



The  
University  
Of  
Sheffield.

# Risk Management Manual

Planning, Projects & Business Intelligence (PPBI)

October 2022

# Contents

Introduction	3
1. What is Risk?	4
2. Practical Guidance for Risk Management	5
2.1 The Risk Management Process	5
2.2 Identifying Risks	5
2.3 Describing the Risk	7
2.4 Risk Categories	88
2.5 Assessment of Exposure (inherent exposure)	9
2.6 Controls	11
2.7 Reassessment of Exposure (residual exposure)	12
2.8 Treating the Risk: Action Planning	12
2.9 Risk Management and Business Continuity Management	13
2.10 Monitoring Risks	14
2.11 Risk Registers	14
2.12 Escalation and cascade of risks in the risk hierarchy	15
2.13 Review Process and Communications	16
Appendix 1: Guidance to support the assessment of impact and likelihood	19
Appendix 2: Example Risk Register	20

# Introduction

Comprehensive risk management is a regulatory requirement for all registered providers regulated by the Office for Students (Ofs), including the University of Sheffield. The OfS regulatory framework lists public interest governance principles applicable to all registered providers, including the requirement that registered providers operate comprehensive corporate risk management and control arrangements (including for academic risk) to ensure the sustainability of their operations, and ability to continue to comply with all conditions of registration.

This manual provides an overview of the University's risk management processes which are designed to comply with the OfS regulatory requirement and gives practical guidance for the management of risk within departments and teams.

Managing risk is something everyone does every day and this is true in an organisational context, where managers are actively managing the risks they face. The University's risk management processes are designed to provide a tool for managers to take stock of how the risks they are managing may impact on what they are trying to achieve and put in place plans to address this.

The processes in place are designed to ensure demonstrability of practices and give assurance that risks are being managed across the University. They are also designed to provide a route for escalating risks that may have a significant impact on the objectives of a department, providing early warning to senior managers and a route for seeking further support for the management of such risks.

Risks are managed through a hierarchy of risk registers which allow issues to be managed at the appropriate level. The Corporate Risk Register records the highest-level risks and monitors the risks of not achieving the Strategic Plan. Faculty and Departmental registers form a nested hierarchy beneath the Corporate Risk Register. A separate 'OfS Operating Framework Conditions of Registration Compliance Review' monitors compliance with the conditions of registration. A separate Threat Register monitors the events which could prevent the University from operating and is monitored by the Business Continuity Steering Group.

Further support and guidance on risk management is available from PPBI.

# 1. What is Risk?

A **risk** can be defined as:

An uncertain event or set of events which, should it occur, will have an effect on the achievement of objectives.

Risks can, therefore, have a positive or a negative outcome. A risk consists of a combination of the probability of a perceived threat or opportunity and the magnitude of impact that this perceived threat or opportunity would have upon the objectives.

An **opportunity** can be defined as:

An uncertain event that could have a favourable impact upon objectives.

A **threat** can be defined as:

An uncertain event that could have an adverse impact upon objectives.

It is important to note that these definitions highlight the importance of linking risks to department or team objectives, and these provide an essential starting point to understanding and defining the risk being faced.

## 2. Practical Guidance for Risk Management

### 2.1 The Risk Management Process

The management of risks follows a cyclical process:

