MINUTE OF MEETING HELD ON 12 DECEMBER 2022 AT 1500 HRS

STEM HUB, DUMFRIES CAMPUS/HYBRID

Present:	
Caroline Stuart (CS) - Chair	Danielle Hughes (DH) – Student President
Eddie Black (EB) - Virtual	Sue Irving (SI)
Gillian Brydson (GB) – Virtual - joined 4 pm	Claire McLean (CMc) - Virtual
Joanna Campbell (JC) - Principal	Susan McLellan (SMc)
Will Dowson (WD)	Richard Nash (RN)
Kate Glendye (KG)	Jamie Ross (JR)
Sharon Hodgson (SH) - Virtual	
In attendance:	
Michelle Brand (MB) – Minute Secretary	Jill Galloway (JG) – Vice Principal
Mary Cheetham (MC) – PA to Principal	Lorraine Grierson (LG) – Board Secretary
Douglas Dickson (DD) – Vice Principal	Steve Uphill (SU) – Vice Principal
David Eardley (DE) – Azets (Auditors)	Karen Hunter
Apologies:	
Ann Hill (AH)	Richie Nicoll (RNi)
Malcolm MacLeod (MMac)	Rebecca Plant (RP)

1. **Welcome and Apologies for Absence | Verbal | Chair C. Stuart**

1.1. The Chair welcomed everyone to the meeting and thanked everyone for all their hard work over the year

1.2. **Apologies were received from: Ann Hill, Malcolm MacLeod, Richie Nicoll and Rebecca Plant, the meeting was recorded as quorate.**

Declaration of Interest | Verbal | Chair C. Stuart

1.3. The Chair reminded Members to indicate any declaration of interest as appropriate throughout the course of the meeting.

2. **Minute of Meeting held 16 September 2022 | Paper 2.1 | Chair C. Stuart (For Approval)**

2.1. **The minutes were approved as an accurate record of the meeting.**

Action Log | Paper 2.2 | L. Grierson

2.2. LG provided an overview on the progress of the four current actions, confirming that three of the four actions are now closed. The remaining action relates to TU Representatives

joining the Board. It had already been agreed to bring a paper to the March Board meeting to discuss this in more detail. LG advised the Board that the Scottish Government has a Consultation on TU nominees which went live on 1/12/22. https://consult.gov.scot/college-policy/trade-union-nominees/ LG continued to advise the Board that any such change will require changes to legislation. The deadline for submissions to the consultation is Friday 27/1/23. **It was agreed that the Board will consider TU Observer status and a paper will be brought to March meeting with a proposed process for this.**

2.3. **The Board agreed to Actions 1-3 now being marked as closed.**

3. **Annual External Audit Report | Paper 3.1 | D Eardley (For Approval)**

3.1. Confidential to members …..CS welcomed DE to the meeting and thanked Azets for their work.

3.2. DE advised the Board that the annual report and accounts were considered by the Audit Committee on 29 November 2022 and are now being presented to the Board for final approval.

3.3. The report concludes the Audit work for 2021/22 and the draft independent auditor's report includes:

- An unqualified opinion on the financial statements;
- An unqualified opinion on regularity; and
- An unqualified opinion on other prescribed matters.

3.4. **The Board approved the External Audit Report without amendment. CS thanked DE and the Azets Team for their work.**

3.5. **DE confirmed that Azets have been awarded DGC and will continue as external auditors for the next 5 years.**

4. **Financial Statements | Papers 4.1 – 4.3 | S Uphill (For Approval)**

4.1. Confidential to members ……

4.2. **The Board approved Paper 4.1 Financial Statement and for CS and JC to sign the letter. DE left the meeting at 1530 hrs.**

Finance Update | Paper 4.3 | S Uphill

4.3. Confidential to members ……

4.4. **The Board requested that the Management accounts be presented to F&GP and be explicit about the scale of the risk, and the actions we will take to deliver a balanced budget.**

4.5. **It was agreed that an update on the current financial position will be circulated following the Scottish Government Budget announcement and SFC confirmation about credit clawback in-year to the full Board.**

5. **Audit Committee Annual Report | Paper 5.1 | G. Brydson (For Approval)**

5.1. The Audit Committee Annual Report was presented to the Board for approval. We have approvals from both external and internal auditors.

5.2. The Audit Tracker which is reviewed at each Audit Committee is up to date. CS thanked GD and the Audit Committee for their work.

5.3. **The Board approved Paper 5.1, Audit Committee Annual Report.**

6. **Strategic Risk Register | Paper 6.1 | L Grierson (For Approval)**

6.1. The Strategic Risk Register was presented to the Board for approval.

6.2. LG reminded the Board that the Principal and Executive Leadership Team routinely review the Strategic Risk Register to reflect the risks the College is facing and the mitigation that will be applied to each risk. Risks are also circulated to relevant committees for their scrutiny and Audit Committee review high level risks and individual risks for deep-dive scrutiny.

6.3. There are 5 risks which are assigned to the Board of Management. There have been no changes to the scoring of the risks, but the supporting paperwork now shows the mitigations and monitoring within the 3 lines of defence:

- Risk 1- Failure of College strategy to meet the needs of Dumfries and Galloway Region and/ or national priorities.
- Risk 2 – Legal actions; serious accident; incident or civil/criminal breach.
- Risk 5 - Business Continuity Incident – Fire, Systems, Emergency Procedures, Health.
- Risk 6 - Failure to meet regulatory obligations.
- Risk 12 – Health and Safety

6.4. **It was noted that an invitation has been extended to the Chair of Audit to join the exercise in the box around Cyber Security with the Senior Leadership Team.**

6.5. **The Board considered and approved Risks, 1, 2, 5, 6 and 12 which are owned by the Board.**

6.6. **The Board approved the full Risk Register.**

6.7. **The Board agreed to defer Risk 3 to the next meeting of F&GP to undertake a deep dive discussion.**

7. **Workforce Transformation Paper 7.1 | J Galloway (For Approval)**

7.1. Confidential to members ……

7.2. The Board acknowledged the hard work of the Principal and ELT.

7.3. **The Board at this time did not approve 10.3 and have requested an additional business case to be considered ahead of the next full board meeting in March.**

8. **Terms of Reference | Paper 8.1 | C Stuart (For Approval)**

8.1. CS presented the full set of revised committee Terms of Reference (TOR noting these were an output of the governance work undertaken during the summer.

8.2. It was raised that there did not appear to be a clear committee with responsibility for Stakeholder engagement/management. DD updated the Board that Bill McMillan, Director of Commercial Services has now joined us and has this as a main objective of his role.

8.3. **The Board agreed to add Stakeholder engagement/management to the agenda on the next F&GP committee and consider including within the TOR.**

9. **Chairs Report | Paper 9.1 | C Stuart**

9.1. The Chair updated the Board on the activities undertaken in her role during the period since the last Board meeting on 16 September 2022.

9.2. Confidential to members ……

9.4 The Principal's office is in the process of setting up a meeting between Ayrshire College Chair and Principal and DGC, as well as Borders College Chair and Principal.

10. **Principal's Report | Paper 10.1 | J Campbell**

10.1. Confidential to members ……

10.2. Skills Review chaired by James Withers is due to conclude in March and we are preparing a response. This is a really important review.

10.3. JR commended JC for both her verbal and written evidence to the ESYC (Education, Children and Young Persons Committee).

10.4. SH left the meeting at 1715 hrs.

11. **Performance Report| Paper 11.1 | D Dickson, J Galloway & S Uphill**

11.1. Confidential to members ……

11.2. The Executive Team updated the Board on the performance of the College since the date of the last Board meeting on 16 September 2022.

Student Association Report | Paper 12.1 | D Hughes

11.3. DH provided the Board with an update of the Student Association activity since the last Board meeting on 16 September 2022.

11.4. **DH noted that she will produce a Class Representatives report and findings at the next meeting.**

11.5. DH updated the Board that there have been mixed reviews from students about hybrid learning. Early indications are that students would like more of a choice as to when they are learning i.e. on campus/virtual. It was noted that at SRUC every class is recorded and available for the full academic year for any student to watch back at their preferred time.

11.6. Funding approved £6500 Holyrood Trust to go towards student discretionary funds and the student advisors will work with students on this. CS congratulated DH and the team for the continued great work they are doing.

12. **Draft Self Evaluation Report | Paper 12.1 | D Dickson**

12.1. DD provided an overview for the Board and explained the linkage to Paper 13.1.

12.2. Submission date is Friday, 16 December giving us time to add anything that has been missed before the deadline.

12.3. DD confirmed our Education Scotland visit is now scheduled for 16-18 January 2023.

12.4. DD thanked Phil Storrier for compiling the report.

13. **Audited SFC PIs – Sector Comparison Analysis – Guidance | Paper 13.1 | D Dickson**

13.1. This item was covered within the previous agenda item.

14. **Annual Health & Safety Report | Paper 14.1 | B Currie**

14.1. SU provided an overview of the Annual Health & Safety Report reminding the Board of their legal obligations.

14.2. It was highlighted the increase in incidents in relation to being back on campus.

14.3. SU highlighted the one RIDDOR which occurred during the Graduation ceremony. All appropriate action has been taken including reporting to Health and Safety Executive (HSE). A full discussion took place and **SU agreed to provide an update to the Board outwith the meeting including details of any risk assessment which was undertaken prior to the event.**

……

FOR INFORMATION ONLY

15. **Committee Minutes | Papers 15.1 – 15.4**

15.1. **Finance & General Purpose Committee minutes, Paper 15.1 were noted by the Board.**

15.2. **Learning & Teaching Committee minutes, Paper 15.2 were noted by the Board.**

15.3. **Audit Committee minutes, Paper 15.3 were noted by the Board.**

15.4. **Remuneration Committee minutes, Paper 15.4 were noted by the Board.**

16. **Any Other Business | Item 16 | C Stuart**

16.1. CS expressed her congratulations to Susan McLelland who won the Learning & Teaching Colleague of the Year at the CDN Awards. The Board congratulated SMcL.

16.2. The Chair wished everyone a Happy Christmas and closed the meeting.

17. **Date of the Next Meeting | C Stuart**

17.1. **The date of the next scheduled meeting is agreed as Tuesday, 28 March 2024.**

Dumfries and Galloway College

One step ahead

BOARD OF MANAGEMENT ACTION LOG 12.12.22

Key	
■	Ongoing
■	Closed
■	Overdue

No	Meeting Date	Action	Lead	Deadline	Status	Commentary
1	27/6/22	SU would follow up further discussions either to extend an invitation to a non-executive Board member to join the DGC/UWS Planning Team or to set up a special Committee. Further, SU would progress the establishment of governance structure and provide further updates to Board of Management.	SU	Sep 22	Closed	Update provided at Board meeting of 16/9/22 and Jamie Ross was invited to join the DGC/UWS Planning Team.
2	16/9/22	A further meeting to be arranged to finalise strategic discussions.	LG	Nov 22	Closed	Ambition 2025 Refresh documentation was sent to board members for their review and approval due to the difficulties of arranging a further quorate meeting.
3	16/9/22	The Board asked to be kept updated on any response from the DFM regarding DGC playing a more prominent role with the SOSE.	JC	Oct 22	Closed	Response circulated to Board Members.
4	16/9/22	TU Reps on the Board – to bring a paper to March meeting detailing a process.	LG	Mar 23	Ongoing	Dec update: The Scottish Gvt's Consultation on TU nominees went live on 1/12/22. https://consult.gov.scot/college-policy/trade-union-nominees/ This will require changes to legislation. The deadline for submissions to the consultation is Friday 27/1/23. There is to be

Finance & General-Purpose Committee Action Log 16.06.22

No	Meeting Date	Action	Lead	Deadline	Status	Commentary
						consideration whether a formal sector response is needed, however, submissions can be made from individuals and colleges. Board to consider TU Observer status and a paper will be brought to March meeting with a proposed process for this.

Board of Management 12 December 2022

Board of Management

Date of Meeting	12 December 2022
Subject of Paper	AUDIT ANNUAL REPORT
Paper No.	BOM1222-5.1
Agenda Item	Item 5
FOISA Status	Disclosable
Primary Lead	Gillian Brydson
Date of production	08 November 2022
Intended Outcome	**Approval**

Financial Implications:	NO
Equality and Diversity Implications:	N/A
Learner and Learning Implications:	NO
Risks Assessed:	N/A
Publicly Available:	YES

ANNUAL REPORT OF THE AUDIT COMMITTEE 2021-22 1

PURPOSE OF REPORT

1.1   To advise the Board of Management of the activities and decisions of the Audit Committee during Financial Period 2021-22 and to provide opinions on matters specified by the Code of Audit Practice.

