved online pre Christmas Additional hours for skills tests Further CPD for curriculum managers in the use of ProSolutions |
| 1c | C&Q | Extended time for familiarisation with ProSolutions, CPD arranged Confidence in achieving credit position but Foundation Apprentice target not met. |
| 2 | F&GP | Intend to use margin analysis to inform budgeting and planning for next year, and link with asset management strategy, particularly use of space and requirement for investment. Seven asset strategy workshops completed, one more to take place. Reprofiling capital plan and in process of reconfirming receipt with SFC. Finance KPIs generally favourable. SFC placing significant emphasis on surplus cash balances and we |

| | | |
|----|-------|---|
| | | have reduced our holding at end Feb to 21 days, this will be kept under review. |
| 3a | Audit | Slight delay in DP assurance framework, we have a new DPO who is working with line managers to progress. Cyber security insurance obtained. |
| 3b | Audit | Procedure changes may be restricted by lack of functionality in SUN accounts – replacement solution being scoped. |
| 4a | F&GP | Extension of GPTW confirmed. H&S annual report provided assurances to Board, escalation process in place for SPDR reviews. Scenario planning exercise completed in relation to loss of significant levels of staffing, actions implemented. |
| 4b | Board | New risk for review |

Not specifically referenced in the risk register, we have had very positive feedback from our Education Scotland review.

KPI performance

KPI performance has been incorporated where available and meaningful. This has been useful in informing the action updates.

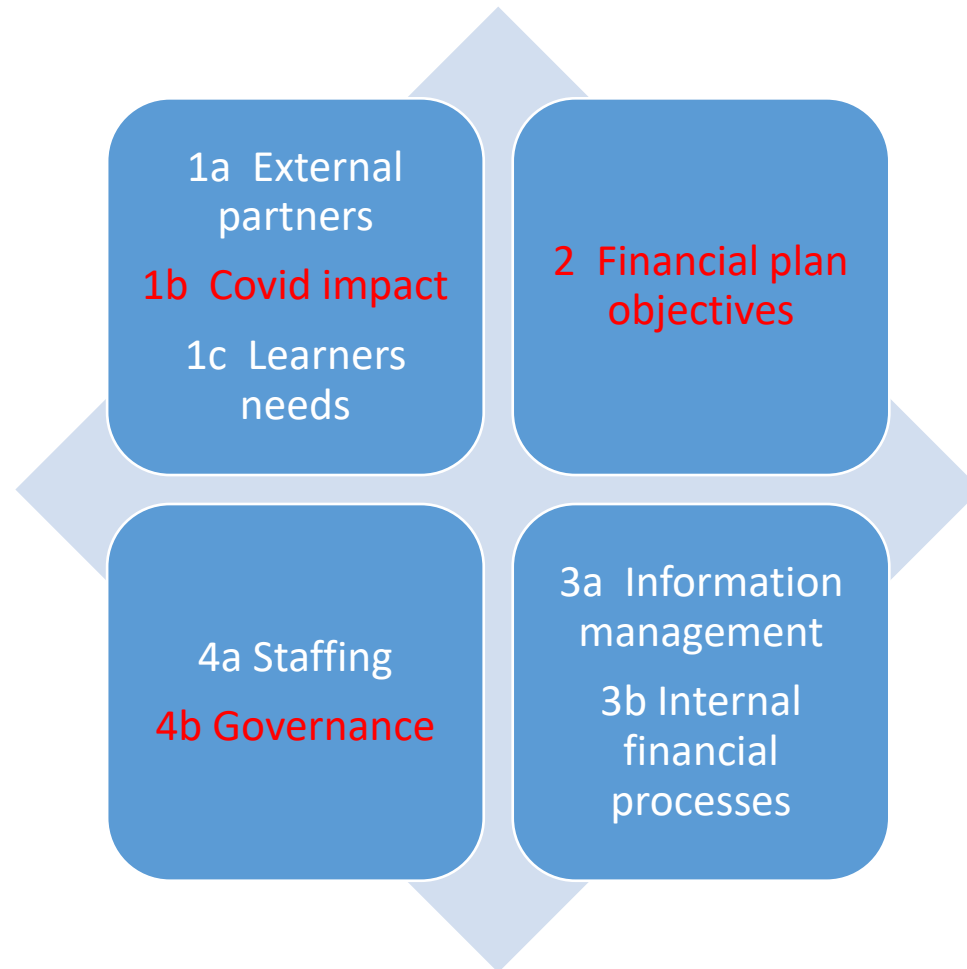
Recommendation:
Members are asked to review the changes in the register and endorse the current status of risks, actions and linked performance review.

