		Risk Assessment
Area	SP - Strategic Plan	Date 01/10/203 Assessment number SP/01
Staff responsible	P	Review Date 01/10/2024
Task		OBJECTIVE ONE - INFRA STRUCTURE

					Risk Rating		1					
Risk Number	Risk Description	Effects/ Impact on	Existing controls	Impact (I)	Likelihood (L)	Rating	Further action required/ action plan	By Whom	Date	Cross reference categories	Risk with Mitigation	Update
1	Failure to monitor and further embed the Committee structure	Maintaining OFS registration, GOSC and iO professional registration and status. The ability of the the college to deliver its services. The ability to recruit students and patients,	Governance action plan and internal QA processes. External auditing processes e.g. GOSC, University and OfS	High (4)	Unlikely (1)	High (4)				SP 1. & 1.2	Low	
2	Failure to provide the technological resources to support course delivery and data collection as it applies to the College moving forward.	Inability to deliver educational packages in the creative and flexible way required to meet future needs and trends. Inability to provide the administrative tasks to support the College workforce and business expectations.	•Electronic hand-in system • Student only laptops. •Use of on line platforms to contact, support and deliver services to students and staff. • Electronic services to collet data for the college community.	High (4)	Possible (2)	High (8)	Monitor impact of increased online delivery (blended lerning) 2023 -24	SLT/MMNT		SP 1.3	Medium	
3	learning and clinical spaces that are	Student and patient recruitment & continuity. The ability of the the college to deliver its Education and services as legislated by external agents.	Long term leases/ SLAs, monitored ongoing alternative options and annually reviewed. Risk Assessments monitored through a rigorous internal quality assurance porcess and committee. Health and Safety external audit. External QA agencies.		Possible (2)	High (8)					Low	
4	appropriately skilled human resouce base, able to meet the business needs	Staff quality and numbers. Ability to deliver, develop and embedd curriculum. Failure to provide the administrative services required for business continuity.	Pay structure update, appraisal system with staff development. Flexible employment to encourage part time staff.	High (4)	Possible (2)	High (8)				1.5	Low	
5	Failure of Estates strategy in planning and meeting space requirements for classroom, clinic and administration across the campuses	Student and patient recruitment & continuity. The ability of the the college to deliver its Education and services as legislated by external agents. (Infrastructure Working Group)IWG	Long term leases/ SLAs, monitored ongoing alternative options and annually reviewed. Risk Assessments monitored through a rigorous internal quality assurance porcess and committee. Health and Safety external audit. External QA agencies.		Possible (2)	High (8)				SP 1.6	Low	
6	resources. (patients for the clinics and student numbers as they apply to	Student and patient recruitment & continuity. The ability of the the college to deliver its Education and services as legislated by external agents.	Marketing strategy and recruitment processes for patients and students- actively monitored annually. Progress reported back via College's Internal Quality Processes (Committee Structures)	High (4)	Possible (2)	High (8)	Numbers monitored more regularly for 2023- 24 via CoM (monthly data againt targets)			SP 1.6	Medium	Oct Data / performance to be shared formally at GSC meetings

	Risk Assessment										
Area	SP - Strategic Plan	Date 01/11/2022 Assessment number SP/02									
Staff responsible	REG & HOE	Review Date 01/11/2023									
Task		OBJECTIVE TWO - SUPPORT & ENGAGEMENT									

				Risk Rating								
Risk Number	Risk Description	Effects/ Impact on	Existing controls	Impact (I)	Likelihood (L)	Rating	Further action required/ action plan	By Whom	Date	Cross reference categories	Risk with Mitigation	Update
1	Failure to produce an effective communication strategy for all key stake holders, students, staff and patients.	communication to all external	The strategic plan 2021 - 2026. Our communication strategy and action plan.	Medium (3)	Possible (2)	Medium (6)				SP 2.1	Low	
2	Failure to deliver and maintain Staff Development opportunities	Quality of workforce, staff turnover and ability for the College to deliver its services. Loss of credibility within the sector.	Appraisal Process & monitoring with staff development needs identified. College link to H.E. partner institutions & their staff development packages. College internal training eg staff development day/ section training agendas.		Possible (2)	Medium (6)				SP 2.2	Low	
3	Failure to address and provide appropriate student support	Loss of professional and educational credibility with GOsC, OFS & validating H.E institution	Middle management student support roles (cross-college and specialist support). Hardship loans and process to financially support e.g. LSAs.	Medium (3)	Possible (2)	Medium (6)				SP 2.3	Low	

