

**TAFE College Governance Maturity**

**Self-Assessment Tool**

**2016**

VTEC Governance Assessment Framework June

D15/0172760 Printed 4/11/2016

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# Introduction

The quality of governance is a crucial contributor and safeguard to outcomes delivered by the organisation. While each government agency has some unique features the State Government expects all to display an organisational commitment to maintain a standard of governance that supports success in achieving Government policy objectives.

The Public Sector Commission (PSC) defines governance as:

*encompassing the systems and structures by which an organisation is directed, controlled and operated and the mechanisms by which it and the people within it are held to account.*

The TAFE College (College) Governance Maturity Self-Assessment Tool examines a range of governance activities to provide a measure of the organisation’s maturity. The analysis can be used to give confidence to the organisation’s Governing Council and executives that it meets governance standards to deliver its core mission for the State Government and wider community.

The TAFE College Governance Maturity Self-assessment Tool:

* assists the College to determine its level of maturity with regard to the governance principles;
* details performance indicators for standards of governance maturity, and evidence that can be used to measure and manage accountability, compliance, and reporting requirements;
* incorporates existing reporting requirements;
* facilitates the identification of good practice, areas of risk and gaps in meeting the governance principles; and
* contributes to the best possible outcomes being delivered by the State training sector.

## Background

Colleges are agencies of the West Australian State Government and as such are bound by the requirements of the WA Public Sector Commission (PSC). The TAFE College Governance Maturity Self-Assessment Tool has been built on the nine principles of good governance outlined in the Public Sector Commission’s *Good Governance Guide for public sector agencies*.

Nine principles of good governance.

1. The organisation’s relationship with the government is clear.
2. The organisation’s management and oversight is accountable and has clearly defined responsibilities.
3. The organisation’s structure serves its operations.
4. The organisation plans its operations to achieve its goals.
5. Ethics and integrity are embedded in the organisation’s values and operations.

6. The organisation’s leadership in people management contributes to individual and organisational achievements.

7. The organisation safeguards financial integrity and accountability.

8. The organisation communicates with all parties in a way that is accessible and responsive.

9. The organisation identifies and manages its risks.

# Governance assessment

## Timing

It is recommended that the self-assessment is conducted and/or reviewed on an annual basis to ensure that the College has up to date knowledge on its governance performance.

The self-assessment can be included as part of the internal audit processes and be presented to the College Governing Council for consideration. Any gaps identified can be included in subsequent strategic audits that focus on the areas of governance that have been identified as requiring attention.

## Methodology

The Governance Maturity Self-Assessment uses the table below to establish a rating of governance maturity for each governance element. The elements are themed under the nine governance principles and the overall scores for each principle are then averaged to generate a score for the principle. An overall maturity score across all principles is then derived.

The self-assessment tool also provides opportunity to list the actions needed to address the governance elements. These actions then form an overall action plan (see appendix 1).

## Components of the Self-Assessment Tool

Figure 1

**Principle: [name of the governance principle]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Governance element** | **Documents/**  **Evidence Provided** | **Indicator** | **Maturity level** | **General comments/achievements/ actions required** |
| Column 1 | Column 2 | Column 3 | Column 4 | Column 5 |

### Principle

The Self-Assessment tool has nine tables that represent each of the *Good Governance Guide for Public Sector Agencies* outlined by the PSC. Each table then has five columns:

### Column 1: Governance element

For each principle, a list of related *governance elements* is provided (as shown in figure 1 column 1 above). These elements comprise the policies and practices that would be reasonably expected of a College.

### Column 2: Documents/Evidence

Column 2 provides the *documents* and *evidence* that would typically be in place to meet the Governance element. Additional documents or evidence may be included by the College.

### Column 3: Indicator

Column 3 provides an *indicator* to measure how well the College has met the evidence requirement.

### Column 4: Maturity level

The maturity level is a measure of whether the College is meeting the requirements of the governance element.

Analysis of the evidence provided by the College (in column two) using the indicator (in column 3) as a guide will be assessed in column 4 and expressed as a *maturity level*.

The scoring values are outlined below.

NA = Not applicable

0 = Incomplete. Principle element is not met, only partially met or in development.

1 = Established. The process is performed and managed consistently.

