

PRIMARY RISK REGISTER FOR MAYNOOTH UNIVERSITY

2017

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Maynooth University - Summary Risk Register –2017

Area	Page No	Risk	Gross Risk			Mitigating Actions	% Reduction	Residual Risk	Primary Responsibility
			Severity	Probability	Raw				
Financial Risk	15	Risk of exceeding budget	8	7	56	Analysis of actual spend vs budget, reviews of spending with some departments; Building Services Engineer appointed to focus on energy costs; Payment sign-off procedures in place; Regular reporting of budgetary position to Governing Authority.	25%	42 (45)	University Executive Bursar
Health & Safety	21	Risk of damage caused by Fire, Explosion and adverse weather conditions (including flooding)	9	8	72	Safety Statements, Fire Risk Assessments, Training on Fire Safety; new procedures for Fire Certification and Contractor access on-site, new Insurance checking process	40%	43 (45)	Estates Teams, Health & Safety Officer,
Estates	49	Risk that capital projects do not comply with best practice.	8	9	72	CPD Office is focussed on Capital Projects, Project Management and professional skills in place, External Design Teams engaged, Use of legal advisors during tender competitions.	25%	54 (45)	Estates Teams
ICT	30	Risk of loss of all ICT services/data services	8	6	48	Physical and IT security measures in place, physical and logical design of ICT services for resilience. Use of HEAnet for Internet connectivity resilience and for cyberthreat monitoring. Computer Usage Guidelines in place.	10%	38 (43)	Chief Information & Innovation Officer Director of IT Services

Area	Page No	Risk	Gross Risk			Mitigating Actions	% Reduction	Residual Risk	Primary Responsibility
			Severity	Probability	Raw				
Health and Safety	23	Risk Relating to other buildings which do not conform to modern safety standards	8	7	56	A programme of building improvements ongoing. Accessibility Audit. Close working relationship with Health & Safety and Estates Teams	30%	39(32)	Estates Teams Health and Safety Officer
Estates	49	Risk Relating to provision of space for University activities	8	8	64	New focus on Capital projects; Priority Project process; Capital Borrowings, Campus Masterplan, Strategic Plan 2012-2017, Regular meetings with funding agencies (HEA, DES), EIB Loan Facility. Estates teams addressing building utilisation	35%	42 (42)	University Executive Estates Teams
Human Resources	19	Risk of co-employment between occasional/fixed term/permanent employees.	7	8	56	Monthly audit of core system put in place, policy and guidelines issued on occasional arrangements to 'recruiting staff' ongoing, contact between Director of HR and Heads of Departments to surface emerging contract issues and problem areas.	30%	39 (39)	Director of Human Resources, All Heads of Departments and Services and University Executive oversight
Financial Risk	14	Insufficient finances to deliver strategic objectives	7	7	49	University Executive focus. Use of professional advisors Lobbying with funding agencies Prioritisation process. Plan to find new revenue sources, Discussions underway to arrange a University Borrowing facility	20%	45 (39)	President, University Executive, Bursar
Governance & Organisation Structure	12	Risk that organisational structure fails to support effective and efficient implementation of decisions and/or policies	8	7	56	<ul style="list-style-type: none"> University Executive's responsibilities have been clarified and organisation chart published Written policies and procedures and guidelines approved, published and disseminated and monitored by the University 	30%	39 (39)	President, University Executive

Area	Page No	Risk	Gross Risk			Mitigating Actions	% Reduction	Residual Risk	Primary Responsibility
			Severity	Probability	Raw				
						<ul style="list-style-type: none"> Internal Communications Plan in place including publication of Governing Authority decisions on University Web. Supports provided for newly appointed Heads of Departments 			
Financial Risk	16	Risk of Breaching Procurement Policies	8	7	56	<ul style="list-style-type: none"> Ongoing communication of Maynooth University procurement policies with budget holders ?? Capital project procurement line responsibility assigned to UE member. Frequent reference to legal views on procurement issues Development of relationships with Purchasing Officers in Ireland and UK Use of specialist legal advice Growing participation in collaborative procurements with OGP and EPS. Growing availability of centrally procured categories of service and supply Internal audit examines an element of procurement on an annual basis. Internal contracts manager with specified responsibilities being appointed on all new procurement contracts since 2011 with decision to appoint named individual being taken at UE. 	30%	39(39)	Bursar University Executive

ADDITIONS IN 2017

Area	Page No	Risk	Gross Risk			Mitigating Actions	% Reduction	Residual Risk	Primary Responsibility
			Severity	Probability	Raw				
ICT	34	Risk of Business interruption or financial loss due to the business failure of a key supplier	7	7	49	<ul style="list-style-type: none"> Financial reviews during supplier selection Best practice contract management practices including performance reviews and security reviews 	20%	38	CIO Director of IT Services Campus Services and CPD I.T. Management Steering Committee Data protection officer
Research	42	Risk of inadequate insurance for research (Clinical Trials)	8	8	64	<ul style="list-style-type: none"> Director of Research overviews Medical/Clinical research subject to review by Ethics Committee 	80%	13	VP for Research Dean of Graduate Studies Director of Research Development Director of Commercialisation Directors of Research Institutes.

REMOVALS IN 2017

Area	Page No	Risk	Gross Risk			Mitigating Actions	% Reduction	Residual Risk 2015	Primary Responsibility
			Severity	Probability	Raw				
Human Resources		Ongoing ECF restrictions on University Headcount and Pay policy	7	6	42	<ul style="list-style-type: none"> Annual Staff planning process takes place. Key posts identified and priority given for recruiting to same. Advertise key strategic posts on a permanent or five year contract basis to attract high calibre candidates. Occasional Pay kept under review 	40%	25	Director of Human Resources Heads of Departments and Services UE oversight
Health & Safety		Risks related to the Swimming Pool	9	5	45	<ul style="list-style-type: none"> Various (Pool closed in 2015) 	40%	27	University Executive University Health and Safety Officer University Health and Safety Sub-Committee

STRATEGY

Gross Risk					Residual Risk		
Main Risk	Examples	S (1-9)	P (1-9)	Raw Risk	Risk Management Tools in Use	% Reduction	Residual Risk 2013 in ()
<ul style="list-style-type: none"> • University is unsuccessful in achieving its strategic objectives 	<ul style="list-style-type: none"> • Risk that the University fails to identify and communicate its unique position and focus to the State, staff, students and research community • Risk that University strategic plan forces change at a pace with which the organisation cannot cope • Risk that University strategic objectives are not communicated or understood throughout the University. • Risk that the University fails to manage the specific risks associated with entry into new area of academic or research activities • Risk of University failing to control and measure the costs and timelines of implementing the recommendations of the strategic plan • Risk that University Strategic Plan is not supported by review of decision-making structures and by department and unit plans. • Risk that resources are not allocated in a way which fully supports the achievement of strategic objectives (e.g. Capital Development Plan) 	7	4	28	<ul style="list-style-type: none"> • The University has followed an inclusive strategic planning process including staff, students, alumni and other stakeholders • Governing Authority takes responsibility for the development and implementation of the Strategic Plan with comprehensive KPI Framework agreed in 2014. • Regular engagement with HEA and Dept. of Education and Skills • The achievement of the objectives of the strategic plan are monitored on an ongoing basis • Key responsibilities for implementation of strategic plan are allocated to the University Executive • University actively pursuing opportunities for strategic collaboration within HE sector and already formalised relationships with 3U, AIT, SPCM, KDSC and U-iversity. • Froebel integration Group established • UE have agreed and assigned responsibility for key enabling projects. • Loan agreement with EIB to provide matching resources for key enabling projects • University Update for all staff at regular intervals 	60%	11 (11)

<ul style="list-style-type: none"> • Maynooth University fails to compete effectively with other Institutions for students. 	<ul style="list-style-type: none"> • Risk that Maynooth University fails to recognise all sources of competition for students (e.g. Competition from IoTs, FE colleges and other universities, including possible technological universities). • Risk that courses at other institutions will be considered more 'attractive' than some Maynooth University courses • Risk that national priorities change during the course of the strategic plan 	6	4	24	<ul style="list-style-type: none"> • Ongoing Quality Review of Academic Departments and Programmes • Development of new courses is carefully managed • Communications campaigns in place to reinforce University's position • Effective campaigns by Admissions Office & Access Office • Effective consultations with 3U Partners and cluster institutions 	50%	12 (15)
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<p>University fails to properly plan for and manage growth and change</p>	<ul style="list-style-type: none"> • Risk that University's capacity to absorb growth in student and staff numbers is not in line with actual growth. • Risk that numbers of students being admitted may fall due to changes in funding and economic climate (particularly postgraduates). • Risk that staff movements will not be managed strategically • Risk that planning and funding of capacity expansion lags demand • Risk that University's strategic management resources are spread too thinly or overly focussed on operational issues • Reputational Risk if University's facilities fall below expectations of students and staff • Risk that staffing levels and staff movements will not be managed • Risk that University doesn't have change management expertise • Risk that there will not be sufficient accommodation in the Maynooth area to facilitate student numbers • Risk that there will be pressure on resources right across the University due to increased diversity in the student body • Risk that data collection and reporting systems are not adequate and fail to support effective planning • Risk of a lack of Accessibility of campus and commuting infrastructure 	8	4	32	<ul style="list-style-type: none"> • Responsibilities set for University Executive • Strategic Plan 2012-2017 in place • Enrolment projects are used to inform Campus Masterplan. • Loan agreement entered into with EIB • HEA Compact on enrolment and performance to 2016 • Revised Internal model for resource allocation refocused on Strategic Plan • Teaching and Learning Committee considers student intake and admissions policy for Academic Council as appropriate • Preparation of enrolment projections and related financial scenarios • Admissions Office leading recruitment campaign supported by focussed advertising • New compact between University/Departments/Faculties to plan student intake at sustainable levels • Post graduate recruitment plans developed by each department and some supports provided by the university. • Additional part-time study options provided at post-graduate level. • Additional Apartments are available and on-going marketing and advertising is done with property owners in the Maynooth and surrounding areas. • Roll out of Mental Health Awareness Training for Staff and Students • Medium term infrastructure plan completed in January 2017 	45%	17(19)
<p>Risk Contributing Factors</p> <ul style="list-style-type: none"> • Timing of notification of Recurrent Grant hinders planning and is an ongoing problem • Uncertainty regarding the potential implications of reorganisation following the Higher Education Landscape Review – particularly Leinster 1 and Leinster 2 and effect of the status for DIT/ITB/ITT. 							

