	FOR INFORMATION	
Meeting	**Audit and Risk Committee**	
Title	**Regional Strategic Risk Report**	
Presented By	**Matthew Smith, Chief Transformation Officer**	
Author/Contact	**Matthew Smith, Chief Transformation Officer, New College Lanarkshire**	
Date Presented	**25 April 2022**	
Appendices Attached	**Regional Strategic Risk Report**	
Disclosable under FOISA		**No**

1. Purpose

To advise the Audit and Risk Committee of strategic risks in the Lanarkshire region.

2. Background

The Regional Strategic Risk Register is a matrix which lists and ranks all identified risks and the results of their analysis, evaluation and treatment. The Register is a live document that is regularly reviewed and updated to respond to changing strategic environments.

3. Detail

The attached report provides an assessment of the current regional stategic risks for the Lanarkshire region. The report also contains the Regional Business Plan Risk Register.

4. Benefits and Opportunities

The benefit of the report is that all staff will be aware of the regional strategic risks.

5. Strategic Implications

Risk is analysed as the risk to the achievement of regional strategic objectives or Regional Outcome Agreement Outcomes.

6. Risk

There is no risk applicable to this report.

7. Financial Implications

There are no financial implications.

8. Legal Implications

There are no legal implications.

9. Workforce Implications

There are no workforce implications.

10. Reputational Implications

There are no reputational implications.

11. Equalities Implications

There are no equalities implications to this report.

Conclusions/Recommendations
1. Note the information contained within the report.

Contents:

Notes:

1. There are a total of 18 Strategic Risks logged.

2. Risk Movements.
   Risk T moves down.

3. Six risks are above the committee's threshold level and therefore are subject to Control Action Planning. These are:

   a)   Financial : "A" Unable to maintain operating budget while delivering high quality, relevant and responsive education - very high (Above Amber [high] threshold

   b)   Financial: "D" Unable to maintain operating budget while delivering high quality, relevant and responsive education - very high (Above Amber [high] threshold)

   c)   Productivity : "H" Unable to deliver SFC Credits Targets - high (Amber [high] threshold)

   d)   Student Experience : "L" Failure to improve student retention and achievement - medium (Yellow [medium] threshold)

   e)   Governance: "J" Failure to establish and implement an effective regional governance model - medium (Above Green [low] threshold)

   f)   Compliance : "V" Failure to hold and manage personal data appropriately in complaince with the requirements of the General Data Protection Regulations (GDPR) - low (Green [low] threshold

4. SLC Risk register is attached
a) There are a total of 13 risks logged.
b) One risk moves up. Five risks move down. Seven risks remain the same.

5. Escalation of Risks
   Estates - increasing cost of gas and electricity.

6. Under observation / analysis
   a) BREXIT.

7. Regional Business Plan Risk Register
   a) There are a total of 10 risks logged.
   b) There are no risk movements.

REGIONAL STRATEGIC RISK REGISTER SUMMARY

	RISK DEFINITION			RISK			RESIDUAL RISK			APPETITE		
Originating Reference	Rank	Ref to Regional Strategy	Risk	L	I	Total	L	I	Total	Risk Appetite Threshold	Trend	Control Action Plan? (Y/N)
FINANCIAL												
A	1	2.6; 3.4; 4.2; 4.3	Unable to maintain operating budget while delivering high quality, relevant and responsive education.	5	5	25	4	5	20	10-19	=	Y
D	2	2.6; 3.4; 4.2; 4.3	Inability to secure appropriate levels of funding to respond to operational & strategic priorities.	5	5	25	5	4	20	10-19	=	Y
B	7	2.6; 3.4; 4.2; 4.3	Failure to manage budgets, processes and controls appropriately.	4	4	16	3	4	12	10-19	=	N
C	11	1.1; 1.6; 1.7; 3.3;	Inability to secure sufficient student support funding.	3	4	12	2	3	6	10-19	=	N
S	6	3.4; 4.5	Failure of the external cladding system at the Motherwell Campus due to defects.	4	5	20	3	5	15	10-19	=	N
TECHNOLOGY												
P	8	4.6; 4.7	Loss of data or ICT service due to cyber-attack.	4	5	20	3	4	12	10-19	=	N
O	12	4.3; 4.6; 4.7	Inability to invest in the development of management systems and technology.	3	3	9	2	3	6	10-19	=	N
CHANGE												
K	3	1.1; 3.1; 3.2	Inability to maintain quality standards.	5	4	20	4	4	16	10-19	=	N
F	9	1.3; 1.4; 2.4	Local authority curriculum delivery variations with related funding/credit, structural and strategic implications.	5	3	15	4	3	12	10-19	=	N
PRODUCTIVITY												
H	4	1.1; 3.1; 3.3; 4.3;	Failure to deliver SFC Credit targets.	5	5	25	4	4	16	4-9	=	Y
N	13	2.3; 2.5; 2.6; 3.5	Inability to invest in staff development to meet future strategic needs.	4	3	12	2	3	6	4-9	=	N
ENVIRONMENTAL												
M	14	3.4; 4.5; 4.6; 4.7	Catastrophic loss of building, infrastructure or utilities.	3	5	15	2	3	6	4-9	=	N
T	15	1.1; 1.2; 1.4; 1.5; 2.6; 3.3; 3.5	Disruption to College business due to Covid-19 pandemic.	3	5	15	2	3	6	4-9	⬇	N
SOCIAL												
E	10	1.2; 1.3; 1.4; 2.4	Breakdown in positive relationships with stakeholders.	4	4	16	3	3	9	4-9	=	N
STUDENT EXPERIENCE												
L	5	1.1; 3.1; 3.2; 3.3; 4.2	Failure to maintain and improve students retention and achievement.	5	4	20	4	4	16	4-9	=	Y
COMPLIANCE												
U	17	1.1; 1.2; 1.4; 1.5; 2.6; 3.3; 3.5	Failure to maintain and comply with Health and Safety standards in response to Covid-19.	2	5	10	1	3	3	1-3	=	N
G	18	2.6; 3.4; 4.2; 4.1; 4.3	Failure of adherence to the Financial Memorandum and associated legislative requirements as Regional Strategic Body with Regional Fundable Status.	3	3	9	1	3	3	4-9	=	
V	19	3.4; 2.6; 4.7	Failure to hold and manage personal data appropriately in compliance with the requirements of the General Data Protection Regulations (GDPR).	5	4	20	1	3	3	1-3		Y
GOVERNANCE												
J	16	3.1; 3.2; 3.4; 4.1	Failure to establish and implement an effective regional governance model.	3	4	12	2	3	6	1-3	=	Y