### **Column 5**: General comments/achievements/actions required

Column 5 allows for the recording of comments regarding the scoring or gaps identified. Based upon the analysis of the evidence provided, this column will outline the action that is required from the College to address any gaps identified. Comments should be made regarding achievements and improvements. NA scores should be explained.

Baseline responses should include comments such as ‘opportunity for improvement’ (“OFI”) or ‘required action’ (“R”). OFI and R comments would be followed by proposed responses and actions.

**Final score**

The final maturity score is determined by adding the maturity scores for each element and dividing by the number of scored elements for each principle. (NA elements should not be used).

The nine Principles’ averages are then added to arrive at an overall governance maturity score.

A score less than 9 overall is a concern. The College should be investigating “0” score elements and planning responses to address gaps.

**Where gaps exist**

Where evidence sought is not in place the “if not why not?” principle should apply. If a College is using an alternative approach or considers that a governance indicator does not apply or is NA in a particular situation an explanation should be documented.

The College should have action plans where it does not meet the minimum standards of governance and identify tangible timeframes within which to establish policies and processes for embedding best practice standards of governance in its operations. These plans should be outlined in the Consolidated Action Sheet (Appendix 1).

**Summary report**

A summary can then be made of the key findings and actions. (see section 2.5).

##### Support provided to Colleges

The Department of Training and Workforce Development’s Training Provider Governance unit is available to provide guidance with specific policies, procedures and frameworks for Colleges to populate and adapt to their specific needs and policy frameworks.

## Analysis of evidence in detail

### Principle 1: Government and public sector relationship

**The organisation’s relationship with the government is clear**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Governance element** | **Documents/Evidence** | **Indicator** | **Maturity level** | **General comments/achievements/ actions required** |
| 1.1 | A document defines responsibilities and accountabilities between the chief executive and the minister. | Current Managing Director's (MD) Performance Agreement and reviews. | Agreement by due date.  College input on local needs is provided to the MD’s performance agreement. |  |  |
| 1.2 | Processes exist to manage communication and other interaction between ministers and other parliamentary representatives and the agency. | Communications protocols and policies.  A system to track Ministerial and Departmental requests for information and communications. | Tracking system is up to date and accessible. System indicates responses on time. |  |  |
| 1.3 | Communication and other interactions are recorded and monitored. | Responses to statutory and regulatory compliance, annual report.  College Policies.  Records system. | Confirmed receipt by due date of compliance returns. Number of communications regarding late submissions or non-compliant returns.  Records of communications are kept and are accurate. |  |  |
| 1.4 | Memorandums of understanding (MOUs) and contracts with funding bodies are established and kept current | DPA and addendums, minutes of meetings with the Department and contract partners.  Annual report. | Realistic targets, performance measures and reporting have been negotiated and agreed.  Changes are registered as required throughout the year. |  |  |
| 1.5 | Communication agreement with Minister and Parliamentary Secretary (S74) in place. | Communication agreement. | Staff responsible for communications are aware of the contents of the agreement. Signed document on file. |  |  |
|  |  |  | Total |  |  |
|  |  |  | Average – Total score divided by number of elements scored |  |  |

Highlighted Governance Elements are those provided in the Public Sector Commission’s *Good Governance Guide* *Operational Matrix*