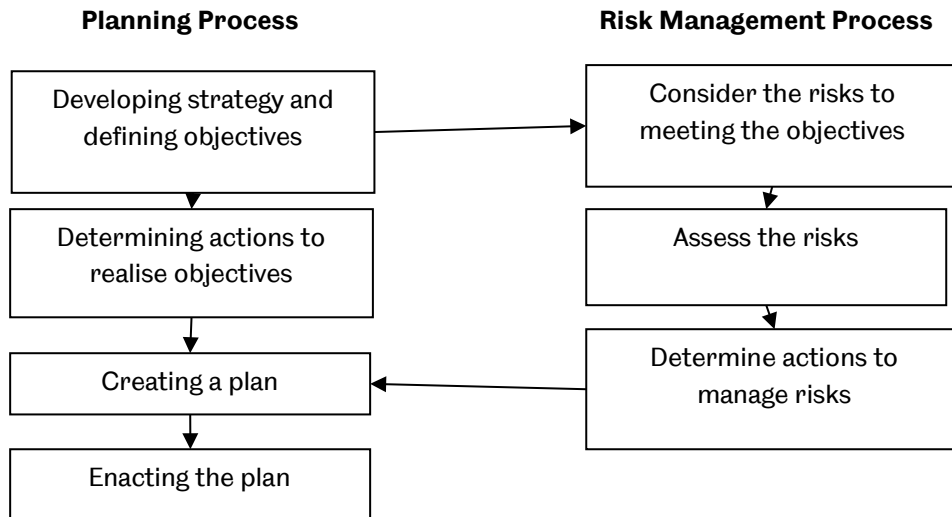


The following provides some practical guidance for each stage of the risk management cycle:

### 2.2 Identifying Risks

Using the strategy and objectives of a team, department or institution as a starting point, the risks to meeting these objectives can then be identified. Managing risks is an integral part of the planning process and it is important that risks are considered as plans are defined and developed.

Over time risk registers tend to become longer and more complicated so it is good practice to periodically start your risk register from scratch which will allow you to look at the threats and opportunities which are affecting your objectives now. There are no hard and fast rules on how long risk registers should be, however, the University's Corporate Risk Register usually has fewer than 15 risks and the Faculty risk registers have fewer than 20 threats and opportunities identified.



There are a range of different methods for identifying risks and the method used depends on preference of the department. Some suggested methods include:

- A workshop with the Executive Team to discuss objectives and the risks to meeting them.
- A SWOT analysis identifying the strengths, weaknesses, opportunities and threats facing a department. This analysis can then help to explore which areas would affect the achievement of the department's objectives and help to define the risk faced.
- A Cause and Effect Analysis. This can be done by taking each of the department's objectives and identifying issues (both positive and negative) that may impact on the objectives. The causes and effects of each problem can then be analysed further to identify the risks involved in meeting the objectives.

Further advice on these methods can be sought from your Planning Support Officer.

While the description and mitigation of the risks need to be specific to the aims and planned activities within faculty and department plans, we would expect to see the following areas reflected in the risk registers:

- Research Excellence & Research Impact (REF)
- Research Income (Research Awards)
- PGR Experience (PhD Submission rate)
- Quality Education (NSS Measures)
- Student Recruitment (Recruitment vs Target)
- Equality, Diversity and Inclusion (Gender Pay Gap & BAME Staff %)
- Wellbeing (Staff & Student)

## 2.3 Describing the Risk

Risks should be described as simply as possible to get to the heart of an issue and avoid rolling several risks together. You may find that a larger issue needs to be recorded in a number of smaller risks to capture the different threats and/or opportunities.

A useful way of describing a risk is to use an IF/THEN statement. This helps to identify the event or set of events that cause the risk (both positive and negative) and describe the impact it might have. The more specific the description of the risk, the greater the likelihood that an owner can be identified to take forward actions to mitigate and/or manage the risk.

### **Example 1:**

Department X is very reliant on the recruitment of Home UG students. These are the main source of income (83%) and recent changes to GCSE and A-level curriculum mean that it is possible that less students will be taking the subject in the future.

An objective of Department X has been identified as: To maintain Home UG student numbers.

The risks to achieving this objective could be identified as: IF we fail to respond to changes in the GCSE and A-Level curriculum THEN we will recruit less Home UG students.

A further risk could be identified as: IF we fail to recruit to our Home UG quota THEN we will not achieve our income targets and this will subsequently impact on the amount of expenditure cap available to us in future years.

### **Example 2:**

Department X has strong connections with a University in China through a number of staff and has organised for the secondment of 2 staff from China to work within the Department for 1 year.

An objective of Department X has been identified as: To increase overseas PGT and PGR student numbers and develop closer collaborations with overseas institutions in order to facilitate this increase.

The risks relating to this objective could be identified as: IF we capitalise on our current links with University X in China through the development of a collaborative PGT programme THEN we may increase our overseas PGT numbers and help provide a pipeline of future overseas PGR students.

