BOARD OF MANAGEMENT

Audit & Risk Committee

Tuesday 21 September 2021 at 5.00pm
In Microsoft Teams

AGENDA

1. **WELCOME**

2. **APOLOGIES**

3. **DECLARATIONS OF INTEREST**

4. **MINUTE OF THE PREVIOUS MEETING**　　　　Paper A for approval

5. **MATTERS ARISING**　　　　Paper B for noting

6. **INTERNAL AUDIT**

6.1. 2020/21 Progress Report	Paper C for noting	HL
6.2. Follow Up Review	Paper D for noting	HL
6.3. Follow Up Summary	Paper E for noting	JC
6.4. 2021/24 Audit Needs Analysis & Strategic Plan	Verbal update	JC/HL

7. **EXTERNAL AUDIT**　　　　Verbal update　　　AS

8. **COVID 19 UPDATE**　　　　Verbal update　　　JC/ST

9. **STRATEGIC & COVID RISK REGISTERS**　　　Paper F for approval　　　ST

10. **DATE OF NEXT MEETING** – Tuesday 7 December 2021. Joint Meeting with Finance & Property Committee.

BOARD OF MANAGEMENT

Audit & Risk Committee

Tuesday 21 September 2021

Minute of Previous Meeting – 18 May 2021   PAPER A

BOARD OF MANAGEMENT
Audit and Risk Committee Meeting
Tuesday 18 May 2021

Draft confirmed by Chair

Minute of the Audit and Risk Committee meeting held on Tuesday 18 May 2021 at 5.00pm in Microsoft Teams.

PRESENT:	G Robertson (Chair)	H Honeyman
	M Williamson	M Thomson
	P Milne	T Pirie
	K Keay	A Wilson

IN ATTENDANCE: J Carnegie (Vice Principal)
S Taylor (Vice Principal and Secretary to the Board)
D Archibald (Henderson Loggie)
R Smith & A Kerr (Audit Scotland)

1.   WELCOME

G Robertson welcomed members of the Audit and Risk Committee and noted that changes in arrangements for Audit Scotland meant that this would be R Smith's last meeting. G Robertson thanked R Smith for his input over recent years and welcomed A Kerr to the meeting.

2.   APOLOGIES

Apologies were received from T D'All.

3.   DECLARATIONS OF INTEREST

G Robertson noted his role as Chair of Gardyne Theatre Limited.

4.   APPOINTMENT OF VICE CHAIR

H Honeyman was appointed as Vice Chair. G Robertson congratulated her on her appointment and thanked T Pirie for her input in this role.

5.   MINUTE OF AUDIT AND RISK COMMITTEE – 9 MARCH 2021

The Minute of the Audit & Risk Committee meeting held on 9 March 2021 was approved as an accurate record.

6.   MATTERS ARISING

All matters arising had been closed out.

7. COVID-19 UPDATE

J Carnegie highlighted the focus remained on supporting the return to campus for students and reminding and reinforcing the mitigations for staff and students. It was noted that the number of positive cases being reported amongst students and staff was very low (approximately 1 per week) and that there remained no evidence of on-campus transmission.

J Carnegie noted the focus on supporting students to complete and to avoid the need for deferrals where possible. It was noted that there were some issues in terms of minor breaches of the mitigations, but that these were being challenged and picked up as they arose. J Carnegie noted that some of this was inevitable as restrictions outwith the campus were eased and people could interact more normally in other settings.

S Taylor noted the support being provided to staff in respect of adaptions to assessment arrangements under 'branch 4' of the SQA guidelines.

National discussions around the assumptions to be used for planning for session 2021/22 were noted. S Taylor highlighted that key within these was the assumption around the need for physical distancing as this would determine possible student numbers on campus and the need for the wider range of adaptions/sector supports.

S Taylor noted that it was positive to report that the range of 'asks' of the government taskforce had been enacted, and that this had made a significant difference to the ability of the College to support students and minimise deferrals.

M Williamson asked if arrangements for managing any outbreak remained in place and reflected current needs. J Carnegie summarised these and noted that a recent incident had provided a test of these arrangements (although no outbreak had occurred) and outlined the arrangements and contacts with NHS Health protection services that were in place. J Carnegie noted that NHS Health protection were comfortable with College arrangements and reminded the Committee that an outbreak consisted of only two or more linked cases.

J Carnegie confirmed that lateral flow testing was available for staff and students on campus but noted that uptake was relatively low.

8. INTERNAL ADUIT

8.1 Budgetary Control

D Archibald summarised the audit scope and outcomes, noting that the overall outcome was satisfactory with two recommendations. It was noted that both recommendations were COVID related, with the need to update procedures and arrangements to fit fully with revised on-line and working from home arrangements.

J Carnegie noted that she was happy with the report and recommendations and it was agreed that this be shared with members of the Finance & Property Committee. **S Taylor to progress.**

The report was approved.

8.2 Economic Recovery

D Archibald summarised the audit scope and outcomes, noting that the overall outcome was good with one recommendation.

D Archibald stated that he had looked at similar areas of activity and interactions for a number of colleges in recent months and stated that he was impressed by the proactive approach adopted at D&A, and by the true partnership approaches that had been adopted to support employers and the local economy. It was noted that the College had picked up on recent government initiative and economic support opportunities in a positive way and worked well with the range of other stakeholders involved.

G Robertson welcomed the positive report.

The audit report was approved.

8.3 **20/21 Progress Report**

D Archibald summarised the list of assignments planned for the 20/21 Internal Audits noting everything required had been completed. The audits remaining were the mandatory audits for student activity and funding to be completed in September 2021.

K Keay asked if staff were comfortable with the demand placed by the audit activities. J Carnegie confirmed that they were and that the demand and scheduling of future activity would be considered as part of the future audit strategy and schedule to be considered over the summer.

D Archibald noted that fieldwork arrangements for the student funding audit had been split up to seek to reduce the burden at the start of session 2021/22.

8.4 **Follow-Up Summary**

J Carnegie said she was pleased with progress on outstanding actions, with the remaining points both impacted by COVID and rescheduled once arrangements returned more to normal.

J Carnegie noted that due to the current situation the Catering Business Review had been held back, but that further work on this was now planned and the 'reopening' of services gave an opportunity to look and work differently.

A discussion was held in respect of the post cyber-attack actions and it was agreed that progress in respect of the 'cloud first' strategy be closed off and this picked up as a mitigating action in the Strategic Risk Register. **S Taylor to progress**. This would also be and picked up through regular ICT reporting to the Finance and Property Committee and the Committee made aware of this change. **J Carnegie to progress.**

The update on progress was welcomed AND g Robertson congratulated J Carnegie on the close management of recommendations and the low number requiring follow up.

9. **EXTERNAL AUDIT**

R Smith summarised the Audit Strategy and audit workplan for 2020/21, highlighting the key elements outlined within exhibit 1.

R Smith noted the arrangements in respect of the Kingsway campus redevelopment and review of activity and expenditure that may fall outwith the academic year. It was noted that this may result in a post audit adjustment within the annual accounts but that this was not a technical issue rather than a concern.

R Smith noted the timescale for audit activities and reporting for the 7 December 2021 meeting.

G Robertson asked about the timescale for completion of the Kingsway works and J Carnegie noted that these were scheduled for end December 2021. Whilst there was no specific issue currently the risk of delay, particularly given the impact of COVID and Brexit, was noted.

10.   STRATEGIC & COVID RISK REGISTERS

S Taylor summarised the risk register report and noted that there were no proposed changes.

H Honeyman noted that there was a lot of talk about the impact of people making significant lifestyle change decisions after the pandemic and noted that this may impact on staffing risks in respect of staff skills and availability. It was agreed that this be reviewed for inclusion within the strategic risk Register. **S Taylor to progress.**

The Audit & Risk Committee approved the updates to the COVID Risk Register.

11.   DATA BREACH REPORTING

J Carnegie confirmed that there had been no reportable data breaches.

12.   DATE OF NEXT MEETING

Tuesday 21 September 2021 at 5.00pm

Action Point Summary

Action	Responsibility	Date
Share the Budgetary Control audit report with the Finance & Property Committee	S Taylor	24 May 2021
Confirm sign off of 'Cloud First' audit action and oversight of implementation of cloud first strategy with the Finance & Property Committee	J Carnegie	24 May 2021
Update Strategic Risk Register to highlight cloud first mitigation and to review inclusion/update of risk on staff turnover	S Taylor	21 September 2021

BOARD OF MANAGEMENT

Audit & Risk Committee

Tuesday 21 September 2021

Matters Arising   **PAPER B**

BOARD OF MANAGEMENT

Audit & Risk Committee

Tuesday 21 September 2021

Matters Arising

Paper for information

The following actions were noted from the Tuesday 18 May 2021 Audit & Risk Committee meeting.