Board will be asked to approve the addition of risk 4b governance arrangements.

Previous Committee Approvals:
Curriculum and Quality Committee
Audit Committee

| | | |
|---|--|--|
| For publication <input checked="" type="checkbox"/> | For publication with redactions <input type="checkbox"/> | Not for publication <input type="checkbox"/> |
|---|--|--|

Strategic Risk Management Report



10 Feb 2022

Strategic Risk Management Report

| Strategic ambition performance measures | | | | | | Rating 10 Feb 22 | Rating 01 Dec 22 |
|---|---|--|----------------------|----------------|--------------|---------------------|---------------------|
| Strategic Risk Theme | | Scrutiny | Perspective | Target | | | |
| 1a | Recognised leader in sustainable practice; influential and collaborative partner; recognised nationally as progressive organisation; delivery models are personalised focus on individual and business need | Major changes / opportunities in socio political environment | Board | Customer | TREAT (6) | 6 | 6 |
| 1b | Alumni skilled, resilient and agile; student outcomes in the top quartile; engaged and empowered student body; student satisfaction in the top quartile | Profound impact of COVID19 on delivery and student achievement | Curriculum & Quality | Customer | TOLERATE (4) | 6 | 4 |
| 1c | Alumni skilled, resilient and agile; student outcomes in the top quartile; engaged and empowered student body; student satisfaction in the top quartile | Ability to proactively engage with our community and stakeholders to ensure our practice reflects their needs | Curriculum & Quality | Customer | TREAT (6) | 9 | 9 |
| 2 | Financial plan and in year financial targets to be met | Long term variability in spend and /or insufficiency in income streams leading to financial instability | Finance & GP | Financial | TREAT (6) | 12 | 16 |
| 3a | Integrated asset management - maximise technology deployment | Inadequate IT and information management and security leading to information breach, excess costs and service unavailability | Audit | Organisational | TREAT (6) | 9 | 9 |
| 3b | Compliance with financial regulations | Potential breakdown in internal financial controls leading to loss of funds / excess costs / fraud | Audit | Organisational | TREAT (6) | 9 | 9 |
| 4a | Agile and creative staff body; engaged and empowered staff body; staff satisfaction in the top quartile | Staff are not motivated, engaged or capable | Finance & GP | Organisational | TREAT (4) | 6 | 6 |
| 4b | We will continue to be recognised nationally as a progressive organisation; the successful delivery of our Strategic Ambition and the long term sustainability of the organisation. | Governance arrangements do not meet best practice governance standard | Board | Organisational | TOLERATE (2) | 2 | |

Customer perspective (external partners)

| 1 Major changes / opportunities in socio political environment | | | 10/02/2022 | | |
|--|--|--------------------|---------------|---|--|
| <u>Positive uncertainty – opportunity</u> | <u>Negative uncertainty – threat</u> | | | | |
| Significant funding / resources available from partnerships | Lack of clarity regarding future funding | | | | |
| Partnership and driving value for money | Potential changes in priority areas | | | | |
| Major changes in political environment eg Brexit, new Scottish or UK government, independence | Uncontrolled variability in funding streams | | | | |
| | Tertiary sustainability (SFC review) | | | | |
| <u>Existing controls</u> | <u>Planned activity</u> | <u>Responsible</u> | <u>Date</u> | <u>Update</u> | |
| Liaise strategically with funding bodies eg SOSE, Borderlands, City Deal, Community Renewal Fund | Work with interested college/university partners | Execs | Jul-22 | CRF funding approved, and an extension to end June | |
| Political lobbying for growth and fair funding | Principal meeting with and writing to political figures | Principal | Jan-22 | Letters re growth and funding sent. | |
| Liaise with policy forum - Principals Group, Colleges Scotland, SFC | Diversifying funding streams | SLT | Jul-22 | SG budget published 9/12, SFC expected March | |
| Developing customer relationships | Investing in future products and delivery models to weather storm of changing priorities | SLT | Jul-22 | Investing in CRM to support engagement processes | |
| <u>Performance measures</u> | <u>Tolerance level</u> | | | <u>Current position</u> | |
| Apprenticeship starts up 33% | +/- 5% of contract level | | | Update for end 1st quarter | |
| Increased funding from varied sources | Not meeting budget | | | Update for end 1st quarter | |
| Employer satisfaction 100% | Not meeting non SFC target | | | No change | |
| Advancement of service delivery in priority areas | Drop in employer satisfaction | | | Update for end 1st quarter | |

| Owner | Scrutiny | Impact | Likelihood |
|------------|----------|-----------------------|------------|
| Angela Cox | Board | 3 | 2 |
| | | Overall score (as is) | 6 |
| | | Strategy and appetite | TREAT (6) |