1.2   This has been discussed and approved by the Audit Committee members.

2   BACKGROUND TO REPORT

2.1   It is a requirement of the Code of Audit Practice and the College's Standing Orders and Financial Regulations that the Audit Committee provides the Board with an Annual Report so that all members of the Board can be fully informed of, amongst other things, aspects of the system of Internal Control.

3   ADMINISTRATIVE MATTERS

3.1   The period covered by this report is the twelve-month period 1 August 2021 to 31 July 2022.

3.2   The membership of the Committee during the period was:

Naomi Johnson – Chair until 31.01.22
Hugh Carr – Chair from 01.02.22 until 27.06.22
Gillian Brydson – from 27.06.22
Ann Hill
Ian White – until 08.08.22
Sue Irving
Will Dowson
Jamie Ross – from 27.06.22
Ritchie Nicoll – from 27.06.22

Gillian Brydson was appointed Chair from 27.06.22

3.3   Other attendees at Audit Committee meetings include:

Joanna Campbell (Principal)
Rob Barnett (RSM)
Philip Church (RSM)
Mike Gibson (RSM)
David Eardley (Azets)
Alex Elkins (Executive Assistant)
Dorothy McMinn (PA to the Principal)
Douglas Dickson (VP learning, Skills, and Student Experience)
Scott Proctor (VP Finance and Commercial Services until 15.06.22)
Jill Galloway (VP People and Transformation from 06.06.22)

Steve Uphill (Interim VP Finance, Strategy and Sustainability from 16.06.22)
Caroline Stuart (Chair of the Board from 01.02.22)
Gillian Brydson
Richie Nicoll
Lorraine Grierson (Sec to the Bd)

3.4   During the relevant period, the Committee's formal meetings were as follows:

Date of Meeting:	Board members present:
02.09.21 - Quorate	Naomi Johnson, Will Dowson, Sue Irving, Ian White
01.12.21- Quorate	Naomi Johnson, Will Dowson, Ann Hill, Sue Irving, Ian White
10.02.22 – Quorate	Hugh Carr, Will Dowson, Sue Irving, Ian White
05.05.22 – Quorate	Hugh Carr, Will Dowson, Ian White
15.06.22 - Quorate	Hugh Carr, Will Dowson, Jamie Ross, Sue Irving, Ian White

There was an average attendance of 4 members (78%).

Following the impact of the COVID-19 pandemic on Dumfries and Galloway College, the Audit Committee has continued to meet remotely.

4   INTERNAL AUDIT

4.1   RSM acted as internal auditors throughout the year.

4.2   RSM's Annual Audit Report for 2021-22 was presented at the September 2022 Audit Committee Meeting. The report provides an annual internal audit opinion:

The Opinion

For the 12 months ended 31 July 2022, the Head of Internal Audit opinion for Dumfries and Galloway College is as follows:

The organisation has an adequate and effective framework for risk management, governance, and internal control.

However, our work has identified further enhancements to the framework of risk management, governance, and internal control to ensure that it remains adequate and effective.

A copy of the full report is detailed in RSM's Annual Internal Audit Report - Year ended 31st July 2022

4.3   A summary of the internal audit undertaken, and the resulting opinions, is provided below:

| Assignment | Assurance level | Actions agreed | | |
		L	M	H
Further Education Statistical (FES) Return	Reasonable Assurance	4	1	0

Student Support Funds	Advisory	2	0	0
Student Applications	Reasonable Assurance	7	0	0
Income Generation: External Development	Reasonable Assurance	5	0	0
Financial Planning	Reasonable Assurance	3	1	0
Health & Safety	Substantial Assurance	2	0	0
HR/ Payroll	Substantial Assurance	1	1	0
Curriculum Timetabling/ Efficiency of Lecturing Staff	Substantial Assurance	0	1	0
Previous Audit Management Actions	Reasonable Progress	4	3	0
Total (2021-22)		**28**	**7**	**0**
Total (2020-21)		12	9	1

4.4   The recommendations are categorised by the auditors according to the level of priority – High, Medium, and Low, and are prioritised to reflect the auditors' assessment of risk associated with the control weaknesses.

In addition, Suggestions may be included as part of the Action Plan reported. These are not formal recommendations that impact the overall audit opinion but used to highlight a suggestion or idea that management may want to consider.

7 of the recommendations made during the year were categorised as Medium Priority, with 28 categorised as Low Priority.

No High Priority management actions were made during the year.

4.5   Where a recommendation is not accepted this is documented in the individual audit reports considered by the Audit Committee. In general, recommendations may not be accepted where it is considered that the benefits of implementation are outweighed by the costs.

4.6   Factors and Findings which have informed the Internal Audit Opinion

Governance – RSM did not perform a specific governance review at the College in 2021-22, however they have covered elements of the governance framework in place for the following reviews and have used that work to support their governance opinion:

- Curriculum Planning/ Efficiency of Lecturing Staff
- Student Applications
- Income Generation: External Development

Each of the above reviews resulted in a positive opinion being provided to the Board. They concluded that the governance arrangements in place, for the College, were adequate.

Risk – although RSM have not undertaken a specific review of the College's Risk management arrangements, their annual report notes that their risk management opinion is informed by the assessment of risk mitigation controls and compliance with those controls in their risk-based reviews in the following areas:

- Health and Safety (Risk 3.3: Failure to meet regulatory obligations, e.g., H&S, Prevent).
- Financial Planning (Risk 2.1: Failure to achieve Institutional Sustainability)

Those specific reviews resulted in a reasonable and a substantial assurance opinion (positive) which the Board take assurance in those areas.
RSM have attended all Audit Committee meetings throughout the year and confirmed that the College's risk management arrangements had been reported consistently and scrutinised by committee members.

Control – RSM undertook seven audits (including the two risk driven reviews mentioned above) of the control environment that resulted in formal assurance opinions. Those reviews concluded that the Board could take four **reasonable assurance** (positive) and three **substantial assurance** (positive) opinions.

Furthermore, the implementation of agreed management actions agreed during the course of the year are an important contributing factor when assessing the overall opinion on control. RSM have performed a Follow Up review during the year which concluded in **reasonable** (positive) progress had been made towards the implementation of those actions agreed.

Value for Money – RSM have not performed a specific value for money review but have considered the arrangements in place as part of each individual assignment. The College are currently reviewing all processes with a view to automation where possible.

RSM concluded the College are aware of arrangements in place to promote and secure Value for Money and taking steps to improve processes through the acquisition or utilisation of relevant software.

5   EXTERNAL AUDITORS

5.1   The external auditors throughout the period were Azets, Exchange Place 3, Semple Street, Edinburgh.

5.2   The external auditors were originally appointed by Audit Scotland for the five-year period 2016-17 to 2020-21. Audit Scotland highlighted in June 2020 that the COVID-19 pandemic has resulted in significant disruption for public bodies and their capacity for financial reporting, and to auditors of the public sector. Due to this, the Auditor General for Scotland and the Accounts Commission for Scotland extended the current audit appointments to 2021-22.

5.3   Audit Scotland have approved the appointments for the audits of financial years 2022-23 to 2026-27. The provisional appointments were reviewed, and alternatives were proposed following some conflicts that were identified to ensure compliance with the Ethical Standard and Code of Audit Practice. Audit Scotland have now confirmed that Azets Audit services will be the auditor for Dumfries and Galloway College for the audits of 2022-23 to 2026-27.

5.4   The fundamental objective of the planning, approach and execution of the audit is to enable the auditors to express an opinion on whether or not the financial statements, as a whole, give a true and fair view of the activities of the College since the last audit and of its state of affairs as at the Balance Sheet date.

5.5   We confirm that the external auditors have been approved by the Auditor General in accordance with the Code of Audit Practice and the letter from the Auditor General dated 20 April 2000 for provision of external audit services for the financial period 2021-22.

5.6   The external audit of the financial statements for the period ended 31st July 2022 commenced in September 2022, and Azets will issue their report '2021-22 Annual Audit Report to the Board of Management and the Auditor General for Scotland' at the December Board meeting.

6   THE FINANCIAL STATEMENTS

6.1   The External Auditors, Azets, have issued their Draft 2021-22 Annual Audit Report.

6.2   Azets have set out their key messages in their 2021-22 Annual Audit report to the Board of Management and the Auditor General for Scotland. The overall conclusion in the report is as follows:
   - An unqualified opinion on the financial statements.
   - An unqualified opinion on the regularity, and.
   - An unqualified opinion on other prescribed matters.

6.3   The annual work of the external auditor in respect of their wider scope audit responsibilities were restricted to:

   - Audit work to allow conclusions to be made on the appropriateness of the disclosures in the Governance Statement; and

   - Consideration of the financial sustainably of the organisation and the services that it delivers over the medium and longer term.

Their conclusions and key observations were:

Following External review and the Internal Audit on Governance we are confident that while there are still further improvements to make the Board is working to ensure strong Governance and oversight.

6.4   A copy of the External Auditors' full report is detailed in Azets '2021-22 Annual Audit Report to the Board of Management and the Auditor General for Scotland'.

7   VALUE FOR MONEY PROGRAMME (VFM)

7.1   The Scottish Further and Higher Education Funding Council requires internal audit to provide an appraisal each year on the College's arrangements for value for money. The work done by RSM, the College's internal auditors, and their opinion on Value for Money is noted above. A summary of internal audit work undertaken, and the resulting conclusions, is provided at appendix B.

7.2 The Internal Audit reviews have resulted in a positive assurance opinion and management actions were raised to improve the control framework.

8 OTHER MATTERS

8.1 There are no matters arising from trusts, joint ventures, subsidiary, or associated companies.

8.2 There are no incidents of fraud.

8.3 There are no foreseeable events that will affect the work of the Audit Committee.

9 OPINION

9.1 The financial statements present an accurate view of the state of affairs of the College at 31 July 2022 and of the surplus and cash flows for the year then ended and have been properly prepared;

Funds from the Scottish Funding Council and others have been used for the purposes for which they were given;

The College has complied with the Board's Standing Orders and Financial Regulations and where appropriate, the Financial Memorandum dated December 2014 from the Scottish Funding Council;

The College has appropriate systems in place to record, process, summarise and report financial and other relevant data. We have not identified any significant weaknesses or governance issues in the College's accounting and internal control systems throughout the period or as a result of remote working during the COVID-19 pandemic

We are satisfied that the Board continued to receive sufficient and appropriate information throughout the period to support the effective and timely scrutiny and challenge

9.2.1 The Audit Committee's view on the Board of Management's responsibilities, as described in the responsibilities of the Board of Management Statement, is that they have been satisfactorily discharged.

9.2.2 The Audit Committee believes that the Code of Audit Practice, and the Financial Memorandum, were fully complied with during 2021-22.

10 RECOMMENDATION

10.1 The Board of Management members are asked to approve the Annual Report.

Gillian Brydson
Chair of Audit Committee
November 2022

DUMFRIES AND GALLOWAY COLLEGE

Annual internal audit report and opinion – Year ended 31 July 2022

FINAL

Presented at Audit Committee meeting of: 5 September 2022

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

RSM

THE ANNUAL INTERNAL AUDIT OPINION

This report provides an annual internal audit opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the College's risk management, control and governance processes. The opinion should contribute to the College's annual governance reporting.

The opinion

For the 12 months ended 31 July 2022, the Head of Internal Audit opinion for Dumfries and Galloway College is as follows:

The organisation has an adequate and effective framework for risk management, governance and internal control.

However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

Please see appendix A for the full range of annual opinions available to us in preparing this report and opinion.

It remains management's responsibility to develop and maintain a sound system of risk management, internal control and governance, and for the prevention and detection of material errors, loss or fraud. The work of internal audit should not be a substitute for management responsibility around the design and effective operation of these systems.

Scope and limitations of our work

The formation of our opinion is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, our opinion is subject to inherent limitations, as detailed below:

- internal audit has not reviewed all risks and assurances relating to the College.

- the opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led assurance framework. The assurance framework is one component that the Board takes into account in making its annual governance statement (AGS).