Agenda Item No	Action	Current status	Open / Closed
8.1	Share the Budgetary Control audit report with the Finance & Property Committee. **S Taylor**	Circulated 21 May 2021.	Closed
8.4	Confirm sign off of 'Cloud First' audit action and oversight of implementation of cloud first strategy with the Finance & Property Committee **J Carnegie**	Updates on progress of cloud first will be included within reports to the Finance & Property Committee. The first update is to be presented to the December joint meeting.	Closed
8.4	Update Strategic Risk Register to highlight cloud first mitigation and to review inclusion/update of risk on staff turnover. **S Taylor**	Incorporated within new Risk 3.12 underpinning new ways of working.	Closed

Author & Executive Sponsor: Jaki Carnegie, Vice Principal – Corporate Services

BOARD OF MANAGEMENT

Audit & Risk Committee

Tuesday 21 September 2021

Internal Audit -

2020/21 Progress Report   PAPER C

Dundee & Angus College

Internal Audit Progress Report

Audit & Risk Committee 21 September 2021

Issued: 14 September 2021

Henderson Loggie

Internal Audit Progress Report September 2021

Progress with the annual plan for 2020/21 is shown below.

Audit Area	Planned reporting date	Report status	Report Number	Overall Conclusion	Audit & Risk Committee	Comments
Annual Plan 2020/21	September 2020	Draft - 24/07/20 2nd Draft - 07/09/20 Final - 22/09/20	2021/01	N/A	22/09/20	
Health, Safety and Wellbeing	September 2020	Draft - 11/09/20 Final - 14/09/20	2021/02	**Good**	22/09/20	
Budgetary Control (financial reporting)	May 2021	Draft - 05/04/21 Final - 13/04/21 Final reissued - 11/05/21	2021/05	**Satisfactory**	18/05/21	
National Fraud Initiative	March 2021	Draft - 02/03/21 Final - 02/03/21	2021/04	**Good**	09/03/21	
Economic Recovery	May 2021	Draft - 11/05/21 Final - 12/05/21	2021/06	**Good**	18/05/21	
Systems Development / Implementation	March 2021	Draft 28/02/21 Final 01/03/21	2021/03	**Good**	09/03/21	

Audit Area	Planned reporting date	Report status	Report Number	Overall Conclusion	Audit & Risk Committee	Comments
Follow Up Reviews	September 2021	Issued 14/09/21	2021/07	N/A see comments	21/09/21	13 Fully implemented 2 No longer relevant 2 Partially implemented 17 in total
Credits audit	November 2021					Fieldwork started w/c 30/08/21
Bursary, childcare and hardship funds	November 2021					Fieldwork started w/c 06/09/21
EMA audit	November 2021					Fieldwork started w/c 06/09/21

Gradings are defined as follows:

Good	System meets control objectives.
Satisfactory	System meets control objectives with some weaknesses present.
Requires improvement	System has weaknesses that could prevent it achieving control objectives.
Unacceptable	System cannot meet control objectives.

Henderson Loggie

BOARD OF MANAGEMENT

Audit & Risk Committee

Tuesday 21 September 2021

Internal Audit -

Follow-Up Review   **PAPER D**

Dundee and Angus College

Follow Up Reviews 2020/21

Internal Audit report No: 2021/07

Issued: 14 September 2021

Henderson Loggie

Contents

Management Summary

Introduction and Background

As part of the Internal Audit programme at Dundee and Angus College ('the College') for 2020/21, we carried out a follow-up review of the recommendations made in Internal Audit reports issued during 2019/20, which have not previously been subject to formal follow up, together with outstanding recommendations relating to previous years. These were:

- Internal Audit Report 2020/02 – Staff Recruitment & Retention
- Internal Audit Report 2020/03 – IT Network Arrangements / IT Strategy
- Internal Audit Report 2020/04 – Payroll and HR
- Internal Audit Report 2020/05 – Procurement and Creditors / Purchasing
- Internal Audit Report 2020/06 – Follow Up Reviews

Reports 2020/01 – Annual Plan, 2020/08 – Student Support Funds and 2020/09 – Annual Report did not contain an action plan and therefore no follow-up activity was required for these specific reports as part of this review. Report 2020/07 – 2019/20 Student Activity Data will be followed up separately as part of the equivalent 2020/21 Student Activity Data Report and will be considered at the November 2021 meeting of the Audit & Risk Committee.

Report 2020/06 contained two outstanding actions from 2017/18 and one outstanding action from 2018/19 and were required to be followed up as part of this review.

Objectives of the Audit

The objective of our follow-up review is to assess whether recommendations made in previous reports have been appropriately implemented and to ensure that, where little or no progress has been made towards implementation, that plans are in place to progress them.

Audit Approach

For the recommendations made in each of the reports listed above we ascertained by enquiry and review of supporting documentation, as appropriate, whether they had been completed or what stage they had reached in terms of completion and whether the due date needed to be revised.

Action plans from the original reports, updated to include a column for progress made to date, are appended to this report.

Overall Conclusion

The College has made excellent progress in implementing the recommendations followed-up as part of this review, with overall 13 (76%) of the 17 recommendations followed-up being assessed as 'fully implemented, with 2 categorised (12%) as 'partially implemented', and 2 (12%) categorised as 'no longer relevant'. The recommendations assessed as being no longer relevant are from report 2018/05 – Cash & Bank and relate to the Sports Centre. There is no longer any cash income received and payment is now taken by way of card or direct debit.

The 2 recommendations that have assessed as 'partially implemented' will be subject to further follow-up as part of the equivalent review in the 2021/22 programme of internal audits.

Overall Conclusion (continued)

Our findings from each of the follow-up reviews has been summarised below:

From Original Reports			From Follow-Up Work Performed				
Area	Rec. Priority	Number Agreed	Fully Implem-ented or No Longer Relevant	Partially Implem-ented	Little or No Progress Made	Not Past Agreed Completion Date	Considered But Not Implemented
Staff Recruitment & Retention	1	-	-	-	-	-	-
	2	1	1	-	-	-	-
	3	4	3	1	-	-	-
Total		**5**	**4**	**1**	**-**	**-**	**-**
IT Network Arrangements / IT Strategy	1	-	-	-	-	-	-
	2	-	-	-	-	-	-
	3	6	5	1	-	-	-
Total		**6**	**5**	**1**	**-**	**-**	**-**
Payroll and HR	1	-	-	-	-	-	-
	2	-	-	-	-	-	-
	3	1	1	-	-	-	-
Total		**1**	**1**	**-**	**-**	**-**	**-**
Procurement and Creditors / Purchasing	1	-	-	-	-	-	-
	2	-	-	-	-	-	-
	3	2	2	-	-	-	-
Total		**2**	**2**	**-**	**-**	**-**	**-**
Follow Up Reviews 2019/20	1	-	-	-	-	-	-
	2	-	-	-	-	-	-
	3	3	3	-	-	-	-
Total		**3**	**3**	**-**	**-**	**-**	**-**
Grand Totals		**17**	**15**	**2**	**-**	**-**	**-**

The grades, as detailed below, denote the level of importance that should have been given to each recommendation within the internal audit reports:

Priority 1	Issue subjecting the organisation to material risk and which requires to be brought to the attention of management and the Audit & Risk Committee.
Priority 2	Issue subjecting the organisation to significant risk and which should be addressed by management.
Priority 3	Matters subjecting the organisation to minor risk or which, if addressed, will enhance efficiency and effectiveness.

Acknowledgements

We would like to thank all staff for the co-operation and assistance we received during the course of our reviews.