No change

Customer perspective (Covid19 impact)

| 1b Profound impact of COVID19 on delivery and student achievement | | 10/02/2022 | | |
|---|--|---|---------|--|
| Positive uncertainty – opportunity | Negative uncertainty – threat | More courses moved to online delivery prior to Christmas | | |
| Beyond level zero - flexibility for online and on campus | High level of concern at national level - may need to reduce activity | | | |
| Expect the average to be 2 days in college and one online | potential disruption due to isolation and illness of staff | | | |
| Lecturing staff ability and desire to redesign | Uncontrolled variability in funding streams | | | |
| Received funding to cover Covid costs | Low number of deferrals - 500 credits at risk due to deferrals - nothing else to add | | | |
| Existing controls | Planned activity | Responsible | Date | Progress |
| Apprentices will add missed activity into this year | Additional hours and proposal to SQA for skills tests for missed evidence from VQ | APs | ongoing | staff absences mean practical activity was stepped down and rescheduled - recoverable |
| Effective use of timetabling | Use of new MIS offers greater planning and tracking and monitoring functionality | APs | Mar-22 | further CPD for curriculum managers, simplification of timetabling process, best practice for assessment schedule to be shared |
| Management of staffing | Contingency planning for material levels of absence | SLT | Jan-22 | mid way through the process |
| Performance measures | Tolerance level | Current position | | |
| number of deferrals | No COVID deferrals into 2022/23 | Impact on construction apprentices anticipated, approach this year is more targetted, less risk, govt concern re winter period growing in concern | | |

| Owner | Scrutiny | Impact | Likelihood |
|------------------|------------------------|-----------------------|--------------|
| Heather Anderson | Curriculum and Quality | 2 | 3 |
| | | Overall score (as is) | 6 |
| | | Strategy and appetite | TOLERATE (4) |

Higher likelihood - with winter concerns

Customer perspective (learners)

| 1c Ability to proactively engage with our community and stakeholders to ensure our practice reflects their needs | | 10/02/2022 | | |
|--|---|---|----------|---|
| Positive uncertainty – opportunity | Negative uncertainty – threat | Current position | | |
| Learners are enrolled to target in appropriate courses and success rates are high | If positive outcomes are not achieved, successful destinations will not be achieved, and Education Scotland Grade could be impacted | FTFE recruitment lower than target. Overall recruitment in lie with plan. Negotiation with SFC more credits | | |
| Wrap around support requirements are met | Complaints due to expectations not met | | | |
| Hierarchy of needs met - funding, support and safety | Uncontrolled variability in funding streams | | | |
| BCSA to provide vibrant community | Travel difficulties preventing engagement | | | |
| Assisted technologies provided to improve engagement | Poor connectivity, multiple people in home - inappropriate learning environment - home or schools | | | |
| Collaborate with local providers of support | Non attendance | | | |
| Further develop MH support - with local orgs | Planned activity | Responsible | Date | Current position |
| Existing controls | Investment in elearning and quality standards for delivery, closer alignment to Skills needs | AP Q&D | Jul-22 | new quality manager in post (3 weeks). Quality standards for eLearning |
| Curriculum planning and marketing | Use tracking and monitoring through prosolution | CLMs | Jan-21 | extended to allow familiarisation with MIS - interdependent on timetables/ room booking. CPD planned for CLMs in January. |
| Support through achievement coaches, course tutors, CLMs | Promote service management approach | VPF&CS | Jun-22 | Project scoping due to commence before end of calendar year |
| Responsive support services - Student Support, MH, Student Finance, Student experience committee | 3 times a year meet, and implement action plan | APs & HoSS | ongoing | |
| Campus Management Committee/Sustainability committee | BCSA to co chair a workstream on behaviour | BCSA President | ongoing | |
| Feedback mechanisms - local, BCSA, national | Equalities, Enhancement plan, application and enrolment procedure | APs | ongoing | 4 year equalities plan in place, strong progress, report to c&QC |
| Quality check points | Implement action plan | APs | ongoing | Quality check points under review to link with wider quality processes |
| Student support services pastoral and finance, MH service | Mental Health action plan | H of SS | Jul-22 | On track |
| BCSA support , MH Agreement with SA | Recruitment to MH team | H of SS | Complete | |
| Performance measures | Tolerance level | Current position | | |
| % of students with positive destinations | less than 85% | KPI informatpn will be provided to the Board in the new format | | |
| Retention rates | decreasing trend and /or less than national average | Early withdrawal higher than predicted which is impacting on credits | | |
| Student progress | decreasing trend and /or less than national average | KPI informatpn will be provided to the Board in the new format | | |
| Student retention | decreasing trend and /or less than national average | KPI informatpn will be provided to the Board in the new format | | |
| Student satisfaction | decreasing trend and /or less than national average | KPI informatpn will be provided to the Board in the new format | | |
| Credits used | less than 95% of allocation | Some risk to credit achievement (including ESF), Extemdomg jubrod wprlmg amd learning should assist. | | |
| Quality of LTA | | | | |
| Student survey - 50 % response rate | decreasing trend and / or less than national averae | | | |
| OA measures | decreasing trends | | | |
| Equality measures | achievable targets not met | | | |