### 

### Principle 2: Management and oversight

**The organisation’s management and oversight is accountable and has clearly deﬁned responsibilities**

|  | **Governance element** | **Documents/Evidence** | **Indicator** | **Maturity level** | **General comments/achievements/ actions required** |
| --- | --- | --- | --- | --- | --- |
| 2.1 | Organisational structure is up-to-date and has been approved by the Governing Council. | Organisational structure. | Record of Governing Council signoff available. Position descriptions up-to-date and signed off. |  |  |
| 2.2 | A document defines roles, responsibilities and accountability for all relevant levels of management. | Organisational structure.  Position descriptions | Up-to-date:  organisation structure;  organisation roles and responsibilities;  key decision making groups membership; and accountabilities. |  |  |
| 2.3 | Governing Council and administrative committees’ roles and relationships are clearly defined. | Terms of reference – Governing Council and committees.  College committees | Terms of reference are on file and reviewed by due date for the Governing Council and all committees and sub-committees. |  |  |
| 2.4 | Governing Council membership skills are reviewed to inform future selection. | Governing Council structure and membership and appointment process. | Governing Council skills matrix is updated prior to the selection process. |  |  |
| 2.5 | Governing Council members clearly understand their roles. | Governing Council terms of reference and appointment process. | New Governing Council members receive a comprehensive induction. |  |  |
| 2.6 | The Governing Council ensures that it manages business efficiently and effectively, within the limits of its statutory functions and powers. | Governing Council minutes | Governing Council meetings involve frank and open discussion.  Meetings agendas and papers are circulated in advance of meetings.  Records are kept of decisions and actions or progress against those reported to the Governing Council. |  |  |
| 2.7 | A strategic plan outlines the agencies key strategic goals and outcomes and outputs | Strategic Plan. | Strategic plan is compliant with the College Strategic and Annual Business Planning Framework.  Minister accepted current plan on first submission. |  |  |
| 2.8 | The Governing Council sets the overall strategic direction and monitors performance against KPIs. | Strategic Plan.  Business plan.  Annual report.  Internal reporting. | Governing Council has signed off the Strategic plan.  Managing Director regularly reports to the Governing Council on the achievement of Strategic Plan KPIs.  The Governing Council has sufficient information to assess the financial and non-financial position and performance of the college. |  |  |
| 2.9 | Operational plans and programmes of work exist that define critical success factors and outline how key strategic goals and outcomes will be accomplished at all levels of the agency. | Operational plans  Key Performance Indicators (KPIs)  Annual Business plans  Annual report | KPIs linked to strategic plans are used in Annual Business plans and operational planning and are understood by operational staff. |  |  |
| 2.10 | Positions responsible for funding agreement outcomes are clearly identified. | Delivery and Performance Agreement.  Contracts.  Operational plans. | Responsibility for delivery of DPA targets and funded programs is clear.  Positions responsible for contract management are named. |  |  |
| 2.11 | Managing Director’s performance is managed by the Governing Council. | Documented meetings Governing Council Chair and MD.  Evidence that Governing Council Chair communicates with MD. | Meetings held regularly. eg monthly at a minimum |  |  |
| 2.12 | A delegations framework defines authority levels from Governing Council to MD and administrative arrangements from MD to staff. | Minuted delegations and administrative arrangements. | Delegations from Governing Council to MD are signed by current Governing Council Chair and minute on record.  Administrative arrangements are recorded and up-to-date. |  |  |
| 2.13 | Performance measures are defined and monitored for the Colleges strategic goals. | Strategic Plan  Annual report  Compliance reporting  VET Quality Framework: Standards for RTOs Audit process and reports.  Evidence that the organisation participates and responds to audit process and meets policy and legislative requirements. | KPIs are defined in the strategic plan and reported in the annual report; findings are rectified within indicated time frame.  Responsibility for compliance is part of JDFs. |  |  |
|  |  |  | Total |  |  |
|  |  |  | Average – Total score divided by number of elements scored |  |  |

### Principle 3: Organisational structure

**The organisation’s structure serves its operations**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Governance element** | **Documents/Evidence** | **Indicator** | **Maturity level** | **General comments/achievements/ actions required** |
| 3.1 | Policies ensure that the agency’s structure serves its key strategic goals and outcomes. | Organisational structure.  Policies.  Corporate executive membership.  Minutes of meetings. | The organisation’s structure is regularly reviewed as part of organisational performance.  Business units are clear about their contribution to strategic goals/outcomes. |  |  |
| 3.2 | Organisational structure fits operations. | Organisational structure representation of business units and organisational structure. Eg as shown on recruitment documents and website. | A structure outline is available that matches recruitment advertising and representation on websites. |  |  |
| 3.3 | Operational plan activities are clearly allocated within the organisational structure. | Operational plan. | Operational plan objectives and KPIs have been clearly aligned with operational units. |  |  |
| 3.4 | Processes exist to manage structural change and the relationships between business units. | Change management policy and processes. | Change management policy is used and specifically referred to for organisational change. Records are kept as part of change process. |  |  |
| 3.5 | Performance measures identify how well the structure delivers against strategic plans. | Operational plan.  Annual report.  Internal reports from program areas | Annual report shows acceptable performance against Strategic plans and Business plan KPIs.  Internal reports are reviewed and generate responses; there is a cycle of internal reporting and review. |  |  |
|  |  |  | Total |  |  |
|  |  |  | Average – Total score divided by number of elements scored |  |  |