NB. All risks are not necessarily negative in their impacts. This risk is created by a positive event (i.e. existing connections with an institution).

**Best practice:**

Faculty Y has identified an opportunity to increase its grant capture by taking a more strategic approach to making bids and being more selective in the applications submitted.

The opportunity could be identified as: IF we are more selective and strategic in our grant applications THEN we may increase our success rate and increase our research income.

An alternative way to present this opportunity is as a statement followed by a rationale and an evaluation of the impact as shown below. This structure can also be applied to risks:

There is an opportunity for the Faculty to improve grant capture.

This is due to:

- i) a focus on quality rather than quantity of applications
- ii) clear strategic direction from the FVP for each academic to attract an average of £200k of funding to TUoS.
- iii) a drive towards attracting more strategic, programme level grants.

The impact would be:

- i) more sustainable sources of long-term funding
- ii) less time dedicated to raising income from multiple smaller sources, allowing more time for research.
- iii) reduced demand on core funding to support academic research.

## 2.4 Risk Categories

Once the risk has been articulated it can be classified into one of the strategic themes/categories below. Categorisation of risks can help ensure that any common, significant risks can be escalated and reported appropriately. The following table provides a list of the risk categories used within the University and some examples of the types of risks that could be classified under each heading:

Strategic Theme/Pillar	Examples include risks relating to:
1. World Leading Research	<ul style="list-style-type: none"> <li>• Research Excellence</li> <li>• Research Income</li> <li>• Research Impact</li> <li>• PGR experience</li> </ul>
2. Outstanding Education	<ul style="list-style-type: none"> <li>• NSS</li> <li>• Non-Continuation</li> </ul>



	<ul style="list-style-type: none"> <li>• Attainment Gap</li> <li>• Student Recruitment</li> <li>• % High Tariff Students</li> <li>• Recruitment Ratio POLAR 4 Q1 to Q5</li> <li>• Employability</li> <li>• Digital Education</li> </ul>
3. Leading Innovation, Partnerships & Engagement	<ul style="list-style-type: none"> <li>• International Partnerships</li> <li>• Civic Outlook</li> <li>• Philanthropy</li> <li>• Business, Public &amp; Third Sector Partnerships</li> </ul>
4. To be One University	<ul style="list-style-type: none"> <li>• Environmental Sustainability</li> <li>• Equality, Diversity and Inclusion</li> <li>• Wellbeing</li> <li>• Citizenship</li> </ul>

## 2.5 Assessment of Exposure (inherent exposure)

Taking each risk, the levels of uncertainty and ability to manage this uncertainty should be considered. This includes the anticipated impact and likelihood of occurrence or **exposure to the risk**. The assessment of exposure is based on a combination of the likelihood of the event occurring and the impact should it occur.

The University uses a 4x4 matrix to plot the likelihood and impact of threats and opportunities to assess risk exposure.

The matrix for assessing threats highlights the risks with the highest likelihood and impact which tend to be the areas where action plans are focussed to mitigate against a threat.

The matrix for opportunities is different from that used for threats. It uses shades of blue to highlight increasing likelihood and impact of the opportunity being realised. The rationale for the use of shading is that while all opportunities can be perceived as good, the cost: benefit analysis of the effort and resources required to realise an opportunity may make it unmanageable or an opportunity may be easy to realise but strategically inadvisable.

Assessment of exposure for threats:

Impact	Very High	VH/L	VH/M	VH/H	VH/VH
	High	H/L	H/M	H/H	H/VH
	Medium	M/L	M/M	M/H	M/VH
	Low	L/L	L/M	L/H	L/VH
		Low	Med	High	Very High
		Likelihood			

Assessment of exposure for opportunities

Impact	Very High	VH/L	VH/M	VH/H	VH/VH
	High	H/L	H/M	H/H	H/VH
	Medium	M/L	M/M	M/H	M/VH
	Low	L/L	L/M	L/H	L/VH
		Low	Med	High	Very High
		Likelihood			

To help with the assessment of exposure, guidance has been developed to provide a common approach, however it is acknowledged that this is a subjective process. This guidance is available in appendix 1.