REGIONAL STRATEGIC RISK REGISTER

Originating Reference	Rank	Ref to Regional Strategy	Risk Description & Effect	Associated Risk Categories	Risk Appetite / Tolerance	Likelihood	Impact	Risk Level	Controls, Risk Mitigation and Monitoring Arrangements in Place Currently	Likelihood	Impact	Risk Level	Control Action Planning	Deadline	Risk Owner CAP Owner Reporting
REFERENCE			**RISK DEFINITION**		**RISK APPETITE**	**RISK SCORE**			**RISK TREATMENT**	**RESIDUAL RISK SCORE**			**CRITICAL RISK ACTION**		**RISK OWNER**
FINANCIAL															
A	1	2.6; 3.4; 4.2; 4.3	**Unable to maintain operating budget while delivering high quality, relevant and responsive education.** Change in the value of a credit / rurality allocation; Effect of national pay bargaining being contrary with Regional model / affordability ; Ongoing impacts of the failures of due diligence associated with the merger of Coatbridge College and NCL ; Exposure to unidentified liabilities resulting in financial /reputational loss; Unable to deliver planned level of efficient learner activity ; Customer / learner dissatisfaction ; Perceived reputational damage.	Productivity Student experience Reputational	**Rating:** Manageable level of risk which requires Risk Control Measures to be put in place to reduce exposure. **Reporting:** Chair of the Regional Strategic Risk Management Group and Audit Committee.	5	5	25	Optimise Credit delivery; Optimisation of staffing requirements in line with Strategic Aims and Operational Plans; Continuous dialogue between executive, staff and the student body; Establishment, implementation and monitoring of Regional Planning; Ongoing planning dialogue with SFC; Lobbying through Principals' and Chairs' Forums;	4	5	20	CAP required to reduce risk exposure from Red (Very High) to Amber (High) Executive Board meeting regularly to respond to the developing nature of the pandemic and the implications. Advice and guidance from various external bodies and agencies is considered and actions taken as appropriate. Revision of operational and financial outlook and implications. Emergency student assessment procedures developed. Scenario planning initiated and readiness to reconvene. Sub-group of Executive Board set-up and ready to reconvene.	**CAP initiated now ongoing and overall reviewed by Executive Board**	**Risk Owner:** Chief Financial Officer (NCL) / Head of Finance (SLC) **CAP Owner:** Exec Board (NCL) **Reporting:** Principal (NCL); Chair (RSB).
D	2	2.6; 3.4; 4.2; 4.3	**Inability to secure appropriate levels of funding to respond to operational & strategic priorities.** Business interruption; Failure to invest in infrastructure & technology; Inability to implement a planned maintenance program; Inability to perform reactive maintenance; Unable to improve & increase access to High Quality L&T environments; Unable to provide fit for purpose environments; Learner & Staff dissatisfaction; Unable to fund increase or decrease in workforce to deliver operational and strategic priorities; Unable to achieve non-SFC income targets due to Covid-19 pandemic; Unable to secure replacement funding for Employability Fund from SFC post March 2022.	Productivity Environment Student experience Technology		5	5	25	Prioritise available funding to tackle statutory & essential planned, preventative & back-log maintenance. Utilise Procurement & Budgeting policies to ensure sound financial planning, monitoring & control. Work with stakeholders to ensure effective & efficient targeting of investment in the built environment & infrastructure. Estates Strategy & Operational Planning. Scenario planning. Partial consolidation of ESF Credits into Core Credits for session 2021/22.	5	4	20	CAP required to reduce risk exposure from Red (Very High) to Amber (High) Executive Board meeting regularly to respond to the developing nature of the pandemic. Advice and guidance from various external bodies and agencies is considered and actions taken as appropriate. Emergency student assessment procedures developed. Scenario planning initiated and ready to reconvene.	**CAP initiated now ongoing and overall reviewed by Executive Board**	**Risk Owner:** Chief Financial Officer (NCL) / Head of Finance (SLC) **CAP Owner:** Exec Board (NCL) **Reporting:** Principal (NCL); Chair (RSB).
B	7	2.6; 3.4; 4.2; 4.3	**Failure to manage budgets, processes and controls appropriately.** Lack of robust financial control frameworks / systems; Lack of financial awareness amongst managers ; Inability to plan spending; Inability to maintain cash flow Inefficiency / degradation of service; Lack of resources to meet customer needs; Increased need for internal & external audits; Failure to comply with financial legislation and regulations for procurement.	Productivity Student experience Reputational Governance		4	4	16	Regional Financial Memorandum; Budget processes; College process, systems, effective training and review etc.	3	4	12	Not Required at this time.	N/A	**Risk Owner:** Chief Financial Officer (NCL) / Head of Finance (SLC) **CAP Owner:** N/A **Reporting:** N/A

REGIONAL STRATEGIC RISK REGISTER

REFERENCE			RISK DEFINITION		RISK APPETITE	RISK SCORE			RISK TREATMENT	RESIDUAL RISK SCORE			CRITICAL RISK ACTION		RISK OWNER
Originating Reference	Rank	Ref to Regional Strategy	Risk Description & Effect	Associated Risk Categories	Risk Appetite / Tolerance	Likelihood	Impact	Risk Level	Controls, Risk Mitigation and Monitoring Arrangements in Place Currently	Likelihood	Impact	Risk Level	Control Action Planning	Deadline	Risk Owner CAP Owner Reporting
C	11	1.1; 1.6; 1.7; 3.3;	**Inability to secure sufficient student support funding.** SFC student support grant is insufficient; Unable to deliver planned level of learner activity; Customer / learner dissatisfaction; Perceived reputational damage.	Student experience Reputational	**Rating:** Manageable level of risk which requires Risk Control Measures to be put in place to reduce exposure. **Reporting:** Chair of the Regional Strategic Risk Management Group and Audit Committee.	3	4	12	Y 15/16 significant increase in initial student support allocation now consolidated; Close management of delivery to target; Continuous dialogue between executive, staff and the student body; Authorisation to access cash by operating in deficit through the treatment of depreciation. Working with the SFC to enable effective utilisation of funds through virement.	2	3	6	Not Required at this time although pressure on Discretionary Funding and pressure building on providing digital devices to students.	N/A	**Risk Owner:** Chief Financial Officer (NCL) / Head of Finance (SLC) **CAP Owner:** N/A **Reporting:** N/A
S	6	3.4; 4.5	**Failure of the external cladding system at the Motherwell Campus due to defects.** NCL liable for costs of repair and all legal fees. Physical harm to building users. Partial or full closure of teaching & workshop blocks. Financial impact / loss. Compensation claims / litigation. Failure to prove defects liability sits wholly or partially with construction contractor. NCL liable in full or in part for financial cost of replacement/rectification. Failure to prove defects liability sits wholly or partially with construction contractor. NCL liable in full or in part for financial cost of	Environmental Reputational Student experience Compliance Social		4	5	20	Install debris netting to safeguard buidling users. Regular inspection and testing of cladding system by specialist contractors to determine ongoing safety & integrity and take actions where necessary. Engaged with Legal representatives (Lawyers and QC) with expertise in the field of construction law together with appointing construction material expert witnesses to assess defect issues and provide guidance on NCL exposure with a view to taking any necessary legal actions to defend NCL's position/provide for a suitable outcome.	3	5	15	Not Required at this time in terms of making the building safe. Risk increasing of financial exposure as NCL continues to protect its exposure through legal means.	N/A	**Risk Owner:** Chief Financial Officer (NCL) / Head of Finance (SLC) **CAP Owner:** N/A **Reporting:** N/A
TECHNOLOGY															
P	8	4.6; 4.7	**Loss of data or ICT service due to cyber-attack.** Limited or no access to ICT. Public facing website 'hijacked' and altered. Deletion of data. Data leak due to theft. Loss of trust with key stakeholders. Negative publicity.	Compliance Governance Reputational Productivity Environmental Social Student experience Financial International development Technology Change	**Rating:** Manageable level of risk which requires Risk Control Measures to be put in place to reduce exposure. **Reporting:** Chair of the Regional Strategic Risk Management Group and Audit Committee.	4	5	20	Data backup and recovery procedure. Hardware and software monitoring and filtering. ICT system controls for authorised access. JANET network monitoring. Anti-Virus scanning and vulnerability scans. Containment and investment in parameter network. Externally hosted services. Staff communications to raise awareness of virus alerts Proactive monitoring of potential threats ICT staff cyber-security CPD. Cyber-security user awareness training Accreditation of cyber-security standard	3	4	12	Not Required at this time.	N/A	**Risk Owner:** Chief Transformation Office (NCL) **CAP Owner:** N/A **Reporting:** N/A
O	12	4.3; 4.6; 4.7	**Inability to invest in the development of management systems and technology.** Student expectations of technology are not met. Service provision stagnates. Computer hardware / software not fit for purpose. Reliance on internal expertise to develop management systems. Succession planning. Inability to meet future reporting & monitoring requirements due to ageing technology.	Financial Change Productivity Student experience Reputational Compliance		3	3	9	Reduce hardware / software provision and maximise the use of the remaining technology. Utilise mobile technologies to provide flexible access to ICT. Renegotiate contracts to maximise best value for money. Identify alternative cost effective technologies. Implement systems development plan.	2	3	6	Not Required at this time.	N/A	**Risk Owner:** Chief Transformation Officer (NCL) **CAP Owner:** N/A **Reporting:** N/A
CHANGE															