### Principle 4: Operations

**The organisation plans its operations to achieve its goals**

|  | **Governance element** | **Documents/Evidence** | **Indicator** | **Maturity level** | **General comments/achievements/ actions required** |
| --- | --- | --- | --- | --- | --- |
| 4.1 | Policies enable operations to deliver against the agency’s key strategic goals and outcomes. | Policy library and registers. | Procedures exist to guide the development and review of policies.  Policies are reviewed on time. |  |  |
| 4.2 | Monitoring and acquittal process for the Strategic Plan. | Strategic plan and plan for monitoring and review. | Strategic plan is reviewed annually and reported to Governing Council. KPIs established. |  |  |
| 4.3 | Strategic planning framework meets the needs of the College. | Strategic Plan and planning for developing the next one. | A project plan that includes wide internal and external stakeholder consultation is in place to develop the next strategic plan. |  |  |
| 4.4 | Agency’s operational plans and programs of work support the agency’s key strategic goals and outcomes and are regularly adjusted to changes in strategic and environmental imperatives. | Strategic plan  Annual Business plan.  Operational plans. | The business plan for the year’s operations is used to guide the Colleges decisions.  The business plan complies with the Guidelines for Annual Business Plans and is linked to operational plans.  Operational plans are reviewed by due date by MD with relevant committee(s). Plans are built into performance management system for staff. |  |  |
| 4.5 | Strategies are in place to maintain physical assets. | Strategic Infrastructure plan (SIP).  10 year maintenance plan/schedules. Minor capital works and maintenance budget.  Issues log and recording systems.  ICT management plan.  ICT security plan. | Infrastructure plans are in place and are linked to strategic and business plans.  System is in place to record facilities issues and responses. System informs maintenance planning.  ICT Security plan is integrated into corporate planning. |  |  |
| 4.6 | A proper and adequate record is maintained of the performance of the agency’s operations as aligned with its key strategic goals. | Record keeping plans and policies. | Records are well managed and meet legislated requirements (State Records Act).  All staff trained to use records system, required documents are in place. eg Retention and disposal schedule is up to date. |  |  |
| 4.7 | Enrolment and student management systems are in place to support operations. | Student management system (SMS) | SMS system delivers functionality required. Low/acceptable breakdown rates particularly during peak periods. |  |  |
| 4.8 | College seeks feedback from stakeholders to inform planning. | Student, staff, industry surveys.  Evidence that information from stakeholders is used to inform decision making and planning. | Student and staff satisfaction surveys carried out according to requirements, industry surveys and consultations are built into planning and responses recorded for action. |  |  |
| 4.9 | Business process and outcome specific KPIs track the agency’s performance against its strategic and operational plans. | Operational plans, KPIs.  Annual report. | KPIs are used to report on performance. |  |  |
| 4.10 | Performance evaluation and audits are conducted. | Annual report.  Compliance reporting  Internal audit | Business process and outcome specific key performance indicators track the organisation’s performance against its strategic and operational plans.  Performance evaluation and audits are conducted.  The annual report reports on compliance. |  |  |
|  |  |  | Total |  |  |
|  |  |  | Average – Total score divided by number of elements scored |  |  |