This first assessment of exposure should consider the impact and likelihood of the risk if no action were being taken by the department. This is often a difficult concept to think about (as we naturally think about the risk in the context of the actions already being taken). This is known as the **inherent risk**.

**Example:**

Department Z has identified the following risk:

If we fail to provide good customer service to our students from initial enquiry to graduation, then this may result in reputational damage and impact on future recruitment.

The inherent risk (i.e. if the department were not already doing anything about this) could have the following impacts:

- REPUTATIONAL: Adverse local media coverage. Short term damage to reputation. (Medium impact classification)

- **CUSTOMER SERVICE:** Complaints escalated and investigation needed. Relationships with partners/ customers are severely affected (High impact classification)

In this case, the risk should be classified using the highest impact classification (High).

The likelihood of this risk could be determined as follows:

- Very difficult to control. Will probably occur more than once in the next 3-year period (High likelihood classification).

## 2.6 Controls

The controls already in place to address each opportunity or threat should then be considered. Where activities are embedded in business as usual these are defined as 'controls' and where additional actions are identified and/or initiated then these are identified as 'actions'. Over time as actions become embedded in business as usual then they will often become controls and will have an on-going effect to mitigate the risk.

Controls can be categorised into three types:

1. **Directive controls:** designed to establish desired outcomes, e.g. policies and procedures, training seminars or meetings;
2. **Preventative controls:** designed to prevent errors, irregularities or undesirable events from occurring, e.g. authorisation workflows in IT systems, password protection or separating responsibilities for tasks or processes so that they work across teams and departments;
3. **Detective controls:** designed to detect and correct undesirable events which have occurred, e.g. reconciliation exercises, financial health checks and data validation.

The risk register should identify controls across all three categories to ensure that necessary action is being initiated and any gaps in risk mitigation can be identified.

### Example:

Using the customer service risk defined by Department Z, a number of controls that they are already implementing to lessen the likelihood and impact of this risk can be identified including:

- Current support staff have been trained in customer service skills.
- Clear process in place for student complaints (and this is part of the communications with all new students).
- Staff/Student Committee meets regularly to discuss concerns and issues.

The department is also planning to introduce a tracking system for student enquiries. It should be noted that this is not yet a control as it is still under development and further actions are needed until it will have an impact on reducing the risk.

## 2.7 Reassessment of Exposure (residual exposure)

Following consideration of the controls, the residual impact and likelihood can then be reassessed using the same matrices as for inherent exposure. Identifying residual exposure can help decide which risks are the most significant and therefore plan and prioritise actions.

### Example:

Using the customer service risk defined by Department Z, the assessment of exposure after the controls have been considered can be determined.

In this example the residual risk could have the following impact:

- **REPUTATIONAL:** There is little or no change to this potential impact as a result of the controls described above as poor customer service could still result in this level of reputation damage.
- **CUSTOMER SERVICE:** The controls in place should help to lessen this potential impact. In particular, the complaints procedure and the training of staff. This could therefore lessen this impact to Medium (Minor complaint received. No effect on relationship with partners and customers).

The overall risk could therefore be classified in the medium impact classification category.

Looking at the likelihood of this risk with the controls in place, the controls could be said to lessen the likelihood of the risk occurring and therefore reduce the likelihood classification to medium (Could be difficult to control due to external influences. May occur in the next 3-year period).

Overall, the impact of the controls in place have lessened the risk exposure from High/High to Medium/Medium.

## 2.8 Treating the Risk: Action Planning

The level and type of treatment needed for each risk will vary depending on (a) the level of residual risk exposure that has been determined, and (b) the department or teams' **tolerance** for bearing the specific risk.

There are four different types of treatment for any risks:

- A risk can be **terminated** (or eliminated) by not pursuing the activity or objective causing the risk. In reality it is very difficult to terminate a risk in this way.
- The risk can be **transferred** or **shared**. This can be achieved through possible 'outsourcing' of an activity to pass the responsibility of the risk on to someone else. Again, in reality, it is rare that this option is available.
- The most common response is the treatment of the risk by taking **actions**. This can include (a) containment of the risk i.e. taking actions to ensure that the

negative impact of a risk does not increase in impact and likelihood, or (b) taking contingent action i.e. actions that address the potential outcome of a risk and attempt to minimise any impact should the risk occur. When identifying any action plans to address the risks it is important to note the person who will be responsible for taking the action and the timescale for completion of the action.