Possible Further Risk Management Tools:

- Prepare a financial sustainability plan for the next five years (under development)
- The communication of uniqueness to all stakeholders – the plan should be readdressed to consider this item
- Plan to further develop additional sources of revenue to reduce dependence on state funds
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Primary Responsibility for Risk Management in this area:

- President
- University Executive
- Governing Authority/Committees
- Academic Council/Committees
- Department Heads

GOVERNANCE AND ORGANISATION STRUCTURE

Gross Risk					Residual Risk		
Main Risk	Examples	S (1-9)	P (1-9)	Raw Risk	Risk Management Tools in Use	% Reduction	Residual Risk 2013 in ()
<ul style="list-style-type: none"> • Risk that there is a failure of oversight 	<ul style="list-style-type: none"> • Risk that Governing Authority does not have the skills, ability or willingness to properly discharge its' responsibilities • Risk that Governing Authority members may not fully appreciate their role • Risk that Governing Authority Committee structure is irrelevant to the day to day activity of the university. 	7	4	28	<ul style="list-style-type: none"> • Ongoing training provided to Governing Authority • Code of Corporate Governance adopted • Sub-Committees of Governing Authority with clear Terms of Reference revised early 2016 • Statement of Corporate Governance published annually • Risk Register updated regularly • Codes of Conduct for GA members and Staff have been adopted • University contributing to sectoral Governance initiatives • Independent Chairperson of Governing Authority and its critical Audit and Risk Assessment Committee • Review of the Effectiveness of Governing Authority carried out in 2014. 	40%	17 (22)
<ul style="list-style-type: none"> • Risk that organisational structure fails to support effective and efficient implementation of decisions and/or policies 	<ul style="list-style-type: none"> • Risk that levels of responsibility associated with some positions becomes unsustainable and inhibit implementation of decisions. • Risk that offices containing support functions (such as Procurement, Estates Teams, Human Resource, H&S) do not have resources to monitor that University policy is implemented. • Inadequate communication practices may lead to institutional sub-optimal outcomes • Risk that Policies and Procedures might be breached by University Staff who may be unaware of those Policies and Procedures 	8	7	56	<ul style="list-style-type: none"> • University Executive's responsibilities have been clarified and organisation chart published • Written policies and procedures and guidelines approved, published and disseminated and monitored by the University • Internal Communications Plan in place including publication of Governing Authority decisions on University Web. • Supports provided for newly appointed Heads of Departments including Heads of Department Forum. • Information for staff at induction on University Policies 	30%	39 (39)

Risk Contributing Factors

- The existence of two statutory bodies is unique to this sector
- Increased regulatory climate impacts on third-level sector
- University must achieve a balance between collegiality and efficient management
- Changes to governance norms need to be monitored and adopted
- Governance rules being created 'ad-hoc' by collective agreements with Public Sector Unions and by unsolicited circulars and letters from central government
- Significant turnover of staff due to retirements and other departures
- Policy delays at UE level

Possible Further Risk Management Tools:

- Further review of University Management structure and allocation of responsibilities and documentation of same to ensure responsibilities and risks are allocated to the most relevant position
- Staffing of Procurement, Estates and H&S under review
- Recruitment of VP for Estates and Capital Projects underway.

Primary Responsibility for Risk Management in this area:

- President
- University Executive
- Governing Authority
- Academic Council
- Heads of Departments and Services

FINANCIAL RISK

Gross Risk					Residual Risk		
Main Risk	Examples	S (1-9)	P (1-9)	Raw Risk	Risk Management Tools in Use	% Reduction	Residual Risk 2013 in ()
<ul style="list-style-type: none"> • Risk that University has insufficient financial resources to support achievement of strategic objectives 	<ul style="list-style-type: none"> • Risk that the HEA will propose a new funding model which is less favourable than current model to Maynooth University. • Risk that HEA funding is decreased at a rate which exceeds the university's ability to correct expenditure. • Risk that the funding required to achieve the strategic goals set down in the Strategic Plan 2012-2017 may not materialise. • Risk of drop in income from self-financing part-time courses • Risk that research overheads will decline further as a result of a falloff in funded research and be unable to meet the embedded costs previously met from ROs • Risk that the ESF Student Assistance Fund & Fund for Students with Disabilities is reduced • Risk that the increasing numbers of students admitted under the HEAR and DARE programmes cannot be financially resourced • Risk that changes to the free fee scheme and the re-introduction of two moiety payments for student contribution will lead to an increase in the level of bad debts experienced. • Risk that changes to the Postgraduate maintenance grants will lead to a fall-off in postgraduate student numbers and hence loss of income to the university and/or increasing postgraduate fee bad debt. • Risk that student numbers will not be admitted as the required numbers for any reason. • Risk of increased market pricing for capital projects 	8	7	56	<ul style="list-style-type: none"> • Further diversification of income sources being examined. • RGAM equilibrium has been reached • Case must be made to HEA for appropriate performance matrix and effect on recurrent funding. • Clear UE focus on specific responsibility areas ensuring best possible submissions to funding agencies. • Documented policies and procedures over income and expenditure • Use of external and internal auditors • Focus, under VPR, on research diversification and increased drawdown from SFI and EU H2020. • Adherence to HEA guidelines on accounts and borrowings • C&AG reviews and audit controls • Experienced finance staff • Relationship building with HEA, DES, DOF and other agencies • Regular Finance /Business Unit review • Shared UE decision-making about long-term financial commitments. • Long term planning being carried out • Upgraded student assistant programme including postgraduate bursaries. • EIB loan in place. • Appointment of fundraising consultants 	20%	45 (39)

<ul style="list-style-type: none"> • Risk of allocating resources in a fashion that is contrary to strategic objectives or the maximisation of resources 	<ul style="list-style-type: none"> • Risk of courses being set up and funded from non-recurring income streams which may eventually cease. • Risk that resources will be spent in an ineffective manner • Risk, if the Finance office is not informed of planned course development or expansion in a timely fashion to allow for inclusion in budgetary plans • Risk if departments with higher student numbers or significant research budgets may receive additional funding, irrespective of their strategic focus • Risk of inability to retire resources from areas of reduced importance at a pace demanded by good governance. • Risk that the resource allocation mechanism used in the university will prove inflexible in responding to strategic changes in core funding due to high salary content • Risk that one department will create a course and take students (and resources) from another. 	6	6	36	<ul style="list-style-type: none"> • Resource Allocation Model which recognises how income is earned and the strategic intent of the university being implemented. • Creation of a “President’s Fund” (including new posts) for the implementation of strategic intent • Increased use of non-financial Key Performance Indicators • Existence of strategic dialogue with the HEA, requiring focus on strategic intent. • President reports regularly to the Governing Authority on the key initiatives underway • Academic Programme Committee of Academic Council ensuring new courses have merit and add to university offerings. 	20%	29 (29)
<ul style="list-style-type: none"> • Risk of exceeding budget 	<ul style="list-style-type: none"> • Risk of overspend due to lack of “accruals/commitment” based procurement system. • Risk of research grants running-out before research contracts are expired and the University must fund shortfalls. • Risk of underspend on research grant leading to loss of overheads • Risk that individual Budget Holders may not take responsibility for budget (or feel that they have no effective control). • Failure to assess the full economic cost of research, and to grow research activity in unsustainable ways • Risk of overpaying some individuals or charging costs to the recurrent budget rather than ‘special items’ due to lack of communication or lack of understanding of emerging initiatives. • Financial Risk involved with segregation of duties in Payment Office • Property maintenance budget does not allow for building care or new building maintenance increases 	8	7	56	<ul style="list-style-type: none"> • New budget control reports agreed in 2016/17 • Regular analysis of actual Vs projected budget for big spenders • Reviews of spending with some department heads (including forward projections) • Daily circulation of spending data to budget holders including PIs • Improved financial feedback to PI from new financial information system • Constant challenging of budget holders • Building Services Engineer appointed to focus on energy costs • Payment sign-off procedures in place • Regular reporting of budgetary position to Governing Authority 	25%	42 (45)

					<ul style="list-style-type: none"> FEC data available 		
<ul style="list-style-type: none"> Risk of breaching Procurement policies 	<ul style="list-style-type: none"> Risk that budget holders enter into illegal contracts or inaccurately assess total cost commitments to the University Risk that budget holders expend funds under research schemes without acknowledging the advertising requirements of the funding agency. Risk that budget holders expend funds by personal expenses route to evade the need to seek quotations / avoid contract. Risk that budget holders put the university at risk by entering into contracts / agreements with third parties that do not have adequate insurance or HSW requirements in place. Risk that contracts are not signed off at management level. Risk that budget holders “roll-over” or extend contracts / framework agreements outside of legally allowable time-frames. Risk that responsibility for monitoring of contracts is not clearly identified and implemented Risk that third parties may become involved in University contracts without adequate assessment Risk that contracts are passed on to new companies after company failures / take-overs without a competitive process. Risk of censure due to failure to implement elements of Dept of Finance Procurement Framework/Procurement circulars Risk that University may incur significant fines through breaches in procurement directives or Treaty principals Risk that Procurement Office is not informed of planned procurements in a timely manner to allow for adequate resource allocation or procurement of the requirement under legally binding time-frames Risk that the Procurement Office do not have the skills necessary to support the various types of procurement taking place 	8	7	56	<ul style="list-style-type: none"> Ongoing communication of Maynooth University procurement policies with budget holders Advertising and financial compliance now highlighted to PI by research administration office with additional training at award kick-off meetings Capital project procurement line responsibility assigned to UE member. Frequent reference to legal views on procurement issues Development of relationships with Purchasing Officers in Ireland and UK Use of specialist legal advice Growing participation in collaborative procurements with OGP and EPS. Growing availability of centrally procured categories of service and supply Internal audit examines an element of procurement on an annual basis. Internal contracts manager with specified responsibilities being appointed on all new procurement contracts since 2011 with decision to appoint named individual being taken at UE. 	30%	39 (39)