Appendix I - Updated Action Plan
Internal Audit Report 2020/02 – Staff Recruitment & Retention

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at September 2021
R1 Consideration should be given to the introduction of a protected day (preferably during their first week for each new start) which is set aside for progressing induction training before commencing relevant duties. This day should be utilised to commence the mandatory induction modules/training required.	3	Need for protected time to be reinforced with line managers. New arrangements to adjust access to College resources through network accounts to be developed to allow earlier (pre-appointment) access to on-line learning materials.	Yes	Head of People and OD	30 September 2020	Implementation for all new starts has been impacted due to COVID response and amended ways of working. Induction activity takes place within the team, however in some cases it may not be a full, single day and may be spread throughout the first week of employment. Appropriate completion is tracked and reported to the Board HR&D Committee. An Induction Roadmap has been created to set out the steps that new staff should be working on in their first year at the College including discussing the appropriate Induction Checklist with their line manager on the first day, starting their mandatory training and completing this within the first six months. The Induction Checklist sets out the activities that the new member of staff and their line manager should work through during the first week of employment. ***Fully Implemented***

Follow Up Reviews

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at September 2021
R2 All new academic staff, who have no previous teaching experience, should complete the New Lecturer Induction Training Package before they commence teaching and assessing students. Academic managers should check with HR/OD that this training package has been completed before they allow the new member of staff to commence teaching and assessing students.	2	Requirement to be established and reinforced with line managers. New arrangements to adjust access to College resources through network accounts to be developed to allow earlier (pre-appointment) access to on-line learning materials.	Yes	Head of People and OD	30 September 2020	The Academic Staff Induction Checklist notes that Quality Essentials, a suite of online training packages, must be completed during the first six months and initially the Quality Essentials; Lecturer Induction Training must be completed prior to teaching commencing. This is also noted in the welcome email to new academic staff. **Fully Implemented**
R3 When HR/OD send the completion of probation papers to managers, they should include details of all mandatory induction training completed (and not completed) by the new member of staff. Managers should not sign-off completion of probation periods until they have received confirmation that the new member of staff has completed all the mandatory training for the relevant role.	3	New arrangements developed. These will be implemented for all staff within their probationary period.	Yes	Head of People and OD	31 January 2020	The HR Advisors follow up on new starts with the relevant manager, check probationary reviews are booked in and let them know what mandatory training has been completed and what still needs completed. This is communicated through the People Team check ins and the information is collated by OD onto a spreadsheet which the People Team have access to. HR will not accept the paperwork and sign off probationary period without full completion of required courses. **Fully Implemented**

Follow Up Reviews

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at September 2021
R4 Create and implement a programme of mandatory refresher training campaigns for all staff which is subject based (e.g. Health & Safety, Data Protection, Equality & Diversity) together with a process for monitoring and reporting completion rates for these campaigns.	3	New arrangements developed. These will be implemented from the start of academic year 2020/21.	Yes	Head of People and OD	31 August 2020	Implementation has been impacted due to COVID response and amended ways of working resulting in a delay in completion of initial training elements. **Revised Date of Completion:** 31 October 2021 *Partially Implemented*
R5 The new Development Review process should be formally documented (using the College's current process for documenting and reviewing policies/procedures) and a copy of this procedural document should be made available to all staff via the College's Portal.	3	Process documentation completed	Yes	Head of People and OD	31 January 2020	The Development Review Process has been documented, approved by the Vice Principal (People & Performance) and issued on 10 September 2020. *Fully Implemented*

Appendix II - Updated Action Plan
Internal Audit Report 2020/03 – IT Network Arrangements / IT Strategy

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at September 2021
R1 An overarching corporate information risk policy should be created and owned by the Board to help communicate and support risk management objectives, setting out the information risk management strategy for the organisation.	3	An information security policy has been in place since November 2019. The Information Security Strategy has been created and approval for this will be sought.	Yes	Head of ICT	31 May 2020	The Information Security Strategy was reviewed by the Policy Review Group and approved in October 2020. *Fully Implemented*

Follow Up Reviews

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at September 2021
R2 Develop a programme of information and cyber security training for staff and students to mitigate information security risks, covering: • the College's Information Security Strategy and associated IT security policies; • cyber security risks and strategies for defence, covering internet safety, mobile and home working, phishing, and prevention against malware. • an induction process for new staff (and where applicable contractors and third-party users); • regular refresher training on the security risks to the College; • supporting staff in information security roles to enrol on a recognised certification scheme; • monitoring the effectiveness of security training; and • promoting an incident reporting culture.	3	An online course that covers this detail is available and is currently optional. It is agreed that the course should now be mandatory with refresher training in high risk areas. This will be rolled out over the summer 2020.	Yes	Head of ICT	30 September 2020	This online course on Cyber Security has been introduced to the College's mandatory training hub. ***Fully Implemented***

Follow Up Reviews

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at September 2021
R3 Once training has been delivered (see **R2**) mechanisms should be developed and implemented to test the effectiveness and value of the security training provided to staff and students. This should be delivered through formal analysis of the section on information security within the Digital Skills Capability Assessment. Those areas of the College which routinely feature in security reports (or achieve the lowest feedback from information security questionnaires) should be targeted and prioritised for further training.	3	The effectiveness of cyber training is currently assessed through the Digital Skills Capability Assessment. We will continue to monitor this bi-annually. The next assessment will be carried out in May 2020.	Yes	Learning & Digital Resources Manager	30 June 2020	An updated Digital Skills Capability Assessment has been developed. This has been included in the Learn@D&A Induction, hosted on the Future Talent site and also forms part of the new suite of Getting Ready for College courses that will be offered to new students. A staff version is also being developed, again this will be included in the staff induction process and offered out to staff on an agreed development cycle. A College Development Network report was published on 31 August 2021 on the impact of the pandemic on the digital skills of staff working in Scotland's colleges. LDR and OD have met to review the findings and agree upon a new Digital Capabilities Self-Assessment for College staff based on this work. A draft academic and support staff assessment have been created and will be reviewed. Feedback will also be sought from the Digital Strategy Community Group at their October meeting.

Follow Up Reviews

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at September 2021
R3 **(Continued)**						It is intended that the assessment will be launched in November to all staff and a report published based on the findings in May 2022. **Revised Date of Completion:** 31 May 2022 ***Partially Implemented***
R4 Ensure that the Cyber Incident Management Plan is completed. Findings from the formal cyber-attack post-incident review should be considered to inform the development of the plan. Ensure that the plan is tested before being implemented in order to provide assurance that the plan can operate as intended.	**3**	A Cyber Incident response plan will be drafted and presented for approval to the Executive Team.	Yes	Head of ICT	31 May 2020	A Cyber Incident Report was produced detailing the series of events, findings and proposed recommendations from the investigation into the cyber-attack. This was presented to the Board of Management in March 2020.. ***Fully Implemented***

Follow Up Reviews

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at September 2021
R5 It is recommended that awareness of the risks arising from the use of removable media is re-enforced to staff and students through appropriate training material (see **R2**). This should then be followed up with the introduction of College wide requirement for all staff and students to use encrypted USBs only, leading to a restriction in the use of USBs enforced by policy (through whitelisting of devices and port restrictions) and to the ultimate full removal of the ability to use such devices.	3	There will be a two-step process for meeting this recommendation. • We will pull together a communication package around the risks of such devices and the different, secure alternatives that are available to staff • We will enforce encryption of USB devices on our network. Once this is complete, we will make an assessment on whether our business practices will allow complete removal of USB removable media devices.	Yes	Head of ICT	31 August 2020	Step 1: Technical set up complete to enable USB encryption and comms have gone out to staff making them aware of the changes. Step 2: - The College's Encryption Policy was updated in October 2020 and removable drive encryption forced on all new laptops and gradually being rolled out to all devices. ***Fully Implemented***
R6 It is recommended that an additional column is added to the Digital Strategy Action Plan to provide further details of progress to date against each action. The College should also consider a RAG (Red, Amber, Green) system to show progress.	3	The Digital Strategy action plan has been updated incorporating this recommendation.	Yes	Learning & Digital Resources Manager	30 April 2020	The Digital Strategy Action Plan has been updated to incorporate a RAG system to show progress. ***Fully Implemented***

Appendix III - Updated Action Plan
Internal Audit Report 2020/04 – Payroll and HR

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at September 2021
R1 The Payroll Procedural Notes should be updated to provide a comprehensive guide for any member of staff brought in to cover for the Payroll Officer or Payroll Assistant.	3	Agreed. Procedural Notes will be updated as soon as capacity is available.	Yes	Head of Finance	31 August 2020	Guidance notes were completed and tested on non-payroll staff. These will be subject to limited updating as the College progresses through the Payroll/HR iTrent integration project. ***Fully Implemented***

Appendix IV - Updated Action Plan
Internal Audit Report 2020/05 – Procurement and Creditors/Purchasing

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress at September 2021
R1 The next iteration of the procurement strategy and the procurement policy should make specific reference to the ways in which risks around modern slavery will be dealt with through the procurement arrangements	3	Agreed. The College currently publish a Modern Slavery statement but will ensure that future revisions of procurement documentation adequately addresses pertinent issues.	Yes	Head of Finance / Procurement Manager	30 November 2020	The current Procurement Policy and Strategy (last issue date 3 August 2021) both make reference to the modern slavery provisions. *Fully Implemented*
R2 In future the details of the supplier employee spoken to, and their job title, should be recorded to ensure that contact is made with the supplier and the bank account details corroborated before any standing payment details are entered or altered.	3	Agreed	Yes	Head of Finance	Immediate	Corroboration information is stored electronically. *Fully Implemented*

Appendix V - Updated Action Plan
Internal Audit Report 2020/06 – Follow Up Reviews 2019/20