- A further option is to **tolerate** the risk. A department may feel that the level of residual risk exposure is acceptable and no further actions are necessary. It is important to note that even if a risk is being tolerated it should be recorded and monitored as circumstance may change which could result in a need to treat the risk in the future.

Action planning to address the risk should therefore be proportional to these factors. An overall **risk owner** should be assigned to each opportunity or risk in order to manage the action plan implementation. Although actions may need to be carried out by a range of people in order to fully address each risk, specific actions should be assigned to an **action owner** who carries out actions and reports on progress to the risk owner. Where there is an impact on staff roles and responsibilities the additional induction or training may need to be provided

Action plans should be SMART (specific, measurable, achievable, realistic and time bound), with clear timescales for the completion of any action plan should also be given to ensure that progress can be monitored and reported. The action plan may require a number of related actions. In this case, time bound milestones are a good way of recording how the department will know when it has achieved each stage of the action plan.

**Example:**

Using the customer service risk defined by Department Z, the following treatments for the risk can be identified:

*Containment actions e.g.* The introduction of a tracking system for student enquiries by December 2022. Implementation of a process for ensuring all new staff undertake customer service training by May 2023

*Contingent actions e.g.* Working with the with Media Office to communicate to staff the process to follow should a student complaint create adverse media coverage. Discussions with the Media Office should have been completed by January 2023 and a communication circulated to staff on the processes to follow by March 2023

Actions should be incorporated into the department's operational plans for the year.

## 2.9 Risk Management and Business Continuity Management

Risk management is closely aligned with **Business Continuity Management (BCM)**, a process that aims to ensure that the University can continue to operate as normal,

or at least deliver its priorities, when there is disruption due to an incident. Most business continuity risks are likely to be considered “threats”, as it is only concerned with vulnerabilities relating to incidents, which can adversely affect the ability of the University to achieve its objectives.

The BCM planning process involves identifying the priority activities of a department, based on time sensitivity and the impacts if these stopped. For each priority activity, an assessment is made of the resources required to support it; the resources are staff, buildings/facilities, information, equipment and finance and stakeholders. A “plan b” is then required to consider how the department could manage a loss of these resources, and this is the main focus of the business continuity plan. This could include having other staff trained to perform key roles, being able to relocate to another building, work from home or having an alternative supplier available.

These strategies or back up arrangements may also be used to treat some of the risks identified in the risk register. For example, if one of the risks concerned if Google was no longer able to provide services to the University, the business continuity arrangements relating to information and IT may be one of the measures in place to mitigate or treat this. Another risk could be around issues of retaining or attracting staff, again some of the arrangements in the business continuity plan for a loss of staff could be of use.

Further information and contact information for the University’s Business Continuity Management Team can be found at: <https://www.sheffield.ac.uk/incidents/business-continuity/business-continuity-management>

## **2.10 Monitoring Risks**

As a department, team or institution works toward delivering its objectives and goals, the risks identified need to be monitored to (a) ensure action plans to address risks are being completed, (b) report any change in assessment of the impact and likelihood of the risk, and (c) ensure that the risks are still relevant within the changing environment. Regular reviews of the risk register should be built into the management cycle with risks are discussed at department executive or team meetings throughout the year.

