

Board of Management

06 October 2025 (13.00-1630)

Dumfries Campus

Agenda

Time	Item	Lead	Paper
13.00	Smartlog Awareness Session – B Currie, Director of Estates	BC	Presentation of system
13.30	1. Welcome and Apologies 1b. Declarations of Interests and Connections	CS	Verbal
	2. Minutes of Previous Meetings and Matters Arising (Approval) <ul style="list-style-type: none"> Friday 13 June 2025 Action Log 	CS LG	Paper 2.1 Paper 2.2
	3. Principal's Update	DD	Paper 3.1
	4. Health and Safety Report	KH	Paper 4.1
	5. Student Association Report and Introduction <ul style="list-style-type: none"> ➤ Student Association Partnership Agreement 	HG/KM	Paper 5.1 Paper 5.2
For Approval			
	6. Strategic Risk Register <ul style="list-style-type: none"> ➤ Risk Appetite Statement ➤ Risk Management Policy 	LG	Paper 6.1 Paper 6.2 Paper 6.3
	7. UWS Strategic Agreement	DD	Paper 7.1
	8. Finance Update <ul style="list-style-type: none"> Management Accounts – Year End Position Bad Debts and Scheme of Delegation Student Association Accounts Annual Internal Audit Summary Report 	KH	Paper 8.1 Paper 8.2 Paper 8.3 Paper 8.4
	9. Terms of Reference	LG	Paper 9.1

For Discussion			
	10. Chair's Report	CS	Paper 10.1
	11. Performance Report	PS/KH	Paper 11.1
	12. TQEF Update	PS	Paper 12.1
	13. Committee Chairs Update (Key business/decisions) <ul style="list-style-type: none"> • FGP • L&T • Audit 	GC AI JR	Verbal
	14. Strategy Outturn Report	DD	Paper 14.1
	15. Code of Good Governance checklist / SFC's Expectations of Good Governance	LG	Paper 15.1
Starred items For Information only			
	16. Committee Minutes * <ul style="list-style-type: none"> • Finance and General Purpose • Audit Committee • Learning and Teaching (to be sent to members) 	GC JR AI	Paper 16.1 Paper 16.2 Paper 16.3
	17. Any Other Business	CS	Verbal
	18. Date of next meeting <ul style="list-style-type: none"> • Monday 8 December 2025 	CS	Verbal

Board of Management Meeting

Minute of Meeting held on 06 October 2025 | 13:30hrs Dumfries

Present:		
Caroline Stuart (CS) - Chair	Jamie Ross (JR)	Susan McLellan (SMc)
Douglas Dickson (DD) Principal	Sharon Hodgson (SH)	Inga McVicar (IM)
Ann Hill (AH)	Alastair Irons (AI)	Kirsty Duncan (KD)
Honor Gibson (HG)	George Clark (GC)	Kate Glendye (KG)
Karen McIntosh (KM)		
In attendance:		
Phil Storrier (PS) VP Curriculum & Student Services	Karen Hunter (KH) – VP Corporate Services	Lorraine Grierson (LG) – Governance Professional
Mary Cheetham (MC) (Minute Taker)	Mary Cheetham (MC) (Minute Taker)	Billy Currie (BC)
Apologies:		
Pete Woods (PW)	Gillian Brydson (GB)	

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

- 1.1. The Chair welcomed everyone to the meeting. The meeting was confirmed as quorate. Apologies were received as shown above.
- 1.2. Declaration of Interest and Connections | Verbal | Chair C. Stuart
 - 1.2.1 The Chair reminded Members to indicate any declaration of interest as appropriate throughout the course of the meeting.

FOR APPROVAL

2. Minutes of Previous Meetings and Matters Arising

- 2.1 Minute of Meeting held 13 June 2025 | Paper 2.1 | Chair C. Stuart
 - 2.1.1 The minute was approved as an accurate record of the meeting with amendment noted below. There were no matters arising.
- 2.2 A member noted that the minute incorrectly stated the meeting was held in Dumfries; this should be amended to reflect that it took place in Stranraer.

2.3 Action Log | Paper 2.2 | L. Grierson

- 2.3.1 LG provided an update confirming that all four actions have been completed. With regards to action 1 – Safeguarding: This has been finalised and approved through LJNC. The policy will be circulated to the Board via email.

Action: LG to circulate via email the Safeguarding Policy to the Board.

- 2.3.2 **The Board noted the Action Log.**

FOR DISCUSSION

3 Principal's Report | Paper 3.1| D. Dickson

- 3.1 The Principal highlighted the following key initiatives and challenges:
- The QAA team has been identified, and significant preparation is underway. Staff are advised to stay focused to ensure full assurance. The Strategic Impact Analysis (SIA) will be developed to reflect the journey. The workload impact has been communicated to QAA and SFC.
 - Steady performance noted. Clear distinction between FT and PT (70%) and sector benchmarks.
 - Strategic Implementation Plan identified as the key document to communicate the College's direction and priorities to staff.
- 3.2 A member asked about the future of The Bridge site. DD confirmed it is currently used for various teaching areas, including motor vehicle, and while there is no formal strategic plan, discussions are underway.
- 3.3 Credit allocation between Dumfries and Stranraer was queried, and it was confirmed that credits are managed at a college wide level with internal decisions on distribution.
- 3.4 It was asked whether the Strategic Impact Analysis (SIA) is a standalone document. It was confirmed that the SIA consolidates three years of existing work and evaluation, including committee and board input. While it may not introduce new insights, it provides a clear overview of the College's journey and future direction. The report also prompted discussion on capacity planning, which is underway and scheduled to be presented at the December Board meeting.
- 3.5 **The Board noted the report.**

4 Health and Safety Report| Paper 4.1 | B Currie

- 4.1 The Director of Estates and Sustainability assumed the paper had been read and highlighted the following key points:
- Planning is underway for AY26/27.
 - Initial feedback from the recent Fire Risk Assessment indicates a positive shift in the College's health and safety culture.
 - Self-evaluation has supported general housekeeping improvements.

4.2 The team was commended for delivering a significant step change.

4.3 **The Board Noted the Health and Safety Report.**

5 Student Association Introduction and Report | Paper 5.1 | H. Gibson

5.1.1 The paper was assumed read, and an introduction was made to the new VP of the Student Association, Karen McIntosh. Key updates on recent and upcoming activities included:

- Student engagement capacity has increased, with 94 class reps across 55 classes, including College Academy students.
- Careers Week is planned.
- Active involvement in the SPARQS Tertiary Quality Group, linked to TQER.
- A verbal report was not available on the TQER however a written report will be circulated to the Board
- Class rep conferences are scheduled for 9th and 28th October in Dumfries.

5.1.2 An overview was provided on the development of the Class Rep Conference, focusing on how the student voice can be evidenced and lead to effective change. Training has been delivered to support class representatives, with the aim of achieving 20–25% active participation and fostering genuine partnership.

5.1.3 **ACTION: TQER update to be circulated to the Board.**

5.1.4 **The Board noted the report.**

5.2 Student Association Partnership Agreement | Paper 5.2 | H. Gibson

5.2.1 The Partnership Agreement had been developed in collaboration with Youth Work, Active Campus, and the DG Cares Group. Further enhancement of the Agreement was anticipated throughout the session, and the importance of linking it with the TQEF process was highlighted.

5.2.2 The Student Association Partnership Agreement remains largely unchanged but will be developed in collaboration with the Student Engagement and Capacity Lead and aligned with TQER.

5.2.3 **The Board noted the report.**

FOR APPROVAL

6 Strategic Risk Register | Paper 6.1 | L. Grierson | Approval

6.1.1 It was confirmed that five risks were assigned to the Board of Management for their review: 1,2, 5, 6 and 12. The Board were advised that after review by ELT, there had been no changes to risks.

6.1.2 The Board were advised that a deep dive into Risk 1 had been undertaken by the Audit

Committee. It was confirmed that national and regional priorities are already embedded in DGC plans and strategy including Mission 2030. The Board discussed the implications of removing Risk 1 from the register, and Audit Committee Chair confirmed there are mechanisms in place to ensure we follow the priorities and KPIs are monitored by the Board. **Approval to remove Risk 1 was confirmed.**

6.1.3 **Risk 2:** Legal actions; serious accident; incident or civil/criminal breach **-no change**

6.1.4 **Risk 5:** Business Continuity Incident – Fire, Systems, Emergency Procedures, Health Risk. This risk is above appetite however further mitigations have been added.

6.1.5 **Risk 12:** Health & Safety: Approval was requested in principle to amalgamate Risk 12 into **Risk 6:** Failure to comply with regulatory requirements, subject to supporting documentation being reviewed by the Audit Committee.

6.1.6 Committee updates

- **Risk 11:** Failure to achieve and maintain systems and operable and secure ICT – Further mitigations added to Level 2.

Further assurance in relation to the risk being above appetite - Additional mitigations have been introduced regarding student engagement in digital systems and awareness. A new module which includes cyber security and email management is currently being tested with students in curriculum areas.

- **Risk 3:** Failure to achieve institutional sustainability – this risk is above appetite however, a balanced budget has been approved for 25-26.
- There were no changes to the risks owned by the Learning and Teaching and Finance & General-Purpose Committees.

6.1.7 A query was raised regarding whether QAA should be considered an emerging risk. It was confirmed that these are already embedded across existing risks, particularly Risks 8, 9, and 10.

6.1.8 Emerging Risk Register – discussions at Audit committee had taken place to escalate National Job Evaluation onto the Strategic Risk Register due to a number of uncertainties. After discussion, the board approved this addition.

6.1.9 The Board approved the Risk Register and changes as outlined above.

6.2 Risk Appetite Statement | Paper 6.2 | L. Grierson | Approval

6.2.1 The College annually reviews its risk appetite statement using a 5 point scale. After deliberation by ELT and discussion at Audit Committee it was proposed to move Risk 3 from cautious to moderate due to a 4-year trend of having a financial surplus together with substantial assurance for the financial planning audit, plus commercial income growth. It was also proposed to move Risk 5 from cautious to moderate as business continuity audits received substantial assurance showing appropriate controls in place. The remainder of the risks to remain the same. After discussion, the board approved these changes.

6.2.2 The Board Approved the Risk Appetite for 25-26 incorporating the above changes.

6.3 Risk Management Policy | Paper 6.3 | L. Grierson | Approval

6.3.1 The Risk Management Policy has been reviewed and updated as noted below, the changes of which have been approved by Audit Committee.

- Zurich have recommended that the definition of risk is added to the Policy – this has been added at 6.1
- RSM have asked that the Appetite Framework is added to the Policy – the link has been added at 6.3
- Narrative at 6.3 regarding risk appetite has been updated
- Table 6.12, CMT narrative has been amended.

6.3.2 A member raised a query regarding whether ISO13000 is the standard to which we measure risk management. The response confirmed that it is, noting that this was recommended by the organisation's insurers.

6.4.3 The Board Approved the Risk Management Policy

7 UWS Update | Paper 7.1 | D. Dickson | Approval

7.1 A partner meeting has been proposed to explore joint working opportunities.

7.5 The Board were delighted that this Partnership Agreement has been reached and look forward to building on it in the years to come.

7.5 The Board Approved the UWS Strategic Agreement

8 Finance Update

8.1 Management Accounts Year End Position | Paper 8.1 | K. Hunter | Approval

8.1.1 The VP Corporate Services confirmed that the management accounts had been approved by the F&GP Committee.

8.1.2 A summary of the year-end outturn was provided, subject to audit, with minor adjustments expected in capital, revenue, property, and pension valuations. The position remains in surplus and balanced, with investments made to support student activity.

8.1.3 The Chair acknowledged the successful budget delivery in a challenging environment, with thanks to KH and the Finance team.

8.1.4 PS highlighted that some funding streams, such as those supporting youth work, are nearing expiry. A service review will be conducted to assess student demographics and usage, with future decisions to be made accordingly.

8.1.7 The Board commended the work to balance the accounts and the year-end position.

8.1.8 The Board approved the Management Accounts year end position.

8.2 Bad Debts and Scheme of Delegation | Paper 8.2 | K. Hunter | Approval

- 8.2.1 The VP Corporate Services advised that the scheme of delegation is reviewed each year and sets out limits and levels of approval for SLT and highlights the new purchasing system which has automated approval with a clear audit trail and therefore audit process should be slicker. Spend over £250 is brought through finance to control spend.
- 8.2.2 The Board's approval was requested to write off one debtor balance related to student support for overpayments, the Chair noted that the F&GP Committee had already given its approval.
- 8.2.3 The Board discussed financial thresholds and authorisation requirements for high-value tenders, particularly in relation to HN student fees and multi-year contracts exceeding £1 million. A pragmatic approach was proposed, with further consideration to be brought to the next Board meeting.
- 8.2.4 It was agreed that such matters should be directed to the F&GP Committee unless they represent an exceptional trend.
- 8.2.5 The conversation also covered the importance of maintaining integrity in financial decision-making while avoiding complacency. Members noted the need to align financial decisions with risk management, referencing the commercial risk framework from the last F&GP meeting. The Board will await further input from DD and the commercial team as this area develops.
- 8.2.6 Action: Review the Financial Memorandum re limits for reporting to the Board and present a paper regarding Tender Governance to F&GP.**
- 8.2.7 The Board approved the Bad Debts and Scheme of Delegation.**

8.3 Student Association Accounts| Paper 8.3 | K. Hunter | Approval

- 8.3.1 The VP Corporate Services noted that the budget is developed as part of the College Operational Planning process and aligns to Strategic Plans. For AY25/26, a slight adjustment includes the introduction of a new SA capacity lead post, following strategic discussions to support ongoing work, which means additional funding for the AY25/26 has also been received.
- 8.3.2 The Board approved the SA Accounts**

8.4 Annual Internal Audit Summary Report | Paper 8.4 | K. Hunter | Approval

- 8.4.1 The VP Corporate Services confirmed that internal audit reports for AY24/25 had been reviewed by the Audit Committee, resulting in an overall green opinion for the year—an outcome auditors noted is rarely awarded.
- 8.4.2 The Board commended the positive outcome, highlighting positive engagement and strong progress in closing out actions. JR also shared feedback from Audit Committee discussions, noting the importance of maintaining standards and avoiding complacency.
- 8.4.3 The Board formally commended DD and the team for their work.

8.4.4 The Board noted the Internal Audit Annual Summary Report.

9 Terms of Reference | Paper 9.1 | L. Grierson | Approval

9.1 The Board were asked to approve the updated Terms of Reference, which are subject to annual review. LG confirmed all amendments had been discussed and agreed at Committee level. Key updates included the integration of the TQEF into the Learning & Teaching business schedule and the approval of the Self-Evaluation and Action Plan.

9.2 The Board approved the Terms of Reference

FOR DISCUSSION

10 Chair's Report | Paper 10.1 | C. Stuart

10.1 The Board has recruited one further appointee pending Scottish Government approval, and one co-opted member who will join for a one-year term.

10.2 The resignation of Sue Irving was acknowledged, with thanks expressed for her years of dedicated service to the College.

10.3 A Vice Chair vacancy was confirmed; LG will circulate nominations. SH agreed to act as Interim Chair for the Remuneration Committee.

10.4 A member queried the status of a TU representative for Support staff. It was confirmed that only Unison is currently recognised, and they are seeking a new representative following the previous member's move to GMB.

10.5 **The Board noted the Chair's Report and approved the calendar for AY26/27, the interim appointment of Remuneration Committee Chair, and pending new board members.**

11 Performance Report | Paper 11.1 | P. Storrier/ K. Hunter

11.1 The VP Curriculum & Student Experience assumed the paper as read and highlighted key points.

- Achieved credit threshold of 100.09%
- Recruitment process adjusted.
- Interim PI performance remains strong and above sector average, showing the success of a whole-college approach.
- Strategic Implementation Plan progressing well, with three aligned documents outlining trends, actions, and measures that bring the strategy to life.

11.2 The VP Corporate Services summarised as follows:

- Commercial report presented to F&GP, showing increased performance levels.
- Loss of UK Shared Prosperity funding expected to significantly impact the target;
- The People & Culture Director is leading Fair Work initiatives and overseeing implementation of the new HR system.

- 11.3 The Chair commended the new HR Director for delivering an excellent articulation of the HR Strategy, with a special mention to the commercial team for their achievements.
- 11.4 A member queried what the targeted areas PS advised that targeted engagement efforts are underway in Stranraer, with marketing developing specific groups and geographical focus areas.
- 11.5 The Board commended all staff for their impact and highlighted the value of digital skills in supporting independent learning, student attainment, and workplace readiness.
- 11.6 **The Board noted the Performance Report.**

12 **TQEF Update | Paper 12.1 | P. Storrier**

- 12.1 PS outlined the importance of getting the SIA and Advanced Information Set documentation right, particularly given the challenges of the digital set. The L&T Committee raised concerns about the review team's unwillingness to visit both campuses, despite the differing contexts of Stranraer and Dumfries. PS emphasised the need for balanced representation across both sites.
- 12.2 Members agreed the Board should remain engaged and supportive, particularly through the L&T Committee, and highlighted the importance of staying informed on relevant guidance and developments.

13 **Committee Chairs Update (Key business/decisions) | Verbal**

- 13.1 Finance & General-Purpose Committee
 - The benefit of reintegrating HR was acknowledged, noting that it has increased momentum and improved visibility.
- 13.2 Learning & Teaching Committee
 - Strong performance noted, particularly in Care-experienced learners and part-time student engagement.
 - The QAA visits to Stranraer and Dumfries identified issues with an action plan now in place, alongside a proposal to involve the Board through workshops and event invitations.
 - The Committee aims to be more active, encouraging greater discussion and engagement.
- 13.3 Audit Committee
 - No further comment.

14 **Strategy Outturn Report | Paper 14.1 | D Dickson**

- 14.1 The report outlined the baseline year for Mission 2030, confirming accurate target setting and overall progress above expectations. Amber-rated areas remain on track for achievement by 2030, with a planned Year 3 review. Clearer indicators from AY 2026/27 will guide the next refresh.

- 14.2 Strong progress was noted, particularly in Digital development, reflecting positively on current positioning. The Chair commended the report as a valuable and encouraging start to the five-year plan.
- 14.3 Members discussed the measurability of certain indicators, with clarification that further development is expected in Quarters 3 and 4. Ongoing work continues around data generation, literacy, and the use of dashboards to support informed decision-making.
- 14.4 **The Board noted the report.**

15 Code of Good Governance checklist | Paper 15.1 | L. Grierson

- 15.1 It was noted that the Audit Committee had discussed the necessary compliance checklist which cross-references key points to ensure alignment with SFC expectations of good governance and demonstrates the College's compliance. The external review is evidence-based and reflects positively in the report. An overview confirmed that the College is performing as expected, and any future changes will be reported back.
- 15.2 The Chair highlighted that the checklist evidence actions against all points of the Code, contributing to the strong outcome of the governance review.
- 15.3 GC observed that, as a high-performing organisation, there are no outstanding actions across a broad scope. LG noted that future oversight could transition to ELT, with DD agreeing this would provide assurance.
- 15.4 **The Board noted the checklist.**

16 Committee Minutes

- 16.1 Finance & General-Purpose Committee Minute | Paper 15.1 - Noted
- 16.2 Learning & Teaching Committee Minute | Paper 15.2 - Noted
- 16.3 Audit Committee Minute | Paper 15.3 - Noted

17 Any Other Business | Verbal | C. Stuart

- 17.1 None discussed.

18 Date of next meeting | Verbal | C. Stuart

- 18.1 The date of the next meeting is on 08 December 2025.

Board of Management Action Log 06 October 2025

No	Meeting Date	Action	Lead	Deadline	Status	Commentary
1	13/6/25	Amend wording in Safeguarding Policy at 6.5 re vexatious complaints.	PS	Oct 25	Closed	This has been completed and approved through LJNC. The policy will be issued to BoM for noting in due course.
2	13/6/25	Circulate the current UWS MOU term to members.	LG	Jun 25	Closed	Circulated.
3	13/6/25	Move Principal's report to top of BoM agenda - set context for meeting. Principal's Report - to set context for meeting - executive summary of key strategic points and what's important in the agenda	LG DD	Oct 25	Closed	Agenda amended. Paper updated as requested.
4	13/6/25	Strategic levers - GB agreed to draft a letter to school heads regarding rising student demand and limited capacity	DD/GB	Oct 25	Closed	GB and DD have discussed and it will be actioned after their discussion with the chief Exec of SFC.

Board of Management		
Agenda Item	4	
Paper Number	BOM1025-4.1	
Date of Meeting	06 October 2025	
Location	Dumfries Campus	
Title of Paper	Health and Safety Report	
Presented by	Karen Hunter	
Recommendation	Discussion	
Freedom of Information Disclosure Assessment		
FOI flag:	<input checked="" type="checkbox"/> Disclosable <input type="checkbox"/> Non-disclosable	
Reason/s for choice:	Accident stats should be available for scrutiny	
Notes from author: (When will it become disclosable? Has FOI Officer guidance been sought?)		
Further comments/updates after initial submission		
Date added	Added by (name and role)	Comment/detail

Read Time: 6 Minutes

1. Recommendation

- 1.1. The Board of Management are asked to note and discuss any points arising from the report and continue to monitor Health and Safety (H&S) performance.

2. Executive Summary

- 2.1. The College is now in the second year of using the SmartLog System which has increased the health and safety reporting ability.
- 2.2. Initial feedback from the recent Fire Risk Assessment visit shows a clear College wide step change in day-to-day H&S culture.
- 2.3. H&S adviser continues to deliver focussed improvements via the H&S Action Plan.

3. Context

3.1. Health and Safety Action Plan 2025

The H&S Advisor continues to work towards the completion of actions agreed for 2025. These actions are high level actions aimed at enhancing the H&S service of the College. The advisor also continues to provide day to day operational support across the College on H&S matters.

The following table shows progress on the 2025 action plan.