<ul style="list-style-type: none"> • Risks stemming from poor controls 	<ul style="list-style-type: none"> • Risk of non-collection of fee revenue. • Risk of error. • Other risks identified in Audit Reports. • Non-compliance with tax regulations/rules. • Non-compliance with EU guidelines including publicity. • Risk of overspends on capital projects. • Risk that related entities such as Maynooth Campus Conference and Accommodation, MSU or campus companies might incur deficits unknown to the university 	5	7	35	<ul style="list-style-type: none"> • Recommendations following Audit Report being implemented and monitored by internal audit. • Implemented policies and training in tax compliance • Tax consultants engaged. • EU guidelines circulated to staff • Expenditure control policies adopted, training provided and available to all on web. • All capital projects meet capital project guidelines and all contracts are fixed price contracts. • Regular meetings with SPCM and MSU re related entities. 	50%	18 (18)
<ul style="list-style-type: none"> • Risk of Under Insurance 	<ul style="list-style-type: none"> • Risk that the University has inadequate insurances • Risk that staff undertake activity with insurance requirements without University oversight • Risk that Buildings are inadequately insured • Risk arising from cyber-attack or fraud 	7	6	42	<ul style="list-style-type: none"> • Member of Intervarsity Insurance Group • Appointment of professional insurance brokers to advise the University on Insurance matters • RDO monitor research applications for insurance issues • Annual review of values by Campus Planning and Development Officer. • New buildings added to Insurance Register on completion. • New insurance products and risks reviewed on annual basis. 	40%	25 (17)
<ul style="list-style-type: none"> • Risk of loss due to Financial Fraud 	<ul style="list-style-type: none"> • Risk that employees, either working alone or in collaboration between two or more employees, use university resources for personal gain. • Risk that an external party targets Maynooth University resources for personal gain. 	5	9	45	<ul style="list-style-type: none"> • System of Internal Financial Control. • Systematic expenditure reviews re-established. • Clear management structures established by University Executive throughout the organisation. • Internal Audit Programme. 	25%	34 (39)

Risk Contributing Factors

- Government funding (not keeping pace with needs, student growth or space added) cuts creating funding issues.
- Research Funding agencies providing inadequate overheads payments.
- No automated purchase order processing system.
- No purchase codes available for reporting purposes.
- Over emphasis on financial data without a clear understanding of underlying cost drivers.
- Changed legislative structure governing procurement and increased awareness among unsuccessful vendors of rights of remedy.
- Inappropriate demands of funding bodies regarding timing of expenditure.
- Revenue guidelines and regulations adding complexity to tax compliance.
- National changes to procurement structures including OGP and EPS

Possible Further Risk Management Tools:

- Cost / benefit analysis of strategic plan initiatives and prioritisation on this basis (further development)
- Negotiations with Funding Agencies for higher Overhead percentages (through IUA).
- Explore option of making Procurement Training mandatory for budget holders and technicians/administrators as recommended in Quality Review of Bursar's Office – this would mirror the requirements for employment assessment
- Review object codes with a view to tracking expenditure by procurement codes to enable reporting requirement of DOF to be addressed
- Development of a related entities policy.
- Be ambitious in negotiations with staff in seeking greater efficiencies and cost savings (context of PSA 2010)
- Further documentation and communication of financial/procurement procedures

Primary Responsibility for Risk Management in this area:

- President
- Bursar
- Director of Human Resources
- UE
- Compliance and Procurement Officer
- Audit & Risk Assessment Committee

HUMAN RESOURCES AND STAFF ISSUES

Gross Risk					Residual Risk		
Main Risk	Examples	S (1-9)	P (1-9)	Raw Risk	Risk Management Tools in Use	% Reduction	Residual Risk 2013 in ()
Risk of employment legislation claims against the university due to lack of clarity on HR policies and procedures and appropriate support being given to senior people responsible for Staff.	<ul style="list-style-type: none"> • Risk of inconsistency in implementing/interpreting HR policies and procedures. • Risk of misinterpretation of policy and procedure being made. • Increase in risk of external employment legislation claims. • Non-compliance with immigration requirement in recruitment process • Non-Compliance with staff Garda Vetting requirements under the new requirements 	7	6	42	<ul style="list-style-type: none"> • Senior Staff inducted in key HR policies and procedures. • Campus Mediation services re-launched in 2011. • Ongoing contact between Director of HR and Heads of Departments to surface emerging contract issues and problem areas. • Engagement of legal advice early where disputes arise • Ongoing revision/updating of all HR Policies to a standard template to deliver a robust Policy, Procedures and Process Framework for the University including Garda Vetting • Introduction of LEAD on-line training. 	30%	30 (30)
Risk associated with Occasional Employment	<ul style="list-style-type: none"> • Risk of co-employment between occasional/fixed term/permanent employees • Risk of staff moving from contract to occasional arrangements for brief periods (normally pending funding) with loss of pension for the period and other benefits, holidays etc. • Risk of identifying correct employment history due to nature of engagements – no HR involvement in occasional arrangements. • Risk of terminating a substantive employment relationship, whilst occasional arrangements continue. 	8	8	64	<ul style="list-style-type: none"> • Formal policy and guidelines issued on occasional arrangements for Heads of Department • Ongoing contact between Director of HR and Heads of Departments to surface emerging contract issues and problem areas. • Ongoing work on CoreHR upgrade • Regular checking by Finance of bank account details against payroll files to identify multiple payments to one bank account. • Review carried out in Academic Departments and a small number of staff regularised 	40%	39 (39)

Risk of breaching employer obligations under employment legislation and public sector policy	<ul style="list-style-type: none"> • Risk of being unable to exit Contracts of Indefinite duration due to Public Sector Agreement. • Risk of impacting on the positive morale created by Strategic Plan and related initiatives. • Risk associated with directive to CID in national agreements vs legislation 	4	6	24	<ul style="list-style-type: none"> • Continue with strategy of local implementation plan for local efficiencies and be guided at Sector level on Sectoral issues. • Continue with positive engagement with third parties through partnership and individual cases. • Rejoined IBEC for HR support in 2012. • Experienced Staff in HR 	20%	19 (19)
Risk of financial exposure due to Contracts of Indefinite duration	<ul style="list-style-type: none"> • Risk of postdoctoral researchers and other research staff becoming entitled to CIDs with no HR management process in place. • Financial burden of CIDs being unsustainable • Risk of legal action setting precedent for all contract staff. 	8	6	48	<ul style="list-style-type: none"> • Postdoctoral research charter and recruitment protocol in place. • Process in place with HR to review researcher contracts • A Researcher career framework in place. 	35%	31 (34)

Risk Contributing Factors:

- Application of Lansdowne Agreement and Haddington Road Agreement
- Government Pay policy
- State of development of the HR function – staff, processes, IT systems
- New division of duties between HR & Payroll on Upgrade to CoreHR V21. (Additional HR Responsibilities)
- Exposure of function to claims from the public, especially in the area of recruitment

Possible Further Risk Management Tools:

- Revision of all HR policies to a standard template with a robust policy, procedures and process framework implemented on behalf of the university.
- Develop a HR strategy focusing on the following:
- A HR Operating Model to provide a professional service to all university staff.
- An engagement model between HR and university staff to ensure support and advice is being given pro-actively
- Migration of basic HR processes and functions to IT enabled facilities.
- Update the Contract Staff Appointment Form to seek confirmation from Heads of the known employment history of staff being offered contracts.
- Update the Personnel on Line Form to ask the question for 'new' employees.

Primary Responsibility for Risk Management in this area:

- Director of Human Resources
- All Heads of Departments and Services
- UE oversight

HEALTH AND SAFETY

Gross Risk					Residual Risk		
Main Risk	Examples	S (1-9)	P (1-9)	Raw Risk	Risk Management Tools in Use	% Reduction	Residual Risk 2013 in ()
<ul style="list-style-type: none"> • Risk relating to Fire, Explosion, and adverse weather conditions 	<ul style="list-style-type: none"> • Risk of injury to staff, students, damage to property & contents due to fire or explosion • Risk of injury due to some older buildings (particularly some pre-fabricated units) being in poor condition • Risk of injury to staff and students, damage to buildings and contents and risk of disruption to business of University due to adverse weather conditions (including flooding). • Risk that personal emergency evacuation plans are not in place for staff and students with disabilities 			9 8 72	<ul style="list-style-type: none"> • University Health and Safety Sub-Committee meet regularly • Clearly documented and communicated University Safety Policy Statement, Departmental Safety Statements audited on regular basis, under review reissue 2016 • Department Guidelines for staff and students on avoidance of risk are in place • Health and Safety Office information on website • Pre fire planning programme ongoing • Maintenance programmes in place • Training in place • Gas installations (Callan Building) updated summer 2015 • Upgrade detection for lab gasses installed • Emergency file developed for every building on campus (major component of the emergency response planning) • Liaison with Estates teams on preventative maintenance programme. • Regular Health and Safety Training in key areas, fire safety, fire wardens, safe pass, chemical risk assessment, first aid by Health and Safety Officer and trained staff in buildings. • All fire alarm systems are inspected in accordance with current standards – quarterly and annually Natural gas systems in boiler rooms and residential areas inspected and certified annually • Gas proving systems maintained in accordance with current standards • Gas proving systems installed on new installations and being retrofitted on others. Gas alarms interlocked with automatic slam shuts on new installations. • Programme to eliminate gas cylinders in unauthorised areas in Science Departments commenced 2010 and ongoing • Specialist laboratory gases pipelines and regulators are inspected and certified regularly • Gas detection systems maintained where fitted • Steam boilers and pressure vessels inspected at statutory intervals, steam boiler use reduced • Comprehensive buildings insurance programme in place. • Regular maintenance carried out on older buildings, including M&E and heating • Plan for and deal with adverse weather conditions in place • New procedures to control contractors working on site drafted. 	40%	43 (45)