| Owner | Scrutiny | Impact | Likelihood |
|------------------|---------------|-----------------------|------------|
| Heather Anderson | C&Q Committee | 3 | 3 |
| | | Overall score (as is) | 9 |
| | | Strategy and appetite | TREAT (6) |

No change

Financial perspective (financial stability)

| 2 Long term variability in spend and /or insufficiency in income streams leading to financial instability | | 10/02/2022 | | |
|---|--|--|----------|--|
| Positive uncertainty – opportunity | Negative uncertainty – threat | | | |
| Maximise opportunities for commercial funding | Loss of funding streams, insufficient income to deliver | | | |
| Bid for project funding to lever major changes in College capacity | National bargaining drives pay costs upwards without matched funding | | | |
| Additional in year allocations to advance College service provision | Uncontrolled variability in funding streams | | | |
| | No growth in SFC main grant in aid | | | |
| COVID19 restrictions ease such that excess spend reduces and commercial and community delivery can resume | Return to variable grant in aid income may result in threat to financial performance | | | |
| Existing controls | Planned activity | Responsible | Date | Current position |
| 3 year financial plan through FFR | Integrated planning approach | VPF&CS | Mar 22 | Prepared - clarity required from SFC. This should be known by mid March 2022 |
| Savings targets | Model impact of scenarios | VPF&CS | Mar 22 | Scenario planning is well underway. We are having direct engagement with the SFC finance team. |
| Budgetary control and management accounts system | Push out to 5 year plan | VPF&CS | Feb 22 | Intend to use margin analysis to inform modelling. Pushed out to February to link with asset management planning activity. |
| Treasury management of debtors creditors and cash | Refresh KPIs and implement targets for P2P | AP Finance | Oct 21 | Transformation programme has started. New approach to payment runs has been implemented. See mproved performance below. |
| Capital funding | Retain capital receipt - agree with SFC | VPF&CS | Complete | Reprofig capital profile and will reconfirm with SFC. |
| Performance measures | Tolerance level | Current position | | |
| Variance from budget | 5% | (0.9%), some cost pressures eg teaching supplies and catering provision, possible successful VAT gain. Some income risk. Overall close to target this year and assessing least and most pessimistic scenarios. | | |
| % non SFC income | less than 15% | 23%. Credit income posted on cash profile to be based on ach 66%. | | |
| Staff costs as % of total costs | less than 67% | | | |
| Cash days | less than 31 days | 21 days February 2022 - previous high holding of student support cash has been reduced by slowing draw down. Core cash remains acceptable level. | | |
| Creditor payment days | increasing trend within 30 days | Remains around 57% - best performance in seven years | | |
| % savings delivered | less than 75% achievement | budgets take account of savings requirement, as above some concerns re cost pressures and possible VAT income benefit would offset. | | |

| Owner | Scrutiny | Impact | Likelihood |
|-----------------|----------------|-----------------------|------------|
| Hazel Robertson | F&GP Committee | 3 | 4 |
| | | Overall score (as is) | 12 |
| | | Strategy and appetite | TREAT (6) |