H&S Action Plan

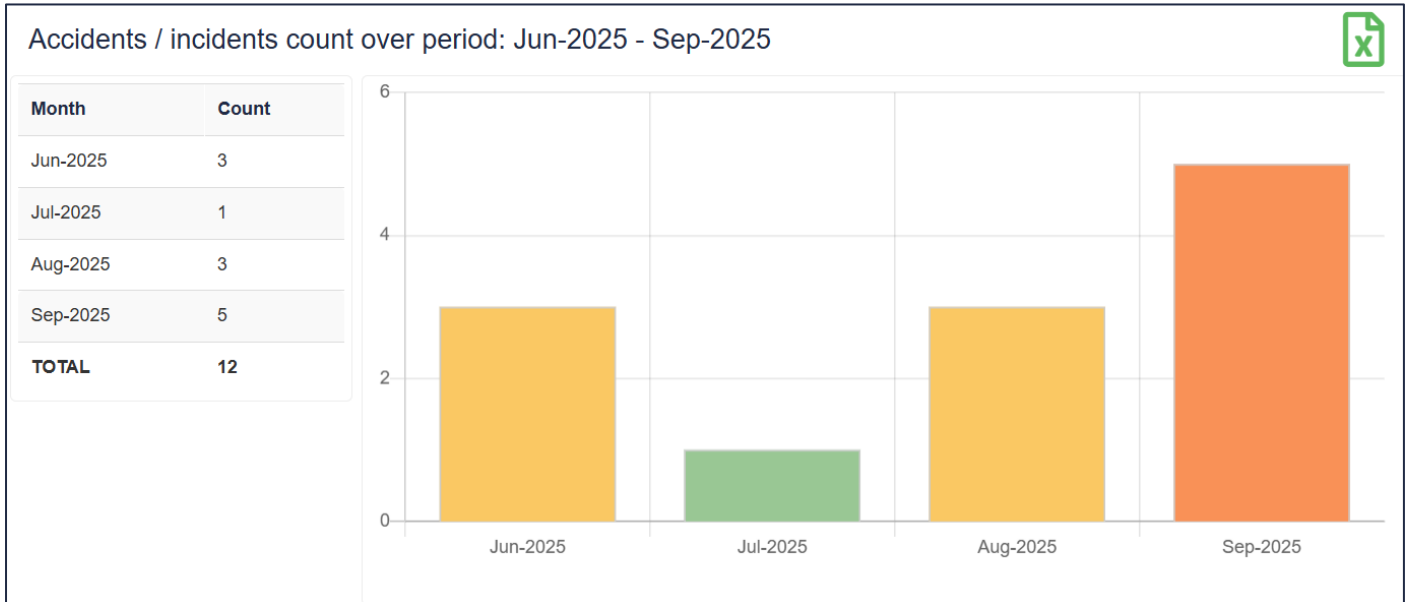
	Action	Timescale	Owner	Dependents	Status
1	Continue to promote and adapt new Health and Safety Management System – incorporate Estates contracts and tasks	Rolling programme with all staff – target of April 2025 for full Estates side.	H&S Advisor	All Staff	Ongoing – SmartLog populated with Estates suppliers. Next stage is to update with all documentation. Visit to Ayrshire College to look at their utilization of system. 21/5/2025 task completed with launch on 26/5. All staff email issued. 18/08. All Estates based contracts have been moved over to SmartLog = with first contract reporting delivered to F&GP in September 2025.
2	Building on the H&S culture in the college – incorporate H&S into enhancement/evaluation framework	August 2025	H&S Advisor	All Staff	H&S Committee meeting due on 5/2/2025 from which actions regarding this item will be progressed. Work ongoing. Simple tasks underway linked to BAE report such as signage boards and college wide training being rolled out. 30/5/2025 – Now included in enhancement meeting agendas – rolled out at All Managers briefing.
3	Compliance and Infrastructure – Departmental level audits/reviews	April 2025	H&S Advisor	All College Management	Ongoing – H&S advisor continuing walk around. Detailed audits due by end of February. Full plan to roll out being developed, tasks being programmed onto SmartLog. Complete with tasks now set up and allocated on SmartLog. This also closes minor audit action 21/5/2025.
4	Review H&S training requirements and create H&S training plan – Grow mandatory training through SmartLog	June 2025	H&S Advisor	All College Managers - Learning and Teaching Manager	In progress. All mandatory training now active via SmartLog, induction process updated to suit. H&S advisor creating new training matrix by end of Feb 25 – training matrix on SmartLog, this is now being moved to a more detailed specific training plan. 22/4/2025. 18/9/2025. PRD process to be utilised to identify key additional H&S training for staff.
5	Fire Risk Assessment Update	Interim – Feb 2025 Full - July 2025	H&S Advisor	All College	Met with Boyd group 16/1 – interim walk through being arranged to review previous actions. Interim walkthrough complete, minor actions issued via SmartLog. 22/4/2025. Date of September agreed for full walk round – prefer to do when building is live. 21/5/2025. 18/9. Fire risk assessment visits completed with draft reports being reviewed.

H&S Action Plan

3.2. Health and Safety Statistics Report

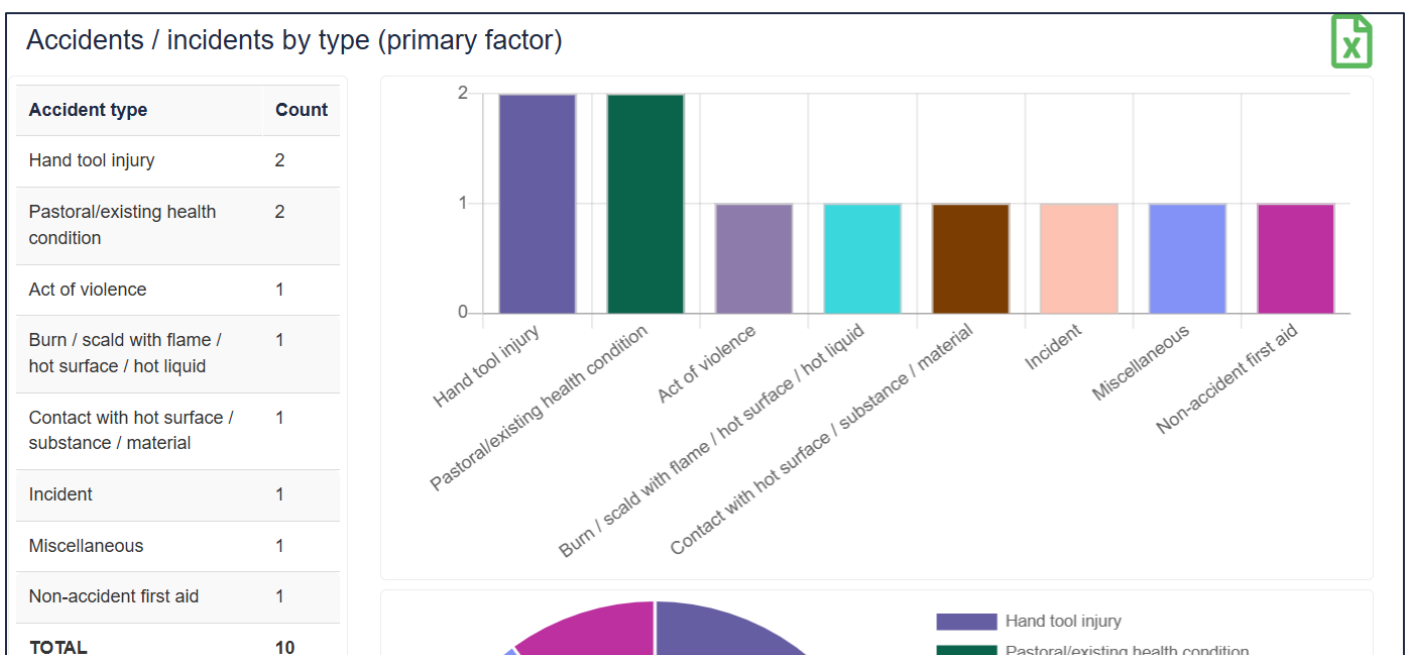
3.2.1. The following will provide detail around key Health and Safety performance since the last report in June 2025.

Total number of reports June – Sept 2025



3.2.2. The numbers for the start of this Academic Year are reduced from this time last year. This was subject to discussion at the recent H&S Committee where there were clear positive signs in terms of accident control however concern raised on whether the reduction could be due to issues with accessing the system. A meeting with first aiders to discuss is set for 30 September 2025.

3.2.3. The following will show the incidents by type, or primary factor. The data will show a range of causes which can be typical of the start of a new academic session where there are new processes being learned by unskilled persons.



3.3. RIDDOR

3.3.1. There have been no reports made under RIDDOR since the last report.

3.4. Fire Safety

3.4.1. Boyd Group have completed the Fire Risk Assessment visits at both Dumfries and Stranraer campus. At present we are reviewing the draft reports however they have noted a vast improvement at both campuses. The visits were timed to be carried out whilst learning and teaching was taking place which gave staff an opportunity to participate in the process. This was well received by staff and gave them a sense of ownership for their areas.

3.4.2. Fire safety awareness training has been carried out via SmartLog. This was issued to 228 members of staff with 211 completed. Those still to complete have now been subject to escalation via their line manager.

3.5. H&S based campus improvements

3.5.1. As noted to the Finance and General Purposes Committee, the works identified as high priority H&S improvements, funded by the Scottish Funding Council, have now been completed. These works were: -

- Emergency Lighting Upgrades: Over 800 emergency light fittings removed and replaced with modern LED emergency fittings.
- Ventilation and extraction upgrades: Key improvements to dust and fume extraction in workshop environments
- Fire door upgrades: Upgrades and replacements to fire doors to ensure ongoing compliance management.

3.5.2 Works packages like the above were identified using key assessments such as the campus condition surveys and fire risk assessments. The College has been fortunate in obtaining additional funding to carry out works which will ensure a prolonged lifecycle of the campus and continue to ensure compliance with regulations is maintained.

4. **Strategic Implications**

This paper is directly linked to Strategic priority 5, systems and infrastructure.

5. **Risk**

Risk	Mitigations
Risk 12. Health and Safety (BOM)	<ul style="list-style-type: none"> ➤ Reporting and Review procedure including Near Miss ➤ Health and Safety IOSH training for staff ➤ Specific communication at time of increased risk e.g. Covid, building works, adverse weather ➤ Clear channels of communication regarding issues and preventative actions.

6. Implications

Financial	YES	Failure of College H&S processes could lead to financial penalties imposed through actions or claims
Legal	YES	Failure of College H&S processes could lead to legal proceedings under the H&S act work act
Learning and Teaching	YES	H&S processes ensure the safety of all staff and learners when working in high-risk areas.
Equalities	YES	H&S policies and procedures cover all persons utilising our campuses

Billy Currie

Director of Estates and Sustainability

18 September 2025

Board of Management		
Agenda Item	5	
Paper Number	BOM1025-5.1	
Date of Meeting	06 October 2025	
Location	Dumfries Campus	
Title of Paper	Student Association Update	
Presented by	Honor Gibson	
Recommendation	Discussion	
Freedom of Information Disclosure Assessment		
FOI flag:	<input checked="" type="checkbox"/> Disclosable <input type="checkbox"/> Non-disclosable	
Reason/s for choice:		
Notes from author: (When will it become disclosable? Has FOI Officer guidance been sought?)		
Further comments/updates after initial submission		
Date added	Added by (name and role)	Comment/detail

Read Time: 2 minutes

1. Recommendation

- 1.1 The Board of Management are asked to discuss the contents of this paper.

2. Executive Summary

- 2.1 We have been planning for the year ahead along with Youth Work and Active Campus.
- 2.2 We have Luke Wells in place as Student Engagement and Capacity Lead, and he will be taking charge of Class Representation.

3. Context

- 3.1 With the beginning of the new academic year, the Student Association have been hard at work planning events for the year. We have teamed up with Youth Work and Active Campus to get a broad range of activities planned, that will go along with the calendar (World Mental Health Day, Halloween, Christmas etc.) We hope to have a calendar available by 19 September, so students and staff are aware of what we have going on.
- 3.2 We held Dumfries Campus Freshers on the 1 – 5th September and Stranraer Campus on the 9th of September. The event went well, and we are looking at doing ‘refreshers events’ throughout the academic year, with a focus on after the October holidays and after the Christmas break when we know that retention may be a problem.
- 3.3 Luke Wells, our new Student Engagement and Capacity Lead will be taking the lead on Class Representation this year – he has completed the Sparqs Class Representative training and will be putting this to good use in the coming weeks. We have already started visiting classes as a Student Association, introducing ourselves to the student body and to the staff (some of whom are new this year). We will be continuing with these visits in the next few weeks – the link for booking us into classes was published in ‘The Directors Cut’ which is where we will try and post most of our communications so that all staff are aware of what the student association are doing.

3.4 Funding

- 3.4.1 Delighted to tell you that we received £500 from the Tesco Stronger Starts Scheme which will allow us to fund the Student Association foodbank for this academic year.
- 3.4.2 Nick Trull, from RePollinate has confirmed that we have been successful in receiving £5000 to create the wellbeing/outdoor classroom space out the back of the college. We are just confirming logistics with estates and the equipment and items purchased will be dropped off and the project can be started.

3.5 Sparqs/CDN/NUS/QAA

- 3.5.1 As you know, we will be going through the Tertiary Quality Enhancement Review in this academic year. Honor has been named the Lead Student Representative for this and will be undertaking training on the 11 September and will give a verbal update at the Learning and Teaching Committee Meeting.
- 3.5.2 SA Association and Luke attended the Sparqs ‘That’s Quality!’ residential in August – this mainly concentrated on the TQER, TQEF and how to draft our own SEAP for an imaginary tertiary institution. This allowed us to gain an insight in what institutions are going through when doing this process and gave us a deeper understanding of how it all works.

3.6 Scotland's Tertiary Enhancement Project (STEP)

- 3.6.1 As Student President, Honor will be attending the meetings and implementation days throughout the academic year – she will be attending these with Sonya Rutter. The first session was a summer check-in on the 19 August, and this was to allow all projects to get together and go through their final proposals. The first full session back will be on the 1 October and we will know more then what is happening with our projects and how we will be able to implement them in the 2nd and 3rd year of the STEP process.

4. Strategic Implications

- 4.1 The Student Association report to the Learning and Teaching Committee has strategic implications that provide key insights into students' needs, priorities and campus life. This report shows that the Student Association are bridging the gap between students and decision-makers and how we are aligning student interests with the institutions learning and teaching goals.

5. Risk

Risk	Mitigations
Risk 10. Failure to achieve an effective student experience.	➤ Class Representation

6. Implications

Financial	YES	Failure to sustain funding may affect the activities the Student Association wish to put on.
Legal	NO	
Learning and Teaching	YES	It is important to ensure the student voice is systemically gathered, analysed and used to ensure enhancements.
Equalities	YES	Projects worked on by the Student Association are raising awareness of equality and diversity – allowing for the students to feel accepted and recognised within the college.

Honor Gibson

Student Association President

11 September 2025

Board of Management		
Agenda Item	5	
Paper Number	BOM1025-5.2	
Date of Meeting	06 October 2025	
Location	Dumfries Campus	
Title of Paper	Student Partnership Agreement	
Presented by	Honor Gibson	
Recommendation	Discussion	
Freedom of Information Disclosure Assessment		
FOI flag:	<input checked="" type="checkbox"/> Disclosable <input type="checkbox"/> Non-disclosable	
Reason/s for choice:		
Notes from author: (When will it become disclosable? Has FOI Officer guidance been sought?)		
Further comments/updates after initial submission		
Date added	Added by (name and role)	Comment/detail

Read Time: 4 minutes

1. Recommendation

- 1.1 The Board of Management are asked to discuss the contents of this paper.

2. Recommendation

- 2.1 The Board of management are asked to note the paper and discuss any points arising from it.

3. Executive Summary

- 3.1 We are pleased to introduce a partnership agreement with the Student Association that reinforces our dedication to student empowerment, enriches the college experience, and builds a culture of collaboration where student voices are respected, valued, and embedded in decision-making processes.

4. Context

- 4.1 We are working in collaboration with Youth Work, Active Campus, and the new Student Engagement and Capacity Lead to further develop and strengthen the Student Partnership Agreement, shaped by input from the DG-Cares team. Together, we aim to build a vibrant campus community, that fosters a strong sense of belonging, supports student leadership and participation, and places student perspectives at the centre of the college's strategic priorities, while also tying in Mission 2030.
- 4.2 We hope that by combining our resources, expertise and shared ambitions that this partnership will create a dynamic framework that enhances student engagement, enriches the college experience, and promotes the holistic development and success of all learners.
- 4.3 Please see Appendix 1 for the Partnership Agreement we will be working to enhance during the 25/26 academic year.

5. Strategic Implications

- 5.1 We will provide an excellent student experience that is focused on innovative learning and teaching.
- 5.2 We will ensure that the Student Association is effective and reflects our students' voices.
- 5.3 We will ensure that students needs are matched and anticipated at all stages of the student journey.

6. Risk

Risk	Mitigations
Risk 10 – Failure to achieve an effective student experience	<ul style="list-style-type: none">➤ Students' association officers' meetings with students➤ Student focus groups➤ Student class representatives' input to course teams.➤ Continuous self- evaluation and action planning by support and teaching areas

7. Implications

Financial	No	
Legal	No	
Learning and Teaching	Yes	Limited student engagement. Missed student perspectives. Lack of effective communication channels.
Equalities	No	

Honor Gibson

Student Association President

11 September 2025

Appendix 1

Student Partnership Agreement

Introduction

DGC and the Students' Association have agreed to enter into a formal Student Partnership Agreement, developed by students and staff.

It emphasises and enhances our commitment to work together to create a world class student experience. This formal partnership documentation identifies the opportunities that students must express their opinions and to engage with the life of the college and further identifies how we will agree priorities and actions for partnership working.

Student Association

The Students' Association at Dumfries and Galloway College exists to represent the interests and views of all students studying at the College. The Students' Association provides a platform for students to express their views on all aspects of College life including all aspects of the learning experience. Students are given the opportunity to elect students to represent the views and opinions of the wider student body. The College and Students' Association work in partnership to deliver positive outcomes for all students and enhance the student experience.

Class Representation

The Students' Association is responsible for overseeing the mechanisms for student engagement through the College's student representative structures.

Students are invited onto committees and working groups relating to the student experience across all levels of governance and are actively engaged in the decision-making processes. The main representative roles are our sabbatical Student President and paid part time Vice Presidents. In addition, Lead Representatives and Class Representatives are involved in the representation structures and play a vital role in feeding information to staff and students. To ensure that every student at the College can have their voice heard, each course is required to support the election of a Class Representative who can speak on behalf of their Class on all matters related to their learning experience.

Class Representatives elect Lead Representatives. Lead Representatives can raise issues and challenges within College decision making forums such as

- Learning and Teaching
- Student Support
- Campus and Environment

Training and ongoing support is provided for all student representatives by the Students' Association and Student Journey Manager.

Partnership

DGC and the Students' Association have a joint commitment to student participation, representation, and engagement. Both parties work closely to ensure a supportive and inclusive learning environment with open and informed communication.

The Students' Association have been working closely with the Active Campus Co-ordinator to get students involved with a variety of sports and health and wellbeing activities.

There are several drivers which inform this commitment including [sparqs' Student Engagement Framework](#), NUS Scotland and the Scottish Funding Council and the College's own Student Experience Strategy.

To create and develop new partnerships each Academic Year the following processes are to be used:

- Student Vote on project
- Ideas from the Lead Rep forums

The Student Association in conjunction with Lead Reps will decide which of these ideas to take forward. Once approved this will form part of the Partnership Agreement. The Partnership Agreement will be reviewed each Academic Year.

Board of Management		
Agenda Item	6	
Paper Number	BOM1025-6.1	
Date of Meeting	6 October 2025	
Location	Dumfries Campus	
Title of Paper	Strategic Risk Register	
Presented by	L Grierson	
Recommendation	Approval	
Freedom of Information Disclosure Assessment		
FOI flag:	<input checked="" type="checkbox"/> Disclosable <input type="checkbox"/> Non-disclosable	
Reason/s for choice:		
Notes from author: (When will it become disclosable? Has FOI Officer guidance been sought?)		
Further comments/updates after initial submission		
Date added	Added by (name and role)	Comment/detail

Read Time: 25 Minutes

1. Recommendation

- 1.1 The Board is asked to consider and review, in the first instance, Strategic Risks 1, 2, 5, 6 and 12 which are assigned to it.
- 1.2 After consideration by FGP and Audit Committees:
 - Approve the removal of Risk 1 from the Register.
 - Approve in principle the amalgamation of Risk 12 to Risk 6 however the amended paperwork will be submitted to Audit Committee and the Board for final approval.
 - Approve the addition of National Job Evaluation to the Register
 - Approve the whole Strategic Risk Register.

2. Executive Summary

- 2.1. The Principal and Executive Leadership Team routinely review the Strategic Risk Register to reflect the key risks to the College and the mitigations that are 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.

3. Context

- 3.1 Currently there are 3 risks (5,11,12) showing an inherent major risk (red), however after mitigations have been applied, these are reduced to 'moderate' risks.
- 3.2 Risk 3: Failure to achieve institutional sustainability - the inherent risk remains a **fundamental 25 rating** (purple). After mitigations, the residual rating of 20 still remains a **major risk**. This is in line with the current and continued external financial position which is of concern and needs to be monitored closely.