### Principle 5: Ethics and integrity

**Ethics and integrity are embedded in the organisation's values and operations**

|  | **Governance element** | **Documents/Evidence** | **Indicator** | **Maturity level** | **General comments/achievements/ actions required** |
| --- | --- | --- | --- | --- | --- |
| 5.1 | The agencies values and code of conduct reflect the WA Code of Ethics and define the standards of official conduct and professional behaviour expected of all employees. | Values statements.  Staff code of conduct, code of ethics.  Induction and recruitment policies and processes. | Statements exist and staff are aware of them and what they mean.  Values and ethics are built into inductions. |  |  |
| 5.2 | The agency’s ethics and integrity risks are identified and policies and operational processes address then (eg procurement and conflict of interest) | Risk management plan.  Policies and procedures.  Records management system. | Registers are in place for gifts, benefits and hospitality. Minutes of meetings record conflicts of interest.  Procurement procedures are audited for compliance. |  |  |
| 5.3 | People management frameworks define the response to unethical behaviour. | Policies:   * Record keeping * FOI * Communication protocols * Gifts, benefits and hospitality * Conflict of interest * Corruption prevention and detection * Sponsorship | Internal audits/reviews are undertaken to confirm that policies are in place and a system is in place to ensure that all staff are aware of the policies and all staff comply. |  |  |
| 5.4 | Processes are in place to provide supervision and assistance and enable follow up of non-compliance (eg through PID disclosure) | Policies, induction and registers. | PID officers in place and processes understood by all staff. |  |  |
| 5.5 | A structured process is in place to monitor official conduct and professional behaviour (eg compliance audit, performance management) | Staff code of conduct, code of ethics.  Induction and recruitment policies and processes.  Records to verify trained staff. | All staff have been informed of their obligations and a system is in place to ensure this happens.  All staff have attended or are about to attend accountable and ethical decision making training. |  |  |
| 5.6 | Governing Council has a guide for conduct and ethical behaviour. | Governing Council Code of conduct, Governing Council handbook, signed fit and proper statements. | All members of Governing Council have signed documents which are kept in a designated repository. |  |  |
| 5.7 | Complaints are handled fairly and without prejudice. | Complaints handling and recording system. | Complaints are resolved within policy timeframe; complainant confidentiality is preserved as required.  Complaints system is included in the audit schedule. |  |  |
|  |  |  | Total |  |  |
|  |  |  | Average – total score divided by number of elements scored |  |  |

### Principle 6: People

**The organisation's leadership in people management contributes to individual and organisational achievements**

|  | **Governance element** | **Documents/Evidence** | | **Indicator** | **Maturity level** | **General comments/achievements/ actions required** |
| --- | --- | --- | --- | --- | --- | --- |
| 6.1 | Policies enable the attraction retention and management of people. | Recruitment and employment and human resources policies and procedures. | | There is a comprehensive policy library of human resources policies and procedures that comply with the Equal Opportunity Act, PSC Commissioners instructions and Premier’s Circulars.  No successful appeals against processes and the internal audit has shown no issues. |  |  |
| 6.2 | Organisation manages people and professional development to achieve organisational objectives. | Performance management policies and procedures.  Professional Development Plan. | | Performance management system is used for all staff and system is directly linked to the Strategic and business plans.  Substandard performance policy process is well documented and understood. Records are kept. Low number of complaints about the operation of the process.  A professional Development Plan is available that is based on skills audits or gap analysis. |  |  |
| 6.3 | Plans ensure that processes decisions and actions are based on the principles of fairness, equity and diversity, and are consistent transparent, impartial and open for review. | Substantive Equality policy, Equal Employment and Diversity Plan.  Disability Access and Inclusion Plan (DAIP). | | College practices the intent of the Policy Framework for Substantive Equality.  Policies in place. No complaints via the Equal Opportunity Commission.  Equal employment and diversity plan and DAIP are in place and are used as planning tools.  Targets in the plan are measured and reported. |  |  |
| 6.4 | Feedback processes identify issues in people management practices | Annual report.  Records management system. | | Compliance with human resources policies are reported and material matters reported to oversight bodies. |  |  |
| 6.5 | Process to manage grievances is in place and used. | Grievance resolution policy and records. | | Grievance system reports are available, confidentiality is preserved. |  |  |
| 6.6 | System is in place to manage workers compensation and rehabilitation. | Workers compensation and injury management system and documents. | | Policies are in place and suitable staff resources or contracted resources are available to rehabilitate staff as required and records kept.  Organisation has confidential records of all claims, responses and payments.  Incident/accident forms are used and reviewed. |  |  |
| 6.7 | System is in place to manage leave. | Policies and planning documents related to leave. Annual report. | | Leave is managed, leave balances meet required levels, leave approvals are recorded. |  |  |
| 6.8 | Change is managed in accordance with policy and industrial agreements to minimise disruption to the College and staff. | Change management policy, HR planning. | | There is evidence that significant change is managed according to Policy and industrial relations agreements. |  |  |
|  |  | |  | Total |  |  |
|  |  | |  | Average – Total score divided by number of elements scored |  |  |