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress Previously Reported	Progress at September 2021
Internal Audit Report 2018/05 – Cash and Bank							
R5 Ensure that the procedure referred to in R4 above incorporates a requirement to carry out a reconciliation between the Capita receipt sent back to the Sports Centre and the value of the cash collected and banked as recorded on the cash-up sheet, with any variances being appropriately investigated.	3	The new procedure will include reconciliation between the Capita receipt and the value of cash collected. Evidence of the reconciliation will be reviewed by the Head of Learning monthly. A further reconciliation with the financial system will be undertaken monthly in order to encapsulate all other forms of payment, such as Direct Debit.	Yes	Head of Learning, Sport & Fitness	30 June 2018	*September 2019:* Cash up procedure was developed by the agreed deadline to incorporate transfer of money between Gym reception and admin/finance. The procedure includes that once money has been banked a receipt would be stored in the appropriate space in the cash up folder located in reception. Reconciliations were performed by the Head of Learning, but this ceased 12 months ago. Moving forward, the reconciliations will now be completed by the Head of Sector, Care, Social Science and Sport.	There is no longer any cash income received. Payment is now taken by way of card or direct debit. For reconciliation purposes, the College plans to run reports from both the Sports Centre's Club Manager booking system and Pay360 regularly, to be completed and recorded by the Finance Team Leader and the Sports Manager. *No Longer Relevant*

Follow Up Reviews

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress Previously Reported	Progress at September 2021
Internal Audit Report 2018/05 – Cash and Bank							
R5 **(Continued)**						***August 2020:*** Copies of reconciliations were received from the Head of Sector, prepared up until 12 January 2020. No reconciliations have been prepared since that point due to the Cyber-attack and COVID-19. The gym has been closed since mid-March 2020. The College had a target to go cashless by June 2020, which has been impacted by the pandemic. All but one of the 11 reconciliations (Daily Cash Up Sheets) provided showed evidence of checking by the Head of Sector of cash received to the Club Manager sales report, and investigation of variances, although the 'Banked' column of the Daily Cash Up Sheets was not completed after early October 2019 and the Capita receipt was not always attached.	

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress Previously Reported	Progress at September 2021
Internal Audit Report 2018/05 – Cash and Bank							
R5 **(Continued)**						*August 2020 (continued):* For 12 individual days selected from the Daily Cash Up Sheets, Capita receipts were not attached in four instances. For four out of the 12 days selected the amount banked was higher than the Club Manager report although an explanation was only provided in one instance. *Partially Implemented* **Revised completion date:** TBC	

Follow Up Reviews

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress Previously Reported	Progress at September 2021
Internal Audit Report 2018/05 – Cash and Bank							
R6 Ensure that all cash received at the Sports Centre for the previous 7 days (Monday to Sunday) is recorded on the new cash sheet in the "Banked" column and taken to the Gardyne Courier Collection point for banking on the next available working day.	3	The supervisor will ensure that cash is banked every 7 days. Evidence of this will be reviewed by the Head of Learning monthly.	Yes	Head of Learning, Sport & Fitness	30 June 2018	*September 2019:* Procedure includes banking to be carried out weekly. On a daily basis the cash is handed to administrative staff who bank this weekly as per the recommendation. Evidence this procedure was being followed was reviewed monthly by the Head of Learning, but this ceased around 12 months ago. Moving forward, this monthly review will now be completed by the Head of Sector, Care, Social Science and Sport. *August 2020:* As noted above, the 'Banked' column of the Daily Cash Up Sheets was not completed after early October 2019 and the Capita receipt was not always attached. There was however evidence of cash being passed regularly (usually daily) to administrative staff at the Gardyne Campus for banking. *Partially Implemented* **Revised completion date:** TBC	There is no longer any cash income received. Payment is now taken by way of card or direct debit. *No Longer Relevant*

Original Recommendation	Priority	Management Response	Agreed	To Be Actioned By	No Later Than	Progress Previously Reported	Progress at September 2021
Internal Audit Report 2019/05 – Duty of Care							
R3 A report should be submitted to the Board of Management (via the Human Resource and Development Committee) on an annual basis which provides an update on any changes to Safeguarding, Corporate Parenting and Prevent legislation / guidance and the College's response(s) to these changes. The report should also provide updates on the staff training and ongoing initiatives in these areas together with the progress being made since the last Corporate Parenting Plan was published.	**3**	Agreed.	Yes	Vice Principal (People & Performance)	30 November 2020 **Revised:** 30 September 2020	***August 2020:*** Recommendation considered at Audit and Risk Committee on 26 November 2019 and action revised as actions are incorporated into statutory updating of Corporate Parent plan. Discussion of need for specific reporting on uptake of mandatory training element to be held with HR&D Committee September 2020 (timing impacted by Cyber-attack and COVID 19 issues). ***Partially Implemented*** **Revised completion date:** 30 September 2020	The HR&D Committee agreed that this information be incorporated within the reporting on mandatory training provided at each meeting. This is incorporated within the HR metrics provided. ***Fully Implemented***

Henderson Loggie

BOARD OF MANAGEMENT

Audit & Risk Committee

Tuesday 21 September 2021

Internal Audit -

Follow-Up Summary   PAPER E

BOARD OF MANAGEMENT

Audit & Risk Committee
Tuesday 21 September 2021
Internal Audit Outstanding Actions Follow-up Summary

Paper for information

1. **Introduction**

   This report provides an update on the Internal Audit actions that are not yet closed off. These include a combination of actions:
   - that are not yet due to be completed or;
   - where the originally anticipated deadline has passed or;
   - that are partially completed.

   The report also includes other related updates.

2. **Recommendations**

   Members are asked to note the progress highlighted in Appendix 1 and 2.

3. **Background**

   The following provides a summary of the progress of actions since the May 2021 meeting.

Audit Area	Report Grades	Number of Actions Outstanding (& Priority Grades)		
		1	2	3
Student Engagement/Students' Association	Good	-	-	1
IT Network Arrangement / IT Strategy	Satisfactory	-	-	1 1
Finance – Budgetary Control	Satisfactory	-	-	1 1
Economic Recovery	Good	-	-	1
	Total	-	-	6

- 🟩 Complete or on target to complete
- 🟧 Behind schedule by < 3 months from original deadline
- 🟥 Behind schedule by > 3 months, or in danger of not being delivered

Of the 6 outstanding actions, since the last Audit & Risk Committee, good progress has been made:
- 3 are Complete
- 1 is On Track *
- 1 will be Behind Schedule < 3 months
- 1 is Complete (students), Behind Schedule (staff)

The outstanding actions with the respective progress updates are detailed in the appendix below.

4. Cyber Incident

The following provides a summary of the progress on the recommendations from the Cyber Incident that affected the college in January 2020.

Due to the sensitivity of the report the progress will be reported as a separate Appendix. The report should continue to be treated as sensitive and confidential and not be shared wider.

Since the May Committee, there were 1 (of 12) outstanding recommendations which are all now complete, with one being followed up as part of the Finance & Property Committee updates. This is excellent progress and demonstrates the drive and commitment from Andy Ross and his team to aim to minimise the opportunities for future effective cyber-attacks.

Complete or on target to complete within original deadline

5. Catering Business Process Review Update

At the November 2019 Audit & Risk Committee it was agreed that a regular update on progress of the Catering Business Process Review would be welcomed. It is pleasing to report that progressing the Business Process Review has restarted with particular focus on:
- Food Poverty & Healthy Eating
  Food prices have been reviewed and the priority for any food subsidy are included within the healthy choices; soups, sandwiches, fruit, salad bar, baked potatoes and healthy hot meals.
  There will be a healthy and tasty special deal every day.
- Student Food Preparation Area
  Each campus now has a student food preparation area which includes access to free hot water and microwave facilities
- Student Induction
  Students groups will be booked into the catering outlets, to meet the staff and to encourage students to become regular customers.
- Branding
  A review of branding has been completed:

"Eat" represents the traditional canteen outlets
"Deli" represents the outlet we have in Gardyne
"Taste" represents the hospitality and professional cookery outlets
New signage is due to be installed in the next few weeks.

- Climate Emergency
  6 Kickstart Climate Emergency Officers are being recruited to support the campus-wide recycling initiatives, initially focused on engaging with students and staff on recycling within the catering outlets.
  The Student Association are planning on asking our new students to make a recycling video.
- Customer Service Refresher
  All Eat/Deli catering staff have undergone refresher customer service training.
- Working Together
  Food produced by the catering and professional cookery students, where not sold in the "Teste" outlets will sold/advertised from the student catering outlets.
- Opening Times
  Following feedback from students opening hours have been reviewed and extended.

6. Fraud Initiative Update

Our second biannual (every 2 years) data-matching exercise was reported to the March 2021 Committee. No further actions were required.

There have been no further workshops on the delivery of the revised Fraud, Bribery and Corruption policy. These will be scheduled for later in the year.

7. Link to Strategic Risk Register

Consideration of the outstanding actions is intended to provide Members with reassurance that actions for improvement are being progressed and addressed.