4 The Board of Management

- 4.1 The Board of Management has 5 risks assigned to it for review. All risks have undergone review and been updated accordingly with any amendment by risk owners noted below:

- **Risk 1:** Failure of College strategy to meet the needs of Dumfries and Galloway Region and/or national priorities – no changes. A deep dive paper was submitted for Audit Committee review.
 - Within the paper, it was proposed to remove this risk from the register, and this was approved in principle by Audit committee for Board approval. There are key mitigations in funding and the Ministerial Letter of Guidance which prevent the pursuit of interests outwith these priorities. Significant change has been brought to ensure that these priorities are followed within DGC plans and strategies including Mission 2030. The committee discussed the implications of removing Risk 1 from the register, and it was agreed that there are mechanisms in place to ensure we follow the priorities and KPIs are monitored by the Board.
- **Risk 2:** Legal actions; serious accident; incident or civil/criminal breach -**no change**
- **Risk 5:** Business Continuity Incident – Fire, Systems, Emergency Procedures, Health.
 - This risk is above appetite however further mitigations have been added - Work is planned to update the Fire Risk Assessment, and further staff CPD. Further Desktop exercises will be undertaken with staff
- **Risk 6:** Failure to meet regulatory obligations – **no change**
- **Risk 12:** Health and Safety – **no change**.
 - After discussion at Audit committee, it is proposed to remove Risk 12 from the Register as a standalone risk. Health and Safety sits within Risk 6: Failure to Comply with Regulatory Obligations. It is also covered in Risk 2: Legal Actions,

Serious Incidents. Recent H&S internal audit reports have provided substantial assurance, and current mitigations will be filtered into Risk 6.

- Audit Committee have approved this in principle; however, they have asked to see the amended paperwork and this will be brought back to the Board in due course.

5 Committee Updates

5.1 Audit Committee

5.1.1 No changes have been made to ratings for Risks 4 and 11.

- **Risk 11:** Failure to achieve and maintain systems and operable and secure ICT – Further mitigations added to Level 2.
 - Further assurance in relation to the risk being above appetite - Additional mitigations have been introduced regarding student engagement in digital systems and awareness. A new module which includes cyber security and email management is currently being tested with students in curriculum areas. This will eventually be rolled out for all students.

5.2 Learning and Teaching Committee

5.2.1 There have been no changes to ratings for Risks 8,9,10 although further mitigations have been added to level 2.

5.3 Finance and General-Purpose Committee

5.3.1 There have been no changes to ratings for Risks 3,7.

- Risks 3 - Failure to achieve institutional sustainability.
 - This risk is above appetite however a balanced budget has been approved for 2025-26, and longer-term plans have been considered to provide a break even. Support staff pay award is currently being negotiated but no final agreement is in place for 2025-26 as yet.
- Risk 7 – Industrial Relations – no changes made. The support staff pay award negotiations are in progress, however settlement is yet to be reached for 2025-26.

5.4 Emerging Risk Register

5.4.1 Risk discussions take place during Operational Planning, Curriculum Reviews, Support Service Reviews and cross-college Team meetings as well as professional sources. These discussions ensure risk consideration at all levels of the College and help identify significant potential risks and opportunities which can be captured and escalated, if necessary, in line with the College Risk Management Policy.

5.4.2 After due consideration by SLT, some risks have been closed, however there are 2 remaining.

- AI – Organisational/Operational. This is fast changing and will continue to be monitored.
- National Job Evaluation - SLT recommend that the National Job Evaluation Risk should be escalated to the Strategic Risk Register within its own right. This is due to a number of uncertainties throughout the process which may escalate industrial relations and put strain on resources ie workforce and funding.
 - After consideration at Audit Committee, they recommend the Board approve the addition to the Strategic Risk Register, but marked as emerging.

6 Strategic Implications

- 6.1 The risks associated with Audit Committee link into the following strategic priorities:
Mission 2030 – Pillars 1,2,3,4

7 Risk

Risk	Mitigations
All Risks	➤ Paperwork attached for reference.

8 Implications

Financial	YES	Financial loss, fraud and reputational damage and impact to financial sustainability.
Legal	YES	Failure to meet regulatory and compliance obligations
Learning and Teaching	YES	Serious impact to the college's ability to operate and deliver education to students, financial loss, loss of data and reputation.
Equalities	NO	

Lorraine Grierson

Governance Professional

29 September 2025

RISK DEFINITION		ORIGINAL TASK				RESIDUAL RISK				RISK APPETITE
No	Risk	Likelihood	Impact	Total	Risk Level	Likelihood	Impact	Total	Risk Level and trend	above/below
Responsible Person – Principal										
1	Failure of College strategy to meet the needs of Dumfries and Galloway Region and/or national priorities (BoM)									
		3	4	12		2	4	8	=	Open 16-20 ↓
2	Legal actions; serious accident; incident or civil/criminal breach (BoM)									
		5	3	15		3	2	6	=	Cautious 7-10 ↓
Responsible Person – VP Corporate Services										
3	Failure to achieve institutional sustainability (FGP)									
		5	5	25		4	5	20	=	Cautious 7-10 ↑
4	Financial Fraud (AUD)									
		4	3	12		3	2	6	=	Cautious 7-10 ↓
6	Failure to comply with regulatory obligations (BoM)									
		3	5	15		5	1	5	=	Cautious 7-10 ↓
5	Business Continuity Incident – Fire, Systems, Emergency Procedures, Health (BoM)									
		4	4	16		4	3	12	=	Cautious 7-10 ↑
7	Failure to achieve effective Industrial Relations (FGP)									
		3	4	12		2	3	6	=	Moderate 11-15 ↓
12	Health and Safety (BOM)									
		4	5	20		3	4	12	=	Cautious 7-10 ↑
Responsible Person - VP Learning, Skills and Student Experience										
8	Failure to achieve highest academic performance levels (LT)									
		3	4	12		1	4	4	=	Moderate 11-15 ↓
9	Failure to adhere to academic compliance arrangements (LT)									
		4	3	12		2	2	4	=	Cautious 7-10 ↓
10	Failure to achieve an effective student experience (LT)									
		3	4	12		1	4	4	=	Moderate 11-15 ↓
11	Failure to achieve and maintain systems and operable and secure ICT (AUD)									
		4	5	20		3	5	15	=	Cautious 7-10 ↑

Risks which should be monitored by the Risk Management Group:	Scores: 1 – 8	Minor Risk
Risks to be brought to the attention of SLT and Board of Management:	Scores: 9 - 15	Moderate 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	Critical Risk

Score		Impact	Likelihood
1-8 Acceptable level of risk subject to periodic review.	Minor: Risks which should be monitored by the Risk Management Group	The risk may cause slight disruption or impact on the College's operations, objectives, reputation, stakeholders or financial sustainability.	Unlikely: the likelihood of the risk occurring is unlikely but still possible. It would be estimated that the risk has a 6-25% chance of happening.
9-15 Moderate level of risk subject to regular monitoring and mitigating actions and plans being in place	Moderate: Risks to be brought to the attention of SLT and Board of Management	Moderate: the risk has a noticeable impact or disruption, affecting the College's operations, objectives, reputation, stakeholders or financial sustainability.	Possible: the likelihood of the risk occurring is reasonable. It would be estimated that the risk has a 26-50% chance of happening.
16-20 Unacceptable level of risk requiring immediate actions and plans to prevent or mitigate.	Major: Risks to be reported to, and monitored by, BoM	Major: the risk has a substantial impact on the College's operations, objectives, reputation, stakeholders or financial sustainability.	Likely: the likelihood of the risk occurring is probable. It would be estimated that the risk has a 51- 75% chance of happening.
21-25 Critical level of risk requiring urgent attention and actions to prevent or mitigate.	Critical: Risks to be reported to, and monitored by, BoM	Critical: the risk is a severe threat to the College's operations, objectives, reputation, stakeholders or financial sustainability.	Almost Certain: the likelihood of the risk occurring is highly likely. It would be estimated that the risk has more than a 75% chance of happening.

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

DGC Risk Appetite

Classification	Description
Averse 1-6	Prepared to accept only the very lowest levels of risk, with the preference being for very safe decision-making and strategy implementation, while recognising there may be little opportunity for innovation or the exploitation of new opportunities.
Cautious 7-10	Willing to accept some low risks, while maintaining an overall preference for safe decision-making and strategy implementation, despite the probability that there is restricted potential for innovation and increased outcomes and benefits.
Moderate 11-15	Tending predominantly towards exposure to only modest levels of risk to achieve acceptable, but possibly unambitious outcomes or benefits.
Open 16-20	Prepared to consider innovative decisions and strategic implementation and selecting those with the highest probability of productive outcomes and benefits, even where there are elevated levels of associated risk.
Hungry 21-25	Proactively taking innovative/creative/pioneering decisions and adopting forms of strategic implementation, while accepting the associated substantial risk levels in order to secure highly successful outcomes and benefits.

Impact	5 Averse	10 Cautious	15 Moderate	20 Open	25 Hungry
	4 Averse	8 Cautious	12 Moderate	16 Open	20 Open
	3 Averse	6 Averse	9 Cautious	12 Moderate	15 Moderate
	2 Averse	4 Averse	6 Averse	8 Cautious	10 Cautious
	1 Averse	2 Averse	3 Averse	4 Averse	5 Averse
Likelihood					

Strategic Objective: Risk No: 1 Failure to meet Region/National Priorities		
Reference to Risk Registers:	Strategic	Owner: Principal BoM
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	

GROSS RISK SCORE (i.e without controls in place)					
LIKELIHOOD	(A)	IMPACT	(B)	What is the total risk score? (A x B)	12/25
	3/5		4/5		
The GROSS risk is therefore: (MIN/MOD/MAJ/CRIT)		Significant Risk			

3 LINES OF DEFENCE Risk Mitigations and Owners.xlsx	MITIGATIONS	MONITORING
Front Line (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Operational Plans PRDs Membership of Regional Economic Partnership Mission 2030 mapped to national/regional priorities 	<ul style="list-style-type: none"> Clear performance metrics for all strategic outcomes and linked to individual performance targets reviewed by Line Managers SLT monitoring
Organisation Oversight Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> Portfolio Review 1 - PI and Curriculum Plan Portfolio Review 2 - PI Review Reportage to BoM on Mission 2030 	<ul style="list-style-type: none"> 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 and BoM
Independent Assurance Internal Audit / external bodies	<ul style="list-style-type: none"> Annual Engagement on Self Evaluation and Action Plan (SEAP) reportage Outcome Framework and Assurance Model Audit of Plans 	<ul style="list-style-type: none"> Education Scotland /QAA Ongoing engagement and reporting to SFC External Audit BoM oversight

NET RISK SCORE (i.e with controls in place)					
LIKELIHOOD	(A)	IMPACT	(B)	What is the total risk score? (A x B)	8/25
	2/5		4/5		

Risk Status	Meeting 1 MIN	Meeting 2	Meeting 3	Meeting 4
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No.	Risk and Risk Appetite	Averse 1-6	Cautious 7-10	Moderate 11-15	Open 16-20	Hungry 21-25
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		→			

QTR	UPDATE SINCE LAST REVIEW / ACTIONS AND TREATMENT	APPETITE IN/OUT
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Q1 Aug-Oct	Update	Owner – No changes. Ratings remain at G 12/25 and N 8/25	
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		
Q2 Nov-Jan	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		
Q3 Feb-Apr	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		
Q4 May-Jul	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Strategic Objective: Risk No: 2 Legal Actions, Serious Incidents		
Reference to Risk Registers	Strategic	Owner: Principal BoM
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	

GROSS RISK SCORE (i.e without controls in place)				
LIKELIHOOD	(a)	IMPACT	(b)	What is the total risk score? (A x B)
	5/5		3/5	
The GROSS risk is therefore: MIN/MOD/MAJ/CRIT		Moderate Risk		

3 LINES OF DEFENCE Risk Mitigations and Owners.xlsx	MITIGATIONS	MONITORING
FRONT LINE (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Health and Safety Risk Assessments H&S Training H&S Committee 	<ul style="list-style-type: none"> Records of staff training and completion Line Manager oversight
OVERSIGHT OF MANAGEMENT ACTIVITY Internal Compliance and quality checks	<ul style="list-style-type: none"> H&S Checks EDI Annual Report 	<ul style="list-style-type: none"> Monitoring and reporting in key areas – e.g., H&S, equalities, employee engagement/Staff surveys

/ Legal and Regulatory / Financial controls / Management controls / Project assurance		
INDEPENDENT ASSURANCE Internal Audit / external bodies	<ul style="list-style-type: none"> External audit of fire systems External audit of H&S BoM Audit EDI Report 	<ul style="list-style-type: none"> Internal and External Audit BoM oversight Reportage to SFC

NET RISK SCORE (i.e., with controls in place)					
LIKELIHOOD	(A) 3/5	IMPACT	(B) 2/5	What is the total risk score? (A x B)	6/25

Risk Status	Meeting 1 MIN	Meeting 2	Meeting 3	Meeting 4
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No.	Risk and Risk Appetite	Averse1-6	Cautious 7-10	Moderate 11-15	Open 16-20	Hungry 21-25
2	Legal actions; serious accident; incident or civil/criminal breach		↓			

QTR	UPDATE SINCE LAST REVIEW / ACTIONS AND TREATMENT		APPETITE IN/OUT
Q1 Aug-Oct	Update	Owner - No Changes. Ratings remain same: G 15/25 and N 6/25	Below
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q2 Nov-Jan	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q3 Feb-Apr	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q4 May-Jul	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Strategic Objective: Risk No: 3 Financial Sustainability		
Reference to Risk Registers:	Financial	Owner: VP Corporate Services FGP
Description of the Risk:	Failure to achieve institutional sustainability due to sector-level budget allocations in 2025-26	
What are the possible consequences if the risk was to emerge?	The college will be unable to operate within the Scottish Public Finance Manual, contravening governance requirements by SG, Section 22, Reputational damage to Board and F&GP	

GROSS RISK SCORE (i.e without controls in place)					
LIKELIHOOD	(A) 5/5	IMPACT	(B) 5/5	What is the total risk score? (A x B)	25/25
The GROSS risk is therefore: MIN/MOD/MAJ/CRIT		Critical Risk			

3 LINES OF DEFENCE Risk Mitigations and Owners.xlsx	MITIGATIONS	MONITORING
Front Line (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> • Increase Commercial Income/ reduce reliance on SFC funding • Effective cost control • Active tracking of Credits against forecast • Protection of funding through dialogue with SFC • Scheme of Delegation 	<ul style="list-style-type: none"> • Commercial Reporting to FGP/review by SLT • Reportage to SLT / FGP/ BoM • Finance business partnering to review budgets/spend with Managers, and timely preparation of Management Accounts and forecasts • Continuous monitoring of demand v funding allocation of student funds • Spot checks by team
Organisation Oversight Of Management Activity Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> • Strategic and Operating Plans approval process • Budgets approval process • Major project business cases approval processes • Finance Directors Network 	<ul style="list-style-type: none"> • Regular internal reporting to SLT, BoM and FGP Committee • Regular interaction with Scottish Funding Council Finance Team • Knowledge exchange through Finance Directors Network / Colleges Scotland • VPs Group and Principals Group • Benchmarking against other colleges
Independent Assurance Internal Audit / external bodies	<ul style="list-style-type: none"> • Internal Audit Programme • External Audit • Regional Outcome Agreement 	<ul style="list-style-type: none"> • External firm of professionals appointed/External by Audit Scotland / approval by Audit Committee/BoM • Regular returns to Scottish Funding Council (FFR/FES)

NET RISK SCORE (i.e with controls in place)					
LIKELIHOOD	(A) 4/5	IMPACT	(B) 5/5	What is the total risk score? (A x B)	20/25

Risk Status	Meeting 1 MAJ	Meeting 2	Meeting 3	Meeting 4
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No.	Risk and Risk Appetite	Averse 1-6	Cautious 7-10	Moderate 11-15	Open 16-20	Hungry 21-25
3	Failure to achieve institutional sustainability		↑			

QTR	UPDATE SINCE LAST REVIEW / ACTIONS AND TREATMENT		APPETITE IN/OUT
Q1 Aug-Oct	Update	Owner - No changes proposed. Rating remains G25/25, N 20/25	OUT
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat	A balanced budget has been approved for 2025-26, and longer term plans have been considered to provide a break even. The support staff pay award has not been agreed for 2025-26.	
Q2 Nov-Jan	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		
Q3 Feb-Apr	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		
Q4 May-Jul	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Strategic Objective: Risk No: 4 Financial Fraud		
Reference to Risk Registers:	Financial	Owner: VP Corporate Services AUD
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	

GROSS RISK SCORE (i.e without controls in place)					
LIKELIHOOD	(A) 4/5	IMPACT	(B) 3/5	What is the total risk score? (A x B)	12/25
The GROSS risk is therefore: MIN/MOD/MAJ/CRIT		Moderate Risk			

3 LINES OF DEFENCE <u>Risk Mitigations and Owners.xlsx</u>	MITIGATIONS	MONITORING
Front Line (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> No PO / no Pay policy Scheme of Delegation with regular review Segregation of duties and review of transactions Staff training and sharing of good practice for risks 	<ul style="list-style-type: none"> Continuous review of financial controls and spot checks by team Implementation of Internal Audit recommendations Training records/ tracking of audit recommendations

Organisation Oversight of Management Activity Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> Review of impact of any changes in structure or duties Public Interest Disclosure (Whistleblowing) Policy Internal reviews from College team now taking place 	<ul style="list-style-type: none"> SLT reportage Monitoring across SLT Directorates Tracking of audit recommendations Participation in Audit Scotland's National Fraud Initiative exercise for reporting and review
Independent Assurance Internal Audit / external bodies	<ul style="list-style-type: none"> Internal Audit plan 	<ul style="list-style-type: none"> Internal Audit External firm of professionals appointed / approval and review of reports by Audit Committee /BoM oversight

NET RISK SCORE (i.e with controls in place)

LIKELIHOOD	(A) 3/5	IMPACT	(B) 2/5	What is the total risk score? (A x B)	6/25
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Risk Status	Meeting 1 MIN	Meeting 2	Meeting 3	Meeting 4
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No.	Risk and Risk Appetite	Averse 1-6	Cautious 7-10	Moderate 11-15	Open 16-20	Hungry 21-25
4	Financial Fraud		↓			

QTR	UPDATE SINCE LAST REVIEW / ACTIONS AND TREATMENT		APPETITE IN/OUT
Q1 Aug-Oct	Update	Owner - No changes proposed. Ratings remain at G 12/25 and N 6/25.	IN
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q2 Nov-Jan	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q3 Feb-Apr	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q4 May-Jul	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Strategic Objective: Risk No: 5 Business Continuity		
Reference to Risk Registers:	Organisational	Owner: VP Corporate Services
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	

GROSS RISK SCORE (i.e without controls in place)					
LIKELIHOOD	(A) 4/5	IMPACT	(B) 4/5	What is the total risk score? (A x B)	16/25
The GROSS risk is therefore: MIN/MOD/MAJ/CRIT		Major Risk			

3 LINES OF DEFENCE <u>Risk Mitigations and Owners.xlsx</u>	MITIGATIONS	MONITORING
Front Line (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Business Continuity Plan Staff CPD on business continuity themes Monitoring Public Health Advice Planning, careful phasing of processes, systems and equipment Asset register Effective management of GDPR 	<ul style="list-style-type: none"> Adherence to local and national Public Health Guidance Reporting to SLT on effectiveness of testing arrangements. Business continuity Plan walkthrough and desk top scenario planning Active data protection monitoring, training and auditing User acceptance testing of new systems
Organisation Oversight of Management Activity Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> Rolling programme of routine updates to systems and equipment 	<ul style="list-style-type: none"> Liaison with SFC and Colleges Scotland Climate Emergency College Group (includes Student Representatives)
Independent Assurance Internal Audit / external bodies	<ul style="list-style-type: none"> Communication to stakeholders Cyber Essentials Externally completed Fire Risk Assessment Advice from Local Resilience Partnership of which we are part of the operational group. 	<ul style="list-style-type: none"> Internal Audit on process and statutory compliance BoM oversight

NET RISK SCORE (i.e with controls in place)					
LIKELIHOOD	(A) 4/5	IMPACT?	(B) 3/5	What is the total risk score? (A x B)	12/25

Risk Status	Meeting 1 MOD	Meeting 2	Meeting 3	Meeting 4
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No.	Risk and Risk Appetite	Averse 1-6	Cautious 7-10	Moderate 11-15	Open 16-20	Hungry 21-25
5	Business Continuity		↑			

QTR	UPDATE SINCE LAST REVIEW / ACTIONS AND TREATMENT			APPETITE IN/OUT
Q1 Aug-Oct	Update	Owner - No changes proposed. Rating remains G16/25, N 12/25		OUT
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat	Work is planned to update the Fire Risk Assessment, and staff CPD. Further Desktop exercises will be undertaken with staff.		

Q2 Nov-Jan	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		
Q3 Feb-Apr	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		
Q4 May-Jul	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Strategic Objective: Risk No: 6 Failure to Comply with Regulatory Obligations		
Reference to Departmental Risk Registers:	Organisational	Owner: VP Corporate Services BoM
Description of the Risk:	Failure to comply with regulatory obligations	
What are the possible consequences if the risk was to emerge?	Loss of reputation, impact to financial sustainability, Government bodies intervention	

GROSS RISK SCORE (i.e without controls in place)					
LIKELIHOOD	(A) 3/5	IMPACT	(B) 5/5	What is the total risk score? (A x B)	15/25
The GROSS risk is therefore: MIN/MOD/MAJ/CRIT		Moderate Risk			

3 LINES OF DEFENCE <u>Risk Mitigations and Owners.xlsx</u>	MITIGATIONS	MONITORING
Front Line (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Mandatory training for Prevent, Health and Safety, Safeguarding and GDPR with regular updates Staff awareness and contingency planning Additional Safeguarding training in place for front line support staff Robust systems and procedures in place with regular review Engagement/practice sharing with local agencies Awareness and benchmarking from HEFESTIS, insurers and other advisers 	<ul style="list-style-type: none"> Business Continuity Plan including scenario testing Training records/ Reportage to SLT
Organisation Oversight of Management Activity Internal Compliance and quality checks / Legal and Regulatory / Financial	<ul style="list-style-type: none"> Engagement/practice sharing with local agencies Board approval of SFC submissions 	<ul style="list-style-type: none"> Information sharing with local agencies Reportage to SLT/ Committees and BOM

controls / Management controls / Project assurance		
Independent Assurance Internal Audit / external bodies	<ul style="list-style-type: none"> Internal Audit Plan and review External Audit Planning and review 	<ul style="list-style-type: none"> External firm of professionals appointed/ approval and review of reports by Audit Committee Education Scotland review and assessment

NET RISK SCORE (i.e with controls in place)

LIKELIHOOD	(A) 5/5	IMPACT	(B) 1/5	What is the total risk score? (A x B)	5/25
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Risk Status	Meeting 1 MIN	Meeting 2	Meeting 3	Meeting 4
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No.	Risk and Risk Appetite	Averse 1-6	Cautious 7-10	Moderate 11-15	Open 16-20	Hungry 21-25
6	Failure to comply with regulatory obligations		↓			

QTR	UPDATE SINCE LAST REVIEW / ACTIONS AND TREATMENT		APPETITE IN/OUT
Q1 Aug-Oct	Update	No changes proposed. Ratings remain at G 15/25 and N 5/25	IN
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat	Internal Audit review for Health and Safety in April 2025 gave a Substantial Assurance opinion, and the Risk was updated following a Deep Dive by the Audit Committee in March 2025.	