## **2.11 Risk Registers**

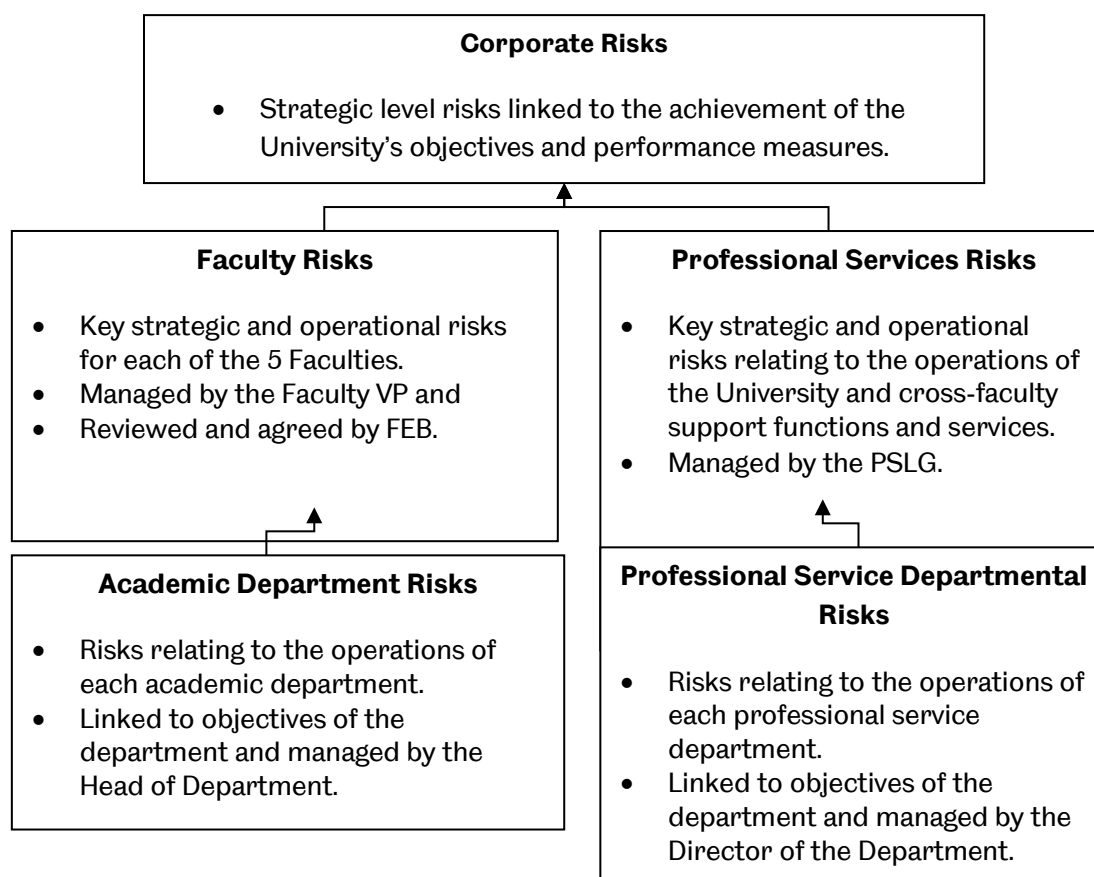
Risk registers are used to record the opportunities, threats and risks at each stage of this process and to provide the on-going action plans to address the risks. Risk management is a continual process where opportunities and threats change as the priorities and direction of the University and its departments move forward. Risk registers are not static documents and are designed to be a management tool that can be used to help the achievement of the aims and objectives of a department, team or institution. Risks can be identified at any time throughout the year and should therefore be added to the register when identified. Conversely, the environment in which a department is operating may change and a risk may no longer be relevant. These risks should be closed from the active register, and reported as such at the next

update, but it is useful to maintain a record of such risks for reference in the future and it is recommended that an archive risk register is kept.

An example risk register is attached as Appendix 2. This template should be used for Departmental and Faculty Risk Registers.

## 2.12 Escalation and cascade of risks in the risk hierarchy

Risks across the University are managed under the following hierarchy:



The University's Risk Management Policy states that the University has a low risk **appetite** for mission-critical risks, however, this provides context and support for a variation in risk appetite across the faculties which is considered beneficial to the institution.

The different levels of risk within the hierarchy are interrelated and risks are referred upwards where appropriate:

- Professional service and academic **department level risks** are focussed on events that, should they occur, would prevent the department or team from meeting its objectives. Departmental risks should be escalated to a faculty or operating level if they impact across a number of departments or are deemed to have significantly increased in exposure (with impacts wider than the department alone). Where a

department identifies a risk it believes requires escalation it should suggest this to the Faculty to assess whether to include the risk in the Faculty Risk Register.