Progressing these Internal Audit outstanding actions will support the mitigation of a range of risks identified within the Strategic Risk Register namely;
2.2 – failure to achieve institutional sustainability
2.4 – financial fraud
3.1 – failure to reach aspirational standards in learning, teaching and service delivery
3.2 – failure to achieve/maintain compliance arrangements
3.3 – serious accident, incident or civil/criminal breach, legal action
3.4 – loss of reputation with key stakeholders
3.7 – breach of data security/data protection
3.8 – failure to meet Prevent and related obligations
3.8 – arrangements do not minimise risk associated with Modern Slavery
4.4 – failure to support effective data security/data protection

Author & Executive Sponsor: Jaki Carnegie, Vice Principal – Corporate Services

Outstanding Action Update   Appendix 1

Year	Audit Area Report Title	Priority Action Grade	Report Grade	Action	Responsible Officer	Deadline	Progress (as at September 2021)
2019/07	R1 - Student Engagement / Students' Association	3	Satisfactory	A formal Learner Engagement Strategy should be developed which contains aims and objectives which are clearly linked to the College's Regional Outcome Agreement and to the College's partnership agreement with the Students' Association; identifies and priorities learner engagement activity; and identifies actions which focus specifically on how the Strategy will be implemented in practice.	Learner Engagement Manager	~~Jun-20~~ ~~Dec-20~~ Aug-21	Complete Revised strategy finalised and published June 2021.
2020/03	R3 - Network Arrangements / IT Strategy	3	Satisfactory	Once training has been delivered (see R2) mechanisms should be developed and implemented to test the effectiveness and value of the security training provided to staff and students. This should be delivered through formal analysis of the section on information security within the Digital Skills Capability Assessment. Those areas of the College which	Learning & Digital Resource Manager	~~Jun-20~~ ~~Jun-21~~ Sept-21 *new Jun-22	Part Complete Completed - **Student** The updated student Digital Skills Capability Assessment has been developed and is live. This has been included in the Learn@D&A Induction, hosted on the Future Talent site and also forms part of the new suite of Getting Ready for College

Year	Audit Area Report Title	Priority Action Grade	Report Grade	Action	Responsible Officer	Deadline	Progress (as at September 2021)
				routinely feature in security reports (or achieve the lowest feedback from information security questionnaires) should be targeted and prioritised for further training.			courses that will be offered to new students. Behind Schedule - **Staff** The College will be using the CDN sector-wide digital skills capability tool project with D&A being a pilot participant. The staff version is under development, and will be included in the staff induction process and offered out to staff on an agreed development cycle. The CDN final report has been published and tool is due to be published in September 2021. Thereafter D&A will plan our launch in November 2021 and report in May 2022.
2020/03	R5 – Network Arrangements / IT Strategy	3	Satisfactory	It is recommended that awareness of the risks arising from the use of removable media is re-enforced to staff and students through appropriate training material (see R2). This should then be	Head of ICT	Aug-20	Complete Technical set up complete to enable USB encrpytion and comms have gone out to staff making them aware of the changes.

Year	Audit Area Report Title	Priority Action Grade	Report Grade	Action	Responsible Officer	Deadline	Progress (as at September 2021)
				followed up with the introduction of College wide requirement for all staff and students to use encrypted USBs only, leading to a restriction in the use of USBs enforced by policy (through whitelisting of devices and port restrictions) and to the ultimate full removal of the ability to use such devices.		Aug-21	2nd stage has been implemented in summer 2021. Encryption policy updated and removable drive encryption forced on all new laptops and gradually being rolled out to all devices.
2021/05	R1 – Budgetary Control	3	Satisfactory	The draft Financial Regulations and Budget Guidance for Budget Holders, provided in October 2019, should be updated to reflect current working practices and should be version controlled to confirm that management have approved the regulations in line with the agreed review timetable. The Budget Guidance for Budget Holders should also be amended to provide additional description around the management of significant variances, and to provide further guidance on what the College defines as a significant	VP Corporate Services / Head of Finance	Aug-21	Complete Financial Regulations & Budget Guidance have been updated. Financial Regulations being presented to September's Finance & Property Committee for approval. Budget guidance being presented to Budget Holders over the next few weeks.

Year	Audit Area Report Title	Priority Action Grade	Report Grade	Action	Responsible Officer	Deadline	Progress (as at September 2021)
				variance (in absolute or percentage terms).			
2021/05	R2 – Budgetary Control	3	Satisfactory	The recurring meetings between the relevant Management Accountant and budget holders should be reinstated and a formal meeting schedule should be established.	Head of Finance / Senior Management Accountant	~~Sept-21~~ Oct-21	Behind schedule Upon reflection this was overly optimistic given current pressures on both finance and budget holders at start of term. This will be moved back one month.
2021/06	R1 – Economic Recovery	3	Good	Consideration should be given to the development of a standard reporting format which will capture the status of each of the strands of the economic growth and recovery initiatives ongoing within the College and will allow these various initiatives to be tracked through implementation to ongoing delivery and achievement of anticipated outcomes and outputs.	Individual Project Leads	Oct-21	On Track * The various projects and initiatives are quite diverse with some requiring reporting determined by the funder i.e. SFC require reports on FWDF and NTTF/YPG and they provide the templates. Other projects such as the Advanced Manufacturing Centre is a capital build project whereas the SMEs skills development project involves engagement by business advisors with businesses and training providers. It may be potentially challenging to find a one-size-fits-all reporting template

SENSITIVE AND CONFIDENTIAL: NOT TO BE SHARED WIDER

Recommendation	Technical Detail/Progress Update	Deadline	Progress (as at September 2021)
6. Limit PowerShell execution plus capture PowerShell logs on managed systems and send event logs to central Security Information and Event Management (SIEM).	We are investigating the introduction of a SIEM (Security Information and Event Management) solution. This will allow the College to identify more easily when there are potential issues on the network and allow the ICT team to be more proactive in the face of threats.	~~Mar 21~~ Oct 21	Complete Managed SIEM service procured and now live and being delivered by JISC.

BOARD OF MANAGEMENT

Audit & Risk Committee

Tuesday 21 September 2021

Strategic & COVID Risk Registers   **PAPER F**

BOARD OF MANAGEMENT
Audit and Risk Committee
Tuesday 21 September 2021

Strategic Risk Register Update

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Paper for approval

1. Strategic and COVID Risk Registers

A copy of the September 2021 draft Strategic Risk Register and COVID 19 Risk Register are enclosed.   These have been raised with the Senior Leadership Team and through the Board Committee arrangements and the following amendments have been made.

Strategic Risk Register

A new risk (Risk 1.5) has been added to reflect potential change arising from major national reviews of the operation of the Scottish Funding Council, Scottish Qualifications Authority and Education Scotland.

Risk 4.2 has been updated to cover the Digital Strategy rather than ICT strategy. No change to the scoring of this risk has been made.

Covid 19 Risk Register

A new risk (Risk 1.6) has been added to reflect the need for College post pandemic curriculum and services to meet the needs of the D&A Region and/or national priorities on economic and social recovery.

A new risk (Risk 3.12) has been added to reflect the need for College post pandemic operations and ways of working to change to reflect changes in technology, expectations and delivery.

The post mitigation impact and likelihood associated with Risk 3.1 has been reduced as a result of the continued availability of the SQA 'Decision Tree' mitigations for assessment and outcomes throughout session 2021/2022. These arrangements will allow a move to assessment on a course aims basis if required by COVID 19 impacts on learning, teaching and assessment.

The post mitigation likelihood associated with Risk 3.4 has been reduced as a result of knowledge and experience gained through the management of COVID 19 mitigations and safety requirements throughout session 2020/21.

The post mitigation impact and likelihood associated with Risk 3.11 has been reduced as a result of knowledge and experience gained through the management of COVID 19 mitigations and safety requirements throughout session 2020/21 and as a result of the on-going vaccination programme.

This reduction was further reviewed following discussion at Learning, Teaching and Quality Committee on the potential risks associated with increased staff absence post-pandemic but no changes were made. A plan is in place to support the return to on-line learning and movement down the SQA 'Decision Tree' should circumstances require this. The mitigations and scoring of this risk will remain under review and may be subject to change as the year progresses.

2. Brexit Risk

Whilst no change has been made to the Strategic Risk Register, members of the Committee may wish to note that review is continuing in respect of the impact of the UK leaving the EU. This work includes consideration of the impact that current availability and pricing are having on some materials necessary for curriculum delivery…This work continues to be supported by on-going input from the Scottish Funding Council who maintain a 'live' summary of key Brexit related issues and impacts.

3. Scenario Planning

Members of the Committee will be aware that the extensive work developed by the College to support and inform sector wide scenario planning around deferred student numbers for session 2021/2022. This work resulted in confirmation of significant additional funding to support deferrals in 2021/2022 alongside the continuation of adapted assessment arrangements and other flexibilities for colleges and students.