<ul style="list-style-type: none"> • Risks relating to dangers linked to hazardous substances 	<ul style="list-style-type: none"> • Risk of physical injury in a teaching/research laboratory due to an accident associated with handling dangerous chemicals or biological agents, including carcinogens, mutagens, teratogens, etc. • Risk of contamination of University from hazardous substances (including GMOs), either during use or in storage • Potential health risks to staff, students and contractors due to accidental exposure to asbestos/chemicals. 	8	5	40	<ul style="list-style-type: none"> • Radiological Safety Officer • Radiation Protection Advisor • All radioactive sources licensed by EPA • Security Review carried out by Gardai in conjunction with the RPII • Intervention Plan for radioactive sources updated in September 2015 • Radon measurements carried out on both campuses • Disposal of obsolete radiation sources as needs arise • Strict Radiological Control Policy • Instruction and training of staff and students is mandatory • Regular liaison with Fire Brigade and Garda Síochána drill 2016 • Annual validation of Class II Biological Safety Cabinets and waste autoclaves • Statutory inspection of autoclaves by insurance company • Biosafety and biological risk assessment training provided internally by Biology Department • Departmental Policy & Procedures frequently reviewed and communicated • Chemical agent risk assessment carried out in Science Departments on an ongoing basis, subject to regular review • Internal Chemistry Department Annual Safety Audit, quarterly inspections and regular spot checks • Internal bi-monthly Biology Department Safety Audit • Regular disposal of waste chemicals in all Science Departments • Biological Safety Committee and Biological Safety Officer for GMOs in place • Biosafety and biological risk assessment training provided internally by Biology Department • Biological agent risk assessment completed • Ongoing programme of asbestos removal from older buildings; Register in place (Share drive being implemented) • Chemistry department safety committee • Biology Department Safety Committee • Segregated storage of chemicals in chemical Stores Chemistry 	45%	22 (22)
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<ul style="list-style-type: none"> • Risks relating to fieldwork and off campus assignments 	<ul style="list-style-type: none"> • Personal injury and/or loss of or damage to equipment when students and or staff are engaged on off-campus research • Personal injury, illness, or death of students or staff studying or teaching abroad 	9	6	54	<ul style="list-style-type: none"> • Guidelines on fieldtrips included in model safety statement • Fieldwork Risk Assessment training provided for research personnel and those responsible for undergraduate field trips in Biology Department • Advice on lone working is addressed in model safety statement. • University Travel Policy in place for staff, postgraduate students and undergraduate students participating in fieldwork abroad as part of their course requirements. • Insurance in Place 	40%	32 (32)
<ul style="list-style-type: none"> • Risk relating to older buildings which do not conform to modern safety standards 	<ul style="list-style-type: none"> • Risk due to poor access for disabled staff/students • Risk due to limited means of escape from older multi-storey buildings • Risk due to lack of safe access for maintenance staff/contractors • Risk due to poor fire separation • Risk of structural weaknesses • Risk of overcrowding • Risk due to absence of accessibility audit of University campus • Risk associated with timing of South Campus lease renewal 	8	7	56	<ul style="list-style-type: none"> • Upgrading of older buildings on an ongoing basis to ensure compliance with safety requirements • Fire risk assessments underway in all University buildings • Close relationship between H & S and Estates team • External specialist engaged to review structural risks • Actions taken to mitigate such risks • Initiatives to reduce weight loadings in older buildings taken on safety guidelines issues review • Upgrading of stone stairways underway on phased basis <p>Accessibility Audit Complete and Findings being considered</p>	30%	39 (32)

<ul style="list-style-type: none"> • Risk of injury to a member of staff, student or the public on campus 	<ul style="list-style-type: none"> • Risk to all persons on campus from falling trees, particularly on the south campus where the tree age profile is much older • Risk of injury from use of laboratory equipment • Risk that access for emergency vehicles onto campus may be impeded • Risk of serious pedestrian injury in traffic accident on campus. • Risk to visitors not complying with H&S regulations in laboratory areas 	7	4	28	<ul style="list-style-type: none"> • Regular tree condition surveys carried out by Grounds Supervisor and external consultants. • Regular liaison with safety office • Notices in place at all entrances on Campus Regulations • Supervision of undergraduate students in labs • Traffic Management Policy in place • Close liaison with traffic management team • Regular reporting of accidents to the Health & Safety Committee with corrective action where appropriate to prevent reoccurrence. • Access control to some laboratories in place • Updated Safety Guide to Laser Use 	60%	11 (14)
<ul style="list-style-type: none"> • Risks relating to work carried out on University property by external contractors 	<ul style="list-style-type: none"> • Risk that personnel may be injured by high risk activities e.g. work at heights, entry into confined spaces, work on electrical services, work on diverting essential services • Risk that University property is not maintained to proper standards • Risk that unauthorised work is undertaken by unapproved personnel. 	7	7	49	<ul style="list-style-type: none"> • University has list of approved and insured contractors • Up-to-date building safety file maintained by Campus Planning & Development Offices • Liaison with safety office and security staff • Regular inspections of building maintenance works • Selection and appointment of Contractors by Estates team., Review of all construction projects to include insurance verification in place • Annual review of insurance programme • Method Statements required for all high risk activities • Permit to Work systems developed for high risk activities, Electrical, Work at Heights, confined Spaces, Excavations and Hot Works • Contractor site rules drafted • Oversight of external contractors added to Health & Safety Sub-Committee Terms of Reference 	40%	29 (29)

<ul style="list-style-type: none"> • Risks relating to catering 	<ul style="list-style-type: none"> • Poor Food Hygiene • Lack of Alergan information • Reputational risk 	4	4	16	<ul style="list-style-type: none"> • Appointment of approved external catering companies • Regular liaison with Environmental Health Officer • Only approved suppliers used • All external catering contractors providing food on Campus must be registered with the Health Board and provide the University with confirmation of insurance covers. 	50%	8 (8)
<ul style="list-style-type: none"> • Risks relating to students, other persons residing in campus accommodation 	<ul style="list-style-type: none"> • Risk of serious injury in the event of fire, gas explosion, lift failure • Risk due to violence – break-ins • Risk of reputational damage to University due to anti-social behaviour on campus (e.g. impact on planning applications) • Risk to students with disability where the fire alarm fails to alert them • Risk to students with physical disabilities who need emergency evacuation • Use of former boiler rooms/store rooms as additional unofficial rooms in residences • MCCA activities • Welfare issues including mental health 	9	6	54	<ul style="list-style-type: none"> • Fire Management programme in place • Fire evacuation procedures located prominently in every apartment • Fire drills undertaken at regular intervals • Annual inspection of gas systems/heating boilers • Individual domestic gas boilers replaced with commercial boiler rooms serving blocks which allow greater controls and safety features • Former boiler rooms locked and on a separate key that residents don't have access to. • Statutory/regular inspections of lifts • Security on campus 24hrs • CC TV cameras ongoing upgrade • E-Induction programme for all new students in residence includes a briefing on fire safety, security and on Disciplinary Code • Licence state the responsibilities of residents • Liaison with Conference Office during conference period • . • Residence Officer, Hall Supervisor, Residence Assistants in place with 24 hour on-call service in operation • Regular contact with neighbouring Residents' Associations • Residence Assistants informed of people with Disability • Door locks upgraded • Deaf alerts available for fire alarm • New gate at Moyglare Entrance in 2016/17. 	35%	35 (35)

<ul style="list-style-type: none"> • Risk of injury to children in the University Crèche 	<ul style="list-style-type: none"> • Risk to children being cross infected with serious illnesses e.g. meningitis, mumps etc. • Risk that children might not be adequately protected 	7	4	28	<ul style="list-style-type: none"> • Child Protection Policy in place • Regular liaison with the Health Service Executive to ensure compliance with current regulations and standards • Heating/Control of hot water • Employment of qualified staff • Garda Vetting procedures in place • Safety statement in place • Regular inspection by external regulatory agencies with actions followed up by internal staff • Annual review by H&S Officer with Crèche Manager • Ongoing training programme in place 	35%	18 (18)
<ul style="list-style-type: none"> • Risk of inadequate child/staff ratio in the University Crèche [as set out in Childcare (Pre-School Services) (No. 2) Regulations 2006] 	<ul style="list-style-type: none"> • Risk of non-compliance with Regulation 8 (Management and Staffing) due to staff absenteeism 	5	5	25	<ul style="list-style-type: none"> • The Crèche has established a panel of relief staff who are on call 	65%	9 (9)

Risk Contributing Factors:

- Openness of University Residential environment

Possible Further Risk Management Tools:

- More frequent Safety Audits and Safety Inspections and ongoing communication with H&S staff at department level
- Implement a training programme for departmental safety auditors in “Auditing and Safety Inspections”
- Continued development of University Safety Policy, long term strategy, and safety documents such as leaflets, guidance and Codes of Practice.
- Extend use of CCTV systems and access control systems to buildings
- Major Emergency Plan to be adopted.
- Health Surveillance to be addressed by University.
- Develop procedures to ensure Health & Safety of Staff and Students undertaking off campus field work including international travel needs to be tightened up with Departments
- Fieldwork Policy to be prepared
- Campus Built Environment Accessibility Action plan to be developed.
- Accessibility audit to be completed.
- Protocols to be developed to supports students experiencing significant mental health issues.
- Plan to review buildings maintenance resources
- Panic buttons installed as appropriate
- Region-specific health and safety guidelines for and students spending extended periods abroad. (Student emergency file)
- Strategy for Evacuation of Disabled Persons under preparation with Access Office (PEEPs)
- Accessibility audit related to “2022 Regulations Disability Access to Buildings” Underway

Primary Responsibility for Risk Management in this area:

- University Executive
- University Health and Safety Officer
- University Health and Safety Committee
- Director of Access
- Director of Human Resources

SECURITY

Gross Risk					Residual Risk		
Main Risk	Examples	S (1-9)	P (1-9)	Raw Risk	Risk Management Tools in Use	% Reduction	Residual Risk 2013 in ()
<ul style="list-style-type: none"> • University property is damaged, stolen or accessed by unauthorised persons. 	<ul style="list-style-type: none"> • Risk that criminal damage is inflicted on property • Risk of loss of computers or other devices with sensitive data • Risk of assault • Risk of theft of property 	5	5	25	<ul style="list-style-type: none"> • University has a Head of Security, Deputy Head of Security & 16 Security Officers (including ManGuard) • Greatly reduced cash management procedures in place including MyCard • Close ongoing liaison between Security and Health & Safety/ Campus Services • Student residence supervisory team on campus at all times • A comprehensive security system has been installed in a number of buildings • Cash reduction procedures and additional security measures are in place to minimise the risks of theft and the exposure of staff to the consequences of violent crime. • Public lighting has been improved. • University employs specialist advice regarding the safeguarding of priceless artefacts • Information campaigns and regular close liaison with Students' Union and Student Services • Programme of upgrade of Access Control systems/CCTV on all buildings on the North Campus well advanced • CCTV has been installed on a portion of the perimeter road and its environs. • Fixed cameras and car registration capturing cameras have been installed at the main entrances to both campuses and at the Moyglare gate entrance • Ongoing review of security to meet developing needs on the campus • All student cards are now on the access control system. • Security staff on campus 24 hours a day • Improved fence erected on east and north sides of North Campus • The removal of all high shrubbery and undergrowth has reduced the ability to loiter and trespass with intent • Insurance in Place 	50%	13 (13)