- the opinion is based on the findings and conclusions from the work undertaken, the scope of which has been agreed with management / lead individual(s).

- where strong levels of control have been identified, there are still instances where these may not always be effective. This may be due to human error, incorrect management judgement, management override, controls being by-passed or a reduction in compliance.

- due to the limited scope of our audits, there may be weaknesses in the control system which we are not aware of, or which were not brought to our attention.

- our internal audit work for 2021/22 has continued to be undertaken through the operational disruptions caused by the Covid-19 pandemic. In undertaking our audit work, we recognise that there has been some impact on both the operations of the College and its risk profile, and our annual opinion should be read in this context.

FACTORS AND FINDINGS WHICH HAVE INFORMED OUR OPINION

Based on the work we have undertaken on the systems of governance, risk management and internal control across the College, our opinion on governance, risk management and control have been informed by the following:

Governance

We did not perform a specific governance review at the College in 2021/22, however we have covered elements of the governance framework in place for the following reviews and have used this work to support our governance opinion:

- Curriculum Planning / Efficiency of Lecturing Staff
- Student Applications
- Income Generation: External Development

Each of the above reviews resulted in a positive assurance opinion being provided to the Board. We concluded that the governance arrangements in place, for the College, were adequate and effective.

Risk

We did not perform a specific risk management review at the College in 2021/22; however, our risk management opinion was informed by the assessment of the risk mitigation controls and compliance with those controls in our risk-based reviews in the following areas:

- Health and Safety (*Risk 3.3: Failure to meet regulatory obligations, e.g. H&S, Prevent*)
- Financial Planning (*Risk 2.1: Failure to achieve institutional sustainability*)

The specific reviews (above) resulted in a reasonable and a substantial assurance opinion (positive) which the Board take assurance on in these areas.

We have also attended all Audit Committee meetings throughout the year and confirmed the College's risk management arrangements were reported to and scrutinised by committee members.

Control

We have undertaken seven audits (including the two risk driven reviews mentioned above) of the control environment that resulted in formal assurance opinions. These five reviews concluded that the Board could take four reasonable assurance (positive) and three substantial assurance (positive) opinions.

Furthermore, the implementation of agreed management actions agreed during the course of the year are an important contributing factor when assessing the overall opinions on control. We have performed a Follow Up review during the year which concluded in reasonable (positive) progress being made towards the implementation of those actions agreed.

A summary of internal audit work undertaken, and the resulting conclusions, is provided at appendix B.

Value for Money

The Scottish Further and Higher Education Funding Council requires internal audit to provide an appraisal each year on the College's arrangements for value for money.

We have not performed a specific value for money review but have considered the arrangements in place as part of each individual assignment. The College is currently reviewing all processes with a view to automation wherever possible.

We concluded the College is aware of arrangements in place to promote and secure value for money and taking steps to improve processes through the acquisition or utilisation of relevant software.

THE BASIS OF OUR INTERNAL AUDIT OPINION

As well as those headlines previously discussed, the following areas have helped to inform our opinion. A summary of internal audit work undertaken, and the resulting conclusions, is provided at appendix B.

Acceptance of internal audit management actions

Management have agreed actions to address all of the findings reported by the internal audit service during 2021/22.

Implementation of internal audit management actions

We have performed one follow up review to determine the College's implementation of internal audit findings and we have reported that reasonable progress had been made in implementing the agreed actions.

Follow Up of Previous Internal Audit Management Actions

We followed up 19 management actions as part of this review. We were supplied with satisfactory evidence for 11 out of the 19 actions of the actions declared as complete or superseded by the respective action owner. Of the remaining actions, we concluded six (five medium and 1 low) had been partially but not fully completed with two further actions had not been completed (one medium and one low).

Working with other assurance providers

In forming our opinion, we have not placed any direct reliance on other assurance providers.

OUR PERFORMANCE

Conflicts of interest

RSM has not undertaken any work or activity during 2021/22 that would lead us to declare any conflict of interest.

Conformance with internal auditing standards

RSM affirms that our internal audit services are designed to conform to the International Standards for the Professional Practice of Internal Auditing, the wider International Professional Practices Framework (IPPF), and the Internal Audit Code of Practice as published by the Global Institute of Internal Auditors (IIA) and the Chartered IIA.

Under the Standards, internal audit services are required to have an external quality assessment (EQA) every five years. The RSM UK Risk Assurance service line commissioned an external independent review of our internal audit services in 2021, to provide assurance as to whether our approach continues to meet the requirements.

The external review concluded that RSM 'generally conforms* to the requirements of the IIA Standards' and that 'RSM IA also generally conforms with the other Professional Standards and the IIA Code of Ethics. There were no instances of non-conformance with any of the Professional Standards'.

* The rating of 'generally conforms' is the highest rating that can be achieved, in line with the IIA's EQA assessment model.

Quality assurance and continual improvement

To ensure that RSM remains compliant with the International Standards for the Professional Practice of Internal Auditing and the International Professional Practices Framework (IPPF) we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews are used to inform the training needs of our audit teams.

Resulting from the programme in 2021/22, there are no areas which we believe warrant flagging to your attention as impacting on the quality of the service we provide to you.
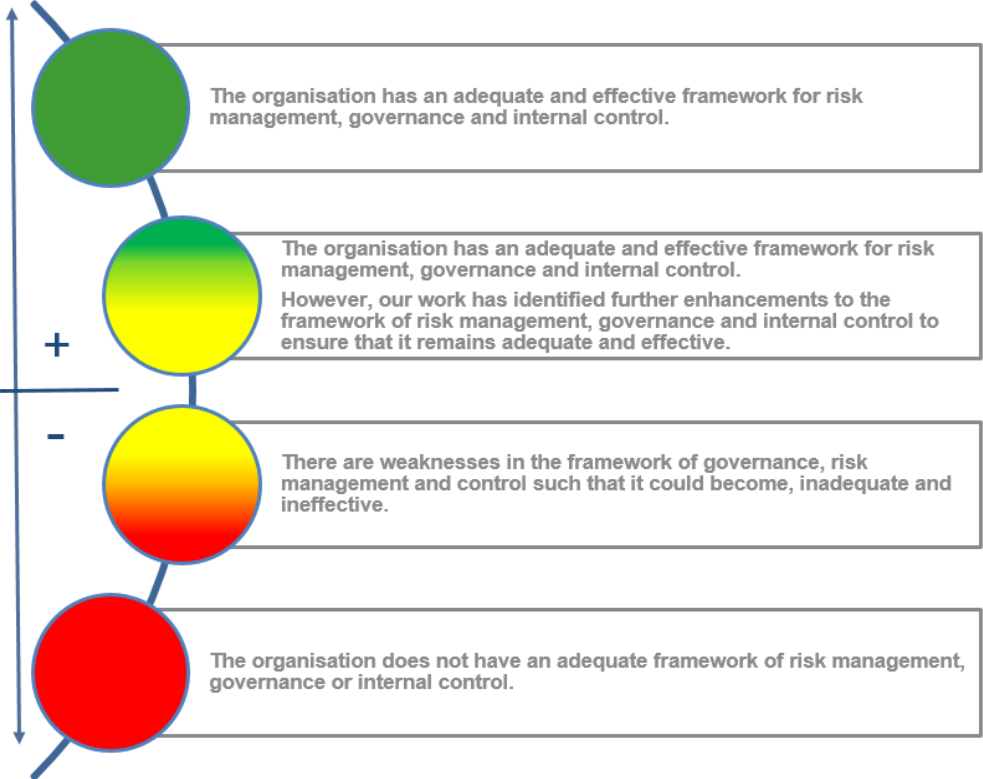
In addition to this, any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments is also taken into consideration to continually improve the service we provide and inform any training requirements.

Performance indicators

Delivery	Target	Actual	Quality	Target	Actual
Draft reports issued within 10 days of debrief meeting	10 days	*5 working days (average)*	Conformance with PSIAS and IIA Standards	Yes	*Yes*
			Liaison with external audit to allow, where appropriate and required, the external auditor to place reliance on the work of internal audit	Yes	*As and when required*
Final report issued within 3 days of management response	3 days	*1 working day (average)*	Response time for all general enquiries for assistance	2 working days	*2 working days (average)*
			Response for emergencies and potential fraud	1 working day	-
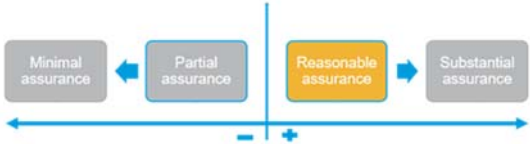
APPENDIX A: ANNUAL OPINIONS

The following shows the full range of opinions available to us within our internal audit methodology to provide you with context regarding your annual internal audit opinion.

Annual opinions	Factors influencing our opinion
The organisation has an adequate and effective framework for risk management, governance and internal control. The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective. There are weaknesses in the framework of governance, risk management and control such that it could become, inadequate and ineffective. The organisation does not have an adequate framework of risk management, governance or internal control.	The factors which are considered when influencing our opinion are: • inherent risk in the area being audited; • limitations in the individual audit assignments; • the adequacy and effectiveness of the risk management and / or governance control framework; • the impact of weakness identified; • the level of risk exposure; and • the response to management actions raised and timeliness of actions taken.

APPENDIX B: SUMMARY OF INTERNAL AUDIT WORK COMPLETED

All of the assurance levels and outcomes provided above should be considered in the context of the scope, and the limitation of scope, set out in the individual assignment report.

Assignment	Assurance level	Actions agreed		
		L	M	H
Further Education Statistical (FES Return)		4	1	0
Student Support Funds	Advisory Our review established the College has appropriate and adequate systems and controls in place, which operate effectively to support the College's SFC return in accordance with the 2020 / 2021 guidance issued by the SFC	2	0	0
Student Applications		7	0	0
Income Generation: External Development		5	0	0

Assignment	Assurance level	Actions agreed		
		L	M	H
Financial Planning		3	1	0
	Minimal assurance ← Partial assurance	Reasonable assurance → Substantial assurance		
Health and Safety		2	0	0
	Minimal assurance ← Partial assurance	Reasonable assurance → **Substantial assurance**		
HR / Payroll		1	1	0
	Minimal assurance ← Partial assurance	Reasonable assurance → **Substantial assurance**		
Curriculum Timetabling / Efficiency for Lecturing Staff		0	1	0
	Minimal assurance ← Partial assurance	Reasonable assurance → **Substantial assurance**		
Follow Up of Previous Internal Audit Management Actions	Reasonable Progress	4	3	0

APPENDIX C: OPINION CLASSIFICATION

We use the following levels of opinion classification within our internal audit reports, reflecting the level of assurance the Board can take:
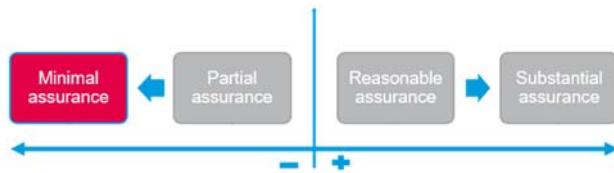
Taking account of the issues identified, the Board **cannot take assurance** that the controls upon which the College relies to manage this risk are suitably designed, consistently applied or effective.

Urgent action is needed to strengthen the control framework to manage the identified risk.
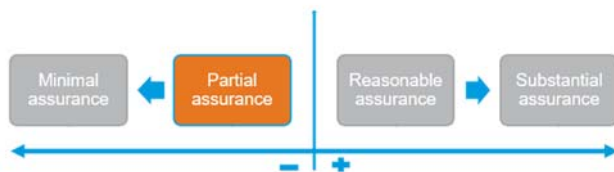
Taking account of the issues identified, the Board can take **partial assurance** that the controls upon which the College relies to manage this risk are suitably designed, consistently applied or effective.

Action is needed to strengthen the control framework to manage the identified risk.
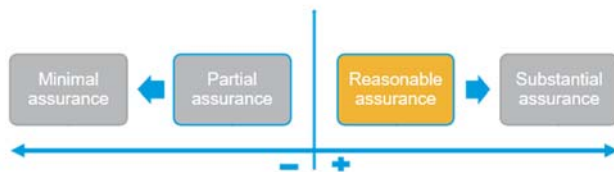
Taking account of the issues identified, the Board can take **reasonable assurance** that the controls upon which the College relies to manage this risk are suitably designed, consistently applied and effective.