no change largely due to SFC income uncertainty

Internal process perspective (information management)

| 3a Inadequate IT and information management and security leading to information breach, excess costs and service unavailability | | 10/02/2022 | | |
|---|--|------------------|--------|---|
| Positive uncertainty – opportunity | Negative uncertainty – threat | | | |
| Good information and data management supports day to day delivery and data analytics will lead to improved decision making and service delivery | Breaches of Data Protection – loss of information, potential regulatory action and reputational damage | | | |
| Strong IT services and provision will enable efficient working practices and enable remote working | Cyber attack - complete loss of data and service | | | |
| Existing controls | Planned activity | Responsible | Date | Progress |
| Article 30 register, Privacy notices, Data Sharing Agreements, DP Impact Assessments, FOI Policy and Publication Scheme | Review FOI publication scheme and DP Policy | VPF&CS | Mar 22 | All completed |
| | Promote retention and destruction action plans | VPF&CS | Feb 22 | DP Assurance Framework agreed, 50% of returns received. DPO working with SLT members to progress improvements |
| Data analytics - stage of development | Develop and Implement action plan for deployment of analytics | Head of MIS | Jun 22 | not yet due |
| Cyber Accreditation, Cyber Technical Risk Assessment, Information Security Policy, Electronic Systems Policy | Complete implementation of action plan from CTRA | Head of ISLT | Sep 21 | Complete. Additionally accreditation renewed. |
| | Move to datavita backup as a service, and disaster recovery as a service | Head of ISLT | Oct 21 | Complete |
| | Implement O365 backup | Head of ISLT | | Complete |
| | Implement cyber security insurance | Head of ISLT | | Complete |
| | Relaunch of IT Services function | Head of ISLT | Mar 22 | Part of Phase 2 DTP, delayed due to ongoing dispute |
| Performance measures | Tolerance level | Current position | | |
| Positive audit outcomes | no high risk issues | | | audit complete, no high risks |
| IT Service performance reporting | no high impact business continuity issues | | | no high impact issues |
| DP events | no more than 5 data events annually | | | 1 complaint received via ICO |
| Maturity of data analytics | Assessed availability of data to service managers | | | some issues with use of prosolutions, additional support in place for curriculum staff |

| Owner | Scrutiny | Impact | 3 |
|-----------------|-----------------|-----------------------|-----------|
| Hazel Robertson | Audit Committee | 3 | 3 |
| | | Overall score (as is) | 9 |
| | | Strategy and appetite | TREAT (6) |

no change

Internal process perspective (internal financial controls)

| 3b Potential breakdown in internal financial controls leading to loss of funds / excess costs / fraud | | 10/02/2022 | | |
|---|---|--------------------|-------------|---|
| <u>Positive uncertainty – opportunity</u> | <u>Negative uncertainty – threat</u> | | | |
| Strong and efficient internal financial controls will improve efficiency and effectiveness, and deliver value for money | Weak or missing internal financial controls may not prevent or detect attempts at fraud | | | |
| Effective management of senior finance capacity will enable redesign and improvements in processing, thus reducing rework and enabling good financial control | Workload pressure may cause capacity constraints for process redesign, reviewing financial position, analysis and projections | | | |
| <u>Existing controls</u> | <u>Uncontrolled variability in funding streams</u> | <u>Responsible</u> | <u>Date</u> | <u>Progress</u> |
| Financial Regulations, Finance Manual, Anti Fraud and Anti Bribery Policies, Procurement Policy, Fee Policy, Internal Audit | Complete review of finance procedures, prioritise purchase ledger and fixed assets, if workload demands are too high | AP Finance | Sep 22 | Audit Committee have approved an extension of date to September 22, system change - being scoped. |
| | Improved fixed asset management | FBP | Mar 22 | Register reviewed to reflect new accounting policy |
| Internal and External audit recommendations | Ensure completion of audit action points, prioritising fixed asset controls and impairment | VP F&CS | Jul 22 | Full review will be presented to the Audit Committee in November |
| <u>Performance measures</u> | <u>Tolerance level</u> | | | <u>Current position</u> |
| Positive audit outcomes | only low risk IA issues - 2 significant deficiencies in external audit - priority to address | | | No high risk issues in internal audit, one significant external audit |
| Material delay in implementing audit action plan | Both longstanding significant deficiencies to be clear for 2021/22 | | | Historical issues being addressed |
| Serious breach of financial regulations | no reported issues | | | no reported issues |