<ul style="list-style-type: none"> • Risks relating to cash handling 	<ul style="list-style-type: none"> • Risk that staff may be placed in danger due to presence of cash on campus 	6	5	30	<ul style="list-style-type: none"> • Campus Watch is in place. • In house cash transactions dramatically reduced • Fees no longer accepted in cash • MyCard reducing the need for cash 	30%	21 (21)
<ul style="list-style-type: none"> • Risk of serious incident or attack on campus 	<ul style="list-style-type: none"> • Risk that injury or death may occur as a result of an attack on campus 	9	4	36	<ul style="list-style-type: none"> • Close liaison with local and national Garda authorities maintained • Training Plan in place for Security Team • Additional resources deployed for higher risk events • Electronic security system in place 	30%	25 (25)
<ul style="list-style-type: none"> • Security for special events and VIP visits is inadequate 	<ul style="list-style-type: none"> • Damage/injury caused during visits to campus • Reputational risk to University of adverse incidents involving visitors to campus 	7	5	35	<ul style="list-style-type: none"> • Close liaison with local/national Garda authorities • Contingency plans prepared • Procedures relating to student protests agreed in advance with Students' Union executive • Additional security resources deployed as required • Close liaison with relevant University functions regarding visits/events 	35%	23 (23)
Risk Contributing Factors <ul style="list-style-type: none"> • Relatively open nature of campus • Management of multiple access control systems 							
Possible Further Risk Management Tools: <ul style="list-style-type: none"> • Extend use of electronic payment systems on campus & outreach locations • Develop proposals for improved security in apartments complex • The use of body cameras by Security Staff on certain duties • Installation of photographic number plate recognition cameras • Finalise Major Emergency Response Plan 					Primary Responsibility for Risk Management in this area: <ul style="list-style-type: none"> • Head of Security • Director of Campus and Commercial Services • Residence Officer • All Heads of Departments and Services • Health & Safety Officer 		

ICT

Gross Risk					Residual Risk		
Main Risk	Examples	S (1-9)	P (1-9)	Raw Risk	Risk Management Tools in Use	% Reduction	Residual Risk 2013 in ()
Risk of loss of all ICT services / data services	<ul style="list-style-type: none"> • Risk of physical destruction or loss of University Data Centres on the North or South Campus (currently a single point of failure, resulting in the loss of most/all ICT services for a period of ~96 hours • Risk of damage to or partial loss of the University Data Centres, likely to cause serious disruption to some services for ~96 hours due, for example, to fire or flood. • Risk of damage to the fibre backbone in certain crucial locations could result in total loss of the campus network for a short period and more prolonged loss to certain buildings on the North campus. • Risk of serious damage to the John Hume Comms Room would result in a substantial outage on the North campus that could take up to 6 weeks to restore completely. • Risk of loss of internet access for a prolonged period • Risk of cyber threat, for example, a distributed denial-of-service (DDOS) attack. We note an increase in recent months of press reports related to DDOS. • Risk of back-up generators and UPS not functioning in the event of disruption 	8	6	48	<ul style="list-style-type: none"> • The University Data Centres on the North and South Campus have been designed with resilience and failsafe systems, as follows: resilient, redundant power supply, including generator, resilient, redundant cooling, monitored Intruder alarm, FM200 fire suppression system, environment monitoring, rack monitoring and active monitoring of the building by Security Staff outside working hours. • Data backup strategies include the use of offsite storage (HEAnet) and an onsite location that is not in the Data Centres. This ensures that data is available for recovery. <ul style="list-style-type: none"> • The use of a virtual environment for the majority of services will contribute to a speedy restoration of services and along with the recent 2015 investment of replicated storage will facilitate resilience in the future should a Data Centre be lost. • The major upgrade to the campus fibre network in 2011 and 2016 has given us a highly resilient network that is designed to recover quickly from all but the most catastrophic of events. However, until the projected North Campus ring is in place, and resilient connectivity for campus buildings in place, there is still danger to the backbone and to network connections to some north campus buildings • Upgrade to our HEAnet connection during 2011 by replacing both of our existing internet connections in 2011 with two dark fibre connections from UPC on two diverse routes has given us exceptional resilience with the capacity for multiple gigabit connections, potentially at 10Gbps, thus ensuring that loss of our connection to the internet for a prolonged period is virtually eliminated. • HEAnet have an approach to mitigate effects of distributed denial-of-service (DDOS) attacks. Further automated measures are planned by HEAnet. • In co-operation with the CPD Office, careful monitoring of building works, digs and other activities on campus so as to minimise risk of damage to physical IT infrastructure. • High level of competence and experience of repairing physical infrastructure (e.g. ducts, fibre, copper cabling); Good relationships with CPD Office and suppliers who can assist with same. 	20%	38 (43)

<p>Risk of loss of key or critical services</p>	<ul style="list-style-type: none"> • Risk of loss of one or more of the following key services due to events other than those noted above. <ul style="list-style-type: none"> • Key infrastructural services on which most other services depend, such as dns, dhcp, authentication. • Wired and wireless network equipment • Email and calendar services. • Telephone system. • Buildings and security systems. • VLE. • Institutional website. • Student Administration System. • Financial Control System. • Payroll. • Human Resources system. • Library management systems. <p><i>NOTE: The severity of the risk often depends on when the problem occurs.</i></p>	8	8	64	<ul style="list-style-type: none"> • Good governance/oversight of IT Services • IT Management Steering Committee • High level of general I.T. competence, judgement and experience among IT Services Management and Staff • Extensive monitoring, checking and alarm systems are in place • Good security practices in place e.g. • Network Security: firewalls, software and patch updates, sub-netting, vlans and ACLs, network monitoring tools, encrypted transmission of passwords • Systems security: firewalls on servers, only required services running on servers, good 'patching' practices, good administrator password practices, systems monitoring tools, use of secure VPNs for consultants • Physical Security The physical security of the Lyreen House Data Centre on the South Campus has been enhanced by the addition of a more comprehensive alarm system, better door locks, an external fence surrounding the back of the building and security cameras. • Miscellaneous: Good anti-virus and anti-spam practices & tools, practice among users of sharing passwords has been substantially reduced. • Lockable, fireproof safes for storage of backup media • Internal redundancy and resilience in most of the critical servers and associated disk sub-systems. Virtual environment allows rapid restore, where necessary. • Maintenance (4-hour response) contract with Agile Networks Ltd for core and data centre networks. • Excellent general relationships with key hardware suppliers (e.g. Juniper, Agile, Cisco, Dell, HP, PlanNet21) which would be of great assistance in the event of a disaster. • Schedule of maintenance is agreed with Campus Services 	50	32 (6)
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Risk of loss of key or critical services outside University business hours	<ul style="list-style-type: none"> Risk of one or more of the key services noted above being unavailable outside University business hours given that there are no formal on-call/call-out procedures in place to deal with such issues 	8	8	64	<ul style="list-style-type: none"> Maintenance contracts in place with key suppliers, which ensures that parts and engineers are available at the earliest opportunity Extensive systems of monitoring and alarms are in place, ensuring that problems are addressed at the earliest opportunity. Flexibility and commitment of IT Services staff ensures that out of hours' outages are rarely prolonged. 	50%	32 (17)
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Risk of compromise or corruption of data in key ICT systems	<ul style="list-style-type: none"> • Risk of loss, corruption or compromise of underlying data in key systems due to server corruption, and/or inadequate IT security • Illegal access to HR Records including Bank Accounts • Illegal access to Bank Accounts of Finance. 	8	4	32	<ul style="list-style-type: none"> • Risk mitigated by good security practices such as: <ul style="list-style-type: none"> ○ Network Security: sub-netting, vlans and ACLs, network monitoring tools, good 'patching' practices, encrypted transmission of passwords ○ Systems security: firewalls on servers, only required services running on servers, good 'patching' practices, good administrator password practices, systems monitoring tools, use of secure VPNs for consultants ○ Physical Security: The physical security of the Lyreen House data centre on the south campus has been enhanced by the addition of a more comprehensive alarm system, better door locks, an external fence surrounding the back of the building and security cameras. • Miscellaneous: Good anti-virus and anti-spam practices & tools, practice among users of sharing passwords has been substantially reduced. • Increased awareness of security issues among the user population • provision of user awareness training for the in HR & Finance security processes • Security and Process Review and regular Follow Up 	85%	5 (5)
Risk of University IT being used improperly by people either external or internal to the institution	<ul style="list-style-type: none"> • Risk of serious lapses in IT security as a result of some departments operating their own servers or providing their own IT services with inadequate appreciation of security issues including inadequate firewalls, anti-spam or anti-virus or web-related security and without proper monitoring. 	6	7	42	<ul style="list-style-type: none"> • Physical security at several locations, including the South Campus Data Centre at Lyreen House, has been improved • Increased use of the University's Data Centres to host departmental servers. • "PhishinPhyig" attempts monitored and "phishing" sites blocked, where possible, and compromised accounts reset. • Upgrade of physical security in vulnerable buildings 	20%	34 (34)
	<ul style="list-style-type: none"> • Risk of lapses in IT security as a result of location of departmental servers in unsuitable or insecure locations. 	5	6	30		50%	15 (15)

	<ul style="list-style-type: none"> Risk of misuse of University's IT services and/or loss of or compromise of sensitive or highly sensitive data due to user account compromise as a result of "phishing" 	6	7	42	<ul style="list-style-type: none"> Program of encryption of laptops and other mobile devices is underway Availability of MyPassword portal for password reset and enforced complexity levels. Self-service reset available. Increased awareness of security issues among the user population Computer Usage Policy Staff & Student induction University Policies including Disciplinary Policy 	70%	13 (13)
	<ul style="list-style-type: none"> Risk of loss or compromise of sensitive or highly sensitive data due to breach of physical security, particularly older buildings. 	5	7	35		80%	7 (7)
	<ul style="list-style-type: none"> Risk of unauthorised use of unlicensed software giving rise to serious legal consequences for Maynooth University 	7	2	14		25%	10 (10)
	<ul style="list-style-type: none"> Risk of unauthorised access to data and serious breach of data protection legislation 	8	4	32		40%	19 (19)
	<ul style="list-style-type: none"> Risk of loss or leakage of sensitive or highly sensitive data on portable devices such as laptops, disks, PDAs, USB memory sticks etc. 	8	7	56		50%	28 (28)
	<ul style="list-style-type: none"> Risk to University of inappropriate use of computer systems by staff or students 	6	3	18		50%	9 (9)
Risk of Business interruption or financial loss due to the business failure of a key supplier	<ul style="list-style-type: none"> Failure of a managed service e.g. security compromise, supplier ceasing trading 	7	7	49	<ul style="list-style-type: none"> Financial reviews during supplier selection Best practice contract management practices including performance reviews and security reviews 	20%	38
Risk of abuse of Social Media platforms	<ul style="list-style-type: none"> Risk due to lack of visibility of group membership Risk of cyber stalking/bullying/harassment Risk of inappropriate content 	6	8	48	<ul style="list-style-type: none"> Computer Usage Policy in place Code of Conduct for Staff and students in place 	35%	31 (31)

Risk Contributing Factors

- A number of single points of failure exist which need to be addressed, migration of key services to new higher availability infrastructure will commence shortly.
- Dependency of IT Staff with sole expertise in given areas and staffing/resourcing levels of expert knowledge
- Increased use of portable devices such as laptops and mobile devices for accessing and storing sensitive or highly sensitive data
- Ongoing debate on how to achieve a balance between practicality and desirability of locking down desktop IT systems
- Increased level of risk with the trend of Internet of Things (IoT) and connectivity requirements e.g. CCTV, phones.