Q2 Nov-Jan	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q3 Feb-Apr	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q4 May-Jul	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Strategic Objective: Risk No: 7 Failure to Achieve Effective Industrial Relations		
Reference to Risk Registers:	Organisational	Owner: VP Corporate Services FGP
Description of the Risk:	Failure to achieve effective Industrial Relations through local dialogue/relationships and effect of national campaigns from trade unions	
What are the possible consequences if the risk was to emerge?	Financial loss, impact to ability to effectively teach, industrial action, action short of strike action (ASOS), loss of reputation.	

GROSS RISK SCORE (i.e without controls in place)					
LIKELIHOOD	(A) 3/5	IMPACT	(B) 4/5	What is the total risk score? (A x B)	12/25
The GROSS risk is therefore: MIN/MOD/MAJ/CRIT		Moderate Risk			

3 LINES OF DEFENCE <u>Risk Mitigations and Owners.xlsx</u>	MITIGATIONS	MONITORING
Front Line (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Constructive formal and informal communication channels Regular meetings Staff awareness and contingency planning 	<ul style="list-style-type: none"> LJNC (Local Joint Negotiating Committee) College Employers Scotland advice and updates Regular union/management dialogue
Organisation Oversight of Management Activity Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> LJNC (Local Joint Negotiation Committee) Representation at Employers Association NRPA (National Recognition and Procedures Agreement); T&Cs Representation at Strategic HR Network 	<ul style="list-style-type: none"> ELT/SLT/Board Staff engagement survey Regular union/management dialogue
Independent Assurance Internal Audit / external bodies	<ul style="list-style-type: none"> College Employers Scotland 	<ul style="list-style-type: none"> SFC/Scottish Government HR Sub/BoM oversight

NET RISK SCORE (i.e with controls in place)					
LIKELIHOOD	(A) 2/5	IMPACT	(B) 3/5	What is the total risk score? (A x B)	6/25

Risk Status	Meeting 1 MIN	Meeting 2	Meeting 3	Meeting 4
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No.	Risk and Risk Appetite	Averse 1-6	Cautious 7-10	Moderate 11-15	Open 16-20	Hungry 21-25
7	Failure to achieve effective Industrial Relations		↓			

QTR	UPDATE SINCE LAST REVIEW / ACTIONS AND TREATMENT		APPETITE IN/OUT
Q1 Aug-Oct	Update	Owner - No changes proposed Ratings remain at G 12/25 and N 6/25	IN
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q2 Nov-Jan	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q3 Feb-Apr	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q4 May-Jul	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Strategic Objective: Risk No: 8 Failure to achieve highest academic performance

Reference to Departmental Risk Registers:	Organisational	Owner: VP Learning, Skills and Student Experience LT
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. Recent data and external scrutiny identifies a 3 year trend of sustained student success improvement.	

GROSS RISK SCORE (i.e without controls in place)

LIKELIHOOD	(A) 3/5	IMPACT	(B) 4/5	What is the total risk score? (A x B)	12/25
The GROSS risk is therefore: MIN/MOD/MAJ/CRIT		Moderate Risk			

3 LINES OF DEFENCE <u>Risk Mitigations and Owners.xlsx</u>	MITIGATIONS	MONITORING
Front Line (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Online reportage of PI and Discussion with Teaching Team Self-Evaluation Reportage – Curriculum Student early experience survey and Student Satisfaction and Engagement Survey (SSES) Self-Evaluation Reportage – Support Complaint Procedure Observation of Learning Process 	<ul style="list-style-type: none"> Managers and Directors monitor course PIs Self-evaluation reporting monitored by Performance Output of observation of learning feedback for individual and organisational development.
Organisation Oversight of Management Activity Internal Compliance and quality checks / Legal and Regulatory /	<ul style="list-style-type: none"> Portfolio Review 1 - PI and Curriculum Plan Portfolio Review 2 - PI Review Support Review Performance Review of Self Evaluation Block 1 	<ul style="list-style-type: none"> College wide enhancement plan monitored annually Annual portfolio review to examine improvement actions Regular reportage on performance to

Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> Performance Review of Self Evaluation Block 2 Complaint Report Introduction of Institution Led Quality Review (ILQR) in AY 25/26. Introduction of SLT Level Self-Evaluation and Action Plans. 	SLT <ul style="list-style-type: none"> Reportage to L&T Committee on College wide self -evaluation and portfolio reviews
Independent Assurance Internal Audit / external bodies	<ul style="list-style-type: none"> Annual Engagement Visit by Inspection Body Self-evaluation and Action Plan reportage to SFC Risk based Cycle of External Verification Visits 	<ul style="list-style-type: none"> Reportage by Education Scotland presented to the BoM Reportage to SFC Outcome Team Awarding Body Scrutiny by QAA

NET RISK SCORE (i.e with controls in place)					
LIKELIHOOD	(A) 1/5	IMPACT	(B) 4/5	What is the total risk score? (A x B)	4/25

Risk Status	Meeting 1 MIN	Meeting 2	Meeting 3	Meeting 4
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No.	Risk and Risk Appetite	Averse 1-6	Cautious 7-10	Moderate 11-15	Open 16-20	Hungry 21-25
8	Failure to achieve highest academic performance levels		↓			

QTR	UPDATE SINCE LAST REVIEW / ACTIONS AND TREATMENT		APPETITE IN/OUT
Q1 Aug-Oct	Update	Owner – no changes to ratings. G 12/25, N 4/25. <ul style="list-style-type: none"> Level 2 - Introduction of Institution Led Quality Review (ILQR) in AY 25/26. Level 2 - Introduction of SLT Level Self-Evaluation and Action Plans (SEAP) 	IN
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q2 Nov-Jan	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q3 Feb-Apr	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q4 May-Jul	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Strategic Objective: Risk No 9: Failure to adhere to academic compliance		
Reference to Risk Registers:	Organisational	Owner: VP Learning, Skills and Student Experience LT
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.	

GROSS RISK SCORE (i.e without controls in place)					
LIKELIHOOD	(A) 4/5	IMPACT	(B) 3/5	What is the total risk score? (A x B)	12/25
The GROSS risk is therefore: MIN/MOD/MAJ/CRIT		Moderate risk			

3 LINES OF DEFENCE Risk Mitigations and Owners.xlsx	MITIGATIONS		MONITORING		
Front Line (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Assessor marks in line with national standards utilising awarding body resources. Curriculum team meetings Self-Evaluation Reportage – Curriculum Self Evaluation Reportage – Support Complaint Procedure Verification training module developed 		<ul style="list-style-type: none"> Internal verifier appointed for each unit and a cycle of verification is followed. Curriculum Managers Self-evaluation plan and reporting monitored by Performance 		
Organisation Oversight of Management Activity Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> Compliance report by academic block Performance Review of Self Evaluation Block 1 Performance Review of Self Evaluation Block 2 Performance Review of Self Evaluation Block 3 Complaint Report Introduction of Institution Led Quality Review (ILQR) in AY 25/26. Introduction of SLT Level Self-Evaluation and Action Plans. 		<ul style="list-style-type: none"> College Wide Review by Performance Manager at SLT Reportage to SLT and L&T Committee on College wide self - evaluation and Complaints 		
Independent Assurance Internal Audit / external bodies	<ul style="list-style-type: none"> Cycle of External Verification Visits Annual Engagement Visit Self-Evaluation Reportage to SFC 		<ul style="list-style-type: none"> External verifier Performance directorate monitor external verification and report to SLT and the L&T Committee. Reportage by Education Scotland/QAA presented to the BoM SFC Outcome Team monitor returns and provide feedback as required 		

NET RISK SCORE (i.e with controls in place)					
LIKELIHOOD	(A) 2/5	IMPACT	(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
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No.	Risk and Risk Appetite	Averse 1-6	Cautious 7-10	Moderate 11-15	Open 16-20	Hungry 21-25
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9	Failure to adhere to academic compliance arrangements		↓			
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QTR	UPDATE SINCE LAST REVIEW / ACTIONS AND TREATMENT		APPETITE IN/OUT
Q1 Aug-Oct	Update	Owner – no changes to ratings – G 12/25 and N 4/25 • Level 2 - Introduction of Institution Led Quality Review (ILQR) in AY 25/26. • Level 2 - Introduction of SLT Level Self-Evaluation and Action Plans.	IN
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q2 Nov-Jan	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q3 Feb-Apr	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q4 May-Jul	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Strategic Objective:			Risk No: 10 Failure to achieve an effective student experience		
Reference to Risk Registers:		Organisational	Owner: VP Learning, Skills and Student Experience <i>(Inc Infrastructure/Marketing/ICT)</i>		
			LT		
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.			

GROSS RISK SCORE (i.e without controls in place)				
LIKELIHOOD	(A) 3/5	IMPACT	(B) 4/5	What is the total risk score? (A x B)
The GROSS risk is therefore: MIN/MOD/MAJ/CRIT				12/25
Moderate Risk				

3 LINES OF DEFENCE <u>Risk Mitigations and Owners.xlsx</u>	MITIGATIONS	MONITORING
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Front Line (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Curriculum team meetings Self-Evaluation Reportage – Curriculum Student early experience survey and Student Satisfaction and Engagement Survey (SSES) Student representative meetings Self-Evaluation Reportage – Support Complaint Procedure Observation of Learning process 	<ul style="list-style-type: none"> Curriculum Managers (CMs) Self-evaluation reporting monitored by Performance and Directors Performance return survey and SSES results to CMs Performance overview Self-evaluation reporting monitored by Performance and Directors Observation of learning process – student feedback gathered.
Organisation Oversight of Management Activity Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> Performance Review of Self Evaluation Block 1 Performance Review of Self Evaluation Block 2 Performance Review of Self Evaluation Block 3 Portfolio Review 1 - PI and Curriculum Plan Portfolio Review 2 - PI Review Support Review Complaint Report Introduction of Institution Led Quality Review (ILQR) in AY 25/26. Introduction of SLT Level Self-Evaluation and Action Plans. 	<ul style="list-style-type: none"> Reportage to SLT and L&T Committee on College wide self -evaluation, enhancement plan and portfolio reviews
Independent Assurance Internal Audit / external bodies	<ul style="list-style-type: none"> Annual Engagement Visit by Inspection Body Self-evaluation and Action Plan reportage to SFC Outcome Framework and Assurance Model 	<ul style="list-style-type: none"> Reportage by /QAA presented to the BoM SFC Outcome Team monitor returns and provide feedback as required

NET RISK SCORE (i.e with controls in place)

LIKELIHOOD	(A) 1/5	IMPACT	(B) 4/5	What is the total risk score? (A x B)	4/25
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Risk Status	Meeting 1 MIN	Meeting 2	Meeting 3	Meeting 4
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No.	Risk and Risk Appetite	Averse 1-6	Cautious 7-10	Moderate 11-15	Open 16-20	Hungry 21-25
10	Failure to achieve an effective student experience					

QTR	UPDATE SINCE LAST REVIEW / ACTIONS AND TREATMENT		APPETITE IN/OUT
Q1 Aug-Oct	Update	<div><div>Owner – no changes to ratings G12/25 and N 4/25</div><ul style="list-style-type: none">Level 2 - Introduction of Institution Led Quality Review (ILQR) in AY 25/26.Level 2 - Introduction of SLT Level Self-Evaluation and Action Plans.</div>	IN
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q2 Nov-Jan	Update		
	If outside appetite – what are tolerance levels and Actions/		

	Plans to Treat	
Q3 Feb-Apr	Update	
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat	
Q4 May-Jul	Update	
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat	

Strategic Objective: Risk No: 11 Failure to maintain systems and operable and secure ICT

Reference to Risk Registers:	Organisational	Owner: VP Learning, Skills and Student Experience AUD
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	

GROSS RISK SCORE (i.e without controls in place)

LIKELIHOOD	(A) 4/5	IMPACT	(B) 5/5	What is the total risk score? (A x B)	20/25
The GROSS risk is therefore: (MIN/MOD/MAJ/CRIT)		Major Risk			

3 LINES OF DEFENCE <u>Risk Mitigations and Owners.xlsx</u>	MITIGATIONS	MONITORING
Front Line (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Documented disaster recovery procedures Cyber Incident disaster recovery plan and training Staff CPD on business continuity areas including Cyber security Firewalls and antivirus software in place ICT Systems linked to the Business Continuity and Management Plan One member of the Digital Services Team has successfully completed certified Ethical Hacker training, with a second team member scheduled to attend an upcoming session. Cyber essentials certified Ongoing cyber-attack response training for Digital Services Team, including scenarios each block Established playbooks for 	<ul style="list-style-type: none"> Cyber exercises Phishing exercises Regular planned security monitoring. Network Monitoring

	emergency response <ul style="list-style-type: none"> Digital Skills for Learning and Work Unit developed for students 25/26 pilot. Multi Factor Authentication introduced for all students. 	
Organisation Oversight of Management Activity Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> Planned cyber exercises Planned phishing exercises. Cyber exercises – exercise in a box NCSC Infrastructure updates from external review of ICT estate 	<ul style="list-style-type: none"> Feedback via SLT/ELT on monitoring statistics Regular Board reporting around cyber position
Independent Assurance Internal Audit / external bodies	<ul style="list-style-type: none"> CISO (Chief Information Security Officer) service in place through HEFESTIS. 	<ul style="list-style-type: none"> Regular reporting and risk assessment. Audit Committee/BoM oversight

NET RISK SCORE (i.e with controls in place)

LIKELIHOOD	(A) 3/5	IMPACT	(B) 4/5	What is the total risk score? (A x B)	12/25
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Risk Status	Meeting 1 MOD	Meeting 2	Meeting 3	Meeting 4
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No.	Risk and Risk Appetite	Averse 1-6	Cautious 7-10	Moderate 11-15	Open 16-20	Hungry 21-25
11	Failure to achieve and maintain systems and operable and secure ICT		↑			

QTR	UPDATE SINCE LAST REVIEW / ACTIONS AND TREATMENT		APPETITE IN/OUT
Q1 Aug-Oct	Update	Owner – no change to ratings: G20/25, N 12/25 <ul style="list-style-type: none"> Level 2 - Digital Skills for Learning and Work Unit developed for students 25/26 pilot. Level 2 - Multi Factor Authentication introduced for all students. 	Out
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat	Additional mitigations have been introduced regarding student engagement in digital systems and awareness. Education programme not yet available to all students as being tested - A new module which includes cyber security, email management is currently being tested with students in curriculum areas. This will eventually be rolled out to all students.	

Q2 Nov-Jan	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q3 Feb-Apr	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Q4 May-July	Update		
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	If outside appetite – what are tolerance levels and Actions/ Plans to Treat	
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Strategic Objective: Risk No: 12 Health & Safety Compliance		
Reference to Risk Registers:	Organisational	Owner: VP Corporate Services BoM
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)	

GROSS RISK SCORE (i.e without controls in place)					
LIKELIHOOD	(A)	IMPACT	(B)	What is the total risk score? (A x B)	20/25
	4/5		5/5		
The GROSS risk is therefore: (MIN/MOD/MAJ/CRIT)		Major Risk			

3 LINES OF DEFENCE Risk Mitigations and Owners.xlsx	MITIGATIONS	MONITORING
Front Line (Management Assurance) Operational Delivery /Systems /Quality Assurance /Supervision	<ul style="list-style-type: none"> Reporting and review procedures, including near miss Health and Safety and IOSH training for staff Regular communication on responsibilities 	<ul style="list-style-type: none"> Regular, formal Health & Safety Committee BoM H&S Champion attends H&S committee meetings
Organisation Oversight of Management Activity Internal Compliance and quality checks / Legal and Regulatory / Financial controls / Management controls / Project assurance	<ul style="list-style-type: none"> Reporting of H&S is standard agenda item at SLT meetings Smartlog System Weekly 1-1 H&S meetings with H&S Advisor Escalation process in place for H&S 	<ul style="list-style-type: none"> Reporting to FGP Committee / BoM
Independent Assurance Internal Audit / external bodies	<ul style="list-style-type: none"> External independent oversight from H&S specialist Fire risk Assessor Allianz – insurer appointed engineering compliance surveyor CDN network 	<ul style="list-style-type: none"> Internal Audit Public Health Environmental Health

NET RISK SCORE (i.e with controls in place)					
LIKELIHOOD	(A)	IMPACT	(B)	What is the total risk score? (A x B)	12/25
	3/5		4/5		

Risk Status	Meeting 1 MOD	Meeting 2	Meeting 3	Meeting 4
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No.	Risk and Risk Appetite	Averse 1-6	Cautious 7-10	Moderate 11-15	Open 16-20	Hungry 21-25
12	Health & Safety compliance		↑			

QTR	UPDATE SINCE LAST REVIEW / ACTIONS AND TREATMENT		APPETITE IN/OUT
Q1 Aug-Oct	Update	Owner – Proposed to remove Risk 12 as H&S is incorporated within Risk 2 and Risk 6.	
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		
Q2 Nov-Jan	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		
Q3 Feb-Apr	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		
Q4 May-Jul	Update		
	If outside appetite – what are tolerance levels and Actions/ Plans to Treat		

Board of Management		
Agenda Item	6	
Paper Number	BOM0925-6.2	
Date of Meeting	06 October 2025	
Location	Dumfries Campus	
Title of Paper	Risk Appetite Review	
Presented by	L Grierson	
Recommendation	Approval	
Freedom of Information Disclosure Assessment		
FOI flag:	<input type="checkbox"/> Disclosable <input checked="" type="checkbox"/> Non-disclosable	
Reason/s for choice:	Can be disclosed once approved by BoM	
Notes from author: (When will it become disclosable? Has FOI Officer guidance been sought?)		
Further comments/updates after initial submission		
Date added	Added by (name and role)	Comment/detail

Read Time: 25 Minutes

1. Recommendation

After consideration and recommendation by the Audit Committee, the Board of Management is asked to **approve the Risk Appetite for 25-26**.

2. Executive Summary

- 2.1. The purpose of this paper is for the Board to satisfy itself that the organisation is properly embedding the risk appetite within the activities, limits, and reporting of the organisation, and invite **approval of** the reviewed risk appetite for Dumfries and Galloway College. The risk appetite is appended to each risk as they are reviewed at the relevant committees and board of management meetings.

3. Context

3.1 Dumfries and Galloway College's Risk Appetite

- 3.1.1 The College maintains a risk register which divides its risks into 12 areas. Each has an Executive lead, and each risk is monitored by the Board, but a number are overseen operationally by Board committees, which report back to Audit committee and the Board. Each risk area on the risk register has a score for gross risk (without controls) and net risk (with controls). For the Board to monitor the risks the executive has proposed a risk appetite for each which includes a statement of how that has been derived at and a justification for it has been set out. We have also set out a statement for the overall risk appetite of the College (appendix 1).

- 3.1.2 The 12 organisational risk areas are:

- Failure of College strategy to meet the needs of Dumfries and Galloway Region and/or national priorities.
- Legal actions; serious accident; incident or civil/criminal breach
- Failure to achieve institutional sustainability.
- Financial Fraud
- Business Continuity Incident – e.g., Fire, MIS Failure, Failure of Emergency Procedures, Threats to Health
- Failure to meet regulatory obligations
- Failure to achieve effective Industrial Relations
- Failure to achieve highest academic performance levels
- Failure to adhere to academic compliance arrangements
- Failure to achieve an effective student experience
- Failure to achieve and maintain systems and operable and secure ICT
- Health and Safety Compliance

- 3.1.3 For each area, Dumfries and Galloway College undertook an assessment of its risk appetite using the five-point scale: Averse/ Cautious/ Moderate/ Open/ Hungry. The definitions of each point on the scale were based on guidance developed by HM Treasury for public bodies and the executive's rationale for each risk and associated appetite was compiled.

3.2 Risk Appetite: 5 Point Scale

Classification	Description
AVERSE	Prepared to accept only the very lowest levels of risk, with the preference being for very safe decision-making and strategy implementation, while recognising there may be little opportunity for innovation or the exploitation of new opportunities.
CAUTIOUS	Willing to accept some low risks, while maintaining an overall preference for safe decision-making and strategy implementation, despite the probability that there is restricted potential for innovation and increased outcomes and benefits.
MODERATE	Tending predominantly towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes or benefits.
OPEN	Prepared to consider innovative decisions and strategic implementation and selecting those with the highest probability of productive outcomes and benefits, even where there are elevated levels of associated risk.
HUNGRY	Proactively taking innovative/creative/pioneering decisions and adopting forms of strategic implementation, while accepting the associated substantial risk levels in order to secure highly successful outcomes and benefits.