| Owner | Scrutiny | Impact | Likelihood |
|-----------------|-----------------|-----------------------|------------|
| Hazel Robertson | Audit Committee | 3 | 3 |
| | | Overall score (as is) | 9 |
| | | Strategy and appetite | TREAT (6) |

no change

Organisational capacity perspective (staffing)

| 4 Staff are not motivated, engaged or capable | | 10/02/2022 | | |
|---|---|--------------------|-------------|---|
| <u>Positive uncertainty – opportunity</u> | <u>Negative uncertainty – threat</u> | | | |
| Continuing to gather and use engagement info through GPTW | Not being able to attract the right individuals | | | |
| Wellbeing and mental health initiatives | Insufficient HR staff to support recruitment | | | |
| Covid impact on turnover | Covid impact on turnover | | | |
| Increasing access to funding for training posts MAs/interns | Over reliance on short term posts could destabilise | | | |
| Funding for suitable training | Is training meeting our needs | | | |
| National bargaining paying rates above average for region | Results delayed so long - staff uncertain about outcomes | | | |
| <u>Existing controls</u> | <u>Planned activity</u> | <u>Responsible</u> | <u>Date</u> | <u>Current position</u> |
| HR policies and procedures, HR Manual | Monitoring of KPIs | Head of HR | ongoing | review is ongoing, KPIs annual |
| Workforce strategy | Annual review of performance against measures | Head of HR | May-22 | F&GP asked for a different report so this was not required for September - moved to May 22 |
| GPTW | Extension for 3 years, action plan in response, 2 areas of concern | Head of HR | Feb-22 | extension complete - action plan coming to next SLT |
| NJNC involvement | Involvement in national pay and grading group | Head of HR | | ongoing including t&c's group, policy working group and 4 day week investigation group |
| JCCP and local NJNC, Wellbeing Group | Informal meetings staff side, Principal and Head of HR | Principal | ongoing | |
| H&S Committee | Agile workstation assessments, all training up to date | H&S Manager | Dec-21 | Annual report to Board provided assurance |
| F&GP oversight | Report to every meeting | Head of HR | ongoing | Next meeting is February |
| SPDR reviews - interim and annual | 100% target - monitor through dashboard | WLT | as per plan | not on dashboard but escalation process implemented and will be raised at SLT if any issues arise |
| Staff contingency arrangements | Consideration of scenarios for loss of staff due to pandemic flu, Temporary arrangements to cover critical staff absence or recruitment challenges. | IMT | Jan-22 | Completed a scenario planning exercise and identified additional control measures to adopt if required. Action complete |
| <u>Performance measures</u> | <u>Tolerance level</u> | | | |
| KPIs - turnover, sickness | turnover > 7%, absence > 10% | | | |
| Staff satisfaction | reduction of 2% | | | |
| GPTW survey and action plan | Actions not completed by end of reference period | | | |
| Completion rate Agile | less than 100% | | | |
| Completion rate SPDR | less than 100% | | | |
| Performance measures from workforce strategy | Actions not completed by end of reference period | | | |

| Owner | Scrutiny | Impact | Likelihood |
|-------------|----------------|-----------------------|------------|
| Debbie Kerr | F&GP Committee | 2 | 3 |
| | | Overall score (as is) | 6 |
| | | Strategy and appetite | TREAT (4) |

Organisational capacity perspective (inadequate governance arrangements)

| 4 Staff are not motivated, engaged or capable | | 10/02/2022 | |
|--|---|--------------------|-------------|
| <u>Positive uncertainty – opportunity</u> | <u>Negative uncertainty – threat</u> | | |
| Brings a wider expertise - options | Not a balanced view | | |
| Staff and students have assurance | Ineffective engagement of non executives | | |
| Positive reputation | Executives dominate conversation | | |
| Can rely on committee assurance | Not being provided with enough (or too much info) | | |
| Right information at right time will enhance decision making | Unable to gain assurance | | |
| Confident and collaborative dialogue | Members do not comply with code of governance | | |
| Workplan for efficient and effective working | Inability to recruit | | |
| Attend committees to gain information | Not given advice on options available | | |
| <u>Existing controls</u> | <u>Planned activity</u> | <u>Responsible</u> | <u>Date</u> |
| Standing orders | Governance admin review | Board Sec | Mar-22 |
| Code of conduct | Development and enhancement plan | Board Sec | Jul-22 |
| External evaluation | | | |
| Self evaluation | | | |
| Appraisals of members | | | |
| Board Secretary report to Board | | | |
| Board Secretary - independent | | | |
| <u>Performance measures</u> | <u>Tolerance level</u> | | |
| External evaluation | Weak outcome | | |
| Internal audit | Weak outcome | | |
| Self evaluation | material drop in ranks | | |