- The **Professional Services risks** are the significant risks to the operating of the University relating to cross-faculty support functions and services. The risks within both the faculty and operating risk registers may be escalated to a corporate level if they impact across a number of faculties or on the University’s ability to achieve its objectives. These risks are managed by the Professional Services Executive.
- **Faculty risks** are linked to strategic plans of the faculty and ultimately align to the corporate objectives. These risks are managed by the Faculty Vice President and reviewed and agreed by the Faculty Executive Board. Where the Faculty identifies a risk it believes requires escalation to the Corporate Risk Register it should suggest this as part of its annual presentation to Risk Review Group.
- The **corporate risks** are linked to the University’s strategic plan and capture the most significant risks associated with meeting the objectives within this plan. Risk Review Group, a sub-group of UEB, identifies the corporate risks and receives an updated Corporate Risk Registers which it uses to review the assessment of risks and the actions outlined by risk owners. Risk Review Group considers the risk register for each Faculty and the AMRC on an annual basis. Risk Review Group then reports to UEB
- UEB review the Corporate Risk Register as part of the report from Risk Review Group. Where residual risk is assessed as having a red likelihood and red impact UEB will decide whether the residual risk is accepted or whether more mitigating actions are required. Following UEB discussion the Corporate Risk Register is reported to Council.

## 2.13 Review Process and Communications

The table below illustrates when the risks are developed/refreshed and action plans are updated to address each risk. In summary, Departmental and Faculty risk registers are created alongside the development of Five-year plans then reviewed annually as part of the progress review and action planning. The risks identified on the Corporate Risk Register are updated annually, with updates to action plans provided four times a year.

	Aug – Oct	Nov – Jan	Feb – April	May - July
<b>Corporate risks</b>	Refresh of the corporate risks by the Risk Review Group (considering internal and external factors affecting the		Review of Risks and update of action plans  Reported to UEB, Council and Audit Committee	Review of Risks and update of action plans  Reported to UEB, Council



	<p>University's strategy).</p> <p>Reported to UEB, Council and Audit Committee</p>			<p>and Audit Committee</p> <p>Review of annual cycle, including the University's risk policy by Risk Review Group</p>
<p><b>Faculty and Professional Services risks</b></p>		<p>Creation of New Risk Registers alongside Five year plans (year 1 of the strategic period). Considering internal and external factors affecting the delivery of strategies.</p> <p>Reported to PSLG / FEB and Risk Review Group.</p>		<p>Risk Registers to be reviewed and update as part of the annual Planning Cycle and Action Planning.</p>
<p><b>Departmental risks (academic and professional services)</b></p>		<p>Creation of New Risk Registers alongside 5 year plans (year 1 of the strategic period). Considering internal and external factors affecting the delivery of strategies.</p> <p>Underpin Faculty / Professional Services Risk Registers.</p>		<p>Risk Registers to be reviewed and update as part of the annual Planning Cycle and Action Planning.</p>

--	--	--	--	--

Following update, risk registers should be shared and discussed as follows:

1. Departmental Risk Registers are shared with the Faculty through the Faculty Executive Board or through a conversation with the VP and FDO.
2. Faculties should share copies of the departmental risk registers within their Faculty for information and to share best practice across departments.
3. The Faculty Risk Register is presented to Risk Review Group on an annual basis.
4. Following the Faculty presentation to Risk Review Group the Faculty is contacted by the Secretary to Risk Review Group with any actions arising from the discussion.

# Appendix 1: Assessing Impact and Likelihood

## 1. Guidance to Support the Assessment of Likelihood

Classification	Low	Medium	High	Very High
Likelihood	Unlikely	Possible	Likely	Almost certain
Description	Has not occurred before. Could occur at some time in the next 10 years.	Could be difficult to control due to external influences. May occur in the next 3-year period	Very difficult to control. Will probably occur more than once in the next 3-year period	Will occur this year. May occur at frequent intervals over the next 3-year period