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Originating Reference	Rank	Ref to Regional Strategy	Risk Description & Effect	Associated Risk Categories	Risk Appetite / Tolerance	Likelihood	Impact	Risk Level	Controls, Risk Mitigation and Monitoring Arrangements in Place Currently	Likelihood	Impact	Risk Level	Control Action Planning	Deadline	Risk Owner CAP Owner Reporting
K	3	1.1; 3.1; 3.2	**Inability to maintain quality standards.** Failure of External Audit/Inspection Inability to meet awarding body quality assurance requirements. Reduction in Learner Retention and Success indicators Learner dissatisfaction Decrease in morale and motivation	Student experience Reputational		5	4	20	Embedding of Quality Officers with newly formed Departments. Ongoing Review and updating of Quality Policies and Procedures. Audit scrutiny by Internal Audit Teams Maintenance of high profile Learner Engagement activities Annual curriculum evaluation and quality Improvement planning processes. Monitoring of learner perceptions through surveys and focus groups. Emergency Assessment Procedures.	4	4	16	Not Required at this time.	N/A	**Risk Owner:** Assistant Registrar (Quality) (NCL) **CAP Owner:** N/A **Reporting:** N/A
F	9	1.3; 1.4; 2.4	**Local authority curriculum delivery variations with related funding/credit, structural and strategic implications.** Loss of sources of funding; Inability to deliver schools and DYW objectives; Inability to deliver community projects in partnership. Reduction in demand for Foundation Apprenticeships. Reduction in the offering of schools activity from Local Authority impacts on College ability to deliver SFC Credit targets.	Financial Student experience Reputational	**Rating:** Manageable level of risk which requires Risk Control Measures to be put in place to reduce exposure. **Reporting:** Chair of the Regional Strategic Risk Management Group and Audit Committee.	5	3	15	Reallocation of SFC funding resource; CPP and other partnership groups; College Dean leading on strategy and coordination of schools and DYW delivery. Structured meetings with School Heads and regional school/DYW leads. Focussed internal planning with Departments on delivery.	4	3	12	Not Required at this time.	N/A	**Risk Owner:** Assistant Principal (Education & Student Success) (NCL) / Hed of Finance (SLC) **CAP Owner:** N/A **Reporting:** N/A

REGIONAL STRATEGIC RISK REGISTER

REFERENCE			RISK DEFINITION		RISK APPETITE	RISK SCORE			RISK TREATMENT	RESIDUAL RISK SCORE			CRITICAL RISK ACTION		RISK OWNER
Originating Reference	Rank	Ref to Regional Strategy	Risk Description & Effect	Associated Risk Categories	Risk Appetite / Tolerance	Likelihood	Impact	Risk Level	Controls, Risk Mitigation and Monitoring Arrangements in Place Currently	Likelihood	Impact	Risk Level	Control Action Planning	Deadline	Risk Owner CAP Owner Reporting
PRODUCTIVITY															
H	4	1.1; 3.1; 3.3; 4.3;	**Failure to deliver SFC Credit targets.** inability to deliver ESF credits due to core target shortfall. Clawback of ESF funding due to requirement for 'wet' signatures. Loss of funding from public sources; Loss of reputation from customer, learner, stakeholder, partner perspective; Staff jobs at risk; Deterioration of staff morale and positive organisation culture; Deterioration of individual staff and team Performance.	Financial Student experience Reputational Social	Rating: Acceptable level of risk exposure subject to regular Targeted Monitoring. Risk Control Measures may be required in support of active monitoring Reporting: Regional Strategy Risk Management Group / Executive Board.	5	5	25	Lanarkshire Regional Strategy; Regional Strategic Risk Management Strategy & Framework; Lanarkshire Regional Outcome Agreement; Fed-Online performance monitoring system; RSB Committee monitoring; College planning frameworks; College performance management frameworks. Increased winter student recruitment campaign.	4	4	16	CAP required to reduce risk exposure from Amber (High) to yellow (medium) Direct engagement with SFC, and monitored regularly through ROA Manager. Alternative options for additional Credit delivery. Access to the Job Retention Scheme to offset to income loss. Take advice from the SFC letters to Colleges in order to maximise Credit delivery. Lobby SFC/SG to change requirements for 'wet' signatures on documentation.	**CAP initiated now ongoing and reviewed quarterly by RSRMG**	**Risk Owner:** Chief Transformation Officer (NCL) / DP (SLC) **CAP Owner:** AP P&I (NCL) **Reporting:** Principal (NCL); Chair (RSB).
N	13	2.3; 2.5; 2.6; 3.5	**Inability to invest in staff development to meet future strategic needs.** Unable to achieve individual and institutional aspirations and success. Loss of reputation for having skilled staff. Decrease in morale and motivation. Inability to maintain and facilitate added value activities via teaching staff remission	Student experience Reputational Social		4	3	12	Ensure best value for money in selection of external SD events. Ensure staff participation in a wide range of sectorial and in house events tailored to future strategic needs. Continued supportive dialogue between Board/EB/Staff/Trade Unions. Ensure efficiency of staff deployment to facilitate continuation of added value activities. Ensure sharing of good practice cross college. Robust PDR Process.	2	3	6	Not Required at this time.	N/A	**Risk Owner:** Dean for Staff Development Academy (NCL) **CAP Owner:** N/A **Reporting:** N/A
ENVIRONMENTAL															
M	14	3.4; 4.5; 4.6; 4.7	**Catastrophic loss of building, infrastructure or utilities.** Potential College shut down. Loss of access to key assets. Disatisfied Learners, customers, staff. Disruption to timetables and loss of continuity. Financial impact / loss. Compensation claims / litigation. Fines/penalties.	Financial Reputational Productivity Student experience Compliance Social Technology International development Change	Rating: Acceptable level of risk exposure subject to regular Targeted Monitoring. Risk Control Measures may be required in support of active monitoring Reporting: Regional Strategy Risk Management Group / Executive Board.	3	5	15	There is an overall reduction in the COVID risk and both National and Regional level with COVID mitigation measures decreasing. The likelihood of another lockdown is now unlikely. Albeit we may experience small clusters across campuses were classes may be disrupted.Business Continuity Plans are in place. ICT provisions for remote working and delivery of teaching and learning. Health & Safety policy and procedures. Insurance. Risk management and risk assessments. Communications plan. Coronavirus Response Group. Statutory inspection and general maintenance of buildings. Scenario planning.	2	3	6	Not Required at this time.	N/A	**Risk Owner:** Head of Estates (NCL) **CAP Owner:** N/A **Reporting:** N/A
T	15	1.1; 1.2; 1.4; 1.5; 2.6; 3.3; 3.5	**Disruption to College business due to Covid-19 pandemic.** Closure of campuses. National or regional 'lockdown' restriction measures. Disruption to learning and teaching. Disruption to student examinations. Possible loss of life. Inability to access on-site resources (e.g. ICT, student portfolios) Unable to fulfil activity targets (e.g. Credits, commercial, SDS) Loss of income. Disruption to student recruitment.	Financial Reputational Productivity Student experience Compliance Social Technology International development Change	Rating: Acceptable level of risk exposure subject to regular Targeted Monitoring. Risk Control Measures may be required in support of active monitoring Reporting: Regional Strategy Risk Management Group / Executive Board.	3	5	15	There is an overall reduction in the COVID risk and both National and Regional level with COVID mitigation measures decreasing. The likelihood of another lockdown is now unlikely. Albeit we may experience small clusters across campuses were classes may be disrupted.Business Continuity Plans are in place. ICT provisions for remote working and delivery of teaching and learning. Health & Safety policy and procedures. Insurance. Risk management and risk assessments. Communications plan. Coronavirus Response Group.	2	3	6	No CAP required at this time	**CAP initiated now ongoing and reviewed daily by Executive Board**	**Risk Owner:** Health, Safety & Wellbeing Manager (NCL) **CAP Owner:** Exec Board (NCL) **Reporting:** Principal (NCL); Chair (RSB).
SOCIAL															