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk.
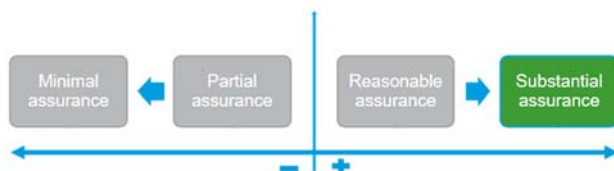
Taking account of the issues identified, the Board can take **substantial assurance** that the controls upon which the College relies to manage this risk are suitably designed, consistently applied and effective.

YOUR INTERNAL AUDIT TEAM

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BOARD OF MANAGEMENT

Date of Meeting	12 December 2022
Subject of Paper	Strategic Risk Register
Paper No.	BOM1222-6.1
Agenda Item	Item 6.1
FOISA Status	Disclosable
Primary Lead	L Grierson
Date of production	23 November 2022
Intended Outcome	**Approval**

Financial Implications:	Yes
Equality and Diversity Implications:	N/A
Learner and Learning Implications:	Yes
Risks Assessed:	Yes
Publicly Available:	Yes

Introduction

Attached is the Risk Register for overview by the Board of Management.

1. Purpose of Report

1.1 The Principal and Executive Leadership Team routinely review the Strategic Risk Register to reflect the risks the College is facing and the mitigation that will be applied to each risk. Risks are also circulated to relevant committees for their scrutiny and Audit Committee review high level risks and individual risks for deep-dive scrutiny.

1.2 There are 5 risks which are assigned to the Board of Management. There have been no changes to the scoring of the risks, but the supporting paperwork now shows the mitigations and monitoring within the 3 lines of defence.

Risk 1- Failure of College strategy to meet the needs of Dumfries and Galloway Region and/ or national priorities.

Risk 2 – Legal actions; serious accident; incident or civil/criminal breach.

Risk 5 - Business Continuity Incident – Fire, Systems, Emergency Procedures, Health.

Risk 6 - Failure to meet regulatory obligations.

Risk 12 – Health and Safety

1.3 Risk Register

There are currently 7 major risks (red), with 1 major risk after mitigation – Risk 3 - Failure to achieve institutional sustainability.

1.4 Audit Committee Recommendations:

Risk 3 – Financial Sustainability was submitted to Audit Committee at it's recent meeting for deep dive discussion and the following recommendations were made:

- Risk showing same scores before and after mitigation. BoM to discuss the risks to financial sustainability further in light of the challenges ahead and FGP Committee to reconsider the mitigated scoring after these discussions.

Risk 11 – 'Failure to achieve and maintain systems and operable and secure ICT'

- In respect of the disaster recovery 'exercise in a box', it is recommended that the Chair of Audit be invited to participate in this event.

1.5 Learning and Teaching Committee Recommendations:

Risk 10 – Failure to achieve an effective student experience – Chair of L&T asks BoM to re-evaluate risk and have a wider discussion in relation to the current student provision and

how this may be affected given the current financial climate and the effect this may have on the student experience.

Recommendations

- The Board is recommended to consider the current risks assigned to the Board of Management and approve.
- The Board is asked to approve the full risk register.
- The board is asked to consider the recommendations from the Committees.

L. Grierson
Secretary to the Board of Management
23 November 2022

RISK REGISTER

No	Risk	Likelihood	Impact	Total	Risk Level	Likelihood	Impact	Total	Risk Level	Risk Appetite	Trend
RISK DEFINITION		**ORIGINAL TASK**				**RESIDUAL RISK**					**Trend**

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

KEY: ASSESSMENT OF RISKS

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

Risk Score Matrix

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

Impact

Likelihood

Strategic Objective:	Risk No: 1

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

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

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

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) **Operational Delivery /Systems /Quality Assurance /Supervision**	• Workplans and oversight in line with ROA and Financial targets	• Clear performance metrics for all strategic outcomes and linked to individual performance targets reviewed on regular basis
OVERSIGHT OF MANAGEMENT ACTIVITY **Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance**	• Robust strategic planning • Effective environmental scanning • Strong and effective partnerships • Clear links between strategy and practice • Concerted demands for increased activity levels	• Membership of key strategic groups • SLT Systems of Control and Reporting • Amendment of strategic direction/plans to government policy and regional economic strategy • Robust monitoring of activity targets via ROA and reported quarterly to SFC
INDEPENDENT ASSURANCE **Internal Audit / external bodies**		• Ongoing engagement and reporting to SFC • Ongoing engagement and reporting to SDS • External Audit • BoM oversight

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 3/5	What is the predicted **IMPACT** of the risk?	(B) 3/5	What is the total risk score? (A x B)	9/25

Risk Status	Meeting 1 SIG	Meeting 2 SIG	Meeting 3	Meeting 4

MEETING	AMENDMENTS TO RECORD
1	No Change
2	Risk updated to show the 3 lines of defence.
3	
4	

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

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

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

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 5/5	What is the predicted **IMPACT** of the risk?	(B) 3/5	What is the total risk score? (A x B)	15/25
The **GROSS** risk is therefore: MIN/SIG/MAJ/FUND	**Significant Risk**				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) **Operational Delivery /Systems /Quality Assurance /Supervision**	• Mandatory staff training on regulatory compliance areas • Continuous professional development	• Records of staff training and completion • Line Manager oversight
OVERSIGHT OF MANAGEMENT ACTIVITY **Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance**	• Adherence to legislative and good practice requirements • Positive Union relations and staff communication • Ongoing management development programmes • Whistleblowing Policy	• Monitoring and reporting in key areas – e.g., H&S, equalities, employee engagement, post-Covid arrangements • Internal audit actions • Staff surveys
INDEPENDENT ASSURANCE	• External legal advice contract in place and used where appropriate	• Internal and External Audit • BoM oversight

Internal Audit / external bodies		

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 3/5	What is the predicted **IMPACT** of the risk?	(B) 2/5	What is the total risk score? (A x B)	6/25

Risk Status	Meeting 1 MIN	Meeting 2 MIN	Meeting 3	Meeting 4

MEETING	AMENDMENTS TO RECORD
1	No change.
2	Risk updated to show the 3 lines of defence.
3	
4	

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

Strategic Objective:	Risk No: 3 Financial Sustainability

Reference to Departmental Risk Registers:	Financial
Owner:	VP Finance, Strategy and Sustainability
Description of the Risk:	Failure to achieve institutional sustainability
What are the possible consequences if the risk was to emerge?	The college will be unable to continue, becomes insolvent, contravening governance requirements by SG, Section 22, Reputational damage to Board and F&GP

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 4/5	What is the predicted **IMPACT** of the risk?	(B) 5/5	What is the total risk score? (A x B)	20/25
The **GROSS** risk is therefore: MIN/SIG/MAJ/FUND	**Major Risk**				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) **Operational Delivery /Systems /Quality Assurance /Supervision**	• Increase commercial income to reduce reliance on SFC funding • Effective cost control • Active tracking of Credits achieved/forecast vs target • Protection of funding through dialogue with SFC	• Regular review of financial strategy and non-core income sensitivity • Finance business partnering to review budgets/spend with Managers • Continuous monitoring of demand v funding allocation of student funds

OVERSIGHT OF MANAGEMENT ACTIVITY Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	• Strategic plan and Operating Plans approved by BoM and Committee • Budgets approved by BoM and Committee • Major project business cases approved by BoM and Committee • Finance Directors Network	• Regular internal reporting to BoM and Committee • Regular interaction with Scottish Funding Council Finance Team • Knowledge exchange through Finance Directors Network / Colleges Scotland • VP and Principals Groups
INDEPENDENT ASSURANCE Internal Audit / external bodies	• Internal Audit Programme agreed by BoM/Audit Committee • External Auditors appointed through Audit Scotland • Regional Outcome Agreement	• BoM/Committee review and approval of IA reports and action points tracking • Audit Committee/BoM oversight • Regular returns to Scottish Funding Council (FFR/FES)

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 4/5	What is the predicted **IMPACT** of the risk?	(B) 5/5	What is the total risk score? (A x B)	20/25

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

MEETING	AMENDMENTS TO RECORD
1	No changes. FGP recommendation to increase Net scoring from 3/5 to 4/5 to reflect deficit forecast.
2	Updated to reflect 3 lines of defence
3	
4	

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

Strategic Objective:	Risk No: 4 Financial Fraud

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

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 4/5	What is the predicted **IMPACT** of the risk?	(B) 3/5	What is the total risk score? (A x B)	12/25
The **GROSS** risk is therefore: MIN/SIG/MAJ/FUN	**Significant Risk**				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE **(Management Assurance)** **Operational Delivery /Systems /Quality Assurance /Supervision**	• No PO / no Pay policy • Scheme of financial delegation • Segregation of duties and review of transactions	• Continuous review of financial controls • Implementation of Internal Audit recommendations
OVERSIGHT OF MANAGEMENT ACTIVITY **Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance**	• Review of impact of any changes in structure or duties • Public Interest Disclosure (Whistleblowing) Policy	• Continuous review of financial controls • Budget / spend review
INDEPENDENT ASSURANCE **Internal Audit / external bodies**	• Internal Audit plan	• Internal Audit • External Audit • Counter Fraud Initiative • Audit Committee/BoM oversight

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 3/5	What is the predicted **IMPACT** of the risk?	(B) 2/5	What is the total risk score? (A x B)	6/25

Risk Status	Meeting 1 MIN	Meeting 2 MIN	Meeting 3	Meeting 4

MEETING	AMENDMENTS TO RECORD
1	Mitigation deleted: Adherence to procurement processes and internal approval processes Monitoring deleted: • Regular review of costs and budgets /Transactional data sample testing / Monthly review of payroll
2	Risk updated to show the 3 lines of defence.
3	
4	

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

Strategic Objective: Risk No: 5 Business Continuity

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

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

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

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) **Operational Delivery /Systems /Quality Assurance /Supervision**	• Documented disaster recovery procedures • Separate COVID -19 – Risk Register /BCT Plan in place • Sound systems of administration • Staff CPD on business continuity themes • Monitoring Public Health Advice • Increased awareness of climate emergency issues • Planning, careful phasing of changes to processes, systems, and equipment • Effective management of / Asset Register in place • Effective management of systems and GDPR	• Adherence to local and national Public Health Guidance • SA Climate awareness activities • Regular review/reporting on milestones, systems effectiveness etc. • Business Continuity Plan including scenario testing • Active data protection monitoring and auditing
OVERSIGHT OF MANAGEMENT ACTIVITY **Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance**	• Rolling programme of routine updates to systems and equipment	• Liaison with SFC and Colleges Scotland – COVID-19 response groups • Climate Emergency College Group (includes Student Representatives)
INDEPENDENT ASSURANCE **Internal Audit / external bodies**	• Communication to stakeholders	• Internal Audit on process and statutory compliance • BoM oversight

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 4/5	What is the predicted **IMPACT** of the risk?	(B) 3/5	What is the total risk score? (A x B)	12/25

Risk Status	Meeting 1 SIG	Meeting 2 SIG	Meeting 3	Meeting 4

MEETING	AMENDMENTS TO RECORD
1	No changes.
2	Risk updated to show the 3 lines of defence.
3	
4	

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

Strategic Objective:	Risk No: 6
Reference to Departmental Risk Registers:	Organisational
Owner:	VP Finance, Strategy and Sustainability
Description of the Risk:	Failure to meet regulatory obligations
What are the possible consequences if the risk was to emerge?	Loss of reputation, impact to financial sustainability, Government bodies intervention

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 3/5	What is the predicted **IMPACT** of the risk?	(B) 5/5	What is the total risk score? (A x B)	15/25
The **GROSS** risk is therefore: MIN/SIG/MAJ/FUN	**Significant Risk**				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) **Operational Delivery /Systems /Quality Assurance /Supervision**	• Prevent, Health and Safety and Safeguarding training • Staff awareness and contingency planning • Engagement/practice sharing with local agencies	• Business Continuity Plan including scenario testing • Information sharing with local agencies • HR monitors staff numbers trained

OVERSIGHT OF MANAGEMENT ACTIVITY Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	• Engagement/practice sharing with local agencies • Board approval of SFC submissions	• Information sharing with local agencies • SFC obligations
INDEPENDENT ASSURANCE Internal Audit / external bodies		• Internal Audit across all areas • Annual external Audit • BoM oversight

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 5/5	What is the predicted **IMPACT** of the risk?	(B) 1/5	What is the total risk score? (A x B)	5/25

Risk Status	Meeting 1 MIN	Meeting 2 MIN	Meeting 3	Meeting 4

MEETING	AMENDMENTS TO RECORD
1	No changes
2	
3	
4	

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

Strategic Objective:	**Risk No: 7**

Reference to Departmental Risk Registers:	Organisational
Owner:	Vice Principal People and Transformation.
Description of the Risk:	Failure to achieve effective Industrial Relations
What are the possible consequences if the risk was to emerge?	Financial loss, impact to ability to effectively teach, industrial action, loss of reputation.