| Owner | Scrutiny | Impact | Likelihood |
|----------------|----------|-----------------------|--------------|
| Ingrid Ogilvie | Board | 1 | 2 |
| | | Overall score (as is) | 2 |
| | | Strategy and appetite | TOLERATE (2) |

Impact assessment

| Perspective | Element | Negligible | Minor | Moderate | Major | Extreme |
|-------------------------|-------------------------------------|---|--|--|---|---|
| Customer (External) | Inspection / Audit | Small number of recommendations - minor quality improvement | Recommendations which can be addressed by low level of management action | Challenging recommendations which can be addressed with appropriate action plan | Enforcement action, low rating. Critical report | Prosecution, zero rating, severely critical report. |
| | Reputation | Rumours, no media coverage, little impact on staff morale | Local press, little impact on morale and public perception | Local media coverage. Long term adverse publicity. Significant effect on staff morale and public perception | National media coverage less than three days. Public confidence undermined. Use of services affected | National media coverage > 3 days. MSP/MP concern (questions in Parliament), public enquiry, enforcement |
| Customer (learners) | Business interruption | Interruption in a service which does not affect delivery of educational services | Short term interruption which has minor impact on educational delivery | Some disruption with unacceptable impact on educational delivery. Temporary loss of ability to provide services. | Sustained loss of service which has serious impact on ability to delivery educational services, resulting in major contingency plans being invoked. | Permanent loss of core service or delivery. Disruption to services causing significant knock on effect |
| | Student experience | Reduced quality of student experience/outcome directly due to curriculum delivery | Unsatisfactory student experience / outcome - readily resolvable | Unsatisfactory student experience / outcome - resolvable within xxx time | Unsatisfactory student experience / outcome - resolvable within xxx time | Unsatisfactory student experience / outcome - long term impact |
| | Complaints | Locally resolved verbal complaint | Justified written complaint | Justified complaint involving lack of professionalism | Multiple justified complaints | Complex justified complaints |
| Financial | Financial | Negligible <£1k | Minor >£1k to £10k | Significant >£10k to £50k | Major >£50k to £100k | Over £100k |
| Internal process | Objectives / Project | Barely noticeable impact on scope, quality or schedule | Minor reduction in scope, quality or schedule | Reduction in scope, quality or schedule | Significant project overrun / reduction in quality | Inability to meet project objectives / impact on reputation |
| | Injury to student/ staff / visitors | Adverse event not requiring first aid | Minor injury/illness requiring first aid | Agency reportable | Long term incapacity requiring medical treatment or counselling | Death or major permanent incapity |
| Organisational capacity | Staffing | Short term low staffing levels temporarily affecting service quality | Ongoing low staffing level reducing service quality. Minor error due to ineffective training | Late delivery of objectives due to lack of staff. Moderate error due to ineffective training. | Uncertain delivery of objectives due to lack of staff. Major error due to ineffective training | Non delivery of key objective due to lack of staff. Loss of key staff and inability to recruit. Critical error due to ineffective training. |

Likelihood assessment

| | Rare | Unlikely | Possible | Likely | Almost certain |
|--------------------|---|--|--|--|--|
| Probability | Cant believe this event would ever happen - will only happen in exceptional circumstances | Not expected to happen but definite possibility exists - unlikely to occur | May occur occasionally - has happened before on occasions - reasonable chance of occurring | Strong possibility that this could occur - likely to occur | This is expected to occur frequently - more likely to occur than not |

Risk Rating

| Rating | | | | | |
|--------------------|------------|-------|----------|-------|---------|
| Impact /Likelihood | Negligible | Minor | Moderate | Major | Extreme |
| Almost certain | 5 | 10 | 15 | 20 | 25 |
| Likely | 4 | 8 | 12 | 16 | 20 |
| Possible | 3 | 6 | 9 | 12 | 15 |
| Unikely | 2 | 4 | 6 | 8 | 10 |
| Rare | 1 | 2 | 3 | 4 | 5 |