Activity at a national level is focused on the continuation of this work, and particularly to inform planning in respect of the timescales around any return to 'normal business'

4. Approvals

In respect of the above information approval for the following actions is sought.

- Approval of the Strategic and additional COVID Risk Registers

Author and Executive Sponsor: Steve Taylor, Vice Principal People and Performance

STRATEGIC RISK REGISTER

2021 - 2022

As at September 2021

Post Holders						Score	Impact	Likelihood
	ELT	Executive Leadership Team	Prin	Principal		1	Routine	Remote
	SLT	Senior Leadership Team	DirC&A	Directors of Curriculum & Attainment		2	Minor	Unlikely
	Board	Board of Management	HoICT	Head of ICT		3	Significant	Possible
	VPP&P	Vice Principal People & Performance	HoE	Head of Estates		4	Major	Probable
	VPCS	Vice Principal Corporate Services	Chair	Chair of the Board of Management		5	Critical	Very Likely
	VPCA	Vice Principal Curriculum & Attainment						

Risk Number & Committee	Risks	Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring	Lead Responsibility
	POTENTIAL CONTRIBUTING FACTORS				**TREATMENT**				**POST MITIGATION EVALUATION**	
1 Strategic and Structural										
1.1 LT&Q	Failure of College strategy to meet the needs of the D&A Region and/or national priorities (eg Employability, DYW, attainment, articulation)	4	4	16	• Robust strategic planning • Effective environmental scanning • Strong partnerships • Clear links between strategy and practice • Concerted demands for increased activity levels	4	1	4	• Robust monitoring via ROA • Clear performance metrics • Amendment of strategic direction/ plans • Rolling curriculum review	Prin & Chair
1.2 Board	College may be disadvantaged by changes to either UK or Scottish Government policies	4	3	12	• Effective environmental scanning • Negotiation/influence at national level	4	2	8	• Review of changes and amendment of strategic direction/plans • Financial strategy sensitivities	Prin & Chair
1.3 Board	College disadvantaged by changes arising from UK leaving European Union	5	4	20	• Negotiation/influence at national level • Review of activities/ projects • Responsiveness to new opportunities	5	3	15	• Review of changes and amendment of strategic direction/plans/ curriculum • Financial strategy • Workforce planning • International strategy & planning • Post Brexit planning	Prin

Key to Risk Estimation/Score based on scale of 1 – 5 for impact/likelihood: Green (1-8) = Minor Risk; Amber (9-15) = Significant Risk; Red (16-20) = Major Risk; Purple, (>21 - 25) = Fundamental Risk

Post Holders	ELT	Executive Leadership Team	Prin	Principal		Score	Impact	Likelihood
	SLT	Senior Leadership Team	DirC&A	Directors of Curriculum & Attainment		1	Routine	Remote
	Board	Board of Management	HoICT	Head of ICT		2	Minor	Unlikely
	VPP&P	Vice Principal People & Performance	HoE	Head of Estates		3	Significant	Possible
	VPCS	Vice Principal Corporate Services	Chair	Chair of the Board of Management		4	Major	Probable
	VPCA	Vice Principal Curriculum & Attainment				5	Critical	Very Likely

Risk Number & Committee	Risks	Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring	Lead Responsibility
	POTENTIAL CONTRIBUTING FACTORS				**TREATMENT**				**POST MITIGATION EVALUATION**	
1	**Strategic and Structural**									
1.4 Board	Difficulties or over commitment arising within large scale/national College led initiatives or projects impact negatively on: - Ability of the College to meet key regional strategies/objectives - Financial loss or unmanageable financial risk - Reputational loss	4	3	12	- Effective project/activity management in place - Clear governance structures - Project/initiative finances clearly incorporated within College financial strategy and plans - End of project and exit/contingency planning	3	2	6	- Regular project updates at Executive/Board level - Monitoring of project activities, plans and outcomes - Clear project Management arrangements in place - Budget reporting and management	Principal, VPC&A
1.5 Board	College disadvantaged as a result of changes arising from major national educational body reviews: SFC, SQA, EdS **New Risk given significant current reviews**	4	4	16	- Negotiation/influence at national level - Review of activities/ projects and response to new opportunities	4	1	4	- Robust monitoring via ROA - Amendment of strategic direction/ plans - Rolling curriculum review	Prin

Key to Risk Estimation/Score based on scale of 1 – 5 for impact/likelihood: Green (1-8) = Minor Risk; Amber (9-15) = Significant Risk; Red (16-20) = Major Risk; Purple, (>21 - 25) = Fundamental Risk

Post Holders				
ELT	Executive Leadership Team	Prin	Principal	
SLT	Senior Leadership Team	DirC&A	Directors of Curriculum & Attainment	
Board	Board of Management	HoICT	Head of ICT	
VPP&P	Vice Principal People & Performance	HoE	Head of Estates	
VPCS	Vice Principal Corporate Services	Chair	Chair of the Board of Management	
VPCA	Vice Principal Curriculum & Attainment			

Score	Impact	Likelihood
1	Routine	Remote
2	Minor	Unlikely
3	Significant	Possible
4	Major	Probable
5	Critical	Very Likely

Risk Number & Committee	Risks	Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring	Responsibility
	POTENTIAL CONTRIBUTING FACTORS				**TREATMENT**				**POST MITIGATION EVALUATION**	
2 Financial										
2.1 F&P	Change in SFC Funding Methodology and Allocation – Reduction in Funding	3	3	9	• Negotiation/influence at national level • Contingency plans for reduced funding	2	3	6	• Advance modelling of new funding methodologies and allocations • Monitoring impact of changes • Amendment of strategic or operational direction/plans • Financial strategy sensitivities	VPCS
2.2 F&P	Failure to achieve institutional sustainability	5	4	20	• Protection of funding through dialogue with SFC • Robust annual budget-setting and multi-year financial strategic planning • Effective budgetary control • Where required, swift action to implement savings	4	3	12	• Monthly monitoring of budgets • Regular review of financial strategy and non-core income sensitivity • Detailed monitoring of savings programmes	VPCS
2.3 F&P	National outcomes on salaries and conditions of service outstrip ability to pay	4	4	16	• Influence within Employers Association • Management of staffing expenditures	4	3	12	• Expenditure modelling • On-going discussions with staff • Financial strategy sensitivities • Workforce planning	VPP&P, VPCS

Key to Risk Estimation/Score based on scale of 1 – 5 for impact/likelihood: Green (1-8) = Minor Risk; Amber (9-15) = Significant Risk; Red (16-20) = Major Risk; Purple, (>21 - 25) = Fundamental Risk

Post Holders							Score	Impact	Likelihood
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Risk Number & Committee	Risks	Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring	Lead Responsibility
	POTENTIAL CONTRIBUTING FACTORS				**TREATMENT**				**POST MITIGATION EVALUATION**	
2 Financial (cont)										
2.4 **A&R**	Financial Fraud	4	3	12	• Strong financial controls: segregation of duties and review of transactions. • Review of impact of any changes in structure or duties • Whistleblowing arrangements	3	2	6	• Continuous review of financial controls • Internal Audit programme	VPCS
2.5 **F&P**	D&A Foundation refuses/withholds funding for key College priorities	5	3	15	• On-going dialogue with Foundation Trustees • Appropriate bid arrangements in place	3	2	6	• Monitor and advise Board of Management	Prin & VPCS
2.6 **F&P**	Demands of capital developments / maintenance impacts on financial sustainability or delivery of learning and/or services	3	2	6	• Multi-year estates strategy and capital planning • Lobbying of SFC on capital and backlog maintenance funding • Planning for D&A Foundation bids	2	2	4	• Monitoring of capital plans and expenditures • Regular review of capital plans/timescales relative to funds	VPCS

Key to Risk Estimation/Score based on scale of 1 – 5 for impact/likelihood: Green (1-8) = Minor Risk; Amber (9-15) = Significant Risk; Red (16-20) = Major Risk; Purple, (>21 - 25) = Fundamental Risk

Post Holders							Score	Impact	Likelihood
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Risk Number & Committee	Risks	Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring	Lead Responsibility
	POTENTIAL CONTRIBUTING FACTORS				**TREATMENT**				**POST MITIGATION EVALUATION**	
3 **People and Performance**										
3.1 **LT&Q**	Failure to reach aspirational standards in learning, teaching and service delivery	4	3	12	• Clear quality arrangements and priority actions • Continuous self-evaluation and action planning • Rigorous CPD arrangements in place • Regular classroom observation and learner feedback arrangements	3	2	6	• Comprehensive monitoring of key PIs and student/staff feedback • Regular Stop and Review events • External review and validation findings	VPC&A, VPP&P, DirC&A
3.2 **LT&Q**	Failure to achieve/maintain compliance arrangements, e.g. contracts; awarding bodies; audit.	4	3	12	• Robust strategic planning and monitoring • Effective environmental scanning • Strong partnerships • Clear links between strategy and practice • Concerted demands for increased activity levels	2	2	4	• Effective internal monitoring/review/verification arrangements • External review findings	VPP&P, VPC&A
3.3 **A&R**	Legal actions; serious accident; incident or civil/criminal breach	4	5	20	• Adherence to legislative and good practice requirements • Positive Union relations and staff communication • Effective management development programmes	3	2	6	• Monitoring and reporting in key areas – eg H&S, equalities, employee engagement • Continuous professional development • Internal audit programme • Staff surveys	Prin, VPP&P, VPCS, HoE