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 5/5	What is the predicted **IMPACT** of the risk?	(B) 4/5	What is the total risk score? (A x B)	20/25
The **GROSS** risk is therefore: MIN/SIG/MAJ/FUN	**Major Risk**				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE **(Management Assurance)** **Operational Delivery /Systems /Quality Assurance /Supervision**	• Constructive formal and informal communication channels • Regular meetings • Staff awareness and contingency planning	• LJNC • College Employers Scotland advice and updates • Regular union/management dialogue
OVERSIGHT OF MANAGEMENT ACTIVITY **Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance**	• LJNC (Local Joint Negotiation Committee) • Representation at Employers Assoc'n • NRPA (National Recognition and Procedures Agreement) • Engagement/practice sharing with local agencies	• ELT/SLT/Board • Regular employee engagement monitoring • Regular union/management dialogue
INDEPENDENT ASSURANCE **Internal Audit / external bodies**	• College Employers Scotland	• SFC/Scottish Government • FGP/BoM oversight

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 4/5	What is the predicted **IMPACT** of the risk?	(B) 3/5	What is the total risk score? (A x B)	12/25

Risk Status	Meeting 1 MIN	Meeting 2 SIG	Meeting 3	Meeting 4

MEETING	AMENDMENTS TO RECORD
1	Net likelihood reduced to 4 (net of 5 suggests controls having no impact and are therefore not appropriate) - impact increased to 2. Gross and Net impact increased following 010922 meeting
2	Updated information to reflect the 3 lines of defence.
3	
4	

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

Strategic Objective:		Risk No: 8		

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

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

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE **(Management Assurance)** **Operational Delivery /Systems /Quality Assurance /Supervision**	• Online reports with curriculum areas performance • Action planning at curriculum area level • Regular curriculum team meetings	• Managers and Directors monitor course PIs • Self-evaluation reporting monitored by Performance
OVERSIGHT OF MANAGEMENT ACTIVITY **Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance**	• College wide enhancement plan developed from self-evaluation • Action planning from portfolio reviews	• College wide enhancement plan monitored annually • Annual portfolio review to examine improvement actions • Regular reportage on performance to SLT • Reportage to L&T Committee on College wide self -evaluation and portfolio reviews
INDEPENDENT ASSURANCE **Internal Audit / external bodies**	• Annual scrutiny by Education Scotland annually by HMI and STMs • Self-evaluation reportage to Scottish Funding Council	• Reportage by Education Scotland presented to the BoM • SFC Outcome Team monitor returns and provide feedback as required

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

Risk Status	Meeting 1 SIG	Meeting 2 SIG	Meeting 3	Meeting 4

MEETING	AMENDMENTS TO RECORD
1	No Change
2	Risk updated to show the 3 lines of defence.
3	
4	

No.	Risk and Risk Appetite	Avoid	Averse	Cautious	Moderate	Open	Hungry
8	Failure to achieve highest academic performance levels						

Strategic Objective:	Risk No: 9

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

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 4/5	What is the predicted **IMPACT** of the risk?	(B) 3/5	What is the total risk score? (A x B)	12/25
The **GROSS** risk is therefore: MIN/SIG/MAJ/FUN	**Significant risk**				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) **Operational Delivery /Systems /Quality Assurance /Supervision**	• Assessor marks in line with national standards utilising awarding body resources. • Action planning at curriculum area level • Regular curriculum team meetings	• Internal verifier appointed for each unit and a cycle of verification is followed. • Self-evaluation reporting monitored by Performance
OVERSIGHT OF MANAGEMENT ACTIVITY **Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance**	• Management scrutiny of the cycle of verification and appointment of internal verifiers. • Issues from internal verification are identified and action planned to ensure conformity with national standards. • College wide enhancement plan developed from self-evaluation	• Scrutiny of internal verification reports by managers. • SLT scrutiny of annual verification activity. • College wide enhancement plan monitored annually • Reportage to L&T Committee on College wide self-evaluation and portfolio reviews
INDEPENDENT ASSURANCE **Internal Audit / external bodies**	• External verification by awarding body according to an annual cycle and risk • Annual scrutiny by Education Scotland annually by HMI and STMs • Self-evaluation reportage to Scottish Funding Council	• External verifier presents report of visit to curriculum and performance team. • Performance directorate monitor external verification and report to SLT and the L&T Committee. • Reportage by Education Scotland presented to the BoM • SFC Outcome Team monitor returns and provide feedback as required

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 2/5	What is the predicted **IMPACT** of the risk?	(B) 2/5	What is the total risk score? (A x B)	4/25

Risk Status	Meeting 1 MIN	Meeting 2	Meeting 3	Meeting 4

MEETING	AMENDMENTS TO RECORD
1	No Change
2	Risk updated to show the 3 lines of defence.
3	
4	

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

Strategic Objective:	Risk No: 10

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

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 3/5	What is the predicted **IMPACT** of the risk?	(B) 4/5	What is the total risk score? (A x B)	12/25
The **GROSS** risk is therefore: MIN/SIG/MAJ/FUND	**Significant Risk**				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE **(Management Assurance)** **Operational Delivery /Systems /Quality Assurance /Supervision**	• Clear arrangements for applications, onboarding and retention • Student block surveys and Student Satisfaction and Engagement Survey (SSES) • Student engagement prior to course start and on course • Continuous self- evaluation and action planning by support and teaching areas • Action planning at curriculum area level • Regular curriculum team meetings	• Review of early student experience • Performance return survey and SSES results to CMs • Performance enhancement measure support areas to improve the student experience • Self-evaluation reporting monitored by Performance and Directors

		• Students' association officers' meetings with students • Student focus groups • Student class representatives input to course teams	
OVERSIGHT OF MANAGEMENT ACTIVITY **Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance**		• College wide enhancement plan developed from self-evaluation • Action planning from portfolio reviews	• Monitoring of College wide enhancement plan • Portfolio review to examine improvement actions • Regular reportage on performance and student satisfaction to SLT • Reportage to L&T Committee on College wide self-evaluation, enhancement plan and portfolio reviews
INDEPENDENT ASSURANCE **Internal Audit / external bodies**		• Annual scrutiny by Education Scotland annually by HMI and STMs • Self-evaluation reportage to Scottish Funding Council	• Reportage by Education Scotland presented to the BoM • SFC Outcome Team monitor returns and provide feedback as required

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 2/5	What is the predicted **IMPACT** of the risk?	(B) 4/5	What is the total risk score? (A x B)	8/25

Risk Status	Meeting 1 MIN	Meeting 2 MIN	Meeting 3	Meeting 4

MEETING	AMENDMENTS TO RECORD
1	No Change
2	Risk updated to show the 3 lines of defence.
3	
4	

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

Strategic Objective: **Risk No: 11**

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

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 4/5	What is the predicted **IMPACT** of the risk?	(B) 5/5	What is the total risk score? (A x B)	20/25
The **GROSS** risk is therefore:(MIN/SIG/MAJ/FUN)	**Major**				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) **Operational Delivery /Systems /Quality Assurance /Supervision**	• Documented disaster recovery procedures • Cyber Incident disaster recovery plan • Staff CPD on business continuity areas including Cyber security • Firewalls and antivirus software in place	• Cyber exercises • Regular planned security monitoring. • Desktop DRP exercises carried out and reviewed regularly. • Network traffic regularly monitored.
OVERSIGHT OF MANAGEMENT ACTIVITY **Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance**	• Regular internal review of security measures and action around areas of concern; • Regular cyber/phishing exercises;	• Feedback via SLT/ELT on monitoring statistics; • Regular Board reporting around cyber position;
INDEPENDENT ASSURANCE **Internal Audit / external bodies**	• CISO (Chief Information Security Officer) service in place through HEFESTIS.	• Regular reporting and risk assessment. • Audit Committee/BoM oversight

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

Risk Status	Meeting 1 SIG	Meeting 2 SIG	Meeting 3	Meeting 4
MEETING	**AMENDMENTS**			
1	No change to scoring – additional monitoring in place			
2	Risk updated to show the 3 lines of defence.			
3				
4				

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

Strategic Objective:	Risk No: 12

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

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 4/5	What is the predicted **IMPACT** of the risk?	(B) 5/5	What is the total risk score? (A x B)	20/25
The **GROSS** risk is therefore: (MIN/SIG/MAJ/FUN)	**Major Risk**				

3 LINES OF DEFENCE	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) **Operational Delivery /Systems /Quality Assurance /Supervision**	• Reporting and review procedure including "near miss" • Health and Safety IOSH training for staff • Regular communication on responsibilities • Specific communication at time of increased risk e.g.Covid, building works, adverse weather	• Regular, formal Health & Safety Committee
OVERSIGHT OF MANAGEMENT ACTIVITY **Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance**		• Regular, formal Health & Safety Committee • Reporting to Audit Committee / BoM
INDEPENDENT ASSURANCE **Internal Audit / external bodies**		• Internal Audit

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

What is the predicted **LIKELIHOOD** of the risk occurring?	(A) 3/5	What is the predicted **IMPACT** of the risk?	(B) 4/5	What is the total risk score? (A x B)	12/25

Risk Status	Meeting 1 SIG	Meeting 2 SIG	Meeting 3	Meeting 4

MEETING	AMENDMENTS TO RECORD
1	New Risk
2	Risk updated to show the 3 lines of defence.
3	
4	

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

Board of Management

Board of Management

Date of Meeting	12 December 2022
Subject of Paper	Committee Terms of References
Paper No.	BOM1222-8.1
Agenda Item	Item 8.1
FOISA Status	Disclosable
Primary Lead	Caroline Stuart
Date of production	November 2022
Intended Outcome	Approval
Financial Implications:	Yes
Equality and Diversity Implications:	No
Risks Assessed:	Yes
Publicly Available:	No

Read Time: minutes (including appendices)

1. **Purpose**

   The purpose of this report is for the Board to review and **approve** the full set of committee Terms of Reference (TOR).

2. **Context**

   As part of the governance work undertaken over the summer it was agreed to review the committee TOR. This work concluded in September and each committee has now reviewed and approved their individual TOR.

3. **Benefits**

   3.1. The refined TORs also layout a clear schedule of business for each individual committee. This has been an extremely useful piece of work and I would like to thank Lorraine Grierson for all her work pulling these together.

   3.2. Review of the TORs will be an annual action for each committee and then brought back to the Board for full and final sign off at its final meeting of the academic year.

4. **Recommendations**

   The Board is invited to **approve** the full set of committee TORs.

Caroline Stuart
Chair of Dumfries and Galloway College Board of Management

November 2022

Appendix 1 – Audit Committee

Appendix 2 – Board Development Committee

Appendix 3 – Finance and General Purposes Committee

Appendix 4 – Grievance and Appeals Committee

Appendix 5 – Learning and Teaching Committee

Appendix 6 – Remuneration Committee

Terms of Reference	Audit Committee
Date Approved by Committee	Sept 2022
Date Approved by Board	TBA
Date of Next Review	Jun 2023
Chair	Gillian Brydson

1. Membership

1.1. 5-6 non-executive board members (one of whom shall be appointed as Committee Chair).

1.2. Members of the Audit Committee (AC) are precluded from serving on the Finance & General Purposes Committee (F&GP).

1.3. The Chair and Principal should not be a member of the AC.

1.4. The internal audit service provider and representatives of the external auditor will be expected to attend meetings of the AC and to be provided with agenda and papers for meetings.

1.5. The AC can sit privately without any non-members present for all or part of the meeting if they wish.

1.6. In attendance:

    1.6.1.1. Principal;

    1.6.1.2. Vice Principals;

    1.6.1.3. Secretary to the Board

2. Quorum

2.1. 3 members, 2 of whom to be non-executive Board members (quorum 50% or higher of membership, with the majority for decision-making to be non-executives).