Possible Further Risk Management Tools:

- Completion of the North Campus fibre ring, eliminating current single point of failure in the John Hume Comms Room.
- Duplication of key infrastructural services, e.g. dns, dhcp, authentication in a separate building when a suitable location becomes available.
- Communicating and enforcing best practice guidelines for sensitive data handling to all personnel
- Ongoing encryption of laptops and other portable devices that are used to store or transport sensitive or highly sensitive data.
- Alternate off-campus location for authentication services
- Improve operational effectiveness and level of resilience for critical campus buildings by implementing network level resilience
- Comprehensive IT Strategy following CIO Appointment
- Review of on call arrangements for IT Services and support staff and Campus Services
- Audits of Managed Service Providers for security levels.
- Implementation of project management methodology for all IT Services
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Primary Responsibility for Risk Management in this area:

- Chief Information and Innovation Officer
- Director of IT Services
- Campus Services and CPD
- I.T. Management Steering Committee
- Data protection officer

TEACHING

Gross Risk					Residual Risk		
Main Risk	Examples	S (1-9)	P (1-9)	Raw Risk	Risk Management Tools in Use	% Reduction	Residual Risk 2013 in ()
<ul style="list-style-type: none"> • Risk that quality of teaching does not reach sufficiently high standard 	<ul style="list-style-type: none"> • Risk that the teaching ability of academic staff is not given sufficient consideration in the recruitment process. • Risk that teaching quality suffers as a consequence of over emphasis on research • Risk that students believe that there is a “failure to teach” and of legal action being taken by students over exam results or appeals. • Risk that teaching is not inclusive and does not address the needs of our diverse student population. • Risk that inadequate resources hinder development of new teaching and assessment methods. • Risk that class sizes and staff-student ratios reduce quality of teaching • Risk that departments take on too much teaching, offer too many modules. • Risk that the ratio of full-time to occasional staff creates issues of teaching quality and administration load • Risk that overcrowding in undergraduate classes and laboratory sessions will reduce quality of teaching and learning experience. • Risk that quality of teaching is impaired by insufficient investment in infrastructure to support flexible learning e.g. a virtual classroom, lecture streaming and lecture capture facilities. 	8	6	48	<ul style="list-style-type: none"> • Dean of Teaching and Learning • Centre for Teaching & Learning promotes quality throughout the University and offers training in this regard • Teaching Supports offered in several courses to maintain standards • Academic Advisory Office • Audio Visual support available, and standardised equipment rolled out in teaching spaces • Teaching and Learning Committee • Regular upgrading of VLE • Internal Resource Allocation Model is sensitive to changes in student numbers • Continued focus on recruiting high calibre academic staff with an equal emphasis on teaching and research • Address teaching issues specifically in strategic planning especially Curriculum Initiative • Endorsement by departmental Reviews and external examiners • Professional accreditation • Ongoing recruitment to reduce dependence on contract and occasional teaching. • Writing Centre and Maths Support Centre to support students and supplement teaching. • Diversity and Inclusive Teaching training available through the Access Office. • EIB loan to support the provision of excellent teaching facilities • AV equipment upgrade programme • Teaching station standard • AV support programme • New Dean of Teaching and Learning • New space continues to be added e.g. Education Building 	90%	5 (8)

<ul style="list-style-type: none"> • Risk of quality of students attending Maynooth University falls below that of other Universities / third level institutions 	<ul style="list-style-type: none"> • Risk that the numbers of first preferences for Maynooth University in CAO applications falls. • Risk that high calibre students are insufficiently challenged • Risk that large student numbers in some classes will undermine student experience. • Risk of admitting students on points that are insufficient to progress satisfactorily 	7	5	35	<ul style="list-style-type: none"> • PR Campaign promoting the academic achievements of the University • Increased activities by Schools Liaison Unit • High Profile Open Days • Publications • Scholarships • Research on attitudes and perceptions of students, both those at Maynooth University and those who chose to go elsewhere • Admission decisions in August by Registrar 	70%	11 (8)
<ul style="list-style-type: none"> • Risk that quality of Maynooth University graduate falls below that of other institutions 	<ul style="list-style-type: none"> • Risk that label of “Maynooth graduate” is not well respected in external world, especially industry and enterprise. • Risk of graduates not being sufficiently grounded in basic skills (literacy, numeracy, analytical thinking and clarity of communication) • Risk that graduates not sufficiently grounded in the discipline • Insufficient Resources or Capacity to reform • Resistance to Innovation in teaching designed to address barriers to innovation 	8	3	24	<ul style="list-style-type: none"> • Curriculum reform in place, which is enhancing quality of the educational experience for students. • MU share of CAO first preferences continues to increase. • Annual ISSE Survey ongoing 	75%	6 (6)

<p>Risk Contributing Factors</p> <ul style="list-style-type: none"> • Significant competition not only from other universities but IoTs in locality of Maynooth University. • Unknown or uncertain outcomes to the ongoing HEA Landscape Process 	
<p>Possible Further Risk Management Tools:</p> <ul style="list-style-type: none"> • Bi-annual Benchmarking exercise against other third level institutions • Extended use of student surveys • Development and publication of Teaching & Learning Action Plan 	<p>Primary Responsibility for Risk Management in this area:</p> <ul style="list-style-type: none"> • Vice-President Academic, Registrar and Deputy President • Faculty Deans • Dean of Teaching and Learning • Director of Strategy and Quality, • Dean of Graduate Studies

RESEARCH

Gross Risk					Residual Risk		
Main Risk	Examples	S (1-9)	P (1-9)	Raw Risk	Risk Management Tools in Use	% Reduction	Residual Risk 2013 in ()
<ul style="list-style-type: none"> • Risk of losing or failure to attract key research leaders and staff for various reasons 	<ul style="list-style-type: none"> • International recruits leave Ireland • Loss of major winners of research income • Some research programmes may not be completed • Research students left without adequate supervisory expertise • Risk heightened by public pay cuts or reduced funding • Risk of research income burden being placed on too few individuals with insufficient time or reward • Risk that research output suffers as a consequence of high teaching loads. 	7	7	49	<ul style="list-style-type: none"> • Strategic Retention Policy in place to keep key researchers • Maximised support for research environment as far as possible for all research active staff • Major investment in ICT Hub & Facilities completed and others planned • Business Plans in place for key existing Research Institutes • University research strategy aligned to national priorities • Strong relationships being developed with funding agencies • UE decision to recruit 4/5 Professors in Research Institutes in next three years. • Strong linkages being developed with industry • Professional promotional arrangements under review • Career Structure in place • Maynooth University investing in Graduate Schools as a key objective in our funding applications • Strategic Retention policy in place to keep key researchers • Maynooth University generating strong profile as research-led university • Workload models in place and being developed in a new process to support research output. 	40%	29 (34)

					<ul style="list-style-type: none"> • Research priorities identified and aligned to national priorities. • Planning for new research Institutes at advanced stage. 		
<ul style="list-style-type: none"> • Risk of adverse changing national strategy for research 	<ul style="list-style-type: none"> • National policy to Concentrate research in larger institutions to detriment of Maynooth University • Non development of research infrastructure • National policy to concentrate on applied research in large industry facing centres and that Maynooth University structures are not appropriate for response • Less national funding on basic sciences, including biomedical sciences • More national “top down” funding calls in areas where Maynooth University is no well positioned to compete. • Lack of funding support for Humanities & Social Science Research 	7	6	42	<ul style="list-style-type: none"> • Strong strategic linkages to other institutions in place • Vigorous publicity for research at Maynooth University • University research strategy aligned to national priorities • Major investment in ICT Hub & Facilities completed and others planned • Infrastructure requests to agencies linked to national priorities and prioritised after internal competition and external peer review • Successful track record in research awards • Plan to diversify funding sources implemented in particular for non-exchequer & EU H2020 funding • 	35%	27 (20)
<ul style="list-style-type: none"> • Risk of non-compliance with funding and reporting conditions 	<ul style="list-style-type: none"> • Reporting requirements becoming more onerous leading to less research • Reputation loss • Possibility of funding being withdrawn and expenditure reclaimed 	7	5	35	<ul style="list-style-type: none"> • Pls aware of consequences of non-compliance and supported through new information systems • Research administration function in place and strengthened with appointment of Director of Research and Development Office • Plan to develop more integrated research institutes with core administrative competence. 	30%	25 (25)
<ul style="list-style-type: none"> • Breach of contract with industry partner 	<ul style="list-style-type: none"> • Diversification of funding with industry is required leading to increased number of industry contracts with higher risks • Risk of contract breach due to negligence leads to Maynooth University being sued • Risk MNC partners with onerous confidentiality conditions may be breached 	5	4	20	<ul style="list-style-type: none"> • Stronger legal expertise now defined and in place in RDO • Review and approval of sample contracts in range of areas undertaken by insurers on regular basis 	20%	16 (27)