REFERENCE			RISK DEFINITION		RISK APPETITE	RISK SCORE			RISK TREATMENT	RESIDUAL RISK SCORE			CRITICAL RISK ACTION		RISK OWNER
Originating Reference	Rank	Ref to Regional Strategy	Risk Description & Effect	Associated Risk Categories	Risk Appetite / Tolerance	Likelihood	Impact	Risk Level	Controls, Risk Mitigation and Monitoring Arrangements in Place Currently	Likelihood	Impact	Risk Level	Control Action Planning	Deadline	Risk Owner CAP Owner Reporting
E	10	1.2; 1.3; 1.4; 2.4	**Breakdown in positive relationships with stakeholders.** Loss of strong relationships with key stakeholders e.g. North Lanarkshire Council, East Dunbartonshire Council, Education Scotland, Scottish Funding Council; Reduction in Learner recruitment; Loss of commercial business; Loss of funding / financial income; Impact on individual staff and team perceptions caused by pressures associated with the implementation of change.	Financial Student experience Reputational Social	Rating: Acceptable level of risk exposure subject to regular Targeted Monitoring. Risk Control Measures may be required in support of active monitoring Reporting: Risk Management Group / Executive Board.	4	4	16	Implement effective Internal and External Communications Strategy; Proactive monitoring of customer, learner, stakeholder, and partner perceptions; Utilisation of PR expertise; external contacts/ partners relationship management; Regular meetings with trade unions;	3	3	9		N/A	**Risk Owner:** College Registrar (NCL) / DP (SLC) (SLC) **CAP Owner:** N/A **Reporting:** N/A
STUDENT EXPERIENCE															
L	5	1.1; 3.1; 3.2; 3.3; 4.2	**Failure to maintain and improve students retention and achievement.** Poor early retention resulting in low PIs and subsequent funding implications. Low Pi's impacting on reduced numbers of students progressing to next level of study and students progressing into employment Damage to reputation within the sector and industry. Deferral of students due to Covid-19 pandemic, results in a negative impact on student performance.	Financial Reputational Social	Rating: Acceptable level of risk exposure subject to regular Targeted Monitoring. Risk Control Measures may be required in support of active monitoring Reporting: Regional Strategy Risk Management Group / Executive Board.	5	4	20	Regular and ongoing Departmental monitoring of PIs. Continued investment in staff CPD Teaching qualifications. Learning & Teaching Strategy. Learner Engagement Strategy. Operational Planning. Curriculum review. Annual Curriculum Evaluation process. Self evaluation process. Guidance policy. Strategic Prioritisation KPI Dashboard Student Funding Development Project Evaluation of Learning and Teaching	4	4	16	CAP required to reduce risk exposure from Amber (High) to yellow (medium) Establishment of Strategy Prioritisation group of the EB; A range of action plans being established at College and departmental level (NCL). Use of SFC Sustainability funding to ensure deferral activity is minimised.	CAP initiated now ongoing and reviewed quarterly by RSRMG	**Risk Owner:** Assistant Principal (Education & Student Success) (NCL) **CAP Owner:** Assistant Principal (Education & Student Success) (NCL) **Reporting:** Principal (NCL); Chair (RSB).

REGIONAL STRATEGIC RISK REGISTER

REFERENCE			RISK DEFINITION		RISK APPETITE	RISK SCORE			RISK TREATMENT	RESIDUAL RISK SCORE			CRITICAL RISK ACTION		RISK OWNER
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COMPLIANCE															
U	17	1.1; 1.2; 1.4; 1.5; 2.6; 3.3; 3.5	**Failure to maintain and comply with Health and Safety standards in response to Covid-19.** Increase in Covid-19 infections. Increase in staff and student absence. Potential enforcement notices, prosecution and fine. Loss of staff specialist capability. Potential fatality. Reputational damage. Closure of campus.	Productivity Financial Reputational Social Student Expeience	Rating: Acceptable level of risk subject to regular Routine Monitoring. Reporting: Regional Strategy Risk Management Group Risk Management Group / Executive Board.	2	5	10	Covid Secure risk assessment. Specific risk assessments and SSoW (staffing groups/activities), with regular review. Scenario Plans. Social distancing. Staggered break times. Hybrid working model Increased cleaning regimes. PPE. Attendance records for test and protect. Health and wellbeing support. Policy and procedure. safe disposal methods to suit waste types. Reduced travel between campuses. Review of the latest legal, H&S, Government and health advice to ensure compliance. Blended learning (remote and on-campus) Use of technology for remote working.	1	3	3	Not Required at this time.	N/A	**Risk Owner:** Health, Safety & Wellbeing Manager (NCL) / Head of Finance (SLC) **Reporting:** Principal (NCL); Principal (SLC); Chair (RSB).
G	18	2.6; 3.4; 4.2; 4.1; 4.3	**Failure of adherence to the Financial Memorandum and associated legislative requirements as Regional Strategic Body with Regional Fundable Status.** Scottish Government / SFC pressure Breach of the Lanarkshire Order. Failure of adherence to the Financial Memorandum Additional compliance burdens placed upon Lanarkshire Board / SLC BoM. Additional compliance burdens placed upon Regional College staff. Damaged relationship	Productivity Reputational Governance	Rating: Acceptable level of risk subject to regular Routine Monitoring. Reporting: Regional Strategy Risk Management Group Risk Management Group / Executive Board.	3	3	9	Financial Memorandum between the RSB and SL College. Presentation of SLC Board papers to the RSB. Alignment of key strategies and policies - Regional College and Assigned College. Lanarkshire Board / SLC BoM and Committees' Terms of Reference; Audit and Risk Committee and Finance Committee monitoring; Independent, internal audit; SFC Review; Processes around distribution of cash between Regional College and Assigned College fully embedded. Internal auditors have a brief to undertake a specific internal audit review of Regional Governance	1	3	3	Not Required at this time.	N/A	**Risk Owner:** Chief Financial Officer (NCL) / Headof Finance (SLC) **Reporting:** Principal (NCL); Principal (SLC); Chair (RSB).
V	19	3.4; 2.6; 4.7	**Failure to hold and manage personal data appropriately in compliance with the requirements of the General Data Protection Regulations (GDPR).**	Financial Reputational Compliance	Rating: Acceptable level of risk subject to regular Routine Monitoring. Reporting: Regional Strategy Risk Management Group Risk Management Group / Executive Board.	5	4	20	In response to the Audit by Wylie & Bisset (of Feb 2022) an action plan has been developed to address all of the 8 recommendations. A response to these recommendations has been to the Audit & Risk Committtee of the Regional Board. The actions will be implemented and reviewed.	1	3	3	CAP required to ensure the recommendations are addressed. These are (HIGH) policies and procedures, data sharing agreements and data cleansing exercise. MEDIUM risks are: GDPR management oversight and board reporting, data subject rights, ICO accountability tracker, privacy notices and training. Progress on the CAP will be reported on quarterly.	**CAP initiated now ongoing and reviewed quarterly**	**Risk Owner:** College Registrar; **CAP Owner:** College Registrar; **Reporting:** College Registrar
12															
J	16	3.1; 3.2; 3.4; 4.1	**Failure to establish and implement an effective regional governance model.** Failure to meet SFC's expectations expressed in their "Governance checklist"; Failure of due diligence by the RSB / failure of good governance;	Financial Reputational Compliance	Rating: Acceptable level of risk subject to regular Routine Monitoring. Reporting: Regional Strategy Risk Management Group Risk Management Group / Executive Board.	3	4	12	Lanarkshire Board action plan in response to SFC's requirements for RSBs; Access to CPD for regional board members; Lanarkshire Regional Board's Committee monitoring and support framework. SLC Goverance Improvement Plan 2021 -22	2	3	6	**Commissioned internal audit providers to cover Regional governance annually in their programme of work.**	**CAP initiated now ongoing and reviewed quarterly**	**Risk Owner:** Deputy Principal (Students and Curricuculum) (NCL) / DP (SLC) **CAP Owner:** Chief Financial Officer (NCL) / Hof Finance (SLC) **Reporting:** Principal (NCL); Principal (SLC); Chair (RSB).