3. Reporting

3.1. The AC shall make its recommendations to the Board of Management as appropriate.

3.2. The AC shall observe the Standing Orders in all its business.

3.3. Minutes of the meetings should be circulated to the Board for information.

3.4. Prepare an annual report to the Board on Internal Financial Control prior to the signing of the Financial Statements focussing particularly on any changes in accounting policy, major judgemental areas, significant audit adjustments, the going concern assumption and compliance with accounting standards and the Scottish Funding Council's Financial Memorandum

4. Responsibilities

4.1. Advise the Board on the strategic processes for risk, control and governance, and the Governance Statement.

4.2. Agree the letter of engagement of the external auditor and review the reports to management, making recommendations if required.

4.3. Review and make recommendations to the external auditor's Management Letter and management's response and have direct access to the external auditor including an annual closed meeting.

4.4. Agree the scope for the external auditor's work. A progress report from the external auditor will be presented bi-annually.

4.5. Agree the scope for the internal audit plan (including value for money audits), review all audit reports and monitor the implementation of internal audit recommendations and advise the Board accordingly. A progress report will be presented at each meeting.

4.6. Monitor the processes for ensuring the effectiveness of the financial and other internal controls and management systems, making recommendations to the Board accordingly.

4.7. Ensure compliance with corporate governance requirements.

4.8. Maintain oversight of the Anti-fraud and Corruption Policy and the Whistleblowing Policy ensuring their effectiveness. A report to be provided annually.

4.9. Monitor, review and advise the Board on the Risk Management Policy and the effectiveness of the risk management systems, including the College's Risk Appetite to ensure the College's approach to managing risk is appropriate and adequate. The AC will review and discuss the Risk Register at each meeting and make recommendations as required.

4.10. Monitor the systems in place which promote efficiency, effectiveness and economy including where appropriate the identification of specific value for money studies. Ensure the activities are managed in accordance with legislation and regulations.

4.11. Ensure all significant losses, including those in excess of the delegated limits set out in the Financial Memorandum have been properly investigated and the internal and external auditors and Scottish Funding Council have been fully informed of all such loses.

4.12. Following consideration by F&GP, the AC will provide a recommendation to the Board that the annual financial statements may be approved, or report concerns to the Board.

4.13. Undertake a self-evaluation exercise annually to ensure that the AC complies with best practice in relation to governance and the internal and external audit services are satisfactory.

5. **Meetings**

5.1. The AC will normally meet at least four times per year.

5.2. Once a year, subsequent to a meeting of the AC, non-executive members of the AC will meet with the internal auditor and representatives of the external auditor. The Chair of the Board of Management may elect to attend this meeting.

5.3. The AC will report to the Board of Management on a regular basis, and the Chair of the AC will produce an Annual Report for submission to the Board following the end of the financial year.

5.4.   Schedule of Business

Standing Items:

- Maintain minutes and report to board
- Review AC Action Log
- Review Risk Register and mitigating actions
- Monitor progress against internal audit recommendations
- Review new internal audit reports undertaken since last meeting

Meeting 1 (Aug-Oct) Q1	Meeting 2 (Nov-Jan) Q2	Meeting 3 (Feb-April) Q3	Meeting 4 (May-July) Q4
- Review Risk Appetite Statement - Review Annual Internal Audit Summary Report	- Closed meeting with Committee and Auditors in the absence of executive members - Consider for Approval Year End Accounts - External Annual Audit Report - Letter of Representation - Draft Financial Statements - Annual Audit Committee Report	- Review Anti-fraud & Corruption policy - Review Whistleblowing policy and arrangements - Agree Schedule of AC meeting dates - Review of Business Continuity Plan	- Approve external audit plan and scope of work - Approve internal audit plan and scope of work - Review Code of Good Governance & Scheme of Delegation - Review Committee Terms of Reference & Workplan - Assess independence, financial literacy skills and experience of members - Annual Committee Self-evaluation

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Scottish Government  /  SFC
F&HE (Scotland) Act 2005, Post 16 Education Action 2013
Children and Young People's Act
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Board

Principal and Executive Leadership Team

Compliance

Articles and Governance Handbook (Standing Orders / Scheme of Delegation)	Code of Good Governance (CoGG)	Audit and Assurance Handbook	External Effectiveness Review	Financial memorandum (Scottish Public Financial	Approval of College Strategy (Ambition 2025 and supporting strategies) ROA

Audit Committee	**Finance and General Purposes Committee**	**Learning and Teaching Committee**	**Remuneration Committee**	**Board Development Committee**
• Risk Management / Monitor strategic risks - Appetite • Internal/External Auditors – agree scope, consider reports, receive annual opinion • Governance Statement (CoGG) • Approve Annual Report on Financial Control prior to Board signing statement • Financial Controls • Systems efficiency and effectiveness, activities in line with regulations	• Monitor Annual Financial Accounts – budget, forecast, performance • Financial control and delegated authority – financial memo/regs • Monitor strategic risks • Monitor Finance and Performance Strategy/KPIs • Monitor Systems and Infrastructure Strategy/KPIs • Monitor Innovation and Growth Strategy/KPIs • Monitor People and Culture Strategy/ KPIs • GDPR and Cyber Resilience • Employment Law, Review Equality and Diversity Annual Report • H&S Estates	• Monitor quality and inclusivity of the learning experience re Ed Scot Quality Framework • Monitor academic performance/retention • Monitor performance against ROA • Student Activity Data Reports • Monitor Student Experience Strategy /KPIs • Student Association /Constitution • Monitor CLD/SSES/Academic Council • Monitor strategic risks • Corporate Parenting and Safeguarding)	• Determine Snr Staff Pay Policy • Approve annual Performance Review for the Principal and Objective setting • Receive and approve annual reports on performance of Vice Principals from Principal • Review Voluntary Severance Pay Policy for Snr staff and settlement agreements	• Board recruitment – Ministerial Appointment Guide, /Diversity Succession Planning Guidance / Code of Conduct Guidance • Board self-evaluation and development (CoGG)

Self-Evaluation

Terms of Reference	Board Development Committee
Date Approved by Committee	Jun 2022
Date Approved by Board	TBA
Date of Next Review	Jun 2023
Chair	Caroline Stuart

1. Membership

1.1. 3 non-executive board members:

    1.1.1. The Chair of the Board of Management will be appointed as the Chair of the Board Development Committee (BDC).

    1.1.2. One Staff Member and one Student Member.[1]

1.2. The Chair of the Board of Management shall be considered as a Non-Executive Member.

1.3. In attendance:

    1.3.1.1. Secretary to the Board

2. Quorum

2.1. 3 members, (quorum 50% or higher of membership, with the majority for decision-making to be non-executives).

3. Reporting

3.1. The BDC shall make its recommendations to the Board of Management as appropriate.

3.2. The BDC shall observe the Standing Orders in all its business.

3.3. Minutes of the meetings should be circulated to the Board for information.

4. Responsibilities

4.1. The Committee shall advise the Board of Management in matters relating to membership, appointments[2], development and evaluation as follows, in accordance with the Code of Good Governance for Scotland's Colleges, Ministerial Guidance on College Sector Board Appointments, Code of Conduct, Scottish Government guidance on Diversity Succession Planning, and other guidance that may apply.

    4.1.1. Oversee the process and advise the Board in relation to the recruitment, appointment, and extension of appointments of Non-Executive Board Members.

    4.1.2. Oversee and advise the Board in relation to arrangements for the election and nomination of Staff and Student Members.

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[1] Inclusion of staff and student members is on the basis of making decisions on a diverse, inclusive and representative basis. The Ministerial Guidance stipulates that staff and students should have an "opportunity to contribute".

[2] Note that any members who are personally affected by an appointment or extension process may not participate in decision-making in relation to that process. Where several members are affected, the Committee may choose to recommend to the Board establishment of a short-life special purpose committee or panel.

4.1.3. Review Board membership and advise the Board as required, in relation to gender and diversity; the balance of skills, knowledge and experience; tenure; succession planning; and co-option.

4.1.4. Oversee arrangements for Board Members' induction, training and development.

4.1.5. Review and recommend a draft Development Plan annually to the Board for approval.

4.1.6. Monitor progress against the Development plan and report to the Board at the end of the planning period and as required over the course of the year.

4.1.7. Oversee arrangements and advise the Board in relation to annual evaluation processes, ensuring procedures are in place for individual Board Member evaluation, Committee self-evaluation, evaluation of the Chair by the Senior Independent Member, and full-Board performance evaluation.

4.1.8. Ensure an externally facilitated review of the Board's performance is conducted at least every three to five years.

4.1.9. Review the Committee's own performance annually and provide a report to the Board.

4.1.10. Receive and review evaluation reports on Board performance and development of members.

5. Meetings

5.1. The BDC will meet as required but no less than once per year.[3]

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[3] This is as per the previous terms, however, given the range of committee responsibility the committee may wish to meet regularly in alignment with the annual cycle of board meetings to allow for reporting and recommendations.

5.2.   Schedule of Business

Standing Items:

- Maintain minutes and report to board
- Review BDC Action Log
- Review Risk Register and mitigating actions

Meeting 1 (Jun-Aug)
- Review Board membership (inc. Succession planning for key roles)   - Review Board Development Plan   - Annual evaluation arrangements   - Annual Board Development Report (inc. Membership, Quorum, Significant pieces of work undertaken)   - Review Committee Terms of Reference

Scottish Government / SFC
F&HE (Scotland) Act 2005, Post 16 Education Action 2013
Children and Young People's Act

Board

Principal and Executive Leadership Team

Compliance

Articles and Governance Handbook (Standing Orders / Scheme of Delegation)	Code of Good Governance (CoGG)	Audit and Assurance Handbook	External Effectiveness Review	Financial memorandum (Scottish Public Financial	Approval of College Strategy (Ambition 2025 and supporting strategies) ROA

Audit Committee	**Finance and General Purposes Committee**	**Learning and Teaching Committee**	**Remuneration Committee**	**Board Development Committee**
• Risk Management / Monitor strategic risks - Appetite • Internal/External Auditors – agree scope, consider reports, receive annual opinion • Governance Statement (CoGG) • Approve Annual Report on Financial Control prior to Board signing statement • Financial Controls • Systems efficiency and effectiveness, activities in line with regulations	• Monitor Annual Financial Accounts – budget, forecast, performance • Financial control and delegated authority – financial memo/regs • Monitor strategic risks • Monitor Finance and Performance Strategy/KPIs • Monitor Systems and Infrastructure Strategy/KPIs • Monitor Innovation and Growth Strategy/KPIs • Monitor People and Culture Strategy/ KPIs • GDPR and Cyber Resilience • Employment Law, Review Equality and Diversity Annual Report • H&S Estates	• Monitor quality and inclusivity of the learning experience re Ed Scot Quality Framework • Monitor academic performance/retention • Monitor performance against ROA • Student Activity Data Reports • Monitor Student Experience Strategy /KPIs • Student Association /Constitution • Monitor CLD/SSES/Academic Council • Monitor strategic risks • Corporate Parenting and Safeguarding)	• Determine Snr Staff Pay Policy • Approve annual Performance Review for the Principal and Objective setting • Receive and approve annual reports on performance of Vice Principals from Principal • Review Voluntary Severance Pay Policy for Snr staff and settlement agreements	• Board recruitment – Ministerial Appointment Guide, /Diversity Succession Planning Guidance / Code of Conduct Guidance • Board self-evaluation and development (CoGG)

Self-Evaluation

Terms of Reference	Finance & General Purposes Committee
Date Approved by Committee	Sept 2022
Date Approved by Board	TBA
Date of Next Review	June 2023
Chair	Richard Nash

1. Membership

1.1. Minimum of 3 non-executive board members (one of whom shall be appointed as Committee Chair).

1.2. Chair of the Finance & General Purposes Committee (F&GP) are precluded from serving on the Audit Committee.

1.3. The Principal

1.4. 1-2 Staff Members

1.5. It is desirable that at least one member should have a background in finance, accounting/audit and HR.

1.6. In attendance:

1.6.1.1. Vice Principal of Finance, Strategy & Sustainability

1.6.1.2. Vice Principal of Learning Skills & Student Experience

1.6.1.3. Vice Principal of People & Transformation

1.6.1.4. Secretary to the Board

2. Quorum

4 members, 3 of whom to be non-executive Board members (quorum 50% or higher of membership, with the majority for decision-making to be non-executives).