3.3 Executive Assessment of Dumfries and Galloway College's Risk Appetite

- 3.3.1 Risk 3: Failure to achieve institutional sustainability - We have a 4-year trend of having a financial surplus together with substantial assurance for the financial planning audit, plus commercial income growth of £1.26M for 24/25. We recognise that we have appropriate measures and controls in place to safeguard our financial sustainability, which receives rigorous scrutiny, therefore we propose to move the appetite from **cautious to moderate**.
- 3.3.2 Risk 5: Business Continuity - health and safety and business continuity planning audits received substantial assurance indicating appropriate controls are in place and we propose to move the appetite from **cautious to moderate**.
- 3.3.3 After consideration it is felt that the remaining risk appetites are at the right level which are outlined in the appetite statement below.
- 3.3.4 Amendments to the risk appetite statement to reflect the above changes, are highlighted in yellow in the statement at appendix 1.

No.	Risk and Risk Appetite	Averse	Cautious	Moderate	Open	Hungry
		1-6	7-10	11-15	16-20	21-25
1	Failure of College strategy to meet the needs of Dumfries and Galloway Region and/or national priorities					
2	Legal actions; serious accident; incident or civil/criminal breach					
3	Failure to achieve institutional sustainability		→			
4	Financial Fraud					
5	Business Continuity Incident – e.g., Fire, Failure of Emergency Procedures, Threats to Health		→			
6	Failure to meet regulatory obligations					
7	Failure to achieve effective Industrial Relations					
8	Failure to achieve highest academic performance levels					
9	Failure to adhere to academic compliance arrangements					
10	Failure to achieve effective student outcomes					
11	Failure to achieve and maintain systems and operable and secure ICT					
12	Health and Safety Compliance					

4. Strategic Implications

- 4.1 The risks associated with Audit Committee link into the following strategic priorities:
 Priority 1 – Student Experience, Priority 4 – Growth and Financial Sustainability; Priority 5 – Systems and Infrastructure

5. Risk

Risk	Mitigations
All Risks	➤ As per Risk Register supporting documentation.

6. Implications

Financial	NO	
Legal	NO	
Learning and Teaching	NO	
Equalities	NO	

Lorraine Grierson

Governance Professional

1 September 2025

Appendix 1

1 Risk Appetite Statement

- 1.1 We encourage a well-managed risk appetite to develop and deliver a high-quality Student Experience to meet the changing needs of our region. We will ensure that we do not lose sight of the impact of taking these risks in more risk-sensitive parts of the business.
- 1.2 Taking a well understood approach to risk to help us achieve our long-term mission of providing individuals, businesses, and communities with the skills to flourish. We are willing to take well-managed risks to raise profile, and performance levels, creating meaningful partnerships with stakeholders to influence policymakers on behalf of the region we serve and across the tertiary education sector.
- 1.3 In areas of our business where we are restricted in our risk taking due to the requirement to comply with relevant policy, regulations, legislation, and standards (e.g, financial management, data protection, safeguarding legislation) our risk appetite is to comply; however, in order to operate efficiently and take advantage of suitable new opportunities, we are willing to incur low levels of risk where requirements are open to interpretation.

Risk Area	Appetite Statement	How Delivered
<p>Name: Failure of College strategy to meet the needs of Dumfries and Galloway Region and/or national priorities</p> <p>Risk No: 1</p> <p>Contact: Principal</p>	<p>We are willing to take well-informed and well managed risks to change the service we provide or the way we relate to our stakeholders.</p>	<p>To improve our service, we may need to change the way we operate and relate to them. So, we can meet the needs of policy drivers we are willing to take the risk that changes may not align with all stakeholders' needs.</p>
	<p>We may take well-understood risks to resource use, service levels and customer satisfaction to improve the way we serve our stakeholders create opportunities for our students.</p>	<p>We are reluctant to take a risk that could have a significant impact on our relationship with our primary funder. We will publish timely communications to our stakeholders detailing the offer and any changes to services.</p>
	<p>We are willing to accept well-understood risks that come from offering a service that supports our strategic aims.</p>	<p>We will regularly seek opportunities for stakeholder engagement and feedback.</p>
	<p>We are willing to accept well-understood risks that come from moving to new business models that help our long-term strategic position.</p>	<p>When introducing new business models, we accept there is a risk that not all stakeholders will like the outcome, and this may have a negative impact on our profile.</p>
	<p>We are willing to take managed risks that enable Dumfries and Galloway College to support policy developments.</p>	<p>We will ensure all interaction with media and PR is carefully managed through external expertise.</p>
	<p>We will not risk taking any position that would harm our ability to maintain Dumfries and Galloway College's reputation and status as a publicly funded not-for-profit organisation.</p>	<p>We will manage staff and student behaviour likely to cause reputational damage through the relevant college policy framework.</p>

Risk Area	Appetite Statement	How Delivered
	We will not risk taking a position that would bring Dumfries and Galloway College into disrepute either through staff or student activity or alignment to stakeholder activity that would compromise this position.	We will routinely seek the views of staff, student and stakeholders on our services and publish the outcome of these.
<p>Name: Legal actions; serious accident; incident or civil/ criminal breach</p> <p>Risk No: 2</p> <p>Contact: Principal</p>	<p>We will always comply with the legal and regulatory framework in which we operate.</p> <p>In places where law or regulation is open to interpretation, we may use an interpretation that favours our preferred course of action (based on legal counsel), where we know that any legal challenge favours our position.</p> <p>We are willing to incur a limited amount of risk of a contractual dispute to achieve important strategic or financial goals.</p> <p>We will contest cases brought against DGC where we have a better than 80% chance of winning</p>	<p>We will plan for the impact of changes to law and regulations well ahead of the time they will come into force, and if necessary, take advice from external experts on what they mean for us.</p> <p>We may walk away from an opportunity rather than sign a highly disadvantageous or legally defective contract, especially if external experts confirm the potential problems that may arise.</p>
<p>Name: Failure to Achieve Institutional Sustainability and Financial Fraud</p> <p>Risk No: 3 and 4</p> <p>Contact: VP Corporate Services</p>	<p>We are prepared to take a higher level of managed financial risk where this supports innovation and long-term sustainability, while maintaining zero tolerance for fraud or money laundering.</p> <p>In places where finance law or regulation is open to interpretation, we may use an interpretation that</p>	<p>We will check that our annual returns and accounts comply fully with relevant laws and regulations (e.g., SFC, ONS or HMRC).</p> <p>We will plan for the impact of changes to regulations well ahead of the time they will come into force, and if necessary, take advice from external experts on what they mean for us.</p>

Risk Area	Appetite Statement	How Delivered
	favours our preferred course of action (based on the advice of external expertise).	If we must decide about a financial issue where law or regulations leave areas of uncertainty, we will not automatically take the most cautious view.
<p>Name: Business Continuity Incident – e.g., Fire, Failure of Emergency Procedure, Threats to Health, Systems Failure, Cyber Incidents</p> <p>Risk No: 5 and 11</p> <p>Contact: VP Corporate Services / VP LSSE</p>	<p>We are willing to accept a moderate level of risk in the event of disruption, recognising that it is not possible or cost-effective to eliminate all risks to operations. Our priority remains the safety, health, and wellbeing of staff and students, where we continue to have zero tolerance for unmanaged risk.</p> <p>We will accept some risk to operational continuity and service delivery where this enables us to be more flexible, resilient, and innovative in our approach to recovery and continuity planning. This includes embracing digital transformation, testing new approaches through live and simulated exercises, and investing selectively in risk mitigation strategies.</p>	<p>We will plan for the impact of business continuity incidents and disaster recovery but using simulated incidents as a method of flagging any vulnerabilities and rehearsing well developed business and disaster recovery planning.</p> <p>We will link in with regional and national recovery response teams to help plan and jointly manage any business continuity risks e.g., COVID-19</p> <p>We will plan for higher levels of disruption to operations in order to deliver education and services that meet members' immediate needs, especially those that would help their response to Covid-19.</p> <p>We will plan for the likelihood of any event that disrupts productivity in operations in order to ensure the safety of our staff, to be sustainable and effective as an organisation and to deliver education and services to stakeholders during crisis situations such as Covid-19.</p>
<p>Name: Failure to meet regulatory obligations and Climate Change targets e.g., GDPR, Health and Safety, HR</p>	<p>Where Dumfries and Galloway College is processing personal data, other sensitive data or our operations are at risk, we are not willing to accept information security risks as any incidents involving</p>	<p>We will ensure that the correct structures, controls, and training are in place to ensure that information security is well managed and has the attention of senior management.</p>

Risk Area	Appetite Statement	How Delivered
<p>Risk No: 6 and 12</p> <p>Contact: VP Corporate Services</p>	<p>these areas is more likely to lead to reputational damage and regulatory action.</p> <p>We are not willing to accept a risk that puts life, and the well-being of people, at risk.</p> <p>We are open to taking well-understood risks in recruitment and skills to achieve one or more of our strategic priorities.</p> <p>We may take well understood risks to operations to introduce more effective and efficient processes and systems.</p> <p>We are willing to risk higher levels of disruption and impact on productivity in operations in order to ensure that DGC achieves its chosen Net Zero target, currently set as 2030.</p> <p>We are willing to risk higher levels of disruption and impact on productivity in operations in order to ensure that DGC supports the regional and national Climate Change ambitions.</p>	<p>Through our health and safety monitoring process we will ensure that highest standards of compliance and reporting are met.</p> <p>We will also maintain an awareness of new standards, threats, and vulnerabilities, and ensure that the risks from these are managed.</p> <p>To build DGC as a more modern and efficient organisation, we are willing to accept that satisfaction may decline for some members of staff because we need to change strategies and policies, and that some staff may leave.</p> <p>We will recruit staff which bridge skills deficits to realise opportunities and introduce new talents and expertise into the business. Our recruitment will match our vision to be an inclusive employer.</p> <p>To retain talented members of staff we are willing to risk making limited one-off changes to employment policies within our framework but within legislation.</p> <p>To modernise IT system, we are willing risk temporary periods of manual work around to get to more autonomous systems.</p>

Risk Area	Appetite Statement	How Delivered
<p>Name: Failure to achieving effective Industrial Relations</p> <p>Risk No: 7</p> <p>Contact: VP Corporate Services</p>	<p>In its management of national bargaining and through membership of the EA we will take a cautious approach to this risk in order to minimise the risks to the organisation and to its staff, particularly where these may pose a threat to our financial sustainability, or where they may create significant instability, uncertainty, or public relations damage to the college and more broadly the college sector.</p>	<p>We will run regular LJNC meetings with TU representatives and ensure that consultation on relevant matters are tables at the correct fora.</p> <p>We will engage with staff through a number of channels throughout the year to seek feedback and act accordingly.</p> <p>We will adopt a revised set of values and ensure that these are embedded into our culture</p>
<p>Name: Failure to achieve highest academic performance levels</p> <p>Risk No: 8</p> <p>Contact: VP Learning, Skills, and Student Experience</p>	<p>DGC has minimal to cautious appetite for risk exposure that could result in a reduction in the academic performances of all modes of students (FT and PT).</p>	<p>It is recognised that the College may conduct curriculum review to ensure the offer matches the market. In revision of the curriculum portfolio there may be an initial dip in</p> <p>performance prior to improvement being realised.</p> <p>We are prepared to accept that performance may be below the national sector performance as we develop enhancement processes and develop staff capacity.</p> <p>We will plan curriculum pathways and commit resource that enables study at each SCQF level and also take account of entry qualifications and also routes to employment and further study.</p> <p>We are prepared to commit resource to ensure that our teaching staff have TQFE and relevant CPD to deliver to the highest standards.</p>

Risk Area	Appetite Statement	How Delivered
		We are prepared to commit resource to ensure that we provide support to retain students and enable their progression.
<p>Name: Failure to adherence to academic compliance arrangements</p> <p>Risk No: 9</p> <p>Contact: VP Learning, Skills, and Student Experience</p>	<p>We are averse to actions that compromise our compliance with awarding body quality arrangements which would endanger our ability to deliver qualifications.</p> <p>We have little appetite to be deemed 'unsatisfactory' by QAA within the Tertiary Quality enhancement Framework.</p>	<p>We are prepared to commit significant resource to the monitoring and minimisation of malpractice.</p> <p>We are prepared to commit significant resource to develop and implement an enhancement and improvement plan for teaching and support areas.</p>
<p>Name: Failure to achieving effective student outcomes</p> <p>Risk No: 10</p> <p>Contact: VP Learning, Skills, and Student Experience</p>	<p>We will endeavour to mitigate actions that affect the student experience by taking a cautious approach to risk.</p> <p>We are committed to the achievement of strategic goals through the strategic planning process and will ensure a "student first" approach to planning is paramount.</p>	<p>We will ensure that decisions made put students first and we will ensure that student feedback is featured first within our governance arrangements.</p> <p>We will take decisions which enhance processes to student satisfaction and will commit resources to onboarding and to student retention and support.</p> <p>We will ensure that the Student Association is provided with resources to enable it to contribute to student life and to the life and work of the College.</p>

Board of Management		
Agenda Item	6	
Paper Number	BOM1025-6.3	
Date of Meeting	06 October 2025	
Location	Dumfries Campus	
Title of Paper	Risk Management Policy	
Presented by	Lorraine Grierson	
Recommendation	Approval	
Freedom of Information Disclosure Assessment		
FOI flag:	<input type="checkbox"/> Disclosable <input checked="" type="checkbox"/> Non-disclosable	
Reason/s for choice:	Can be disclosed once approved by the BoM in October	
Notes from author: (When will it become disclosable? Has FOI Officer guidance been sought?)	Can be disclosed once approved by BoM	
Further comments/updates after initial submission		
Date added	Added by (name and role)	Comment/detail

Read Time: 6 minutes

1. Recommendation

- 1.1. After consideration and recommendation from Audit Committee, the Board of Management is asked to **approve the changes to the Risk Management Policy.**

2. Executive Summary

- 2.1 Audit Committee Terms of Reference ask that the Committee reviews the Risk Management Policy in line with the College cycle. After consideration, the following amendments have been made, and the Board is recommended to approve the changes.

3. Context

- 3.1 The report attaches the Risk Management Policy which was last reviewed in September 2024. Our insurers, Zurich and Internal Auditors RSM made 2 recommendations and in line with this, the Policy has been updated as below:
- Zurich have recommended that the definition of risk is added to the Policy – this has been added at 6.1
 - RSM have asked that the Appetite Framework is added to the Policy – the link has been added at 6.3
- 3.3 A further recommendation made by Audit Committee in May was to revise the narrative at section 6.3 Risk Appetite, to reflect current conditions. After consideration at the committee in September, a further amendment was requested to the table at 6.12, CMT narrative which has duly been updated.
- 3.4 All amendments are highlighted in yellow.

4. Strategic Implications

Mission 2030.

5. Risk

Risk	Mitigations
All risks	➤ All risk as per Strategic Risk Register

6. Implications

Financial	Yes	The Policy impacts on all areas of College operations and strategy.
Legal		
Learning and Teaching		
Equalities		

Lorraine Grierson

Governance Professional

22 September 2025



**Dumfries and
Galloway College**

One step ahead

RISK MANAGEMENT POLICY

Responsibility: Governance Professional

I Issue Date: 1st September 2024

Equality Impact Assessment: 23rd May 2024

Version: 3



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Risk Management Policy

1. *Purpose*

The purpose of this policy and related arrangements is to:

- Outline approaches and arrangements in respect of the management, oversight, control, mitigation, evaluation and reporting of risks associated with College operations and activities;
- Ensure that significant risks are monitored and managed more closely; and
- Confirms the roles and responsibilities of the Board of Management, Executive Leadership Team and others in the effective management of risks.

2. *Scope*

This policy covers the management of risks related to College activities and operations.

This policy is approved by the Audit Committee of the Board of Management and will be subject to regular review by the Committee in line with College document control and review procedures.

It should be noted that this policy does not cover arrangements in respect of health and safety risk assessment, which is managed under the terms of the College Health & Safety Policy.

3. *References*

- Board of Management Articles and Committee Remits
- Code of Good Governance for Scotland's Colleges
- Strategic Risk Register
- Internal audit schedule and reporting 🟡 Business Continuity Plan

4. *Definitions*

BoM	Board of Management
ELT	Executive Leadership Team

SLT Senior Leadership Team

LJNC Local Joint Negotiating Committee

5. *Responsibilities*

5.1 Role of the Board of Management

The Board of Management has responsibility to provide leadership within a framework of effective controls, which enable risk to be assessed and managed. The Board of Management has responsibility through the operation of the Board and each Board Committee to monitor, challenge and oversee risk management within the College as a whole.

Within these arrangements, it is the responsibility of the Board of Management to:

- Establish the overall culture and ethos in respect of risk and opportunity management within the College.
- Approve major decisions affecting the College risk profile or exposure in accordance with appropriate financial strategy and procedures and agreed delegation limits.
- Annually review the College approach to risk management, risk appetite and approve changes or improvements as necessary.
- Enable the Executive Leadership Team to discharge their duties in the management of risk.

5.2 Role of the Audit Committee

The Board of Management has delegated responsibility for risk management to the Audit Committee.

The Audit Committee will monitor and report to the Board on internal controls and alert Board members to any significant emerging issues. In addition, the Committee oversees internal audit, risk appetite, external audit and management as required in its review of internal controls.

The Audit Committee will report to the Board, through the Chair of Audit and the availability of Audit minutes, on the effectiveness of the internal control system, including the College system for the management of risk.

Risk Management Policy

5.3 Role of the Executive Leadership Team

As the senior management group of the College, the Executive Leadership Team (Principal and VPs) have overall operational responsibility for the identification, management and mitigation of risk in line with Board objectives and risk appetite.

It is the role of the Executive Leadership Team to provide advice and guidance to the Board in respect of potential and actual risk issues and to implement appropriate risk management and internal controls on an ongoing basis. The Executive Leadership Team will also be asked to provide accurate, timely and clear information to the Board of Management and its Committees to support Board members in understanding and evaluating the status of risks and controls.

5.4 Role of the College Management Team

The College management team plays a crucial role in managing and escalating risks to senior management. This process ensures that potential threats to the college's objectives, operations, and reputation are identified, assessed, and addressed promptly and effectively.

Escalation would take place through the normal cycle of meetings or depending on severity direct to ELT.

6. *Policy*

6.1 Identification and Management of Risk

- Risk Definition: The effect of uncertainty on objectives, an effect being a positive or negative deviation from what is expected (ISO31000 – Risk Management).

The development of effective risk management arrangements is essential to control and manage the risks that may otherwise threaten the ability of the College to meet its objectives.

Risk management is bound inextricably within the system of internal control that operates across the College. This system encompasses a number of elements that together ensure that effective and efficient outcomes are achieved, allowing the College to respond to strategic and operational risks. These elements include the following:

6.2 Strategic Risk Framework

High-level strategic risks are outlined with a clear risk register. These risks are discussed and approved by the full Board of Management and detailed analysis of the regional operating context for the College.

The Executive Leadership Team –

- Will undertake the ongoing monitoring mitigation of risks significant to the College.
- Ensure the strategic risk register is formally reviewed and if necessary updated and presented to SLT (Vice Principals, Governance Professional, and Directors), the Board of Management and BoM Audit Committee.
- Will ensure risks are assigned to a member of the College ELT.
- The risk appetite is reviewed annually by the College ELT and presented to the Audit Committee and Board.

The Senior Leadership Team will ensure –

- Their direct reports update on any risks or input on new risks identified with College operations.

Risks are managed based on a series of risk factors determined by assessment of the likelihood multiplied by the impact of each specific risk –

Score		Impact	Likelihood
1-8 Acceptable level of risk subject to periodic review.	Minor: Risks which should be monitored by the Risk Management Group	The risk may cause slight disruption or impact on the College's operations, objectives, reputation, stakeholders or financial sustainability.	Unlikely: the likelihood of the risk occurring is unlikely but still possible. It is estimated that the risk has a 6-25% chance of happening.
9-15 Moderate level of risk subject to regular monitoring and mitigating actions and plans being in place	Moderate: Risks to be brought to the attention of SLT and Board of Management	Moderate: the risk has a noticeable impact or disruption, affecting the College's operations, objectives, reputation, stakeholders or financial sustainability.	Possible: the likelihood of the risk occurring is reasonable. It would be estimated that the risk has a 26-50% chance of happening.

Risk Management Policy

16–20 Unacceptable level of risk requiring immediate actions and plans to prevent or mitigate.	Major: Risks to be reported to, and monitored by, BoM	Major: the risk has a substantial impact on the College's operations, objectives, reputation, stakeholders or financial sustainability.	Likely: the likelihood of the risk occurring is probable. It would be estimated that the risk has a 51–75% chance of happening.
21–25 Critical level of risk requiring urgent attention and actions to prevent or mitigate.	Critical: Risks to be reported to, and monitored by, BoM	Critical: the risk is a severe threat to the College's operations, objectives, reputation, stakeholders or financial sustainability.	Almost Certain: the likelihood of the risk occurring is highly likely. It would be estimated that the risk has more than a 75% chance of happening.

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

Each risk factor is colour coded based on their severity. Each risk uses 3 lines of defence as a risk management framework to manage and mitigate risks effectively. It provides a structured approach to ensure that risk management responsibilities are clearly defined across the College.

The first line of defence covers our front-line employees and operational managers who directly manage and own the risks associated with their day-to-day activities. The second line of defense consists of specialized risk management, compliance, and control functions with the College. Their role is to oversee and support the first line by providing guidance, setting policies and standards, and monitoring compliance with these policies. The third line provides an objective and independent assessment of effectiveness.

Each risk is assessed and categorised prior to the actions taken to manage the risk and again following assessment of the mitigating actions in place.

Risk Management Policy

A register will be maintained by the Governance Professional identifying the ownership at each line of defence, this is the College's risk framework. This framework shows where discussion and reportage of risk cascades through the operations of the College.

6.3 Risk Appetite Framework

In the dynamic landscape the College operates in we face a myriad of challenges and opportunities. To effectively navigate these uncertainties the College applies the Risk Appetite Framework (RAF) to manage risks and set boundaries.