	<ul style="list-style-type: none"> All contracts drafted by legal advisors 				<ul style="list-style-type: none"> External legal advice obtained when necessary Additional training in contract issues for research support staff Research ethics and integrity policies in place Risk assessment on awards from non-traditional/minor funders performed. 		
<ul style="list-style-type: none"> Risk that research undertaken by the University has ethical or other implications that affect reputation. 	<ul style="list-style-type: none"> Risk that researchers are unaware that ethical issues associated with their research may impact the reputation of the University. Risk of non-compliance with European guidelines relating to ethics in research. Risk of receiving media attention regarding the ethics of research carried out at the University Risk that University is targeted for malicious damage Risk of reputational damage to university under banner of academic and research freedom related to confidentiality of research. 	7	6	42	<ul style="list-style-type: none"> Research Committee exists with agreed Terms of Reference Research Development with experienced staff Ethics Committee established (as a subcommittee of the Research Committee) to underpin need to adhere to highest ethical standards New streamlined ethics appraisal process in place Research integrity policy adopted in line with national policy New protocols developed alerting staff to ethics and integrity issues Ethics and integrity included in new staff induction and Continuous Professional Development Confidentiality issues highlighted at kick-off meetings for new research awardees. . 	60%	17(25)
<ul style="list-style-type: none"> Risk of Research Misconduct not being handled properly 	<ul style="list-style-type: none"> Lack of detailed data management policy Lack of understanding of misconduct and integrity issues with research staff Risk that handling of all research integrity issues within Maynooth University without external reference or oversight may lead to damage reputation of university and national system Continued quality review of research activities 	8	7	56	<ul style="list-style-type: none"> Adoption of university policy on research ethics and integrity Integrity education built into PhD skills programmes Participation in national approach to Research Integrity Continued quality review of research activities Research conflict of interest policy in place 	50%	28 (31)

					<ul style="list-style-type: none"> Research Committee study of data management best practice underway 		
<ul style="list-style-type: none"> Risk of contract breach with funding agencies 	<ul style="list-style-type: none"> Risk that PIs see external funding as additional to duties, rather than as a core duty that is assigned by the university on acceptance of funding. This has potential to lead to reputational and financial damage if responsibilities and obligations are not recognised as requirement of employment. Risk of non-adherence to general terms of contract Risk of financial irregularities in discretionary research expenditures 	7	5	35	<ul style="list-style-type: none"> Detailed expenditure guidelines required for researchers and authorised signatories. Greater clarification of funding rules sought in advance from funding sources Post award information and supports strengthened 	30%	25 (25)
<ul style="list-style-type: none"> Risk that management structures of Research Institutes are inappropriate 	<ul style="list-style-type: none"> Risk of lack of experience and training in managing large research programmes for institute leaders may lead to poor performance. Research leaders are not necessarily good managers. 	8	5	40	<ul style="list-style-type: none"> Training programme and suitable management supports provided to incoming research leaders are in place. Revised Institute structure and model with directors reporting to VPR 	25%	30 (30)
<ul style="list-style-type: none"> Risk of failure to attract EU research funding 	<ul style="list-style-type: none"> National research awards dependent in future on EU funding as leverage Narrowing of national research funding streams as economic downturn continues Risk of greater “top down” calls for research funding for global challenges, and that Maynooth University is not well organised to respond. 	7	5	35	<ul style="list-style-type: none"> Strategy and implementation plan in place to win increased share of EU funding regularly monitored Research incentives in place for individual award winners Supporting diversification of funding sources in Research Development Office Develop research institutes with greater critical mass and high-level expertise Improved communication and collaboration with other research performers especially agencies (e.g. Teagasc) to meet grand challenges or need for scale. 	40%	21 (28)

<ul style="list-style-type: none"> • Risk that Maynooth University loses out to other universities at post-graduate research level 	<ul style="list-style-type: none"> • Risk of deterioration in funding position • Risk that postgraduate scholarships not adequate to attract top quality research students. 	8	7	56	<ul style="list-style-type: none"> • Programme in place to diversify income sources • Continuing to develop our scholarship scheme • Participation in national Graduate Programmes • Graduate programmes being designed with stronger emphasis on flexibility, employer awareness and entrepreneurship • Continuing dedicated Promotional Campaign • Opportunity for teaching built into postgraduate student options Revised John Hume Scheme 	50%	28 (25)
<ul style="list-style-type: none"> • Risk of inadequate insurance for research 	<ul style="list-style-type: none"> • Clinical Trials 	8	8	64	<ul style="list-style-type: none"> • Director of research overviews Medical/clinical research subject to review by ethics committee 	80%	13

Risk Contributing Factors

- Reducing funding base with over reliance on governmental and national sources
- Narrowing of national research focus

<p>Possible Further Risk Management Tools:</p> <ul style="list-style-type: none"> • Strategic focus on continuing the build-up of excellence in research and expertise • Revised staff-resource allocation models • Better management of staff student ratios • Introduce workload models to ensure sufficient research time for most successful income generators • Better Communication within University to co-ordinate research activities • Explore need for policy on retention of research data (working group in place) • Explore opportunities through strategic partnership with others • Review promotion schemes to reward excellence in different aspects of academic roles • Working through 3U Partnership to limit risks associated with research capacity in Maynooth University • Forging better strategic links with EU Directorates 	<p>Primary Responsibility for Risk Management in this area:</p> <ul style="list-style-type: none"> • Vice-President for Research • Dean of Graduate Studies • Director of Research Development • Director of Commercialisation • Directors of Research Institutes •
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STUDENT RETENTION

Gross Risk					Residual Risk		
Main Risk	Examples	S (1-9)	P (1-9)	Raw Risk	Risk Management Tools in Use	% Reduction	Residual Risk 2013 in ()
<ul style="list-style-type: none"> • Damage to University reputation / peer perception as a result of student drop-out rates 	<ul style="list-style-type: none"> • Risk that the University fails to identify, understand and address student drop-out trends • Risk that student experience is poor because they select the wrong courses thus creating lower retention • Risk that Academic staff are not sufficiently trained / equipped to detect or support students at risk of dropping out. • Risk that “at risk” students are not fully aware of the services offered by the Academic Advisory Office and other services • Risk that there is not an effective system for flagging students who may be at risk of dropping out. • Risk that there is no automatic system to identify possible indicators of a lack of engagement that might support effective interventions. 	7	5	35	<ul style="list-style-type: none"> • Academic Advisory Office provides support to students experiencing academic difficulties. • Many departments offer extra tuition to students who require extra support. • Tutor systems in place. • Successful Maynooth University strategy of increasing number of first preferences on CAO. • Informal group peer support in place for mature students • Specific orientation for targeted groups of students • Policy on the provision of extra academic tuition in place (Access Office) • Maths Support Centre & Writing Centre in place • Guidance Counsellors in place • Extensive information on full range of advisory and support services given to all students during Orientation Week • Career Development website section on subject choice • The University regularly monitors and reports on Student Retention and Completion • MAP Academic Advisors in place in all Departments (Access Office). • The Counselling Service prioritises appointments for any student at risk of dropping out. • Explicit Critical Skills courses designed to enhance academic skills. • A more flexible curriculum model, designed to allow greater opportunities for a student to recover from a bad choice of subject. 	35%	23 (23)

Risk Contributing Factors

- Difficulties in relation to assessing academic readiness of mature students for certain courses
- Nature of the CAO process

Possible Further Risk Management Tools:

- Frequent benchmarking, review and analysis of drop-out rates followed by action to address specific issues(s) causing the problem
- Continued recruitment and attraction of excellent students
- Pursue issue of funding with HEA
- Ongoing consideration of emerging student financial issues

Primary Responsibility for Risk Management in this area:

- Vice-President Academic, Registrar and Deputy President
- Dean of Teaching & Learning
- Head of Academic Advisory Office
- Director of Student Services
- Heads of Department
- Career Development Centre
- Admissions Office, Access Office (Mature Student Officer)

STUDENT WELFARE

Gross Risk					Residual Risk		
Main Risk	Examples	S (1-9)	P (1-9)	Raw Risk	Risk Management Tools in Use	% Reduction	Residual Risk 2013 in ()
<ul style="list-style-type: none"> • Risk of failing to protect the mental health of students 	<ul style="list-style-type: none"> • Risk of an increase in incidence of Student Depression or number of students at risk of suicide and the failure to recognise this • Risk of alcohol and substance abuse by students. • Risk of students being subject to bullying and this not being controlled by the University • Risk associated with increased mental illness, including the risk of non-disclosure by students. • Risk of injury to staff or students by students with mental illness. • Increased risk profile associated with access office targeted recruitment • Lack of out of hours' supports • MSU sometimes first point of call for students • Risk that protocols are not in place for responding to students with mental health difficulties who present in crisis. • Risk that there is not a policy in place to adjudicate on fitness to study cases. • Risk that there is not an up to date policy on Student Mental Health and Wellbeing 	7	6	42	<ul style="list-style-type: none"> • Professional Counselling Service available to all students throughout calendar year. • Consultant Psychiatrist available to assess and treat students presenting with significant mental health issues throughout term-time (appropriate referral service in place for outside term-time). • Student Health Centre available to manage and support students with mental health difficulties • Protocol on Student Death • Promotion of activities which are non-alcohol related • Learning Support Team in place in Access Office • Academic Advisory Office • Pastoral Care Service • Policy on Alcohol in place • Adoption of University protocol on Missing Students • Programme developed to provide professional support for students with mental health issues (Access Office) • Consultative service available from Counselling Service and Consultant Psychiatrist for all university staff and students in relation to supporting students experiencing mental health issues or distress. • Information on relevant mental health issues and a listing of relevant emergency and support services is available on the Counselling Service website. • Welfare Forum (representative of Student Services Staff and MSU) provides an opportunity to discuss and highlight any welfare issues or 	50%	21 (21)

					<p>trends as they arise throughout the academic year.</p> <ul style="list-style-type: none"> Information sessions on <i>Guidelines on Referral</i> offered to all new tutors facilitated by Counselling Service, in conjunction with CTL Security presence on campus 		
<ul style="list-style-type: none"> Risk of failing to protect overall welfare of students while engaged in University Activity 	<ul style="list-style-type: none"> Risk that the university fails in its duty to ensure that it has undertaken what could reasonably be expected of them in regard to student welfare Risk that an Maynooth University student attending another institution for a period of time has their Health and Safety compromised Risk that student behaviour in Ireland or abroad, including while on professional placement, does reputational damage to the University Risk of anti-social behaviour on campus MSU sometimes first point of call for students 	7	7	49	<ul style="list-style-type: none"> Health and Safety Officer Full-Time Security Service Director of Student Services Health Centre Pastoral Care Service Student Financial Advisor in place Resources available for student hardship via Student Emergency Fund Structured liaison with SU Representatives Formal dialogue with business community in the town to manage student events Wide range of advice and help provided on health and welfare issues to students University Alcohol Policy was reviewed in 2011 with an emphasis on promotion of alcohol free events Codes of Conduct for Students Child Protection policy adopted and operational 	30%	34 (34)
<ul style="list-style-type: none"> Risk arising for Maynooth University Student Clubs & Societies 	<ul style="list-style-type: none"> Risk that student is injured while engaging in sport or activity Risk of accident when using personal transport to attend official Clubs and Societies events e.g. off-campus competitions, inter-varsity events. Inadequate notice of events MSU management of Clubs and Societies 	5	8	40	<ul style="list-style-type: none"> Training is provided for clubs and societies including disability support training Insurance in place Capital Committee recommends, where possible, the use of public and private transport providers to provide official club/Society transport for events. Review by MSU of Clubs and Societies ongoing 	25%	30 (30)