3. Reporting

3.1. The F&GP shall make its recommendations to the Board of Management as appropriate.

3.2. The F&GP shall observe the Standing Orders in all its business.

3.3. Minutes of the meetings should be circulated to the Board for information.

4. Responsibilities

4.1. Financial Management

4.1.1. Consider the annual budget and recommend approval to the full Board.

4.1.2. Monitor actual performance against budget and provide an update to the Board on financial sustainability.

4.1.3. Consider capital expenditure, investments and borrowing in accordance with Scottish Funding Council (SFC) guidance and recommend approval to the full board.

4.1.4. Consider the Financial Forecast Return (FFR) to SFC and recommend approval to the full Board.

4.1.5. Consider the annual statutory accounts and recommend approval to the Audit Committee.

4.1.6. Oversee systems of financial control and delegated authority.

4.1.7. Carry out the Board of Management's constitutional delegation in financial matters.

4.1.8. Ensure compliance with the Financial Memorandum and Financial Regulations.

4.1.9. Consider and make recommendations for the annual report on Growth and Financial Sustainability Strategy and monitor performance against KPIs on strategy out-turn.

4.1.10. Monitor the strategic risks relevant to the Committee and suggest recommendations as required.

4.2. Commercial and Marketing

4.2.1. Consider and make recommendations for Business Development and Marketing and monitor performance against KPIs quarterly before presentation to the Board.

4.2.2. Consider and make recommendations for the annual report on Business Development and Marketing and monitor performance against KPIs on strategy out-turn.

4.3. Estates and Infrastructure

4.3.1. Consider and make recommendations for the Systems and Infrastructure Strategy and monitor performance against KPIs at least once per year before presentation to the Board.

4.3.2. Review the estates strategy, to ensure infrastructure is fit for purpose and sustainable.

4.3.3. Make recommendations to the Board on matters relating to the development and management of its property and facilities.

4.3.4. Consider and make recommendations for the annual report on estates, sustainability and health and safety aspects of the College's operations where these relate to estates and facilities.

4.4. Human Resources, Organisational Development and Transformation

4.4.1. Ensure the College is operating within all legal requirements relating to employment law and other legislation affecting employment.

4.4.2. Consider and make recommendations for the People and Culture Strategy and monitor performance against KPIs at least once a year before presentation to the Board.

4.4.3. Ensure appropriate arrangements are in place for effective dialogue with trade unions.

4.4.4. Ensure appropriate policies are in place for staff related matters e.g. appointments, promotion, staff development and appraisal and succession planning.

4.4.5. Review Equality and Diversity updates and the Annual Report, monitoring the College's progress in the implementation.

4.4.6 Monitor and review cyber resilience and information security capabilities to ensure IT infrastructure and information is protected and strengthened to ensure compliance with legislative requirements, and to ensure digital provision is fit for purpose and sustainable.

4.4.7 Monitor and review Data Protection and privacy processes, and staff training to ensure compliance with legislative requirements.

4.5   Other

Undertake a self-evaluation exercise annually to ensure that the Committee complies with best practice in relation to governance.

4.6   Meetings

The F&GP will normally meet at least four times per year.

4.7   Schedule of Business

Standing Items:

- Maintain minutes and report to board
- Review F&GP Action Log
- Review Risk Register and mitigating actions
- Financial Update (Management Accounts)
- HR update – progress against KPIs
- Information Governance update – progress against KPIs
- Estates And Sustainability update (inc. Carbon Mngt) – progress against KPIs
- Equality & Diversity update
- Business Development and Marketing Update – progress against KPIs

Meeting 1 (Aug-Oct) Q1	Meeting 2 (Nov-Jan) Q2	Meeting 3 (Feb-April) Q3	Meeting 4 (May-July) Q4
• Approve FFR • Bad debts >£1000 • Review Year End Return • Review internal strategies • Business Development and Marketing Annual Report • Estates and Sustainability Annual Report	• Approve Statutory Accounts to recommend to the Audit Committee.	• Equalities & Diversity Annual Report • Approve Mid-year FFR • Review Draft Budget for next AY • Carbon Management Report	• Approve budget submission • Committee Self-evaluation • Review Committee Terms of Reference

Scottish Government / SFC
F&HE (Scotland) Act 2005, Post 16 Education Action 2013
Children and Young People's Act

Board

Principal and Executive Leadership Team

Compliance

Articles and Governance Handbook (Standing Orders / Scheme of Delegation)	Code of Good Governance (CoGG)	Audit and Assurance Handbook	External Effectiveness Review	Financial memorandum (Scottish Public Financial	Approval of College Strategy (Ambition 2025 and supporting strategies) ROA

Audit Committee	**Finance and General Purposes Committee**	**Learning and Teaching Committee**	**Remuneration Committee**	**Board Development Committee**
• Risk Management / Monitor strategic risks - Appetite • Internal/External Auditors – agree scope, consider reports, receive annual opinion • Governance Statement (CoGG) • Approve Annual Report on Financial Control prior to Board signing statement • Financial Controls • Systems efficiency and effectiveness, activities in line with regulations	• Monitor Annual Financial Accounts – budget, forecast, performance • Financial control and delegated authority – financial memo/regs • Monitor strategic risks • Monitor Finance and Performance Strategy/KPIs • Monitor Systems and Infrastructure Strategy/KPIs • Monitor Innovation and Growth Strategy/KPIs • Monitor People and Culture Strategy/ KPIs • GDPR and Cyber Resilience • Employment Law, Review Equality and Diversity Annual Report • H&S Estates	• Monitor quality and inclusivity of the learning experience re Ed Scot Quality Framework • Monitor academic performance/retention • Monitor performance against ROA • Student Activity Data Reports • Monitor Student Experience Strategy /KPIs • Student Association /Constitution • Monitor CLD/SSES/Academic Council • Monitor strategic risks • Corporate Parenting and Safeguarding)	• Determine Snr Staff Pay Policy • Approve annual Performance Review for the Principal and Objective setting • Receive and approve annual reports on performance of Vice Principals from Principal • Review Voluntary Severance Pay Policy for Snr staff and settlement agreements	• Board recruitment – Ministerial Appointment Guide, /Diversity Succession Planning Guidance / Code of Conduct Guidance • Board self-evaluation and development (CoGG)

Self-Evaluation

Terms of Reference	Grievance and Appeals Committee
Date Approved by Committee	Jun 2022
Date Approved by Board	TBA
Date of Next Review	Jun 2023
Chair	Caroline Stuart

1. Membership

1.1. Chair of the Board of Management (Chair) plus 2-3 non-executive members, 1 of which should be a member of Remuneration Committee.

2. Quorum

2.1. 3 members, 1 of whom to be the Chair of the Committee (quorum 50% or higher of membership)

3. Reporting

3.1. The G&A Committee shall be a Committee of the Board of Management.

3.2. The G&A shall observe the Standing Orders in all its business.

3.3. In the interest of speedy resolution, this Committee shall have power to decide on final outcome and report final outcome to the full Board.

3.4. Minutes of the meetings should be circulated to the Board for information.

4. Responsibilities

4.1. To hear any grievance / appeal of decisions made by the Principal in accordance with discipline, grievance and capability procedures.

5. Meetings

5.1. The G&A will only meet as and when required.

Terms of Reference	Learning & Teaching Committee
Date Approved by Committee	Sept 2022
Date Approved by Board	TBA
Date of Next Review	June 2023
Chair	Malcolm MacLeod

1. Membership

1.1. 6 non-executive board members (one of whom shall be appointed as Committee Chair).

1.2. 1-2 staff board member.

1.3. 1-2 student board members.

1.4. In attendance:

1.4.1.1. Principal;

1.4.1.2. VP Learning Skills, and Student Experience

1.4.1.3. Director of Curriculum and Director of Student Experience and Academic Performance

1.4.1.4. Three members of staff representative of the curriculum

1.4.1.5. Secretary to the Board

2. Quorum

2.1. 5 members, 3 of whom to be non-executive Board members (quorum 50% or higher of membership, with the majority for decision-making to be non-executives).

3. Reporting

3.1. The L&T Committee shall make its recommendations to the Board of Management as appropriate.

3.2. The L&T Committee shall observe the Standing Orders in all its business.

3.3. Minutes of the meetings should be circulated to the Board for information.

4. Responsibilities

4.1. The L&T Committee has overall responsibility for monitoring the direction and performance of learning and teaching and the quality of the learners' experience at the College.

4.1.1. Ensure appropriate mechanisms are in place for the effective monitoring of quality and inclusivity of the learning experience, in line with Education Scotland Quality Framework, and report to the Board.

4.1.2. Review the Evaluative Report and Enhancement Plan (or equivalent) in line with Education Scotland/Scottish Funding Council guidance.

4.1.3. Make recommendations for the Student Experience Strategy and monitor performance against KPIs at least once a year before presentation to the Board.

4.1.4. Reflect on trends in education and encourage innovation and curriculum development to ensure that the College is successfully serving the needs of its internal and external stakeholders.

4.1.5. Agree and monitor academic performance, including student retention, progression, attainment PIs, ensuring self-evaluation arrangements are in place to action and address any areas of concern.

4.1.6. Monitor performance against the College's Regional Outcome Agreement.

4.1.7. Monitor the development of the College's curriculum portfolio and the annual summary feedback from awarding bodies.

4.1.8. Consider reports from and related to the Student Association and address any issues raised by the Association.

4.1.9. Review the Student Association Constitution every 5 years and annual partnership agreement.

4.1.10. Review the College's performance in terms of college leaver destinations, academic appeals, (CLD) and the student satisfaction and engagement survey (SSES).

4.1.11. Maintain an overview of quality assurance and improvement by reviewing feedback and evaluation from student and stakeholder surveys and student complaints.

4.1.12. Monitor external partnerships: articulation with university partners and Developing the Young Workforce (DYW).

4.1.13. Monitor the output and development of the Academic Council.

4.1.14. Review the arrangements for student health and wellbeing.

4.1.15. Monitor the strategic risks relevant to the Committee and suggest recommendations as required.

4.1.16. Receive and review Corporate Parenting and Safeguarding progress reports.

4.1.17. Undertake a self-evaluation exercise annually to ensure that the Committee complies with best practice in relation to governance.

5. Meetings

5.1. The L&T Committee will normally meet at least four times per year.

5.2.   Schedule of Business

Standing Items:

- Maintain minutes and report to board
- Review L&T Action Log
- Review Risk Register and mitigating actions
- Report from Student Association

Meeting 1 (Aug-Oct) Q1	Meeting 2 (Nov-Jan) Q2	Meeting 3 (Feb-April) Q3	Meeting 4 (May-July) Q4
- Academic Appeals from previous AY - Interim PIs from previous AY - Annual Awarding Body summary - Student Experience Strategy Outturn (inc ROA) - Performance Enhancement Outcome - Student Self-Evaluation process	- Annual SPSO Complaints Report - Audited SFC PIs sector comparison analysis - Evaluative Report and Enhancement Plan - Student Satisfaction and Engagement Survey results - Report from Academic Council - Annual Articulation Report	- Outcome of annual curriculum planning and portfolio review - Student survey results and actions - DYW update - Evaluative Report and Enhancement Plan (update on progress) - College leavers' destination report - Report from Academic Council	- Review/approve Student Association constitution and partnership agreement - Student Health and Wellbeing update - Curriculum innovation - Corporate Parenting and Safeguarding progress report - Annual Committee Self-evaluation report - Review Committee Terms of Reference - Report from Academic Council - Student survey results

Scottish Government / SFC
F&HE (Scotland) L&Tt 2005, Post 16 Education L&Ttion 2013
Children and Young People's L&Tt

Board

Principal and Executive Leadership Team
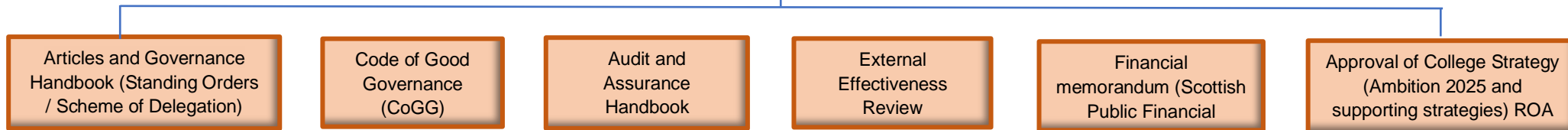
Compliance