Key to Risk Estimation/Score based on scale of 1 – 5 for impact/likelihood: Green (1-8) = Minor Risk; Amber (9-15) = Significant Risk; Red (16-20) = Major Risk; Purple, (>21 - 25) = Fundamental Risk

Post Holders						Score	Impact	Likelihood
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Risk Number & Committee	Risks	Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring	Lead Responsibility
	POTENTIAL CONTRIBUTING FACTORS				**TREATMENT**	**POST MITIGATION EVALUATION**				
3 People and Performance (cont.)										
3.4 **HR&D**	Failure to meet the aspirational standards in respect of the health, safety, wellbeing and development of staff and students	3	4	12	• Clear and proactive approaches to managing and promoting health, safety and wellbeing • Continuous self-evaluation and action planning • Rigorous CPD arrangements in place • Regular staff and learner feedback arrangements	3	2	6	• Regular employee engagement monitoring • Open communication with staff • Comprehensive monitoring of key PIs and student/staff feedback • Regular union/management dialogue	VPP&P, VPCS
3.5 **Board**	Reputational Risk – Loss of reputation with key stakeholders	4	3	12	• Marketing strategy • Reputation plan • Positive marketing approaches	4	2	8	• Stakeholder engagement • Social media monitoring arrangements	VPC&A, DirC&A
3.6 **HRD**	National bargaining outcomes impact adversely on College operations, activity and flexibility	4	4	16	• Influence within Employers Association • Management of bargaining outcomes and implementation	4	3	12	• Positive union relations and staff communication • On-going discussions with staff • Innovation in approaches	VPP&P, VPC&A

Key to Risk Estimation/Score based on scale of 1 – 5 for impact/likelihood: Green (1-8) = Minor Risk; Amber (9-15) = Significant Risk; Red (16-20) = Major Risk; Purple, (>21 - 25) = Fundamental Risk

Post Holders								Score	Impact	Likelihood
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	VPCA	Vice Principal Curriculum & Attainment								

Risk Number & Committee	Risks	Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring	Lead Responsibility
			POTENTIAL CONTRIBUTING FACTORS		TREATMENT			POST MITIGATION EVALUATION		
3	**People and Performance (cont.)**									
3.7 **HRD**	Industrial Relations Problems (including industrial action)	4	5	20	• Adherence to legislative and good practice requirements • Positive Union relations and staff communication • Effective management development programmes • Industrial action continuity planning	4	2	8	• Regular union/management dialogue • Regular employee engagement monitoring • Open communication with staff • Industrial action continuity planning	VPP&P
3.8 **A&R**	Breach of data security / data protection	5	4	20	• Effective management of GDPR compliance • Mandatory staff CPD and awareness raising on data protection (relative to role)	4	2	8	• Active data protection monitoring and auditing • Effective information and data security policies in operation • Regular data security monitoring/testing • GDPR Action Plan • Staff CPD	VPC&A, HoICT
3.9 **HRD**	Failure to meet Prevent and related obligations	5	3	15	• Prevent training • Staff awareness and contingency planning • Engagement/practice sharing with local agencies	5	1	5	• Business Continuity Plan including scenario testing • Information sharing with local agencies	VPC&A, VPP&P

Key to Risk Estimation/Score based on scale of 1 – 5 for impact/likelihood: Green (1-8) = Minor Risk; Amber (9-15) = Significant Risk; Red (16-20) = Major Risk; Purple, (>21 - 25) = Fundamental Risk

Post Holders					Score	Impact	Likelihood
	ELT	Executive Leadership Team	Prin	Principal	1	Routine	Remote
	SLT	Senior Leadership Team	DirC&A	Directors of Curriculum & Attainment	2	Minor	Unlikely
	Board	Board of Management	HoICT	Head of ICT	3	Significant	Possible
	VPP&P	Vice Principal People & Performance	HoE	Head of Estates	4	Major	Probable
	VPCS	Vice Principal Corporate Services	Chair	Chair of the Board of Management	5	Critical	Very Likely
	VPCA	Vice Principal Curriculum & Attainment					

Risk Number & Committee	Risks	Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring	Lead Responsibility
		POTENTIAL CONTRIBUTING FACTORS			**TREATMENT**				**POST MITIGATION EVALUATION**	
3	**People and Performance (cont.)**									
3.10 HRD	College arrangements do not minimise risk associated with Modern Slavery	4	3	12	• Clear and compliant procurement arrangements and procedures • Staff identity checking arrangements and use of PVG.	4	1	4	• Annual procurement monitoring/reporting • Regular employee engagement monitoring • Open communication with staff	VPC&A, VPP&P

Key to Risk Estimation/Score based on scale of 1 – 5 for impact/likelihood: Green (1-8) = Minor Risk; Amber (9-15) = Significant Risk; Red (16-20) = Major Risk; Purple, (>21 - 25) = Fundamental Risk

Post Holders	ELT	Executive Leadership Team	Prin	Principal			Score	Impact	Likelihood
	SLT	Senior Leadership Team	DirC&A	Directors of Curriculum & Attainment			1	Routine	Remote
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	VPCA	Vice Principal Curriculum & Attainment					5	Critical	Very Likely

Risk Number & Committee	Risks	Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring	Responsibility
	POTENTIAL CONTRIBUTING FACTORS				**TREATMENT**				**POST MITIGATION EVALUATION**	
4 **Infrastructure**										
4.1 **A&R**	Disasters – eg Fire, MIS Failure, Failure of Emergency Procedures	5	4	20	• Sound systems of administration • Clear fire and disaster recovery arrangements • Staff CPD	5	1	5	• Business Continuity Plan including scenario testing	Prin & VPCS
4.2 **F&P**	Failure to achieve ambitions of Digital strategy; strategy and development is ineffective **NB ICT Strategy updated to Digital Strategy**	4	3	12	• Planning, careful phasing of changes to processes and systems • Effective management of ICT arrangements • Clear investment plan	4	2	8	• Regular review/reporting on milestones, systems effectiveness etc • Regular CPD	VPC&A, HoICT
4.3 **A&R**	Breach of ICT/Cyber security	4	3	12	• Effective management of ICT arrangements • Active ICT/data security monitoring and cyber security policy	4	2	8	• Staff CPD on cyber security issues • Regular security monitoring/testing • Cyber resilience plan	VPC&A, HoICT
4.4 **A&R**	ICT infrastructure fails to support effective data security / data protection	5	3	15	• Effective infrastructure and systems design and implementation • Effective management of ICT arrangements and GDPR compliance	4	2	8	• Active data protection monitoring and auditing • Effective information and data security policies in operation • Regular data security monitoring/testing	VPC&A, HoICT

Key to Risk Estimation/Score based on scale of 1 – 5 for impact/likelihood: Green (1-8) = Minor Risk; Amber (9-15) = Significant Risk; Red (16-20) = Major Risk; Purple, (>21 - 25) = Fundamental Risk

STRATEGIC RISK REGISTER
COVID 19 SPECIFIC MITIGATIONS

2021 - 2022
As at September 2021

Post Holders						Score	Impact	Likelihood
	ELT	Executive Leadership Team	Prin	Principal		1	Routine	Remote
	SLT	Senior Leadership Team	DirC&A	Directors of Curriculum & Attainment		2	Minor	Unlikely
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	VPCA	Vice Principal Curriculum & Attainment						

Risk Number & Committee	Risks	Impact	Likelihood	Score	Additional COVID 19 Mitigation Actions	Impact	Likelihood	Score	Additional COVID 19 Monitoring	Lead Responsibility
	POTENTIAL CONTRIBUTING FACTORS				**TREATMENT**				**POST MITIGATION EVALUATION**	
1	**Strategic and Structural**									
1.1 **LT&Q**	Failure of College strategy to meet the needs of the D&A Region and/or national priorities (eg Employability, DYW, attainment, articulation)	4	4	16	• Regular strategic analysis and assessment of need for change • Strong engagement with government and key partners – influencing national priorities • Clear prioritisation of activities • Focus on core business	4	3	12	• Regular monitoring of recruitment, retention, ROA Outcomes and key strategic needs by SLT and reporting to Chairs • Amendment of strategic direction/ plans • Rolling curriculum, activity and priority review and implementation of new approaches/services where needed • Engagement with government and other partners	Prin & Chair
1.4 **Board**	Difficulties or over commitment arising within large scale/national College led initiatives or projects impact negatively on: • Ability of the College to meet key regional strategies/objectives • Financial loss or unmanageable financial risk • Reputational loss	4	3	12	• Clear prioritisation of activities • Effective project/activity management in place • Strong engagement with partners/funders • Clear governance structures • Project/initiative finances clearly understood and reviewed regularly • Project cessation, pausing or contingency planning in place	4	2	8	• Regular project updates at Executive/Board level • Monitoring of project activities, plans and outcomes • Budget reporting and management	Principal, VPC&A