Risk Contributing Factors

- Deteriorating economic environment for students and the University
- Increasing Student numbers
- Growing culture in society that some organisation is responsible for the well-being for everyone often ignoring people's own responsibility for themselves

Possible Further Risk Management Tools:

- Structured liaison with international Universities which Maynooth University students attend including formal risk assessment
- Development of an induction pack / course for all new students
- Clear statement of students' own responsibilities for themselves
- Development of Disability Policy for the University which will include a Mental Health Section
- Screening of students prior to international assignments
- Adoption of University protocol on Missing Students
- Additional support for Student Welfare Funds
- Policy on Student Mental Health and Wellbeing being developed
- Develop a protocol for Assistance for University students overseas.
- Formulate a Policy on student transport to clubs and society events
- Enhanced Garda Vetting Legislation

Primary Responsibility for Risk Management in this area:

- Vice-President Academic, Registrar and Deputy President
- Academic Advisory Office
- Head of Security
- Director of Student Services
- MSU
- Director of Campus and Commercial Services
- Health and Safety Officer
- Security Officer

ESTATES

Gross Risk					Residual Risk		
Main Risk	Examples	S (1-9)	P (1-9)	Raw Risk	Risk Management Tools in Use	% Reduction	Residual Risk 2013 in ()
<ul style="list-style-type: none"> • Risk that capital projects do not comply with best practice 	<ul style="list-style-type: none"> • Risk that projects exceed budget • Risk that projects exceed delivery dates • Risk that projects are not properly signed off • Risk that projects do not comply with Department of Finance guidelines or funding agencies • Risk that internal consultation at project design stage does not occur • Risk of poor design (Functionality) by design team • Risk associated with timetable if expected teaching space is late 	8	9	72	<ul style="list-style-type: none"> • CPD Office is focussed on Capital Projects • Internal approvals process agreed with Governing Authority • Close liaison with Procurement Office on all capital projects • Project Management and professional skills in place • Great emphasis on roles vis-à-vis Design Team • Process in place to ensure that all Campus Services Departments are consulted early in projects • Consultation with Campus Services who are the clients for many of the buildings systems • Use of legal advisors during tender competitions 	25%	54 (45)
<ul style="list-style-type: none"> • Risk relating to provision of space for University activities 	<ul style="list-style-type: none"> • Risk that University fails to provide adequate level and standard of resources in a timely manner to enable the Strategic Plan goals to be achieved • Risk that adequate funding will not be achieved • Risk that contractors go out of business during/before completion of Maynooth University projects • Risk that vision for Campus Development is not up-dated • Risk relating to changes in legislative or regulatory requirements • Risk that space planning is not linked to recruitment or growth planning 	8	8	64	<ul style="list-style-type: none"> • Capital project prioritisation process by University Executive • Adoption of Campus Master Plan 2007-2012 in place, new plan well advanced. • University Capital Projects Plan approved by Governing Authority • Panels in place for Design Team & Minor Works • Regular meetings with funding agencies (HEA, DES) • Space audit updated 2014 • Close monitoring of financial strength of contractors at both Tender and Construction stages • EIB Loan Funding in place 	35%	42 (42)

<ul style="list-style-type: none"> • Buildings not adequately insured or compliant with legislative requirements during construction and/or refurbishment projects 	<ul style="list-style-type: none"> • Contractor under insured • University under insured • Risk that interpretation of contractor's insurance documents and level of cover misunderstood • Fire certification not in place before building is occupied • Narrow interpretation of accessibility regulations • Accessibility issues 	8	6	48	<ul style="list-style-type: none"> • Process in place to ensure that insurance cover is checked before contracts are awarded • Service Departments notify university broker of modifications to building stock prior to handover • Built environment issues are being addressed through a Sub-Committee of Health and Safety Committee • Performance bonds in place before contracts are awarded • 	50%	24 (24)
<ul style="list-style-type: none"> • Risks relating to operation of campus services 	<ul style="list-style-type: none"> • Risk to programmed maintenance schedules if funding not available • Risk to operations of University from sustained periods of bad weather • Risk of expanding campus buildings without corresponding expansion of maintenance resources 	7	5	35	<ul style="list-style-type: none"> • Programmed maintenance arrangements under regular review • Key operational areas prioritised • Internal Working Group in place to plan ahead of forecasted bad weather events. • Campus Services Teams meet regularly • Short-term resources at key times provided • Director of Campus & Commercial Services appointed in 2014 	50%	18 (18)
<p>Risk Contributing Factors</p> <ul style="list-style-type: none"> • Uncertainty over amount and timing of government capital grants • Delays inherent in construction projects • Contractor financial risks • Departmental requests for space emerge on ad hoc basis 							
<p>Possible Further Risk Management Tools:</p> <ul style="list-style-type: none"> • Process to identify future space needs as early as possible • Re-evaluation of spending priorities in university budget • Investigation of innovative capital financing options. 						<p>Primary Responsibility for Risk Management in this area</p> <ul style="list-style-type: none"> • University Executive • Director of Campus and Commercial Services • Campus Planning and Development Officer • 	

EXTERNAL INTERFACE RISKS

Gross Risk					Residual Risk		
Main Risk	Examples	S (1-9)	P (1-9)	Raw Risk	Risk Management Tools in Use	% Reduction	Residual Risk 2013 in ()
<ul style="list-style-type: none"> • Risk that Maynooth University incurs a liability arising from a lack of clarity with regard to the legal arrangements with SPCM. 	<ul style="list-style-type: none"> • Risk relating to liability in relation to works/artefacts held in Libraries. • Risk relating to conflict regarding the ownership of Public Liability relating to incidents / accidents on campus. • Risk of Maynooth University liability in relation to SPCM student welfare and safety. 	6	4	24	<ul style="list-style-type: none"> • Detailed legal agreement covering property issues between SPCM and Maynooth University until 2018 • Formal arrangements in place for sharing of costs between the two institutions. • Good relationship between the two institutions • Regular meetings held between Senior Managers of both Institutions • Maynooth University have insurance cover and asset register 	20%	19 (19)

<ul style="list-style-type: none"> • Risk that relationship and dealings with other external bodies and external influencers will have an adverse impact on the success of the University 	<ul style="list-style-type: none"> • Risk that the legal obligations relating to third parties arising from joint ventures, alliances, research contract, capital development etc. are not properly understood or managed resulting in damage to the University • Risk that University is not interacting enough with industry, community and other external stakeholders • Risk that University fails to project a positive profile within the sector and nationally/internationally • Risk that structural changes within the HE sector may create adverse perceptions of Maynooth University 	7	6	42	<ul style="list-style-type: none"> • Good relationship with the HEA and the Department of Education and Skills • Director of Commercialisation in place and supported under TTSI. • Business Incubator opened and Board appointed (MaynoothWorks) • Director of External Relations in Place • Ongoing Advertising and PR campaigns are well regarded nationally • Good working relationships maintained with external bodies involved in course development and delivery • Presentations made to key influencer groups regularly • New representation on regional enterprise forums • Increased use of Maynooth University academic and research staff as commentators on various issues in mainstream national media • University's position on sectoral issues is rapidly and clearly articulated through relevant media 	50%	21 (23)
<ul style="list-style-type: none"> • Risk associated with strategic collaborations with other major institutions 	<ul style="list-style-type: none"> • Risk that Maynooth University may not be able to deliver on commitments • Risk that collaborative arrangements may not accord with University Strategic Plan 	7	7	49	<ul style="list-style-type: none"> • Governing Authority approval for strategic collaborations • Clarity on strategic rationale for any significant collaborations is established by University Executive 	45%	27 (27)
<ul style="list-style-type: none"> • Risk that copyright is infringed 	<ul style="list-style-type: none"> • Risk that material is copied without permission or licence • Increased risk due to use of electronic material via Virtual Learning Environment 	5	6	30	<ul style="list-style-type: none"> • Notification on copyright law at all physical copypoints • Copyright licence signed with ICLA • Library no longer hold photocopies of any Library material 	50%	15 (18)

<ul style="list-style-type: none"> • Risk that Maynooth University staff or students unwittingly compromise a third parties IP when working in collaborations with them or others 	<ul style="list-style-type: none"> • Risk of improper citations. • Risk of improper use of other IP either through ignorance or lack of training. • Risk of improper use of 3rd party IP due to increasing number and complexity of industry party research agreements • National IP protocol (December 2015) – risk that funding agency terms and conditions may not be met. 	8	6	48	<ul style="list-style-type: none"> • Research integrity and ethics policies in place which shall govern all collaborations and any consulting work • Use of Knowledge Transfer Ireland and TTO network to ascertain best practice in IP in complex arrangements • New IP protocols and policies in preparation translating national policy into local practice, to be supported by information and training for PI 	40%	29 (29)
<p>Risk Contributing Factors</p> <ul style="list-style-type: none"> • Historical relationship between the Maynooth University and SPCM institutions. • Ownership of artefacts held in Library • Increasingly competitive nature of HE sector • Growth of IVI • Increasing complexity of research awards with multiple industry partners 							
<p>Possible Further Risk Management Tools:</p> <ul style="list-style-type: none"> • Proactively address issues relating to SPCM and Maynooth University in strategic plan • Allocate clear responsibility in new Strategic Plan for liaising with and addressing issues relating to other external bodies and influencers and partner institutions. • Review External Communications Plan • Working Group of Director RDO, Commercialisation and legal specialist to recommend new internal IP policies and protocols in light of new national policy 					<p>Primary Responsibility for Risk Management in this area:</p> <ul style="list-style-type: none"> • Governing Authority • University Executive • Vice-President for Research • Director of Commercialisation • Director of External Relations 		