The RAF provides a structured framework for the College to identify, evaluate, and articulate the types and levels of risk it is willing to accept in pursuit of its objectives. It goes beyond simply defining tolerance by embedding a shared understanding of risk across the College, ensuring that risk is considered consistently in planning, decision-making, and resource allocation. In this way, the RAF expresses the College's overall philosophy towards risk, balancing innovation and opportunity with accountability and control, and aligning risk management practices with strategic goals and long-term sustainability.

The Risk Appetite Framework is reviewed annually by the Executive and presented to the Audit Committee and to the Board of Management for discussion and scrutiny. The framework can be accessed [here](#).

6.4 Quality Management System

The College operates a documented quality management system on the College intranet. This system provides a clear structure of policies, procedures, quality processes and other documentation that underpin the control and review of key College processes and their related risks.

All sections of the quality management system are approved at SLT, consulted on a LJNC where appropriate, with reference to the Board of Management where appropriate.

6.5 Determination and Management of Project-based Risks

Approval of all capital and revenue projects where College contribution is in excess of £250k in value will include the requirement to create and manage specific risk register in relation to the project or activity. This determination and rating of risk must include the following:

Risk Management Policy

- Risks impacting on project/College objectives
- Significant financial and other operational risks
- Reputational or other risks

Project based risk registers may be necessary in other circumstances where the nature of the project or the level of non-financial risk involved warrants this.

6.6 Risk escalation

The management team conducts regular risk reviews to identify potential risks across various areas of operation such as finance, health and safety, compliance, and academic performance. College operational plans detail key risks to operations. This identification of risk is kept under review within operational plans, in line with each department's defined series of meetings.

This enables identification of any risks and cascading them to the relevant member of SLT.

In addition to departmental meetings there is a regular review by Finance and senior Curriculum staff that enables discussion of risk to operations. Where risk is identified, this is escalated to the relevant member of ELT.

In each of the College risk there is identification of 3 lines of defence. In the first line of defence operational managers consider risk as part of their departmental meetings and escalate any risk to operations to their relevant SLT member. The College in the second line of defence defines specific reports that are presented at SLT or committee. These reports identify risk to senior staff which enable discussion and for appropriate mitigations to be put in place.

For urgent or high-impact risks, there should be immediate escalation to a member of ELT.

6.7 Internal Audit Arrangements

The Board of Management Audit Committee determines and approves a rolling annual schedule of internal audit activities designed to check and test internal control and risk management arrangements. Analysis and feedback in respect of risk and control issues is used to inform development and prioritisation of this schedule. The schedule includes the internal audit review of risk management approaches, arrangements and effectiveness.

6.8 External Audit Arrangements

External audit provides feedback to the Audit Committee on the operation of the internal controls reviewed as part of the annual audit requirements specified by the Scottish Government and Scottish Funding Council.

6.9 Annual Report Arrangements

The Board of Management is responsible for reviewing annually the effectiveness of risk management arrangements and outcomes, based on information provided by the independent auditors (internal and external) and the Executive Leadership Team.

To inform this, the Audit Committee will consider annually a report produced by the internal auditors that summarises the outcomes of audit activities and provides a clear opinion in respect of the robustness of the internal controls in place and any other significant factors found.

6.10 Business Continuity Planning and Disaster Recovery

The College maintains a business continuity plan providing a framework within which serious incidents or other significant events that may impact on business continuity are managed.

Disaster recovery arrangements are in place in respect of all major ICT systems operated by the College.

6.11 New and Emerging Risk

SLT will determine any new and emerging risks and recommend to the Audit committee and Board whether to add them to the framework in line with the normal cycle of Board and Committee meetings.

New or emerging risks may arise from (but not exclusively from) –

- Internal or external audits
- Stakeholder feedback
- Horizon scans
- Regulation or compliance updates

An emerging risk register will be maintained by the Governance Professional which will form a standing agenda item at SLT and Audit Committee.

6.12 Summary of roles and responsibilities

Responsibility	When	Role
Board of Management	Annually as per Board cycle	Review risk and risk appetite.
Audit Committee of the Board	At each meeting in the Committee cycle	Monitor internal controls, alert Board to emerging issues oversee internal audit, risk appetite and external audit.
Executive Leadership Team and Senior Leadership Team	Review risk monthly	Responsible for identification, management, and mitigation of risks.
College Management Team (all college managers)	Monthly	<p>Identify risk, assess risk and manage risk as part of monthly meetings with Finance.</p> <p>Identify, assess, and manage risks within their area of responsibility as part of ongoing operational management and regular departmental meetings.</p> <p>Engage with relevant cross-college functions (e.g. Curriculum, Estates, HR, Digital, Finance) to consider interdependencies and wider impacts</p> <p>In the case of severe risk escalate direct to ELT.</p>

6.13 Implementation

To support implementation of this policy all staff with responsibilities under the terms of the policy will receive appropriate guidance, support and training in relation to these responsibilities.

7. Review Details

Next review scheduled for: 01 September 2025

Risk Management Policy

Responsibility for Review:

College Executive and BoM Audit Committee

Union Consultation Required:

No

8. *Distribution*

All Staff Repository

9. *Revision Log*

Revision Log		
Date	Section	Description
31.03.22	Throughout the Policy	Amendment to Job Title – Vice Principal Business Development and Corporate Services to Director of Estates and Sustainability
31.03.22	Distribution	Quality Manual changed to Repository
24.08.23	Appendix 1	Equality Impact Assessment added as Appendix 1 as per revised Document Control Procedure
11.09.23	Throughout the Policy	Review of current processes and updating around the 3 lines of defence.
22.05.24	Throughout the Policy	Addition of sections 4.4, 5.5, 5,10
22.05.24	Section 5.1	Addition to note the risk management framework held by the Board Secretary.
1.07.24	Section 5.11	Identify roles and responsibilities within the risk framework.
30.04.25	Section 6	Risk definition added to 6.1 Link to Appetite Framework added to 6.3
3/7/25	Section 6	Risk Score chart added at 6.2
1/9/25		Risk appetite framework content updated at 6.3 6.12 – College Management Team – content under 'Role' updated

THIS FORM TO BE UPDATED WHENEVER THERE IS A CHANGE IN ANY SYSTEM DOCUMENT				
Document Name	Document Owner	Revision Number	Date of Issue	Date of Withdraw
Risk Management Policy	Vice Principal Business	1	19.02.2019	
	Development and Corporate Service			
Risk Management Policy	College Executive	2	September 2023	
Risk Management Policy	College Executive	3	September 2024	

Board of Management Committee		
Agenda Item	7	
Paper Number	BOM1025-7.1	
Date of Meeting	06 October 2025	
Location	Dumfries Campus	
Title of Paper	UWS Strategic Agreement	
Presented by	Douglas Dickson	
Recommendation	Discussion	
Freedom of Information Disclosure Assessment		
FOI flag:	<input checked="" type="checkbox"/> Disclosable <input type="checkbox"/> Non-disclosable	
Reason/s for choice:		
Notes from author: (When will it become disclosable?)		
Further comments/updates after initial submission		
Date added	Added by (name and role)	Comment/detail

Read Time: 7 minutes

1. Recommendation

- 1.1 The Board are asked to approve the strategic partnership agreement with University of the West of Scotland, see Appendix 1.

2. Executive Summary

- 2.1 Dumfries and Galloway College agreed Memorandum of Understanding (MoU) with the University of the West of Scotland in 2022.
- 2.2 On 24 March 2025, the Board of Management approved progression to a Strategic Partnership Agreement (SPA), reflecting models used at New College Lanarkshire and Ayrshire College.
- 2.3 The SPA establishes a high-level framework for collaboration across student experience, academic pathways, shared services, and staff development, while retaining flexibility to explore future opportunities.
- 2.4 A strategic oversight group will be established to align organisational plans, enhance existing activities, and consider wider partnership potential.
- 2.5 The SPA directly supports Mission 2030 objectives on strategic partnerships and contributes to risk mitigation around student experience.

3. Context

- 3.1 We agreed a Memorandum of Understanding (MoU) with University of the West of Scotland.
- 3.2 At the Board of Management of the 24th March 2025 it was agreed that a Strategic Partnership would be pursued with UWS. Appendix 1 contains a copy of the agreement from UWS, this agreement mirrors those used at New College Lanarkshire and Ayrshire College.
- 3.3 The Strategic Partnership Agreement (SPA) compared to the MoU is high-level with less detail around phases and timings. However, it sets out the tone for collaboration around our current work in –
 - Student experience
 - Pathways and qualifications offered
 - Services shared i.e. Cleaning and Library
 - Developing staff
- 3.3.1 The SPA provides flexibility for future discussion and co-operation on new opportunities around the areas above and enables them to be planned.
- 3.3.2 In terms of DGC, it means that a strategic oversight group is established which enables effective exploration of both organisation plans to identify opportunities for co-operation and also to examine existing activities to further enhance them. In addition, it also permits discussion around all college partnerships which may provide further collaborative opportunities.

4. Strategic Implications

- 4.1 Mission 2030 has an aim of developing suitable strategic partnerships, the SPA meets this aim.

5. Risk

	Mitigations
Risk 10 Failure to achieve an effective student experience	➤ Mitigations within the risk register

8. Implications

Financial	No	
Legal	No	
Learning and Teaching	Yes	The SPA provide opportunity to further develop the student experience within Dumfries and Galloway region.
Equalities	No	

Douglas Dickson

Principal & CEO

22nd September 2025

APPENDIX 1



Strategic Partnership Agreement

between

Dumfries and Galloway College

and

University of the West of Scotland



THIS AGREEMENT is dated xxxx ("Effective Date")

PARTIES

- (1) **UNIVERSITY OF WEST OF SCOTLAND** whose registered office is at Paisley PA1 2BE (UWS); and
- (2) **DUMFRIES AND GALLOWAY COLLEGES** whose registered office is at Bankend Road, Dumfries, DG1 4FD.

BACKGROUND

- (A) This ***Strategic Partnership Agreement*** confirms the intention to establish a co-operative relationship between UWS and Dumfries and Galloway College which will be to the benefit of both organisations. This working relationship reflects the interests of both organisations to engage in jointly planning to address current and future economic opportunities in the region.
- (B) The parties agree and acknowledge that this ***Strategic Partnership Agreement*** is intended to demonstrate the intention of both partners to strengthen and develop links between UWS and Dumfries and Galloway College and, except for the provision of clause 8, shall have no legal effect. It is the intention of the parties that following and subject to further discussion and mutual agreement to proceed these points of principle be recorded in a legally binding agreement.

Strategic Partnership Agreement

- 1 The specific objectives and activities of the co-operative relationship to be established by this Strategic Partnership Agreement between UWS and Dumfries and Galloway College will be as follows:
 - To underpin our strategic vision to cultivate a vibrant, sustainable tertiary education provision in Dumfries and Galloway
 - To jointly plan and deliver a vision for regional skills needs in Dumfries and Galloway, continuing to develop current pathways in Business, Computing, Health and Social Care; and taking forward joint regionally based planning to explore new curriculum aligned to Dumfries and Galloway skills requirements.
 - To work in partnership to meet the current and future tertiary education and innovation needs, by jointly engaging in innovation activities and seeking joint funding to grow both organisations.
 - To work together on facility and service development to deliver an efficient and joined-up presence in Dumfries and Galloway, co-operating on joint resource planning and allocation in the areas of student services, facilities management, library services, exercise and wellbeing as well as wider academic collaborations.

- To jointly work with key regional stakeholders, such as the NHS, SFC, Dumfries and Galloway Council, SDS and SoSE to ensure alignment with broader regional planning activities.
 - To develop the workforce across the organisations, collaborating on staff development, tertiary learning and teaching & professional service delivery
- 2 The University of the West of Scotland link person will be Marcus Ross, Vice-Principal, Planning and Recruitment and the link person for Dumfries and Galloway College will Phil Storrier, Vice Principal Curriculum and Student Experience. They will be responsible for ensuring communication links are effective and that activities are progressing to the satisfaction of both parties.
 3. A Strategic Oversight Group will be established and meet three per year to oversee progress. One of the meetings will involve partners from all colleges delivering in association with UWS.
 - 4 This Strategic Partnership Agreement comes into effect from the Effective Date and will remain in place for a period of 36 months (unless otherwise stated) or until superseded by a formal partnership agreement. As noted in the Background above, no formal partnership other than as set out in the Strategic Partnership Agreement should commence without a full partnership agreement being concluded.
 - 5 Implementation of the provisions of this Strategic Partnership Agreement shall be the subject of further communication between both parties.
 - 6 This Strategic Partnership Agreement does not preclude either party entering into similar joint arrangements with other parties in the UK or overseas.
 - 7 All announcements regarding this Strategic Partnership Agreement, the relationship established herein, and/or release of any information pertaining hereto shall require the mutual consent of both parties. Neither party shall use the logo or branding of the other party on any documents, press releases or promotional materials without the prior consent of the other party.
 8. Under this Strategic Partnership Agreement, the Parties may share anonymised statistical data with each other to plan and target activities appropriately. At times this information will be information that has not yet been made public and/or is confidential. The Parties must only use such information (whether confidential or not) for the purposes of fulfilling their obligations under this Strategic Partnership Agreement. The Parties must not disclose confidential information to any third parties without prior consent nor use this for commercial advantage or to disadvantage or discredit the other party to the Strategic Partnership Agreement or anyone else. Both Parties agree that under this Strategic Partnership Agreement they will not share any data which would allow any individuals to be identified.
 9. Neither party has the right, power or authority to bind the other in any manner unless authorised in writing by the other party in a specific instance.

10. If either of the Parties wishes to terminate this Strategic Partnership Agreement, a minimum of three months' notice must be given in writing to the other Party.

Subscribed on behalf of University of
the West of Scotland

Subscribed on behalf of Dumfries and
Galloway College

Signature.....

Signature

Name: Professor James Miller

Name Douglas Dickson

Date:

Date:





DUMFRIES AND GALLOWAY COLLEGE

Annual internal audit report

Year ended: 31 July 2025

This report is solely for the use of the persons to whom it is addressed.

To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party.

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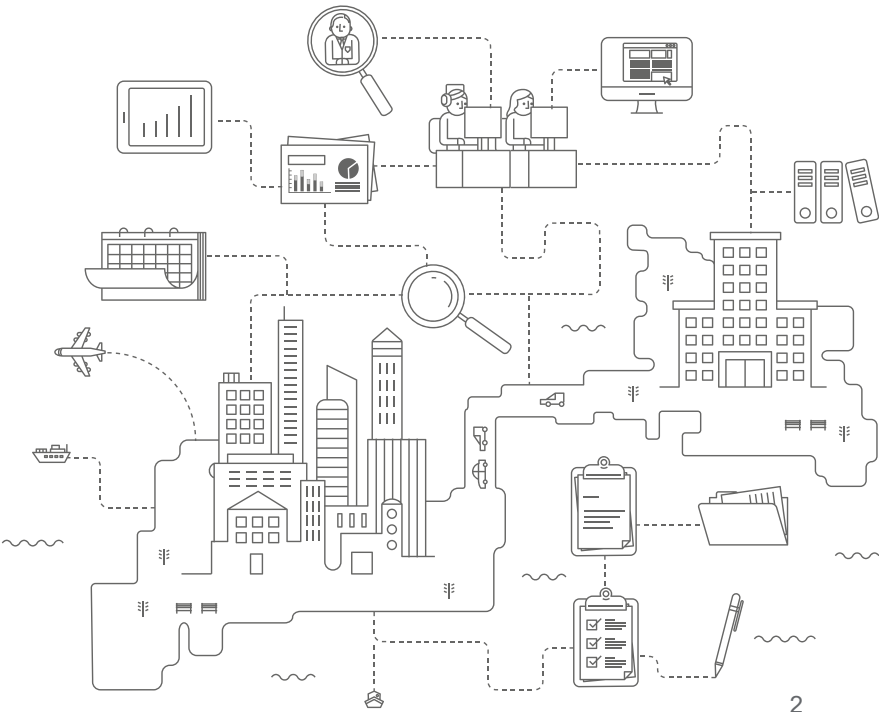
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Appendix A: Summary of internal audit work completed 13

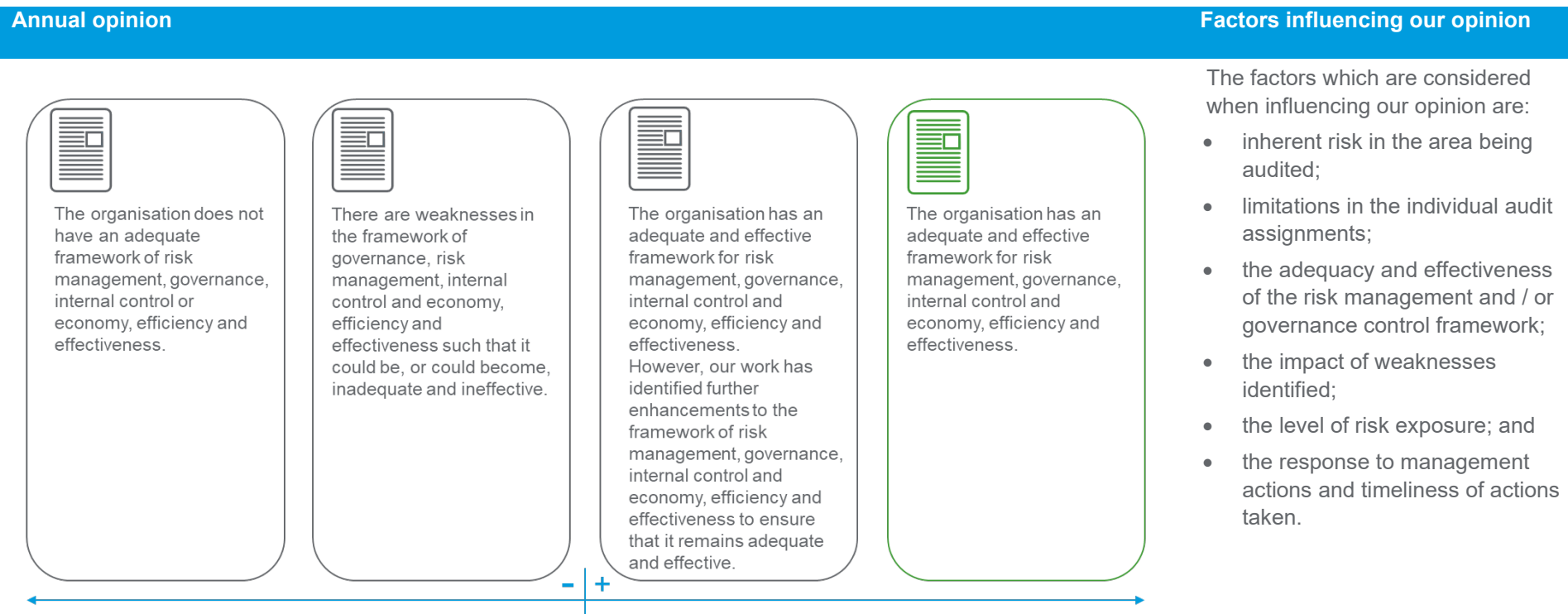
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For further information contact 15



THE ANNUAL INTERNAL AUDIT OPINION

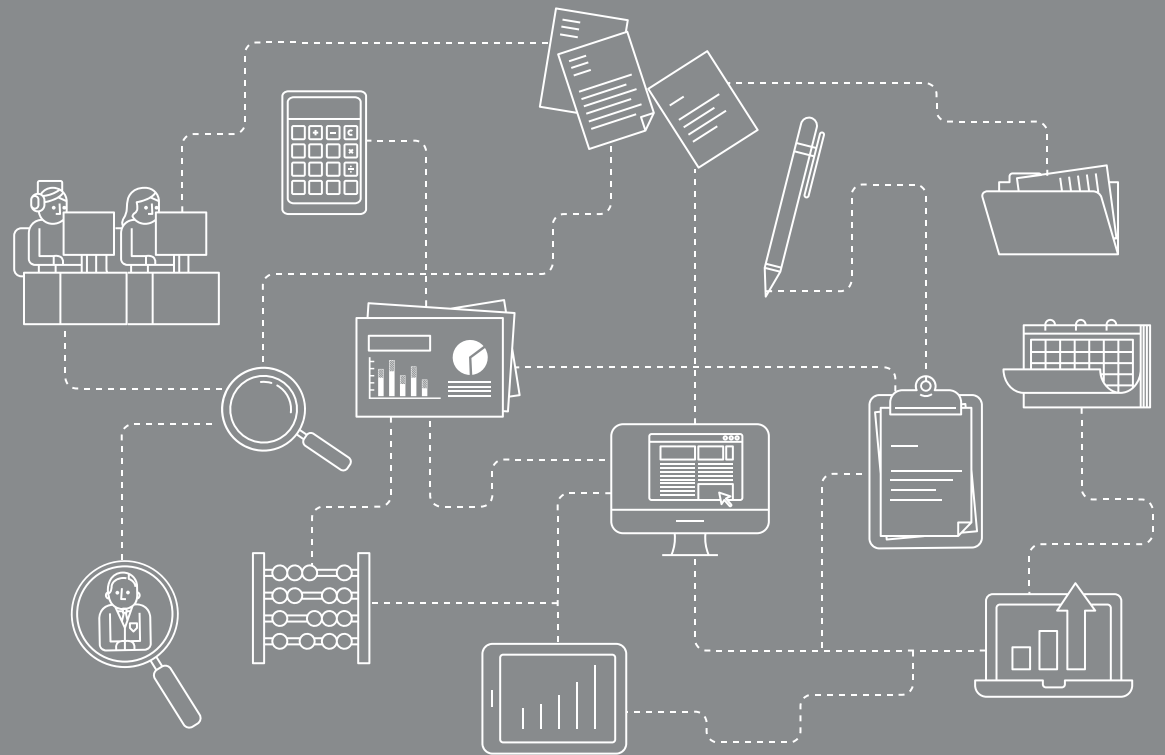
The annual internal audit opinion is based upon, and limited to, the work performed on the overall adequacy and effectiveness of the College's risk management, control and governance processes. For the 12 months ending 31 July 2025 the Head of Internal Audit opinion for Dumfries and Galloway College is:



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

Scope and Limitations

01



1 SCOPE AND LIMITATIONS OF OUR WORK

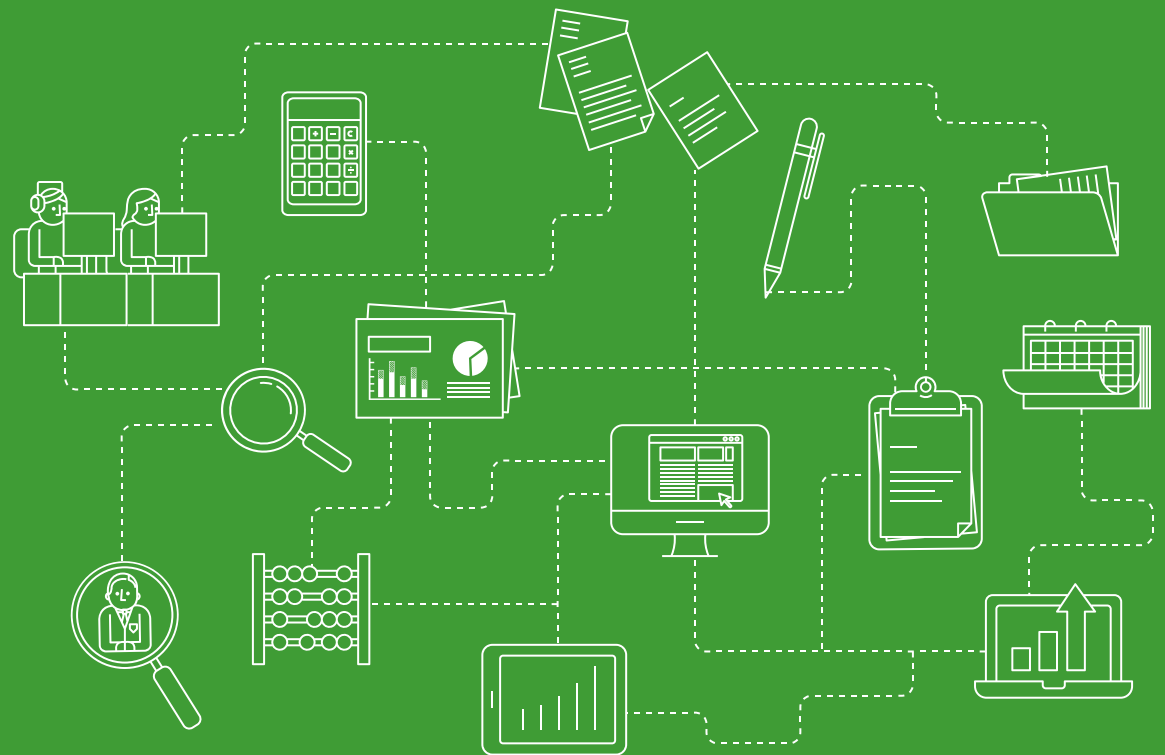
The formation of our draft opinion is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, our opinion is subject to inherent limitations, as detailed below.