REGIONAL STRATEGIC RISK APPETITE

	Low (1 2 3)	Medium (4 5 6 7 8 9)	High (10 11 12 13 14 15 16 17 18 19)	Very High (20 21 22 23 24 25)
Compliance	←→			
Governance	←→			
	Rating: Acceptable level of risk subject to regular Routine Monitoring. **Reporting:** Regional Strategic Risk Management Group / Senior Management Team.	**Rating**: Unacceptable level of risk exposure defined as an **extreme impact risk** that requires immediate **Additional Mitigation** to include a **Control Action Plan** as well as Risk Control Measures to be applied. **Reporting:** To Principals and RSB.	**Rating:** Unacceptable level of risk exposure defined as an **extreme impact risk** that requires immediate **Additional Mitigation** to include an **Control Action Plan** as well as Risk Control Measures to be applied. **Reporting:** To Principals and RSB.	**Rating:** Unacceptable level of risk exposure defined as an **extreme impact risk** that requires immediate Additional Mitigation to include an **Control Action Plan** as well as Risk Control Measures to be applied. **Reporting:** To Principals and RSB.
Reputational	←——————————————————→			
Productivity	←——————————————————→			
Environmental	←——————————————————→			
Social	←——————————————————→			
Student experience	←			
	Rating: Acceptable level of risk subject to regular Routine Monitoring. **Reporting**: Regional Strategic Risk Management Group / Senior Management Team.	**Rating:** Acceptable level of risk exposure subject to regular Targeted Monitoring. Risk Control Measures may be required in support of active monitoring **Reporting:** Regional Strategic Risk Management Group / Senior Management Team.	**Rating:** Unacceptable level of risk exposure defined as an **extreme impact risk** that requires immediate **Additional Mitigation** to include an **Control Action Plan** as well as Risk Control Measures to be applied. **Reporting:** To Principals and RSB.	**Rating:** Unacceptable level of risk exposure defined as an **extreme impact risk** that requires immediate Additional Mitigation to include a **Control Action Plan** as well as Risk Control Measures to be applied. **Reporting:** To Principals and RSB.
Financial	←————————————————————————————————————→			
International development	←————————————————————————————————————→			
Technology	←————————————————————————————————————→			
Change				
	Rating: Acceptable level of risk subject to regular Routine Monitoring. **Reporting: Regional Strategic** Risk Management Group / Senior Management Team.	**Rating:** Acceptable level of risk exposure subject to regular Targeted Monitoring. Risk Control Measures may be required in support of active monitoring **Reporting:** Regional Strategic Risk Management Group / Senior Management Team.	**Rating:** Manageable level of risk which requires Risk Control Measures to be put in place to reduce exposure. **Reporting:** Chair of Risk Management Group and Audit Committee of the BoM.	**Rating:** Unacceptable level of risk exposure defined as an **extreme impact risk** that requires immediate Additional Mitigation to include a **Control Action Plan** as well as Risk Control Measures to be applied. **Reporting:** To Principals and RSB.

REGIONAL STRATEGIC RISK PROFILE & SCORING

Risk Profile

Likelihood		Negligible Impact	Minor impact	Moderate impact	Major impact	Catastrophic impact.
Very high (76% or more chance of occurring within the next 12 months)	5	5	10	15 (T)	20 (T) (D)	25
High (51-75% chance of occurring within the next 12 months)	4	4	8	12 (F)	16 (H)	20 (A)
Likely (26-50% chance of this occurring within the next 12 months or is likely to occur at least once every 1 to 3 years)	3	3	6	9 (C) (E)	12 (B) (P)	15
Possible (6-25% chance of this occurring within the next 12 months or is likely to occur at least once within the next 3 to 10 years)	2	2	4 (N)	6 (C) (J) (O)	8 (M)	10 (S)
Remote (1-5% chance f occurring within the next 12 months or may occur in at least 10 years time	1	1	2	3 (U) (J) (G)	4	5
Multiplier		1	2	3	4	5
Impact on achieving objectives		Negligible Impact	Minor impact	Moderate impact	Major impact	Catastrophic impact.

Assessing Overall Risk And Risk Threshold

Risk Level	Score	Risk Level Description
Very High	20-25	**Rating:** Unacceptable level of risk exposure defined as an extreme impact risk that requires immediate Additional Mitigation to include a Control Action Plan as well as Risk Control Measures to be applied.
High	10-19	**Rating:** Manageable level of risk which requires Risk Control Measures to be put in place to reduce exposure. **Reporting:** Chair of the Regional Strategic Risk Management Group and Audit Committee.
Medium	4-9	**Rating:** Acceptable level of risk exposure subject to regular Targeted Monitoring. Risk Control Measures may be required in support of active monitoring **Reporting:** Regional Strategic Risk Management Group / Senior Management Team.
Low	1-3	**Rating:** Acceptable level of risk subject to regular Routine Monitoring. **Reporting:** Regional Strategy Risk Management Group Risk Management Group / Senior Management Team.

	Negligible Impact	Minor impact	Moderate impact	Major impact	Catastrophic impact.
Finance	e.g. Loss of income inc. associated costs of up to £100,000	e.g. Loss of income inc. associated costs of between £100,000 and £500,000	e.g. Loss of income inc. associated costs of between £500,000 and £1,000,000	e.g. Loss of income inc. associated costs of between £1,000,000 and £2,000,000	e.g. Loss of income inc. associated costs of more than £2,000,000
Staff	e.g. limited staff lost, on-going absenteeism	e.g. loss of a number of key staff, health / illness, shrinking skilled labour market	e.g. significant loss of key staff, defection to competitor, strike action, drop in morale due to new delivery issues	e.g. loss of key staff, mass defection to competitor, lengthy strike action, drop in morale due to loss of key staff	e.g. loss of large numbers of key staff due to severe epidemic ; very long strike action
Service	e.g. small fall in service levels, some minor quality standards are not met	e.g. moderate fall in service levels, major partner relationships strained	e.g. significant fall in service levels, serious strain on learner relationship	e.g. significant fall in service levels, deterioration in academic standards, learner dissatisfaction	e.g. catastrophic fall in service levels, significant loss of learner nos, failure of academic standards
Stakeholder	e.g. Affects only one group of stakeholders with minimum impact on performance	e.g. Affects more than one group of stakeholders but only short-term impact on reputation	e.g. Affects more than one group of stakeholders with widespread medium-term impact on reputation	e.g. Affects a significant number of major stakeholders with long-term impact on impact on reputation	e.g. Affects all major stakeholders with long-term impact on public memory causing damage to reputation

REFERENCE			RISK DEFINITION		RISK SCORE			RISK TREATMENT	RESIDUAL			OWNER	OWNER	Trend	Strategic Risk
Originating Reference	Rank	Business Plan Objective	Category	Risk Description & Effect	Likelihood	Impact	Risk Level	Controls, Risk Mitigation and Monitoring Arrangements in Place Currently	Likelihood	Impact	Risk Level	Risk Admin	Risk Owners		Reference to Strategic Risk Register
A	1	Ensure efficient workforce deployment	Financial	Inability to achieve staff reduction targets.	5	5	25	SFC Transformation Grant. Staff consultation process. Staff communications strategy. Continuing dialogue with SFC colleagues. Staff severance strategy. Monitoring of temporary staff contracts. BP monitoring and review. BoM subcommittee monitoring and review.	5	4	20	AP:OD	SMT; AP:OD; HoMark; Project leads; BoM Sub-com Chairs.	=	Risk D
B	2	Ensure efficient workforce deployment	Financial	Inability to achieve required levels of learner early retention over the duration of the plan.	5	4	20	SFC Transformation Grant offsetting key staff reductions. Business Plan monitoring and review. SG Retention and Attainment initiative. Pre-enrolment programme. Retention & Achievement Group activity. Operational plan priorities & monitoring.	4	4	16	AP:L&T	SMT; AP:L&T; AP:LS&Q Chair of CSAO sub-com.	=	Risk L
C	3	Deliver a high quality relevant curriculum with high levels of outcomes for students	Learner experience	Inability to deliver SG targets and objectives including MD10 tgts; ASN provision; delivery to priority industries; STEM; schools activity at historic levels.	4	4	16	Curriculum planning to reflect efficient delivery project; Learner retention & outcomes project; Quality of learning and teaching project.	3	4	12	VP: CP&P	SMT; VP:CP&P; AP:L&T; Chair of CSAO sub-com.	=	Risks F, H & L
D	4	Deliver a high quality relevant curriculum with high levels of outcomes for students	Learner experience	Delivery standards fall as a result of industrial unrest and a deterioration of positive staff - learner interaction. Resulting in poor learner retention and achievement.	4	4	16	Staff consultation process. Staff communications strategy. Curriculum planning to reflect efficient delivery project. Learner retention & outcomes project. Quality of learning and teaching project. BoM subcommittee monitoring and review.	3	4	12	AP:LS&Q	SMT; AP:L&T; AP:LS&Q Chair of CSAO sub-com.	=	Risks L & E
E	5	Ensure efficient workforce deployment	Productivity: Social;	Deterioration of industrial relations and staff morale resulting in actions including strike	4	4	16	Staff consultation process. Staff communications strategy. Organisational development project; workforce plan projects. BoM subcommittee monitoring and review.	3	4	12	AP:OD	Principal; SMT; AP:OD; HR Man; Chair of RGP sub-com.	=	Risk E
F	6	Ensure efficient workforce deployment	Financial	Inability to achieve required average class group size.	4	4	16	Curriculum planning to reflect efficient delivery project. Learner retention & outcomes project. Quality of learning and teaching project. Pre-enrolment programme. Retention & Achievement Group activity. Operational plan priorities & monitoring.	3	4	12	AP:L&T	SMT; VP:CP&P; AP:L&T; AP:LS&Q Chair of CSAO sub-com.	=	Risk A
H	7	Provide financial sustainability	Financial	Unable to maintain sufficient cash flow resulting in inability to deliver projects in line with business plan requirements.	4	4	16	Business Plan. SFC assurance of cash flow support. Financial analysis and planning project.	3	4	12	VP:R	SMT; VP:R; F Cont; Chair of Finance sub-com.	=	Risk A
G	8	Deliver a high quality relevant curriculum with high levels of outcomes for students	Learner experience	Learner satisfaction falls as a result of industrial unrest and a deterioration of positive staff - learner interaction	3	4	12	Communications strategy. Student association engagement. SFC SSES survey to monitor satisfaction levels.	1	4	4	AP:LS&Q	SMT; AP:LS&Q; HoF-SL Chair of CSAO sub-com.	=	Risk E
I	9	Provide financial sustainability	Financial	Unable to achieve sufficient surplus position by year three resulting in inability to payback any funding advance.	2	3	6	Business Plan. BP Project Streams and project monitoring and review. Senior Budget Monitoring Group	1	3	3	VP:R	SMT; VP:R; F Cont; Chair of Finance sub-com.	=	
J	10	Achieve required levels of productivity (Credit delivery)	Social	Reduced activity within targeted curriculum areas as a result of inability to operate at required efficiency levels.	2	3	6	Business Plan. Recruitment & enrolment project. Curriculum planning project. Learner retention & outcomes project.	1	3	3	VP: CP&P	SMT; AP:P&I Chair of CSAO sub-com.	=	Risk H