Articles and Governance Handbook (Standing Orders / Scheme of Delegation)	Code of Good Governance (CoGG)	Audit and Assurance Handbook	External Effectiveness Review	Financial memorandum (Scottish Public Financial	Approval of College Strategy (Ambition 2025 and supporting strategies) ROA

Audit Committee	**Finance and General Purposes Committee**	**Learning and Teaching Committee**	**Remuneration Committee**	**Board Development Committee**
• Risk Management / Monitor strategic risks - Appetite • Internal/External Auditors – agree scope, consider reports, receive annual opinion • Governance Statement (CoGG) • Approve Annual Report on Financial Control prior to Board signing statement • Financial Controls • Systems efficiency and effectiveness, L&Ttivities in line with regulations	• Monitor Annual Financial L&Tcounts – budget, forecast, performance • Financial control and delegated authority – financial memo/regs • Monitor strategic risks • Monitor Finance and Performance Strategy/KPIs • Monitor Systems and Infrastructure Strategy/KPIs • Monitor Innovation and Growth Strategy/KPIs • Monitor People and Culture Strategy/ KPIs • GDPR and Cyber Resilience • Employment Law, Review Equality and Diversity Annual Report • H&S Estates	• Monitor quality and inclusivity of the learning experience re Ed Scot Quality Framework • Monitor L&Tademic performance/retention • Monitor performance against ROA • Student L&Ttivity Data Reports • Monitor Student Experience Strategy /KPIs • Student Association /Constitution • Monitor CLD/SSES/L&Tademic Council • Monitor strategic risks • Corporate Parenting and Safeguarding)	• Determine Snr Staff Pay Policy • Approve annual Performance Review for the Principal and Objective setting • Receive and approve annual reports on performance of Vice Principals from Principal • Review Voluntary Severance Pay Policy for Snr staff and settlement agreements	• Board recruitment – Ministerial Appointment Guide, /Diversity Succession Planning Guidance / Code of Conduct Guidance • Board self-evaluation and development (CoGG)

Self-Evaluation

Terms of Reference	Remuneration Committee
Date Approved by Committee	Aug 2022
Date Approved by Board	TBA
Date of Next Review	May 2023
Chair	Sue Irving

1. Membership

1.1. The Remuneration Committee (RC) will have a minimum of 4 members of the Board to include:

    1.1.1. Chair of Board of Management

    1.1.2. Vice Chair of Board of Management

    1.1.3. Chair of Finance & General Purpose Committee

    1.1.4. Chair of Learning & Teaching Committee

1.2. The Chair of the Board of Management is precluded from being the Chair of the Remuneration Committee.

1.3. In attendance:

    1.3.1.1. Secretary to the Board

    1.3.1.2. the Principal may be invited to attend all or part of a meeting with prior agreement from the Chair of the Committee and there are items of relevance on the agenda.

2. Quorum

2.1. 3 members, (quorum 50% or higher of membership, with the majority for decision-making to be non-executives).

3. Reporting

3.1. The RC shall make its recommendations to the Board of Management as appropriate.

3.2. The RC shall observe the Standing Orders in all its business.

3.3. Minutes of the meetings should be circulated to the Board for information.

4. Responsibilities

4.1. Determine, review and approve the salaries, terms and conditions and, where appropriate severance payment of the Principal, Executive Leadership Team (ELT). Determine the pay and performance of Directors and the Secretary to the Board on an annual basis in line with the Code of Good Governance for Scotland's Colleges.

4.2. Ensure a fair and justifiable level of remuneration through transparency and accountability, based on national benchmarking of pay and conditions.

4.3. Review the Voluntary Severance Payment Policy. To ensure robust scrutiny of proposed severance schemes and settlement agreements, in line with Scottish Funding Council (SFC) guidelines and thresholds, before recommending to the Board.

4.4. Determine the process for setting and agreeing the performance of the Principal and ELT to ensure highest level performance in line with strategic plans.

4.5. Receive annual reports from the Regional Chair on the Principal's performance against strategic objectives and key performance indicators set annually and approve in readiness for the new academic year.

4.6. Receive annual reports from the Principal on the performance of ELT against agreed objectives and key performance indicators set annually and approve in readiness for the new academic year.

4.7. Ensure efficient and effective use of public funds reflecting the performance of the organisation and the requirement for its ongoing financial sustainability.

4.8. Undertake a self-evaluation exercise annually to ensure that the Committee complies with best practice in relation to governance.

5. **Meetings**

5.1. The RC will meet as required, normally at least twice per year.

6. Schedule of Business

Standing Items:

- Maintain minutes and report to board
- Review RC Action Log
- Review Risk Register and mitigating Actions

Meeting 1 (Aug-Jan) Q1-2	Meeting 2 (Jan-July) Q3-4
• Meeting to be held if substantive items for consideration	• Review and approve Principal and ELTs objectives • Consider current public sector pay policy and national bargaining outcomes to sector • Review and approve Chair's recommendation on individual pay review and salary progression for Principal • Review and approve Principal's recommendations on individual pay review and salary progression for ELT • Review Committee Terms of Reference

As and when necessary:

- Review the Voluntary Severance Payment Policy.
- Provide robust scrutiny of proposed severance schemes and settlement agreements, in line with Scottish Funding Council guidelines and thresholds, before recommending approval to the Board.
- Determine the process for setting and agreeing the performance of the Principal and ELT to ensure highest level performance in line with strategic plans.
- Approve any ELT structure changes

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│           Scottish Government  /  SFC         │
│  F&HE (Scotland) RCt 2005, Post 16 Education  │
│              RCtion 2013                       │
│        Children and Young People's RCt        │
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Articles and Governance Handbook (Standing Orders / Scheme of Delegation)	Code of Good Governance (CoGG)	Audit and Assurance Handbook	External Effectiveness Review	Financial memorandum (Scottish Public Financial	Approval of College Strategy (Ambition 2025 and supporting strategies) ROA

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│   Self-Evaluation   │
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BOARD OF MANAGEMENT 12.12.22

Board of Management	
Date of Meeting	12 December 2022
Subject of Paper	Chair's Report
Paper No.	BOM1222-9.1
Agenda Item	Item 9.1
FOISA Status	Disclosable
Primary Lead	Caroline Stuart
Date of production	November 2022
Intended Outcome	**Discussion**

Financial Implications:	N/A
Equality and Diversity Implications:	N/A
Learning and Teaching Implications	N/A
Risks Assessed:	N/A
Publicly Available:	Yes

1 Purpose

The purpose of this report is to update the Board on the activities of the Chair during the period since the last Board meeting on 16 September 2022. This report covers activity during October through December 2022. The Board are invited to **discuss** the contents.

2 Governance Review

Work has progressed to a conclusion and the Principal and I had a close off meeting with Candy Munro from CDN, Lorraine and Michelle Brand.

I am delighted to report that all recommendations contained in the report are either on track or now complete. We have made huge progress and a step change to where we were with governance, and this will continue to be refined and developed in the months ahead.

I want to take this opportunity to thank Lorraine and Michelle for all their hard work and input during this time – they have worked together as a team together with Candy to make substantive changes to our governance arrangements. The results I think are already visible to us all in terms of how our Board business is done. Congratulations and huge thanks to you both. We shall continue to refine and develop our approach in the coming year.

One action which still requires to be undertaken is management reporting. I have spoken to all committee chairs, and this is something which is in hand and will be developed to build upon the improvements already evident over the coming months and years.

We shall be inviting CDN back in in 2023 to undertake our next External Facilitated another review when we can monitor progress with all actions.

2 Board Member 1-1s and Feedback

A 1:1 has now been held with all members. A full year 1:1 will be conducted in April 2023 in advance of strategy planning in May. All feedback has been collated and shared with Lorraine and Joanna.

Thank you to everyone for your time in completing this exercise. A Board Development Committee has been scheduled for January to discuss.

3 Strategic Planning

My thanks to Joanna and the team for the move to a shorter interim strategy plan for the year with actions and owners. This will help the move to more shared ownership by everyone for the delivery of the College strategy and give the Board a vehicle to monitor progress quarterly. This is a major shift in the way the College operates, and I want to pay testament to the work of Joanna and the SLT in making this change.

Next steps – a 2-3 year vision for the College. The Board Strategic Planning Day was agreed for Monday, 15 May 2023 and will be held in Dumfries.

4   Budget for 2023/24

The Scottish Government Budget is due to be announced on Thursday, 15 December 2022. We expect this to be at level 3 or 4. Hopefully early new year we will have a clearer idea on our budget allocation for the coming fiscal.

5   Stakeholder Engagements

Below are some of the key stakeholder engagements which I have undertaken in my capacity as Chair of Dumfries and Galloway College:

- Joanna Campbell – Strategic plan and action plan

- Russell Griggs – Chair SOSE

- 1:1 with all Board members

- Colleges Scotland – Finance Committee

- Colleges Scotland – Finance Committee – budget submission

- Colleges Scotland – Think the Unthinkable strategy event Sept

- Colleges Scotland – Think the unthinkable event Oct

- Colleges Scotland - Board meeting

- CDN – Paul Holden, Douglas Mundie and Jim Metcalf *4

- Stephen Good, Douglas Mundie – Built Environment Smarter Transformation

- Dumfries Graduation Ceremony

- CDN Awards Dinner

- Karen Watt – Chief Executive, SFC

6   Close

As we draw to the end of 2022 it has been another successful but challenging time for the College. I would like to thank you all for your continued support and wish you all a very Happy Christmas when it finally arrives.

7   Recommendations

The Board are asked to note and discuss the report.

Board of Management 12.12.22

1   Introduction

1.1   The purpose of this report is to showcase the work of the Student Association to the Learning & Teaching Committee.

2   Activities

2.1   <u>Class Reps</u>

Our Class Representatives have now been elected and the first round of meetings has commenced. These will be approached with the option of online meetings or in-person at each campus.

2.2   We are taking feedback from students during these meetings about their experiences with online and hybrid lessons and will be able to collate this information to share at the next round of committee & board meetings.

3   <u>Podcasting Studio</u>

3.1   Our old Radio Booth was no longer in working condition, so we have converted this into a podcasting studio with the support of our Learning Technologist. We aim to set up a podcast run by the student association, and to get staff and students involved in creating the content of these.

3.2   We are making connections within Rockpool Podcasts (Ayrshire College) for advice from a well-established college podcast.

3.3   This space will also be available to be used by Curriculum Teams.

4   <u>Here For You Event</u>

4.1   Due to the impact of the Cost-of-Living Crisis, we arranged an event to support students during this time. The event was branded as 'Here For You' to tie in to our college values, and took place Wednesday 30th November.

4.2   We invited organisations in who offer cost-of-living support to have a stall and had representation from the college support teams (student advisors, funding, student association).

4.3   HR were also invited to represent our Employee Assistance/Benefits programme to staff.

5   Boost Programme

5.1   We are working on a Boost Programme for students with a focus on Skills and
        Wellbeing.

5.2   Our student survey has brought in feedback regarding how students are feeling
        about their time with the college so far.

	Positive	Negative
I have felt cheerful and in good spirits	81.67%	18.33%
I have felt calm and relaxed	80.00%	20.00%
I have felt active	80.00%	20.00%
I woke up feeling fresh and rested	70.00%	30.00%
My daily life has been filled with things that interest me	78.33%	21.67%

5.3   The survey used the WHO 5 questions, and we can see from the table above that we
        had a high volume of positive feedback. Negative feedback was passed to our Live &
        Learn Programme.

5.4   We are also working on skills workshops to help students fill any gaps which can
        benefit their learning & time with the college.

6   Bridge 2 Business Enterprise Roadshow

6.1   The Bridge 2 Business Enterprise Roadshow took place Thursday 17th November.

        The event encouraged students to explore
        enterprise and involved a panel Q&A
        discussion with local business people &
        college alumni. The event also included
        Confidence Building and Intro to Enterprise
        workshops, and an exhibitor marketplace for
        support organisations.

6.2   To allow accessibility across both campuses
        we filmed the Q&A event & this is now available to our students on our YouTube
        channel.

Recommendations

The Board is asked to note the activity undertaken and the progress made by Dumfries and
Galloway College's Student Association.

Danielle Hughes
Student Association President
November 2022