Risk Assessment										
Area	SP - Strategic Plan	Date 01/11/2022 Assessment number SP/O3								
Staff responsible	REG & HoE	Review Date 01/11/2023								
Task		OBJECTIVE THREE - TEACHING & LEARNING								

OBJECTIVE THREE - TEACHING & LEARNING

				Risk Rating								
										Cross		
										reference	Risk with	
Risk Number	Risk Description	Effects/ Impact on	Existing controls	Impact (I)	Likelihood (L)	Rating	Further action required/ action plan	By Whom	Date	categories	Mitigation	Update
1	Failure to appropriately manage the programme and delivery in line with University regulations, sector expectations and professional body benchmarks	Loss of 'currency' in the market place due to; loss of course validation & registration. Loss of College business including the clinical service to the community.	Monitoring via internal QA (committee structure) externally by GOsC, university, external examiners and OFS. Systems and processes to respond to student, staff and patient input.	High (4)	Possible (2)	High (8)				SP 3.1 -3.5	Low	
2	Failure to meet the assement requirements for the delivery of the programme and have strategies in place to address to address unforseen/environmental changes outside of the institutions control e.g. the pandemic	registration and College	Monitoring via internal QA (committee structure) externally by GOSC, university and external examiners and OFS. Systems and processes to respond to student, staff and patient input.	High (4)	Possible (2)	High (8)				SP 3.2	Low	
3	Failure to provide the support required to enhance & recognise the achievement of students on the course. Including recognising value added	educational credibility with GOsC, OFS & validating	Monitoring via internal QA (committee structure) externally by GOSC, university and external examiners and OFS. Systems and processes to respond to student, staff and patient input.	Medium (3)	Possible (2)	Medium (6)				SP 3.3	Low	
4	Failure to monitor clinical attainment & monitor students professional progression on the programme to ensure the development of competent and well- rounded professionals	Loss of professional and educational credibility with GOsC, OFS & validating H.E institution.	Monitoring via internal QA (committee structure) externally by GOsC, university and external examiners and OFS. Systems and processes to respond to student, staff and patient input.	High (4)	Medium (2)	High (8)				SP 3.3 & 3.4	Low	
5	Enhancement of resources									SP 1.4		

Risk Assessment									
Area	SP - Strategic Plan	I	Date 01/11/2022	Assessment number	SP/O4				
Staff responsible	REG & HOE	Ι	Review Date 01/11/2023						
Task			OBJECTIVE FOUR - Access & Prog	ression					

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Risk Number	Risk Description	Effects/ Impact on	Existing controls	Impact (I)	Likelihood (L)	Rating	Further action required/ action plan	By Whom	Date	Cross reference categories	Risk with Mitigation	Update
1	Failure to effectively manage the marketing requirements of the College (planning strategy & day-today management)	College business (educational and clinical services) Resources eg patients for college clinics and students for the College's programmes.	Marketing strategy, Strategic plan, external marketing agents. (Currently day-to-day management i.e. social media & website updates are outsourced)	High (4)	Possible (2)	High (8)				SP 4.1	Low	
2	Failure to provide incentives to support access to the College and increase the diversity of of those able to study and achieve on the programme	Student and patient recruitment & continuity. College's standing within the H.E. community. Failure to attract the College's niche market students.	College student Marketing strategy. Only OEI delivering in the north. Part time flexible delivery, broad criteria for access & student support strategy.	. ,	Possible (2)	Medium (6)				SP 4.2	Low	
3	Failure to include patient feedback into the service and delivery of the programme to enhance patient outcomes and students professional development	Loss of valuable resource and delivery updates to improve service delivery. Loss of touch with service users, possible reputational damage and standing within H.E. and health community.	Communication strategy and Strategic Plan. PM's processes for gaining patient feedback including focus groups and feedback questionnaires.	Medium (3)	Possible (2)	Medium (6)				SP 4.3	Low	
4	Failure to provide progression opportunities for graduates and enhance the College's professional standing in the profession and to the public.	Lost opportunity to market the college, support graduate professional development and the profession. Support the College's planned postgraduate offer	Subsidised CPD activities, clinic marketing on College website, social media activity and communication with alumni.	Medium (3)	Possible (2)	Medium (6)	Continue to develop alumni relationships through sheduled events and activities	SLT/MMN T		SP 4.4		Oct CPD x2 events scheduled & alumni engagment day