REGIONAL BUSINESS PLAN RISK PROFILE & SCORING

Risk Profile

Likelihood		Negligible Impact	Minor impact	Moderate impact	Major impact	Catastrophic impact.
Very high (76% or more chance of occurring within the next 12 months)	5	5	10	15	20	25
High (51-75% chance of occurring within the next 12 months)	4	4	8	12	16 **B**	20
Likely (26-50% chance of this occurring within the next 12 months or is likely to occur at least once every 1 to 3 years)	3	3	6	9	**A** **C** 12 **D** **E** **H**	15
Possible (6-25% chance of this occurring within the next 12 months or is likely to occur at least once within the next 3 to 10 years)	2	2	4	6	**G** 8 **F**	10
Remote (1-5% chance f occurring within the next 12 months or may occur in at least 10 years time	1	1	2	**I** **J** 3	4	5
Multiplier		1	2	3	4	5
Impact on achieving objectives		Negligible Impact	Minor impact	Moderate impact	Major impact	Catastrophic impact.

Assessing Overall Risk And Risk Threshold

Risk Level	Score	Risk Level Description
Very High	20-25	**Rating:** Unacceptable level of risk exposure defined as an extreme impact risk that requires immediate Additional Mitigation to include a Control Action Plan as well as Risk Control Measures to be applied.
High	10-19	**Rating:** Manageable level of risk which requires Risk Control Measures to be put in place to reduce exposure. **Reporting:** Chair of the Regional Strategic Risk Management Group and Audit Committee.
Medium	4-9	**Rating:** Acceptable level of risk exposure subject to regular Targeted Monitoring. Risk Control Measures may be required in support of active monitoring **Reporting:** Regional Strategic Risk Management Group / Senior Management Team.
Low	1-3	**Rating:** Acceptable level of risk subject to regular Routine Monitoring. **Reporting:** Regional Strategy Risk Management Group Risk Management Group / Senior Management Team.

	Negligible Impact	Minor impact	Moderate impact	Major impact	Catastrophic impact.
Finance	e.g. Loss of income inc. associated costs of up to £100,000	e.g. Loss of income inc. associated costs of between £100,000 and £500,000	e.g. Loss of income inc. associated costs of between £500,000 and £1,000,000	e.g. Loss of income inc. associated costs of between £1,000,000 and £2,000,000	e.g. Loss of income inc. associated costs of more than £2,000,000
Staff	e.g. limited staff lost, on-going absenteeism	e.g. loss of a number of key staff, health / illness, shrinking skilled labour market	e.g. significant loss of key staff, defection to competitor, strike action, drop in morale due to new delivery issues	e.g. loss of key staff, mass defection to competitor, lengthy strike action, drop in morale due to loss of key staff	e.g. loss of large numbers of key staff due to severe epidemic ; very long strike action
Service	e.g. small fall in service levels, some minor quality standards are not met	e.g. moderate fall in service levels, major partner relationships strained	e.g. significant fall in service levels, serious strain on learner relationship	e.g. significant fall in service levels, deterioration in academic standards, learner dissatisfaction	e.g. catastrophic fall in service levels, significant loss of learner nos, failure of academic standards
Stakeholder	e.g. Affects only one group of stakeholders with minimum impact on performance	e.g. Affects more than one group of stakeholders but only short-term impact on reputation	e.g. Affects more than one group of stakeholders with widespread medium-term impact on reputation	e.g. Affects a significant number of major stakeholders with long-term impact on impact on reputation	e.g. Affects all major stakeholders with long-term impact on public memory causing damage to reputation

SOUTH LANARKSHIRE COLLEGE SUMMARY RISK REGISTER

Strategic Risk Register		Dated reviewed by College Leadership			04 February 2022
		Next date of review			24 March 2022