- 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 College-led assurance framework. The assurance framework is one component that the Board of Management takes into account in making its annual governance statement (AGS).
- The opinion is based on the findings and conclusions of the agreed work which was limited to the area under review and agreed with management.
- 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.
- The opinion is based on the testing we have undertaken, which was limited the area being audited, as detailed in the agreed audit report.
- 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 errors, loss or fraud. The work of internal audit is not and should not be seen as a substitute for management responsibility around the design and effective operation of these systems.
- The matters highlighted in this report represent only the issues we encountered during our work. It is not an exhaustive list of all weaknesses or potential improvements. Management remains responsible for maintaining a robust system of internal controls, and our work should not be the sole basis for identifying all strengths and weaknesses.
- This report is prepared solely for the use of the Audit Committee, Board of Management, and Senior Management of Dumfries and Galloway College.

Informing Our Opinion

02



2 FACTORS AND FINDINGS WHICH HAVE INFORMED OUR OPINION

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

Theme – Governance	Theme – Risk Management	Theme – Internal Control
<p>We have taken into consideration the governance and oversight related elements of each of the reviews undertaken as part of the 2024/25 internal audit plan.</p> <p>A Board / Committee Induction audit was undertaken as part of the 2024/25 internal audit plan, resulting in a substantial assurance opinion and no management actions being identified.</p> <p>There is a sound governance framework in place, and we observed that the Audit Committee is effective in monitoring and challenging management and holding them to account.</p>	<p>Risk management is reviewed at the Audit Committee. We have attended all Audit Committee meetings throughout the year and confirmed the College's risk management arrangements continued to operate effectively in this forum.</p> <p>Our risk management opinion is informed by our observation of risk management systems and processes throughout the course of all audits within the internal audit plan. Specific audits linked to the College's risks included:</p> <ul style="list-style-type: none">• Safeguarding – <i>Risk 6: Failure to meet regulatory obligations</i>• Curriculum Planning – <i>Risk 8: Failure to achieve highest academic performance</i>• Health and Safety – <i>Risk 12: Health and safety compliance</i>	<p>We undertook six internal audit reviews which resulted in an assurance opinion in 2024/25. From five reviews (83%) we concluded that substantial assurance could be taken, and one review (17%) reasonable assurance could be taken in relation to the design and application of the control frameworks in place.</p> <p>During the year we agreed a total of nine management actions across assurance and follow up reviews. Of the actions agreed: six (67%) were 'low' priority and three (33%) were 'medium' priority. We also identified 1 advisory recommendation. We did not agree any 'high' priority actions.</p> <p>Furthermore, the implementation of management actions agreed during the course of the year are an important contributing factor when assessing the overall opinion on control. We have performed one follow-up review during the year which concluded in a positive opinion (good progress) and confirmed 28 out of 30 actions being marked as implemented. The remaining two actions were marked as partly though not fully implemented.</p>

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



Acceptance of internal audit management actions

Management have agreed actions to address all of the findings reported by the internal audit service during 2024/25.



Implementation of internal audit management actions

Where actions have been agreed by management, these have been monitored by management through the action tracking process in place. During the year progress has been reported to the Audit Committee, with the validation of the action status confirmed by internal audit on one specific follow up.

Follow up

Our follow up of the actions agreed to address previous years' internal audit findings shows that the College have made **good progress** in implementing the agreed actions. Of the 30 actions followed up (10 medium, 20 low priority), 28 were confirmed to have been implemented, with the remaining two (both originally medium priority) marked as partly though not fully implemented and priorities reduced to low.



Working with other assurance providers

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



Topics judged relevant for consideration as part of the annual governance statement

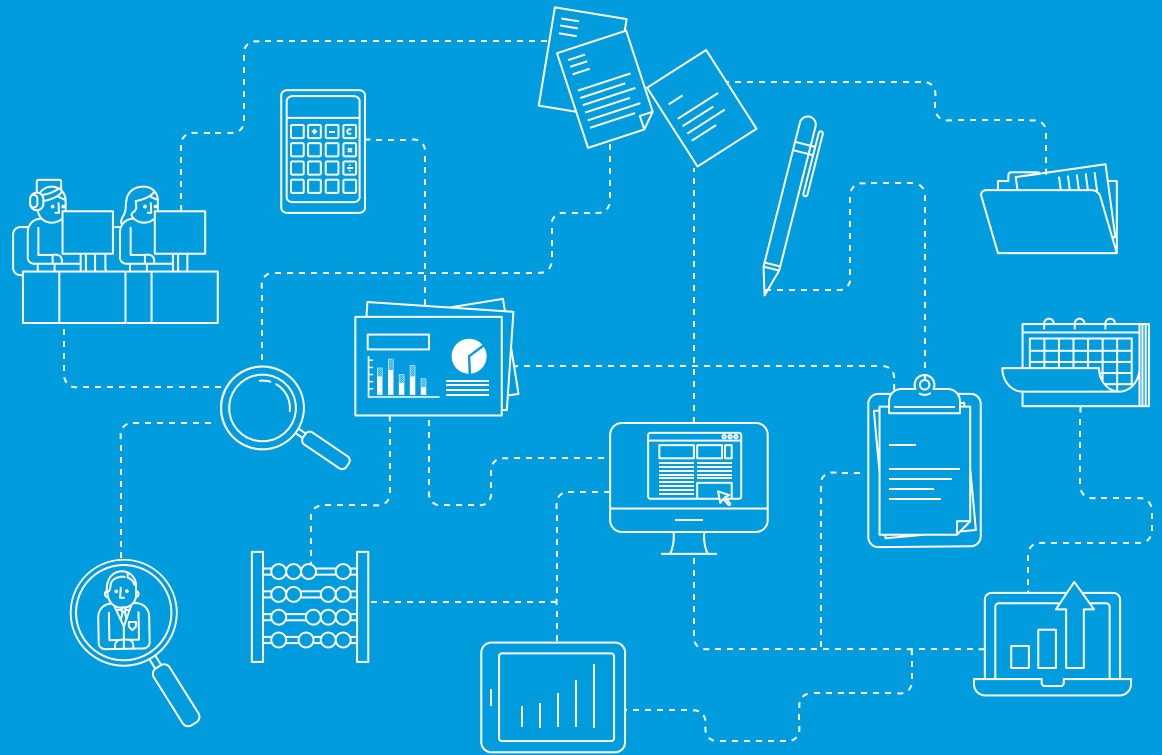
Colleges are required to include a Statement of Corporate Governance and Internal Control within their financial statements. As your internal audit provider, the assignment opinions and advisory reviews that we undertake and report on during the year are part of the framework of assurances that assist the Board of Management (through the Audit Committee) to prepare an informed statement and provide the opinions required.

There are no specific topics or findings that we feel require consideration as part of the annual governance statement.

Our overall opinion may be used by the Board of Management in the preparation of the 2025 Statement.

Our Performance

03



3.1 Wider value adding delivery

Area of work	How has this added value?
Sector briefings and articles	<p>We have issued a number of sector briefings during the year providing information on key developments, publications and guidance including:</p> <ul style="list-style-type: none">• Further Education Funding Briefing;• Higher Education News Briefing;• Education Edit Newsletter; and• Further Education Benchmarking Report covering the full 2023/24 academic year. <p>We have also published commentary on the education sector on our website and have been a contributor to FE news articles.</p>
Webinar invitations	<p>We have issued a webinar invitation for management to have the opportunity to attend a Managing Fraud and AI in Education Webinar, to enhance their knowledge of the specific area where updates are prominent.</p>
Flexible annual planning approach	<p>We have remained flexible with our annual planning approach. This enables us to react to changes in priority and risk, to ensure internal audit is focused in the right areas at the right time, to be the best source of assurance where needed in specific areas of risk or control.</p>
1:1 meetings / discussions	<p>Throughout the year we have continued to liaise with management and held operational meetings to obtain and update on College developments.</p>

3.2 Conflicts of interest

During 2024/25, RSM have provided additional reviews for the College, one in relation tax compliance, and one in relation to employment law. Both reviews were conducted by different teams within RSM to the Internal Audit Team and therefore we do not perceive this to be a conflict of interest.

Internal audit remains independent and there have been no threats to our independence when delivering the audit plan during 2024/25.

3.3 Conformance with internal auditing standards

RSM affirms that our internal audit services are designed to conform to the Global Internal Audit Standards, 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. Our next external quality assessment (EQA) will take place in 2026.

Under the Standards, internal audit services are required to have an 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.

3.4 Quality assurance and continual improvement

To ensure that RSM remains compliant with the Global Internal Audit Standards and the 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.

As part of the Quality Assessment and Improvement Programme, none of your files were selected for Internal Quality Monitoring programme during 2024/25. From results of the reviews undertaken across our client base, there are no areas which we believe warrant flagging to your attention as impacting on the quality of the service we provide to you.

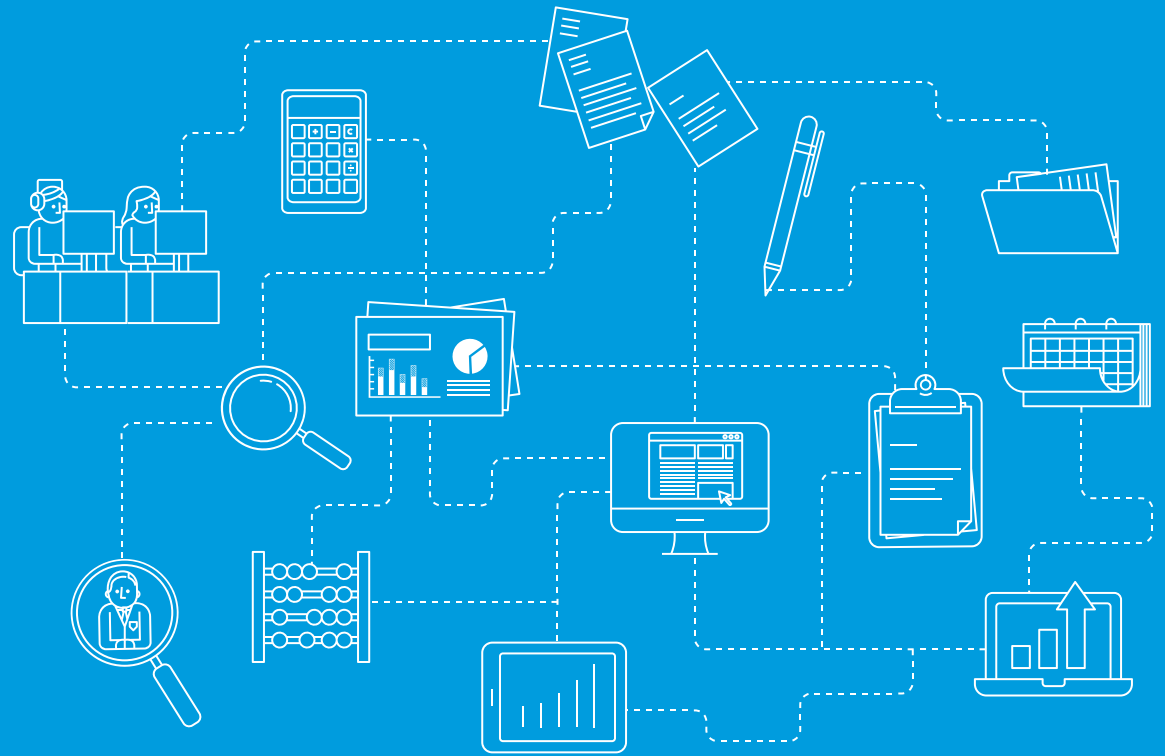
In addition to this, any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments is also taken into consideration to continually improve the service we provide and inform any training requirements.

3.5 Performance indicators

	Delivery			Quality	
	Target	Actual		Target	Actual
Audits commenced in line with original timescales*	Yes	Yes	Conformance with IPPF	Yes	Yes
Draft reports issued within 10 days of debrief meeting	10 working days	5 days (average)	Liaison with external audit to allow, where appropriate and required, the external auditor to place reliance on the work of internal audit	Yes	Yes
Management responses received within 10 days of draft report	10 working days	10.6 days (average)	Response time for all general enquiries for assistance	2 working days	2 working days (average)
Final report issued within 3 days of management response	3 working days	1 working day (average)	Response for emergencies and potential fraud	1 working day	N/A

Appendices

04



APPENDIX A: SUMMARY OF INTERNAL AUDIT WORK COMPLETED

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

Assignment	Lead	Status / Opinion issued	Actions agreed			
			A	L	M	H
Curriculum Planning	Executive Director of Student Experience and Academic Performance	Substantial Assurance	0	0	0	0
Health and Safety	Director of Estates and Sustainability	Substantial Assurance	0	1	0	0
Safeguarding	Executive Director of Student Experience and Academic Performance	Substantial Assurance	0	1	2	0
FES Return	Student Records Manager	Reasonable Assurance	1	1	1	0
Student Support Fund	Student Records Manager	Advisory Review	0	0	0	0
Board / Committee Inductions	Executive Director of Finance and Planning	Substantial Assurance	0	0	0	0
Payroll	Executive Director of Finance and Planning	Substantial Assurance	0	1	0	0
Follow Up	Executive Director of Finance and Planning	Good progress	0	2	0	0

APPENDIX B: OPINION CLASSIFICATION

We use the following levels of opinion classification within our internal audit reports, reflecting the level of assurance the board can take:



Minimal Assurance

Taking account of the issues identified, the board cannot take assurance that the controls upon which the organisation 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(s).



Partial Assurance

Taking account of the issues identified, the board can take partial assurance that the controls upon which the organisation 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(s).



Reasonable Assurance

Taking account of the issues identified, the board can take reasonable assurance that the controls upon which the organisation 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(s).



Substantial Assurance

Taking account of the issues identified, the board can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

- | +

FOR FURTHER INFORMATION CONTACT

Rob Barnett, Head of Internal Audit

Email: Robert.Barnett@rsmuk.com

Anastasia Mullen, Associate Director

Email: Anastasia.Mullen@rsmuk.com

rsmuk.com

The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

Our report is prepared solely for the confidential use of Dumfries and Galloway College, and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM UK Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM UK Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.

Board of Management		
Agenda Item	9	
Paper Number	BOM1025-9.1	
Date of Meeting	06 October 2025	
Location	Dumfries Campus	
Title of Paper	Terms of Reference and Business Schedules	
Presented by	Lorraine Grierson	
Recommendation	Approval	
Freedom of Information Disclosure Assessment		
FOI flag:	<input checked="" type="checkbox"/> Disclosable <input type="checkbox"/> Non-disclosable	
Reason/s for choice:		
Notes from author: (When will it become disclosable? Has FOI Officer guidance been sought?)		
Further comments/updates after initial submission		
Date added	Added by (name and role)	Comment/detail

Read Time: 6 minutes

1. Recommendation

- 1.1. The Board of Management are asked to approve the terms of reference.

2. Executive Summary

- 2.1. As stated in the Board of Managements' Standing Orders (3.87), it is a requirement that each Committee reviews its Terms of Reference at least annually, and any changes submitted to the Board for final approval.

3. Context

- 3.1 The Terms of Reference and Business Schedules have been reviewed by the Governance Professional and Executive members to ensure they reflect the current business requirements of the Committee.
- 3.2 Terms of Reference are attached for Learning and Teaching Committee, Audit Committee, Grievance and Appeals and Board of Management. Any proposed changes are highlighted in yellow.

4. Strategic Implications

- 4.1 Failure to review and update terms of reference can impact on the College achieving Mission 2030 and meeting local and national priorities.

5. Risk

Risk	Mitigations
Choose a risk	Risk to achieving Mission 2030

6. Implications

Financial	YES	Failure to adhere to SFC condition of grant would impact on funding.
Legal	YES	The Board must adhere to the Code of Good Governance and conditions of grant which are encapsulated within the terms of reference.
Learning and Teaching	YES	It is essential that the terms of reference are annually reviewed to ensure all relevant business and legislative requirements are covered within the remit.
Equalities	NO	

Lorraine Grierson

Governance Professional
29 September 2025

Terms of Reference	Learning & Teaching Committee
Date Approved by Committee	June 2025
Date Approved by Board	Oct 2025
Date of Next Review	May 2026
Chair	Alastair Irons

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 Principal
 - 1.4.2 VP Learning, Skills and Student Experience
 - 1.4.3 Director of Learning and Teaching
 - 1.4.4 Governance Professional

2 Quorum

- 2.1 No less than one half of the members entitled to vote. (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 the Tertiary Quality Enhancement Framework (TQEF) and report to the Board.
 - 4.1.2 Review the Self-evaluation and Action Plan annually (or equivalent) in line with Scottish Funding Council guidance.

- 4.1.3 Make recommendations for Mission 2030 Strategy – Pillar 1 Future Skills – Our Students, and Pillar 3 Future Education – Our Learning 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 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 Self-evaluation and Action Plan (SEAP) and progress under the Outcomes Framework (OF) and Assurance Model (AM).
- 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.
- 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 and review of the terms of reference annually to ensure that the Committee complies with best practice in relation to governance. Any amendments to the terms of reference shall be submitted to the Board of Management for consideration and final approval.