Key to Risk Estimation/Score based on scale of 1 – 5 for impact/likelihood: Green (1-8) = Minor Risk; Amber (9-15) = Significant Risk; Red (16-20) = Major Risk; Purple, (>21 - 25) = Fundamental Risk

Post Holders							Score	Impact	Likelihood
	ELT	Executive Leadership Team		Prin	Principal		1	Routine	Remote
	SLT	Senior Leadership Team		DirC&A	Directors of Curriculum & Attainment		2	Minor	Unlikely
	Board	Board of Management		HoICT	Head of ICT		3	Significant	Possible
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Risk Number & Committee	Risks	Impact	Likelihood	Score	Additional COVID 19 Mitigation Actions	Impact	Likelihood	Score	Additional COVID 19 Monitoring	Lead Responsibility
	POTENTIAL CONTRIBUTING FACTORS				**TREATMENT**	**POST MITIGATION EVALUATION**				
1 **Strategic and Structural**										
1.6 **Board**	Post pandemic planning fails to meet the needs of the D&A Region and/or national priorities on economic and social recovery **New risk to reflect post-pandemic requirements**	4	3	12	• Regular strategic analysis and assessment of need for change • Strong engagement with government and key partners – influencing national priorities • Clear prioritisation of activities • Focus on core business • Revised economic and social recovery activities	3	2	6	• Regular monitoring of new/updated activities and outcomes • Amendment of strategic direction/ plans • Rolling curriculum, activity and priority review and implementation of new approaches/services where needed • Engagement with government and other partners • Employer and Community engagement	Prin

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Post Holders							Score	Impact	Likelihood
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Risk Number & Committee	POTENTIAL CONTRIBUTING FACTORS				TREATMENT				POST MITIGATION EVALUATION		Responsibility
	Risks	Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring		
2 Financial											
2.2 **F&P**	Failure to achieve institutional sustainability	5	4	20	• Protection of funding through dialogue with government, SFC and other funders • Robust and effective budgetary control • Where required, swift action to implement savings • Increased focus on cash position	4	2	8	• Monthly monitoring of budgets • Engagement with government and other partners • Detailed monitoring of income optimisation and savings programmes		VPCS
2.4 **A&R**	Financial Fraud	4	3	12	• Revised financial controls: segregation of duties and review of transactions. • Review of impact of changes in ways of working, authorisation arrangements • Whistleblowing arrangements	3	2	6	• Continuous review of financial controls and revised arrangements		VPCS

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Post Holders	ELT	Executive Leadership Team	Prin	Principal		Score	Impact	Likelihood
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Risk Number & Committee	Risks	Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring	Lead Responsibility
	POTENTIAL CONTRIBUTING FACTORS				**TREATMENT**				**POST MITIGATION EVALUATION**	
3 **People and Performance**										
3.1 LT&Q	Failure to reach aspirational standards in learning, teaching and service delivery **Post mitigation risk amended to reflect changed position re learner outcomes and holistic assessment arrangements.**	4	3	12	• Clear input and engagement with revised quality arrangements and priority actions • Rigorous CPD arrangements in place to support new ways of working • Regular learner feedback and engagement arrangements	3	2	6	• Comprehensive monitoring of engagement of learners in learning (where possible) • Engagement with revised quality arrangements • Outcome monitoring	VPC&A, VPP&P, DirC&A
3.2 LT&Q	Failure to achieve/maintain compliance arrangements, e.g. contracts; awarding bodies; audit.	4	3	12	• Engagement and communication strategy with compliance bodies • Clear input and engagement with revised quality arrangements and priority actions • Prioritisation of activities/outcomes	3	2	6	• Effective internal monitoring/review/verification arrangements • Engagement with revised quality arrangements and contingency plans • Outcome monitoring/recording	VPP&P, VPC&A

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Risk Number & Committee	POTENTIAL CONTRIBUTING FACTORS				TREATMENT				POST MITIGATION EVALUATION		
	Risks	Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring	Lead Responsibility
3 People and Performance (cont.)										
3.4 HR&D	Failure to meet the aspirational standards in respect of the health, safety, wellbeing and development of staff and students **Post mitigation risk reduced following assessment of control and mitigation arrangements in place throughout 2020/21: no outbreaks and no evidence of on campus transmission.**	3	4	12	• Clear and proactive approaches to supporting and promoting health, safety and wellbeing when WFH and/or on-site • Project 2020 developments and mitigations • Outbreak management plan • Enhanced awareness of challenges/support needs • Extensive CPD arrangements in place – Home Working Hub • Regular staff and learner feedback arrangements	3	2	6	• Regular employee engagement monitoring • Maintaining and reporting on physical distancing measures • Open communication with staff • Monitoring of formal and informal feedback – student and staff feedback • Regular union/management dialogue	VPP&P, VPCS
3.5 Board	Reputational Risk – Loss of reputation with key stakeholders	4	3	12	• Marketing strategy • Reputation plan • Positive marketing approaches • Outbreak management communications plan	4	3	12	• Positive marketing plan • Regular stakeholder engagement • Social media engagement and monitoring arrangements	Prin DirC&A

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Risk Number & Committee	Risks	Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring	Lead Responsibility
	POTENTIAL CONTRIBUTING FACTORS				**TREATMENT**				**POST MITIGATION EVALUATION**	
3 **People and Performance (cont.)**										
3.7 HRD	Industrial Relations Problems (including industrial action)	4	5	20	• Adherence to legislative and good practice requirements • Positive Union relations and staff communication • Effective management engagement and support	4	2	8	• Regular union/management dialogue • Open communication with staff • Effective management engagement and support	VPP&P
3.8 A&R	Breach of data security / data protection	5	4	20	• Effective management of GDPR compliance • Additional awareness raising of WFH risks • Mandatory staff CPD and awareness raising on data protection (relative to role)	4	2	8	• Active data protection awareness raising • Effective information and data security policies in operation • Regular data security monitoring/testing • Staff CPD	VPC&A, HoICT
3.11 HRD	Significant or catastrophic Covid 19 outbreak/infection rate impacts on ability to deliver learning, teaching or other core services **Post mitigation risk reduced following assessment of control and mitigation arrangements in place throughout 2020/21: no outbreaks and no evidence of on campus transmission.**	4	3	12	• Clear scenario and contingency planning • COVID 19 H&S mitigations in place, monitored and adapted where required • All appropriate government guidance followed	3	2	6	• Monitoring of COVID 19 cases and absences • Outbreak management arrangements • Amendment to support prioritised services	Prin VPC&A

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Risk Number & Committee	Risks	Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring	Lead Responsibility
	POTENTIAL CONTRIBUTING FACTORS				**TREATMENT**				**POST MITIGATION EVALUATION**	
3 **People and Performance (cont.)**										
3.12 **HRD**	Post pandemic ways of working and workforce planning fails to meet the needs of staff and College strategic/operational needs **New risk to reflect post-pandemic requirements**	4	3	12	• New ways of Working Workstream • Updated and flexible Workforce planning • Extensive engagement with unions / staff on future ways of working • Monitoring and rapid action on staff turnover / recruitment	3	2	6	• Regular monitoring and evaluation of new/updated ways of working, activities and outcomes • Amendment of direction/ workforce plans • Engagement with unions/staff • Monitoring and rapid action on staff turnover / recruitment	VPP&P VPC&A

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		POTENTIAL CONTRIBUTING FACTORS				TREATMENT				POST MITIGATION EVALUATION		
Risk Number & Committee	Risks		Impact	Likelihood	Score	Mitigation Actions	Impact	Likelihood	Score	Monitoring		Responsibility
4 Infrastructure												
4.3 A&R	Breach of ICT/Cyber security		4	3	12	• Effective management of ICT arrangements • Active ICT/data security monitoring and cyber security policy • Additional awareness raising of WFH risks and COVID related 'scams'	4	2	8	• Staff awareness raising/CPD on cyber security issues • Regular security monitoring/testing • Cyber resilience plan		VPC&A, HoICT
4.5 LT&Q	ICT/Cyber failure significantly disrupts online learning, teaching or other core services		4	3	12	• 'Cloud first' strategy implementation for major services/systems • Clear and robust management of ICT systems	3	1	3	• Systems monitoring • On-going cyber resilience and systems development		HoICT