No.	Date Raised	Link to Quality Indicators	Description	Impact Rating (1-4)	Probability Rating (1-4)	Risk Score	Previous submission risk score	Movement since last submission	Adds the score of all open risks	Counts the number of open risks	Adds the score of all being mitigated risks	Counts the number of being mitigated risks	Implications	Mitigation Action	Post-mitigation impact	Post-mitigation probability	Post-mitigation score	Previous submission score	Movement since last submission	Progress To Green: Key Actions	Comments	Risk Owner
1	26/04/2021	3.1, 3.5, 3.6	That the College cannot maintain financial stability	4	2	8	12	↑ -4	0	0	0	0	That the College would not be able to meet its financial obligations and /or that investment in student activity could not be maintained to an appropriate level.	SFC funding in 2020/21 was increased from previous years and was in excess of budget, allowing the College to meet, and more, any additional requirements. The College also reached its credit target in 2020/21, so no clawback of central funding will occur. Increased scrutiny of spend and improved approaches to budgetary management introduced. Enrolments and consequent fee income currently below budget level. Current cash holding is, though, sufficient to sustain a one-year drop in income. Note that the College's current cash holding balance is higher than anticipated, which creates a risk of SFC clawback. This is being actively managed, including via providing clarity to the SFC about funds ring fenced for repayment to SFC (cf. bursary funds) or for committed estates investment; as well as the funding earmarked for our Strategic Investment Plan, currently being drafted.	3	2	6	9	↑ -3	Faculties actively planning for January recruitment and enhanced budgetary controls will ensure that spend and income is monitored closely to allow action to be taken swiftly, as required. On the higher than anticipated cash holding, the College has reported to SFC that some of this is earmarked for current spend, and that it will be utilised to support its Strategic Investment Plan, which will incorporate a refreshed Estates Strategy. Jan 2022 Risk score now being impacted by: SFC informed the sector of the flat cash budget for next year, which is a decrease of £52m for the sector. Increase of energy costs Addition NI contributions cost. Recruitment shortfall across the sector and the college.	College reporting surplus for 2020/21 and the years of modest surpluses have allowed the College to build up a cash balance that is sufficient to maintain short term financial stability. Finance Action Jan 2022: Undertake scenario planning and modelling to look at the impact of the funding against our costs.	
2	26/04/2021	3.1, 3.2 3.5, 3.6	That there is a failure of financial controls	4	3	12	12	→ 0	0	0	0	0	Insufficient or incorrect information available to senior management and the Board of Management; potential for fraud.	Programme of internal and external audit, overseen by Audit and Risk Committee. Ongoing review of financial controls, policies and processes in train. Management response to IA review in relation to improvements to financial and other controls. Introduction of a new approach to control, assurance and risk management arrangements now in train. College to institute its own rolling review of audit recommendations to ensure that all IA recommendations are followed through according to timetable. This to be reviewed by the Audit and Risk Committee at each meeting. College is undertaking a fundamental review of its procurement arrangements, supported by a College-wide training programme to ensure that (a) the College's arrangements for procurement are appropriate, and (b) all relevant staff are fully aware of these arrangements and their responsibilities. College is looking at the feasibility of introducing stock control systems.	3	3	9	6	↓ 3	Closer scrutiny of previous internal audit recommendations, both via senior management and the Audit and Risk Committee. Introduction of new approach to control, assurance and risk management arrangements.	Introduction of formal ARC monitoring on an ongoing basis.	
3	26/04/2021	1.6, 2.2, 2.4	That there is failure to meet Credit target (and /or failure to retain major public and private contracts.	3	3	9	9	→ 0	0	0	0	0	Clawback of SFC activity funding and shortfall in income. Failing to meet credit targets on a consistent basis may affect annual activity allocation. Failure to meet ESF target is likely to affect income as this income is fully dependent on achieving the core and ESF credit target.	Student activity is monitored on a weekly basis by senior management via the SLT meetings, with those weekly reports being made available to faculty and admissions staff. Additional enhanced reporting in use through Power BI to monitor real time information. Faculty teams are reviewing their course offer to maxmise credits as well as offer new courses. Marketing campaign now live for January 2022 courses, with information event planned for 25 November.	3	2	6	2	↓ 4	Marketing campaign now live for January 2022 courses with recruitment event planned for 25 November. National request from sector to SFC still awaiting response, on last year's flexibilities being carried over into 2021-22. For example, increase of 16-18 credits across all FT courses. Jan 2022 Additional Flexibilites granted and applied. Credit Gap Current risk is the shortfall of 400 FA credits, which was a late allocation impacting on planning. There is a strong partnership model already in place for FA with the local authority. On track to meet current contracts such as CITB, Modern Apprenticeship SDS Contracts, EWDF contract is being monitored. Rural academy contract	College reached activity target for 2020/21 but enrolments are currently short of target in some areas. Target this year is 50,435 and for the first time includes 700 credits for FAs that are non transferable. Gap with best case scenario for Jan recruitment, not including SFC flexibilities is 3000 credits. Retention due to covid restrictions may also impact. All Jan 22 start courses are advertised, marketing campaign in progress. Jan 2022 Jan '22 FT courses launched in Jan 2022.	
4	26/04/2021	2.1, 2.5, 3.4, 3.6	That there is a breach of legislation and associated regulations (incl. GDPR)	2	3	6	6	→ 0	0	0	0	0	Breach or leak of sensitive data impacting on college reputation.	Data Protection Officer in place to advice on general Data Protection Regulation. Staff mandatory training and policies in place and actively markted to heighten awareness. Compliance/audit checks in place. GDPR policies currently being updated as part of College-wide policy refresh exercise. Training planned for all staff on legislative adn regulatory issues, including conflict of interest, bribery and corruption and security of assets.	2	2	4	4	→ 0	Info Asset Register links to be finalised to incorporate information required for ROPA; Records Retention Schedule and Policy to be compiled and signed-off. Data Protection Policy has been updated, final sign off required.	Data protection team have worked through a number of ROPA with each area and are currently pulling together Info Asset Register. Records Retention Policy in progress.	Chris Sumner
5	26/04/2021	2.1, 2.2, 2.6, 3.5	That there are insufficient funds for capital project and maintenance requirements	4	2	8	8	→ 0	0	0	0	0	The College estate is reaching an age that will require constant monitoring and an appropriate level of funding to address major issues (e.g. roof, air handling, lifts, CCTV, etc.)	SFC undertook a condition survey and has allocated funds over a five year period to address backlog maintenance and dilipidation works. The College appointed professional advisors to assist in the management of the projects which have been undertaken. College has enhanced its procurement arrangements to ensure that all major items of expenditure are reviewewd by a senior management committee, thus ensuring value for money as well as an additional level of control over non salary spend. As part of our approach to the introduction of a Strategic Investment Plan, the College is currently considering introducing its own estate condition survey, given the age of the building and the number of signficant repairs now being required.	1	1	1	6	↑ -5	Current planning is to utilise cash holding to fund an infrastructure investment programme. Additionally, the college is planning to undertake an estate condition survey to ensure that a clear plan for any additional work is captured. The air conditioning units and the roof are all currently being replaced. Air Conditioning replacement completed. Roof project almost completed, snagging being undertaken. Building is weather proofed.	Central funding received in 2020/21 and 2021/22 allowed the College to address major repairs and renewals sooner than originally planned. This includes a major upgrade to the fabric of the roof, which would be most vulnerable to possible issues associated with the natural lifespan of the building. Next steps are progression of lift shaft work and plant room project.	
6	26/04/2021	1.1, 1.2, 1.3, 1.4, 2.1, 3.1, 3.3	That there is a failure to meet statutory and legislative health and safety as well as safeguarding requirements.	3	3	9	6	↓ 3	0	0	0	0	Impacts on safety of all employees and students leading to serious injury or death. Unable to protect our most vulnerable students.	Health and Safety Committee meet regularly to monitor health and safety arrangements and any issues are raised. Staff induction in place on H&S. Separate COVID risk register in place to monitor operational arrangements. Facilities Teams and H&S Officer ensure all risk assessments are updated annually. Regular reporting on Health and Safety to HR Committee as part of their remit requirements. Full review of Health and Safety Policy and Procedures being undertaken. Lead Safeguarding Officers in place and appropriate training in place.; Safeguarding group meets regularly.	3	2	6	6	→ 0	Full review of H&S policy and procedure in train. Review of safeguarding processes in place for staff and students as part of our continual improvement cycle.	Interim H&S consultant in post whilst recruiting for perm.	
7	26/04/2021	2.1, 2.5, 2.6, 3.5, 3.6	That there is business interruption due to major disaster, IT failure etc	4	2	8	8	→ 0	0	0	0	0	Impacts on the college's ability to provide a service to its users as well as potential financial and performance impacts.	Business Continuity Plan for College in place. Business interruption insurance in place. Member of HEFESTIS and benefit from shared intelligence.	3	2	6	2	↓ 4	Existing business continuity arrangements being reviewed in light of recent events. Key estates risks now been identified and have been or are being resolved.	The College had a developed Business Continuity Plan embedded prior to the COVID pandemic and has built on that via infrastructure improvements and additions utilising additional SFC ring-fenced funding. Update of Business Continuity Planning Documentation is planned.	Chris Sumner
8	26/04/2021	2.1, 2.5, 2.6, 3.5, 3.6	That there is a theft of, or damage to, Management Information System (incl. cyber crime)	4	2	8	8	→ 0	0	0	0	0	Impacts on the college's ability to provide a service to its users as well as potential financial and performance impacts.	Shared sector approach in place through HEFESTIS and advanced intelligence. Robust and regular testing of IT systems Business continuity plans in place for IT and MIS areas. Annual certification with Cyber Essentials Plus Incident response training	2	1	2	2	→ 0		College recently successfully completed its August 2021 Cyber security audit with no issues. Incident Response Policy Updated	Chris Sumner
9	26/04/2021	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 2.3	That there is a failure to achieve acceptably high standards of learning and teaching.	4	2	8	6	↓ 2	0	0	0	0	Impacts on the student experience, the college's reputation and Education Scotland risk ratings. Impacts on student recruitment leading to financial risk.	2021-22 monitor of teaching KPIs across all subject areas and action taken to address areas of concern. Quality mechanisms undertaken through annual cycle including self evaluation and internal and external verification processes. Lots of activity has been undertaken by quality with course teams on new arrangements for assessment during COVID period. Review of quality processes in train to improve reporting against KPIs. Faculty staff work with students association, class reps and student feedback mechanisms to monitor feedback on quality and follow up on any issues Enhance the monitoring of a range of KPI data on an ongoing basis to quickly identify any emerging negative trends in student performance.	3	2	6	3	↓ 3	Transitional quality cycle in place for the pandemic years. Self Evalation completed for Faculties and for college. Continued utilisation of improved reporting to support business insight and action. Course Team Reports completed for block 1. Jan 2022 Risk to attainment especially for FE FT students as they are the most at risk due to not being on campus due to COVID. Action: to ensure that the college does not lose the learning from COVID for example what should the SLC blended	Power BI being used to generate much improved business insights. To date the following reports have been established: Retention and Achievement Credit Projection Curriculum Planning Jan 2022 Concerns over retention of students especially FT FE due to limited blended learning. Higher than usual volume of students requiring additional learning support, which if staff are not recruited timely enough could impact on attainment. Education Scotland progress visit taking place Feb 2022.	
10	26/04/2021	2.1, 2.3, 2.6, 3.1, 3.3, 3.4	That there is a failure to provide an engaging and effective employee journey.	4	2	8	6	↓ 2	0	0	0	0	Impact on the employee experience and could result in high turnover, high absence rates, disengagement, poor employee relations and industrial relations matters, poor performance of employees and subsequently a poor experience for students and negative impact on college reputation.	Ongoing, effective development of people managers to ensure the enablement of engagement, management and leadership practices. Effective response to the 2021 Employee Survey in progress. Re-launch and automation of the Career Review process, including manager training on performance feedback and coaching. Further staff engagement in train via the IIP and LiD re-accreditation processes, including surveys and focus groups, will provide further intelligence to support organisational response. HR support provided locally to support staff absence management.	2	2	4	4	→ 0	Implementation of College wide training-need analysis, employee engagement processes and measures and effective talent management (including succession planning). Review and enhance the employee experience processes and consider automation where appropriate.		
11	04/02/2022	2.1, 2.3, 2.5, 2.7, 3.1, 3.2, 3.4, 3.6	That there is a failure to safeguard the health and wellbeing of staff and students.	3	3	9	6	↓ 3					Impacts on the health and wellbeing of staff and students. This could result in high absence, disengagement and higher withdrawal rates for students. Risk of serious harm to the individual if the appropriate safeguarding action is not taken. This would significantly impact the student and staff experience leading to potential risk of legal action, complaints and having a negative impact on the college reputation.	Ongoing effective development of safeguarding and health and wellbeing support for staff and students. Safeguarding / GBV Prevention / Corporate Parenting / Carers Support policies and procedures in place. Specialised staff in Student Services and HR responding to concerns or issues. Criminal Convictions and PVG is undertaken as part of the employee recruitment process. Safeguarding, Prevent and Corporate Parenting training is mandatory as part of the staff induction process. Safeguarding including Prevent, Corporate Parenting, Mental Health & Wellbeing information and videos part of the Learner Induction process. College Safeguarding Group is a cross-college group which has both student and staff membership - this groups meets quarterly. GBV Prevention Strategy and Action Place / Corporate Parenting Plan in place which is monitored by the Safeguarding Group. Other mitigations include:- •Student Support email address. Same day response, including responses to financial and emotional crisis support. •Guidance and support staff available on campus for in person support on same day appointment basis. •Staff are trained in Mental Health First Aid and ASIST •Dissemination and attendance of external safeguarding training opportunities, such as those provided by CDN, •Counselling Service for staff and students. •Weekly Yoga and Mindfulness classes for staff and students •Online Togetherall resource for staff and students •Same day response provided via dedicated student support email, including responses to financial and emotional crisis support. •Guidance and support / line management staff available on campus for in person support on same day appointment basis. •Annual safeguarding, health and wellbeing calendar of events •College Mental Health Group and LGBT Champion Group in place •Peer support groups for staff and students	1	2	6	6	→ 0	Full review of Safeguarding policy and procedure planned for AY 2021-22 Review of safeguarding processes in place for staff and students as part of our continual improvement cycle. New safeguarder role and training remit produced with plans to create a network of safeguarders across the college that would feed into the College Safeguarding Group.		Rose Harkness