5 Meetings

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

5.2 LT Schedule of Business

Standing Items:	Align papers with the principles of TQEF:
<ul style="list-style-type: none"> • Maintain minutes and report to board • Review L&T Action Log • Review Risk Register and mitigating actions • Report from Student Association • TQEF update 	<ul style="list-style-type: none"> • Excellence in Learning and Teaching • Supporting Student Success • Student Engagement and Partnership • Enhancement and Quality Culture • Externality • Data and Evidence

Meeting 1 (Aug-Oct) Q1	Meeting 2 (Nov-Jan) Q2	Meeting 3 (Feb-April) Q3	Meeting 4 (May-July) Q4
<ul style="list-style-type: none"> • Interim PIs from previous AY • Annual Awarding Body summary • Mission 2030 Pillars 1 and 3 Outturn (Board) • SFC Quality arrangements • Admissions review 	<ul style="list-style-type: none"> • Annual SPSO Complaints Report (College website) • Early Experience Student Satisfaction Survey (DGC) • Student Performance – Early Retention • Annual Articulation Report • Academic Appeals from previous AY • Report from Academic Council • Self Evaluation • Student Engagement and Partnership • Self-evaluation and Action Plan (SEAP) or Strategic Impact analysis (Board for approval / SFC and QAA) 	<ul style="list-style-type: none"> • Outcome of annual curriculum planning and portfolio review • Student Satisfaction and Engagement Survey SFC (Board for noting) • College Leavers' Destination report (Board for noting /SFC) • Student Performance – Further Retention • Audited SFC PIs sector comparison analysis • Student Health and Wellbeing update • Learning and Teaching Development • Student Engagement and Partnership Activity • Report from Academic Council 	<ul style="list-style-type: none"> • Review/approve Student Association constitution (every 5 years (rev 2022) and partnership agreement (annually) (Board) • Corporate Parenting and Safeguarding progress report (Board for noting) • Student Performance – Further Retention • Annual Committee Self-evaluation and review of Terms of Reference/Business Schedule (Board for approval) • Report from Academic Council • Outcome of annual curriculum planning and portfolio review 2 • Self Evaluation update • Student Engagement and Partnership

Terms of Reference	Grievance and Appeals Committee
Date Approved by Committee	June 2024
Date Approved by Board	October 2025
Date of Next Review	May 2026
Chair	Caroline Stuart

1. Membership

- 1.5. 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. No less than one half of the members entitled to vote, 1 of whom to be the Chair of the Committee (quorum 50% or higher of membership, with the majority for decision-making to be non-executives)

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	Audit Committee
Date Approved by Committee	May 2025
Date Approved by Board	June 2025
Date of Next Review	May 2026
Chair	Jamie Ross

1. 5-6 non-executive board members (one of whom shall be appointed as Committee Chair).
 - 1.1 Members of the Audit Committee (AC) are precluded from serving on the Finance & General Purposes Committee (F&GP).
 - 1.2 The Chair and Principal should not be a member of the AC.
 - 1.3 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.
 - 1.4 The AC can sit privately without any non-members present for all or part of the meeting if they wish.
 - 1.5 In attendance:
 - 1.6.1 Principal
 - 1.6.2 Vice Principals
 - 1.6.3 Governance Professional
- 2 Quorum**
 - 2.1 No less than one half of the members entitled to vote (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. The external audit plan will be presented in June and a final report in December.
- 4.5 Advise the Board on the criteria for the selection and appointment of the internal auditor, and to select and recommend the appointment of the provider of an internal audit service.
- 4.6 **In line with the Global Internal Audit Standards, agree the scope for the internal audit plan to ensure alignment with strategic and risk priorities and outcomes from audits to help successful delivery of long-term plans.** The scope should:
 - Consider value for money
 - **Consider service delivery**
 - **ensure compliance with corporate governance requirements**
 - **align with public sector ethical standards, conflicts of interest and transparency of use of funds**
- 4.7 Review all audit reports, monitor the implementation of internal audit risk-based recommendations, and advise the Board accordingly. A progress report will be presented at each meeting.
- 4.8 Monitor the performance and effectiveness of external and internal audits.
- 4.9 Monitor the processes for ensuring the effectiveness of the financial and other internal controls and management systems **which promote efficient use of resources, 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**, making recommendations to the Board accordingly.
- 4.10 Maintain oversight of the Anti-fraud and Corruption Policy and the Whistleblowing Policy ensuring their effectiveness.

- 4.11 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 consider 'deep dives' of individual risks to seek assurance that the risk is being managed appropriately. The deep dive template will be used which provides a clear outline of information required ie context and rating rationale, examples of key mitigations and controls within the 1st and 2nd line of defence, appetite and tolerance, and make recommendations as required.
- 4.12 IA's focus on risk management will include environmental, social and governance risks. AC will ensure IA addresses emerging risks to achieving Net Zero goals, social and community impact and corporate governance related concerns.
- 4.13 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 losses.
- 4.14 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.
- 4.15 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.
- 4.16 Monitor and review Business Continuity Plan annually and as required.
- 4.17 Monitor and review internal controls to mitigate impact of cyber-attack and information security breach and to also ensure compliance with legislative requirements.
- 4.17 Undertake a self-evaluation exercise and review of terms of reference annually to ensure that the AC complies with best practice in relation to governance and the internal and external audit services are satisfactory. Any amendments to the terms of reference shall be submitted to the Board of Management for consideration and final approval.

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 Schedule of Business

Standing Items:

- Maintain minutes and report to board
- Review AC Action Log
- Review Risk Register and mitigating actions and Deep Dives
- 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
<ul style="list-style-type: none"> • Review Risk Appetite Statement • Review Annual Internal Audit Summary Report • Review Code of Good Governance Checklist 	<ul style="list-style-type: none"> • Closed meeting with Committee and Auditors in the absence of executive members • Consider for Approval Year End Accounts <ul style="list-style-type: none"> • External Annual Audit Report • Letter of Representation • Draft Financial Statements • Annual Audit Committee Report 	<ul style="list-style-type: none"> • Review Anti-fraud & Corruption policy • Review Whistleblowing policy and arrangements • Review Risk Management Policy • Review of Business Continuity Plan and Policy • Review internal controls to mitigate impact of cyber-attack/breach. Ensure compliance with legislative requirements. 	<ul style="list-style-type: none"> • Approve external audit plan and scope of work • Approve internal audit plan and scope of work • Review Committee Terms of Reference & Workplan • Annual Committee Self-evaluation • Emerging R R and owners spdsht

Board of Management		
Agenda Item	10	
Paper Number	BOM1025-10.1	
Date of Meeting	06 October 2025	
Location	Dumfries Campus	
Title of Paper	Chair's Report	
Presented by	Caroline Stuart	
Recommendation	Discussion	
Freedom of Information Disclosure Assessment		
FOI flag:	<input checked="" type="checkbox"/> Disclosable <input type="checkbox"/> Non-disclosable	
Reason/s for choice:		
Notes from author: (When will it become disclosable? Has FOI Officer guidance been sought?)		
Further comments/updates after initial submission		
Date added	Added by (name and role)	Comment/detail

Time Read: 3 minutes

1. Recommendation

- 1.1. The Board of Management Committee are asked to **note** and **discuss** any points arising from the paper and **approve** the calendar for session 26-27.

1. Executive Summary

- 1.1 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 13 June 2025. This report covers activity during the period June-September 2025. The Board are invited to note the contents and discuss any matters arising.

2. Activities June to September 2025

2.1 Engagements

- Above and Beyond Awards Dumfries Campus
- CCLG
- Ann Hill
- Joanna Cambell
- Colleges Scotland Board
- LG Objectives
- Willie Mackie
- Douglas Morrison
- Sue Cook
- Colleges Scotland – Chairs and Principals
- Scottish Government Chairs Appraisal

2.2 Board Recruitment

- 2.2.1 As previously intimated the process of recruiting new Board members was commenced post the summer holidays and the interviews take place on Friday 3rd October. A further update will be provided in due course.

2.3 Board Membership

- 2.3.1 As you know, Sue Irving has resigned from the Board to take up position as Chair of Glasgow Clyde College. We wish her well in her new role. However, this means a vacancy for Vice Chair has arisen. In order to fill the post, a self-nomination process will proceed, and the GP will send details out to you in due course.
- 2.3.2 We welcome Karen McIntosh to the Board as Vice President of the Student's Association.

2.4 Board Calendar 2026-27

- 2.4.1 The Calendar for session 2026-27 is attached at Appendix 1 and members are asked to approve.

3. Risk

Risk	Mitigations
	➤ None attached to the paper

4. Implications

Financial	NO	
Legal	NO	
Learning and Teaching	NO	
Equalities	NO	

Caroline Stuart

Chair of the Board of Management

29 September 2025

Approved 2026-27 Schedule of Board & Committee Meetings

BOARD – Dumfries Campus Monday 5 October 2026 1.30 pm			BOARD – Dumfries Campus Monday 7 December 2026 1.30 pm		
FGP	Tues 8 Sept	3.30 pm	FGP	Tues 10 Nov	3.30 pm
BDC	Thurs 10 Sept*	4.00 pm	REM	Mon 16 Nov	4.00 pm
AUDIT	Tues 15 Sept	4.00 pm	L&T	Wed 18 Nov	4.00 pm
L&T	Mon 21 Sept	4.00 pm	AUDIT	Tue 24 Nov	4.00 pm

BOARD – Dumfries Campus Monday 22 March 2027 1.30 pm			BOARD – Stranraer Campus Friday 11 June 2027 12.30 pm		
FGP	Thur 4 Mar	3.30 pm	FGP	Thur 6 May	3.30 pm
L&T	Tues 9 Mar	4.00 pm	REM	Mon 10 May	4.00 pm
AUDIT	Thur 11 Mar	4.00 pm	L&T	Thur 13 May	4.00 pm
			AUDIT	Tues 18 May	4.00 pm
			BDC*	Mon 24 May	4.00 pm
Other Key dates:					
Dumfries Campus Graduation Board Strategy Event – Monday 10/5/27 (Dfs) Stranraer Campus Celebration of Success – 11/6/27			* If required		

Board of Management		
Agenda Item	12	
Paper Number	BOM1025-12.1	
Date of Meeting	06 October 2025	
Location	Dumfries Campus	
Title of Paper	TQEF Update	
Presented by	Phil Storrier	
Recommendation	Discussion	
Freedom of Information Disclosure Assessment		
FOI flag:	<input checked="" type="checkbox"/> Disclosable <input type="checkbox"/> Non-disclosable	
Reason/s for choice:		
Notes from author: (When will it become disclosable? Has FOI Officer guidance been sought?)		
Further comments/updates after initial submission		
Date added	Added by (name and role)	Comment/detail

Read Time: 5 minutes

1. Recommendation

- 1.1. The Board of Management are asked to discuss the contents of this paper.

2. Executive Summary

- 2.1 TQER is a sector-wide, enhancement-led review that prioritises student voice and continuous improvement, aligned with European quality standards.
- 2.2 The review covers all credit-bearing provision and is tailored to institutional context, with judgements leading to actionable outcomes and follow-up.
- 2.3 The college has initiated the process, identifying key thematic areas—digital delivery, rural challenges, student engagement, and widening access—as focal points for the review.

3. Context

- 3.1. This year we will undertake our initial Tertiary Quality Enhancement Review (TQER) in March 2026, which is a peer led, enhancement-focussed review for Scotland's tertiary sector

3.2. Core Principles and Scope

- There are 6 core principles which will be considered and reviewed under the TQER and include: Excellence in Learning and Teaching; Supporting Student Success; Student Engagement and Partnership; Enhancement and Quality Culture; underpinned by (Externality and Data & Evidence).
- TQER is one of the mechanisms of assurance under the overall TQEF Framework.
- Under scope within review is ALL credit-bearing provision (SCQF Level 1-12)
- Review will be context-sensitive and based on strategy, mission and student profile and will consider collaborative education.
- Scoping meetings inform review and team composition.

3.3 Stages of the Review:

- Pre Review Activity - In Progress
- Initial Review (Student Focussed) - Feb 26
- Main Review Visit (Stakeholder Engagement) - Mar 26

3.4 Evidence Base considered

- Strategic Impact Analysis – College self-evaluation report
- Advanced Information Set - Production of evidence base (Policies, Procedures etc)
- External Data (SFC, SCQF, Ed Scotland, QAA)
- Engagement in STEP Activity

3.5 Judgements, Outcomes and Follow Up

- There are 3 judgement categories: Effective, Partially Effective, Not Effective
- We will receive an outcome with Good Practice and Recommendations

- Following agreement of report college will produce an Action Plan within 12 weeks.
- Follow up will include ongoing Institutional Liaison Meetings
- Not receiving an 'Effective' statement will results in expectations of a quick action plan and a series of ongoing evaluation and further visits.

3.6 Where are we now?

3.6.1 We have held our initial scoping meeting in which we requested a focus on:

- Hybrid and digital delivery
- Rural education challenges
- Student Engagement
- Widening Access

3.6.2 We have been appointed our Review Manager and our review Team

- Review Manager – Holly Thomas (QAA)
- Reviewer – Lisa Doonan (South Lanarkshire College)
- Reviewer – Dr David Gourley (UHI Perth)
- Reviewer – Angela Lewis (Coleg Gwent)
- Student Reviewer – Amy Monks (Formerly Dundee and Angus College)

3.7 Next Steps

- Institutional Led Quality Review (ILQR) - Will launch Oct 2025
- Strategic Impact Analysis Sessions with SLT and CMT. Future sessions with Students and existing staff committees.
- Write and submit Strategic Impact Analysis – 18th Nov 2025
- Produce and submit Advanced Information Set – 18th Nov 2025
- A range of staff sessions to be developed across the AY.
- Initial Review – Feb 2026
- Main Review – Mar 2026



tqer-guide-for-institutions.pdf

Note: Please attached link for full guidance.

4. Finance & Resource Implications

4.1 While the TQER process does not carry direct financial costs, it will require **significant investment of staff time and organisational capacity**. Key implications include:

- **Staff Engagement:** Active participation across academic, support teams and students will be essential, particularly in preparing evidence, engaging in review

activities, and responding to recommendations. Specific burden will be placed on Senior Leadership members and the Performance Manager.

- **Strategic Alignment:** The review will demand clear articulation of how institutional strategy, mission, and student profile inform practice and enhancement.
- **Ongoing Commitment:** Post-review follow-up, including action planning and liaison meetings, will require sustained attention and responsiveness.

5. Risk

Risk	Mitigations
➤ Risk 10. Failure to achieve an effective student experience.	<ul style="list-style-type: none"> ➤ Performance Review of Self Evaluation Block 1 ➤ Performance Review of Self Evaluation Block 2 ➤ Performance Review of Self Evaluation Block 3 ➤ Portfolio Review 1 - PI and Curriculum Plan ➤ Portfolio Review 2 - PI Review ➤ Support Review ➤ Complaint Report ➤ Introduction of Institution Led Quality Review (ILQR) in AY 25/26. ➤ Introduction of SLT Level Self-Evaluation and Action Plans.

6. Implications

Financial	NO	Whilst no direct financial costs it will demand significant investment of staff time and resource which may impact institutional capacity.
Legal	NO	However, compliance with sector wide quality standards. Failure to meet 'Effective' judgement will trigger additional scrutiny.
Learning and Teaching	YES	Should directly inform quality of learning and teaching opening areas of strength and areas for improvement.
Equalities	YES	Embeds a focus on widening access and student voice at its heart.

Phil Storrier

VP Curriculum & Student Experience

12 September 2025

Board of Management		
Agenda Item	15	
Paper Number	BOM1025-15.1	
Date of Meeting	06 October 2025	
Location	Dumfries Campus	
Title of Paper	Code of Good Governance Checklist / SFC's Expectations of Good Governance Report	
Presented by	L Grierson	
Recommendation	Discussion	
Freedom of Information Disclosure Assessment		
FOI flag:	<input type="checkbox"/> Disclosable <input checked="" type="checkbox"/> Non-disclosable	
Reason/s for choice:	Non-disclosable until the board meeting in October	
Notes from author: (When will it become disclosable? Has FOI Officer guidance been sought?)		
Further comments/updates after initial submission		
Date added	Added by (name and role)	Comment/detail

Read Time:

1. Recommendation

- 1.1. After consideration by the Audit Committee and confirmation of compliance with the Code principles, the Board of Management are asked to note the Code of Good Governance Checklist.
- 1.2. On release of SFC's Expectations of Good Governance Report, compliance against lessons learned and recommendations is tabled below.

2. Executive Summary

- 2.1 It is a requirement for the Board to state its adoption of the Code of Good Governance in the corporate governance statement contained in its annual financial statement.
- 2.2 The checklist attached serves to provide assurance to the Committee that the College is indeed compliant with the Code.

3. Context

- 3.1 The Code states:

'The Code is based on key principles and has been written in a way that is mandatory and anticipates compliance. All colleges that receive funding from the Scottish Funding Council (SFC) must comply with the Code as a term and condition of grant.

Boards must not only follow the letter but also the spirit of the Code to ensure good governance. Boards must think deeply, thoroughly and on a continuing basis about their overall tasks and the implications of these for the roles of their individual members. Key to this is the leadership of the chair, the support given to and by the principal, and the frankness and openness of mind with which issues are discussed and tackled by all Board members.'

- 3.2 The attached checklist itemises the various code principles, evidence of compliance and any actions arising from it.

4 SFC's Report - Expectations of Good Governance

- 4.1 This report is designed to enhance good governance in colleges and universities providing clarity about SFC's expectations of sector governance and how SFC will monitor governance. The report recommendations focus on standardisation of the Governance Effectiveness Review (GER) process and reporting criteria. SFC expect Colleges to follow the Code of Good Governance which adopts a 'comply or explain' principle. (Link to report: [SFC's Expectations of Good Governance](#))
- 4.2 A review was conducted against the 2017-18 GER's and CDN's Analysis of GER's in 2021 and recommendations for the College sector are included at Annex B.
- 4.3 A recommendation is that Colleges should benchmark their GER practices against findings in the report. Having reviewed the report, I am satisfied that we are currently compliant.

4.4 Lessons and Recommendations

Lessons	
<ul style="list-style-type: none"> Effective governance relies not only on systems and processes, but there is also critical importance of a culture that values, questioning and critical appraisal at all levels, without fear, 	Clear evidence within Board minutes and meetings re questioning and challenge.

and encourages curiosity and engagement to uncover risks and issues worthy of debate.	<p>Risk is discussed at all levels of the College and escalated to SLT when required.</p> <p>Emerging Risk Register.</p> <p>SLT, CLG meetings, internal committees who report to SLT/Team meetings where risk is discussed as a standing item.</p>
<ul style="list-style-type: none"> The need for regular updates on sensitive matters, clear communication, and unbiased minutes that reflect challenges and decision-making processes This includes effective scrutiny stemming from the culture of the governing body and committees being one that is curious, challenging and holds the executive to account. 	<p>Minutes reflect discussion, challenge and decisions.</p> <p>Committees scrutinise papers and make recommendations to the Board.</p> <p>Members challenge the executive team.</p>
<ul style="list-style-type: none"> The importance of the Audit Committees maintaining independence and objectivity, avoiding overlap with other committees to prevent bias and undermining independence (particularly Finance) 	<p>Audit ToR specify Members of the Audit Committee (AC) are precluded from serving on the Finance & General Purposes Committee.</p> <p>F&GP ToR state: Chair of the Finance & General Purposes Committee (F&GP) is precluded from serving on the Audit Committee.</p>
<ul style="list-style-type: none"> Papers being provided sufficiently in advance of meetings to ensure informed decision-making 	<p>Papers are provided 1 week before the meeting.</p>
<ul style="list-style-type: none"> Independence of Board Secretary if in a dual role to avoid conflict of interest. 	<p>This refers to Secretary's that also hold a directorship of senior position with the College.</p> <p>Board secretary does not have a directorate or operational role.</p>
Recommendations	
<p>Colleges to benchmark their GER practices against findings in the report.</p> <ul style="list-style-type: none"> Monitoring progress on strategy delivery including KPIs and strategic reporting. 	<p>Satisfied that we are compliant with the recommendations.</p> <p>Performance updates to BoM</p> <p>Strategic Outturn Report</p>

<ul style="list-style-type: none"> Effectiveness of risk management and contribution to improving college performance. Tracking implementation of recommendations Need for improved inductions for and training for members 	<p>Risk discussed at Committees and within papers. Deep dives of Risks at Audit Committee.</p> <p>Risk Management review</p> <p>RSM Annual Report – Highest Score (28 out of 30 actions concluded with 2 ongoing)</p> <p>Governance Review of 2022 - Work Plan and Next Steps action plans completed.</p> <p>Action Plans from meetings updated for each meeting.</p> <p>Internal audit Report provided substantial assurance. EER – states we have a comprehensive induction process.</p>
<ul style="list-style-type: none"> Revisions to CDN's Guidance Note on completion of GER's clear expectations around the importance of evidence 	<p>Our EER in October 2024 was completed after the consideration of evidence: meetings with individuals, observation of the board, desk review of govern docs, BoM and Committee Papers, Gov Manual, Strat plans, Internal and External Audit Reports and actions plans, governance questionnaire for views, board workshop with conclusions.</p>
<ul style="list-style-type: none"> Consideration to mandating GER's are carried out every 3 years (currently 3-5years) 	<p>We are compliant – 2021 and 2024.</p>
<ul style="list-style-type: none"> The Scottish Funding Council should clarify that GERs should be approached as both a developmental tool for College Boards and as a means of providing assurance to Boards and the funding bodies including in relation to compliance with the Code of Good Governance Colleges should develop a process to assess, monitor and report compliance with the Code of Good Governance. The testing of this process should be a clear component of the GER process 	<p>CoGG checklist is completed annually and submitted to Audit/BoM.</p> <p>Governance - Embedding Best Practice' Plan from 2021 review completed and actions incorporated within Board Development Plan and regularly monitored towards completion.</p> <p>CoGG was submitted to the EER Reviewer as part of evidence. The evidence within the CoGG is captured from papers submitted to the BoM.</p>

<ul style="list-style-type: none"> Assessing the quality of financial oversight exercised by the Board and Finance Committee should be a clear component of the GER process 	The EER concluded - Financial sustainability is core to board discussions and is discussed on an ongoing basis at board meetings
<ul style="list-style-type: none"> GER reports should be accompanied by a rolling action plan to track the implementation of recommendations from previous GERs (whether external or self-evaluation). The testing of this should be a clear component of the GER process 	<p>From our 2021 EER Embedding Best Practice Report a 'Embedding Best Practice' action plan was created and monitored by the board.</p> <p>Only one action was raised from our 2024 review - building the new Board team should be a priority</p>
<ul style="list-style-type: none"> Whistleblowing Policies readily accessible to staff. The policies should clearly state that if the matters staff members wish to report involve the person they would normally report to under the policy, who they should contact instead (e.g., the Chair of the institution's Audit Committee or SFC directly if no possible alternative internal reporting lines remain 	This is within the Policy. Secretary then Principal and Chair of the Board.

5. Risk

Risk	Mitigations
Risk 6. Failure to meet regulatory obligations (BoM)	<ul style="list-style-type: none"> The Code of good Governance is completed annually and presented to Audit committee to provide assurance that the Code is fully met.

6. Implications

Financial	NO	
Legal	YES	Failure to comply with the Code of Good Governance would be a breach of our condition of grant.
Learning and Teaching	NO	
Equalities	NO	

Lorraine Grierson

Governance Professional

29/9/25