## 2. Guidance to Support the Assessment of Impact

Classification	Low	Medium	High	Very High
Impact Description	Minor	Moderate	Major	Catastrophic/ Extreme
Financial	Less than 1% of expenditure cap/ given budget.	Between 1% and 4% of expenditure cap/ given budget.	Between 5% and 24% of expenditure cap/ given budget.	More than 25% of expenditure cap/ given budget.
Health & Safety	Incident requiring no more than minor medical treatment.	Lost time and moderate injury.	Likely to lead to reportable injury, disease or dangerous occurrence.	Multiple fatalities or prosecution by the HSE.
Customer Service	Minor complaint received. No effect on relationship with partners and customers.	Widespread complaints received. Relationships with partners/ customers are affected.	Complaints escalated and investigation needed. Relationships with partners/ customers are severely affected.	Formal action taken. Relationships with partners/customers sustain long term damage.
Reputation	Will not or unlikely to damage reputation.	Adverse local media coverage. Short term damage to reputation.	Adverse regional or national media coverage. Long term damage to reputation.	Sustained adverse media coverage at various levels. Long term damage to reputation and loss of confidence in the University.
Legislative	No legal or regulatory implications.	Minor legal or regulatory concerns raised.	Potentially serious legal or regulatory implications.	Very serious legal or regulatory concerns.
Ability to deliver services	Low impact on service delivery – dealt with internally.	Minor disruption. Reprioritisation needed to ensure continuity of services.	Major disruption. Significant management action needed to recover.	Serious disruption with impact on the strategic and operational activities of the University.

Some risks may only have an impact in one of the areas listed above whereas others may have an impact in a number of areas to differing degrees. When recording the impact, the highest level within any one of the areas should be noted.

# Appendix 2: Example Risk Register

[NAME OF DEPARTMENT]  
Risk Register, May 2022

### Opportunities

No.	Vision Pillar	Risk Description		Inherent Impact	Inherent Likelihood	Controls	Residual Impact	Residual Likelihood	Actions	By Whom	By When
		IF:	THEN:								
1	Education	We capitalise on our current links with University X in China through the development of a collaborative PGT programme	We may increase our overseas PGT numbers and help provide a pipeline of future overseas PGR students.	L	M	<ul style="list-style-type: none"> <li>Current secondment of two Staff from University X provides links in order to explore potential collaborative provision.</li> <li>Department A has an existing agreement with University X and this model could be used to develop new programmes.</li> </ul>	H	M	<ol style="list-style-type: none"> <li>Development of programme outline</li> <li>Discussions with University X on the potential collaboration</li> <li>Development of a business plan for the collaboration</li> </ol>	<ul style="list-style-type: none"> <li>Director of PG Programmes, seconded staff and LeTS</li> <li>Head of Department</li> <li>Dept Admin, Director of PG Programmes with PSO and Faculty Finance</li> </ul>	<ul style="list-style-type: none"> <li>By January 2023</li> <li>During February 2023</li> <li>February 2023</li> </ul>

### Threats

No.	Vision Pillar	Risk Description		Inherent Impact	Inherent Likelihood	Controls	Residual Impact	Residual Likelihood	Actions	By Whom	By When
		IF:	THEN:								
2	Education	We fail to provide good customer service to our students	This may result in reputational damage and impact on future recruitment. <ul style="list-style-type: none"> <li>Clear process in place for student complaints (and this is part of the communications with all new students)</li> <li>Staff/Student Committee meets regularly to discuss issues</li> </ul>	H	H	<ul style="list-style-type: none"> <li>Current support staff have been trained in customer service skills</li> <li>Clear process in place for student complaints (and this is part of the communications with all new students)</li> <li>Staff/Student Committee meets regularly to discuss issues</li> </ul>	M	M	<ol style="list-style-type: none"> <li>Introduction of a tracking system for student enquiries</li> <li>Implementation of a process for ensuring all new staff undertake customer service training.</li> <li>Working with the with Media Office to communicate to staff the process to follow should a student complaint create adverse media coverage.</li> </ol>	<ul style="list-style-type: none"> <li>Administrator</li> <li>Head of Department</li> <li>Director of Learning &amp; Teaching</li> </ul>	<ul style="list-style-type: none"> <li>Dec 2022</li> <li>May 2023</li> <li>a)Discussions to be completed by January 2017</li> <li>b)Circulated to staff by March 2017</li> </ul>