| 12 | 26/04/2021 | 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 2.5, 2.6, 2.7, 3.1, 3.3 | That a lack of clarity of the learner journey means that there is a failure to provide an appropriate learner experience and support to students.

Jan 2022
That students do not receive a good learning experience. | 4 | 2 | **8** | 4 | ↓ | 4 | 0 | 0 | 0 | 0 | Relates to application and recruitment experience, students not receiving the appropriate or accurate information or the necessary access to support such as financial or health and wellbeing.

Recruitment impacted by outdated systems impacting the experience. Also any delays to bursaries, additional IT equipment and discretionary support may impact. | Applications are monitored by the Student Services Team, review of application and enrolment system in train.
Financial and emotional support offered by the Team.
Team undertake regular training to provide the best possible service and to keep up to date with changes.
Power BI now being used for curriculum planning and to ensure a more efficient application process.
Other mitigations include
•Same day response provided via dedicated student support email, including responses to financial and emotional crisis support.
•Guidance and support staff available on campus for in person support on same day appointment basis.
•Ongoing review of new Admissions electronic system to ensure smooth transition from application to enrolment. Additional work to be undertaken in this area via regular working group meeetings.
•Staff attendance at new Mental Health First Aid training, as provided by SLC.
•Dissemination and attendance of external training opportunities, such as those provided by CDN, etc.
•Review potential increase in counselling and guidance/support provision to ensure reduction in waiting times for emotional support.
•Bursary software under review with developers.
•Support being provided to SA including additional recruitment of new VP.
•Provision of long term laptop loans via Library service to facilitate engagement in class and coursework.

Jan 2022
-Robust electronic innovative induction process in place for Aug 2022 starts as well as refreshers in Jan 2022 includes video content. | 3 | 2 | **6** | 4 | ↓ | 2 | Additional central funding has been received to allow additional resources to be brought in to address particular issues that may be exacerbated due to the COVID pandemic.
Website refresh now out to tender.
Power BI being used to for applications and curriculum planning.
Review taking place regarding staffing resources to meet student needs of financial and emotional support. This includes reviewing the possibility of additional recruitment within student funding, guidance and support, etc, including student placements for counselling.

Jan 2022 | As regards student support funds, SFC funds have proved to be more than sufficient in previous years and the current year's funding should be more than adequate for the FE body. Previous years have seen there to be insufficient funds available to support HE students to the same levels, but with a reduced HE intake, this problem will not be as acute in 2021/22.

Jan 2022
Funds now identified to address the shortfall to funding HE students. | Rose Harkness |
| 13 | 26/04/2021 | 3.1, 3.2, 3.4, 3.5, 3.6 | That there is a failure of Corporate Governance arrangements | 4 | 3 | **12** | 12 | → | 0 | 0 | 0 | 0 | 0 | That the College would fail in its duties as a public body and charity to adhere to statutory expectations. Risk to business delivery; risk to reputation; risk to effective relations between SLC and NCL e.g. given journey towards dissolution and risk of distraction or tension and ensuing impact on operational delivery. | Effective training and development for all staff, including in relation to compliance.
Effective T&D for the Board, given 10 new members, building on the recommendations of the EER and including consideration of culture and values of Board. Advice sought from appropriate bodies (SFC, IA, Good Governance Steering Group).
Planning for the transition to dissolution will be important to ensure that we have the right systems, processes and relationships in place to take up position as a Regional college. Work already in train to identify agreed actions; SFC has established a liaison group involving themselves, Scottish Government and the two colleges.
The Audit and Risk Committee are overseeing a formal, quarterly review of all audit recommendations on a rolling basis to ensure that all actions agreed are completed appropriately and according to timetable. | 3 | 3 | **9** | 9 | → | 0 | Awaiting finalisation of Board member induction programme.   Awaiting Board discussion on SFC report to progress recommendations.   Awaiting clarification from SFC/SG on timeframe for dissolution to allow for planning.

Jan 2022
Governance Improvement Plan established post the SFC Governance review as well as input from internal auditors is now being actioned.
Governance training and Induction session taking place on 1st Feb 2022 which addresses the majority of actions. | **Acting Chair and and Acting Principal in place.** | |

Risk Key	Low	1-4
	Medium	5-11
	High	12-16

Risk Key	1-4
	5-11
	12-16

1			
1	A		
2	B		
3	C		
4	D		
5	E		
6	F		
7	G		
8	H	Removed	04-Aug-20
9	I	Removed	13-Nov-17
10	J		
11	K		
12	L		
13	M		
14	N		
15	O		
16	P		
17	Q	Removed	04-Aug-20
18	R		
19	S	Added	09-Dec-19
20	T	Added	Mar-20
21	U		
22	V	Added	09/03/2022
23	W		
24	X		
25	Y		
26	Z		
27	AA		
28	AB		
29	AC		
30	AD		
31	AE		