### Principle 7: Finance

**The organisation safeguards ﬁnancial integrity and accountability**

|  | **Governance element** | **Documents/Evidence** | | **Indicator** | **Maturity level** | **General comments/achievements/ actions required** |
| --- | --- | --- | --- | --- | --- | --- |
| 7.1 | Finance policies define the key strategic goals and outcomes for which the agency’s finances must be employed. | Finance policies and procedures. | | College’s strategic goals and high level KPIs are incorporated into finance policies. |  |  |
| 7.2 | A formal audit charter specifies roles and responsibilities, composition and structure of all audit functions. | Audit policy and framework documents. | | Audits are conducted according to the framework and nominated personnel. Audit practice reflects the framework.  Audit results are reviewed by the organisation’s executive. |  |  |
| 7.3 | Processes ensure the proper recording of financial transactions consistent with applicable accounting standards. | Financial Management Policy and procedures.  Finance manual.  Chart of accounts. | | Manual review log shows the manual is current. Internal audit shows compliance with policies.  Chart of accounts is uploaded to the accounting system and is the only source of account coding information. |  |  |
| 7.4 | Financial operations contribute towards the agency’s key strategic goals and outcomes and uphold the highest level of integrity. | Finance policies and procedures.  Audit reports. | | There are processes to assess the management of the finance system in relation to strategic plans.  Number of adverse audit findings is low. |  |  |
| 7.5 | Structured processes are in place to monitor and audit financial performance against budget and key strategic goals, both at executive level as well as by independent audit committee. | Finance policies and procedures.  Financial Audit and Risk Management (FARM) committee terms of reference. | | Procedures are used and records maintained as evidence.  FARM committee/s established with TOR in place. There is evidence that the committee/s meet and decisions are recorded. |  |  |
| 7.6 | A framework for managing procurement is in place. | Procurement policies.  Audit reports. | | Procurement system in place and evidence the system and policies are used. Procurements are well documented and good standards of probity are adhered to. |  |  |
| 7.7 | Staff have clear boundaries for financial authority. | Incurring officers register.  Certifying officers register.  CFO position description (JDF) | | Internal audit shows that the registers are current and there is no evidence that unregistered officers are incurring or certifying.  CFO has qualifications that meet the position description requirements. |  |  |
| 7.8 | Assets are managed to support the organisation and manage loss. | Asset register and management policies  Documentation identifying responsible officer to allocate assets with a unique asset number. | | Asset register maintained, audits conducted in accordance with the policy. Responsibility clearly identified. |  |  |
|  |  | |  | Total |  |  | |
|  |  | |  | Average – Total score divided by number of elements scored |  |  | |

### Principle 8: Communication

**The organisation communicates with all parties in a way that is accessible, open and responsive**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Governance element** | | **Documents/Evidence** | | **Indicator** | | **Maturity level** | | **General comments/achievements/ actions required** | |
| 8.1 | | Communication policies ensure the agency’s communication is open, accessible and responsive. | | Communication policies.  Marketing documents and content, letter templates, websites. | | Course advertising and marketing and communications to potential students and to students are accurate.  Compliance with Standards for RTOs and no audit notes regarding communications and marketing. | |  | |  | |
| 8.2 | | Policies ensure information is disseminated through correct channels, in a timely manner and to the right group. | | Communication framework, style guides.  Records management system. | | Process is in place to manage communications.  Style guide is current and available to staff. | |  | |  | |
| 8.3 | | Communication with the Department and Minister’s office is well managed. | | Briefing templates and approval processes. Requests for information and responses. Communications log. | | Communications meet timelines and are accurate. None returned. Measured by Communications log or register.  Feedback from stakeholders is positive. | |  | |  | |
| 8.4 | | Processes assist in complying with legislation on record keeping, public interest disclosure (PID) and FOI, in safeguarding the confidentiality and integrity of information, and in preventing unauthorised, false or premature disclosure. | | Policies re PID, FOI, records management. | | Policies are in place. Evidence that training is carried out to ensure that policies are in action. PID Officers in place.  FOI policy and process in place with decision makers identified. Access to FOI requests is simple. | |  | |  | |
| 8.5 | | Internet strategy is accessible and informative. | | Website content. Website management policies. | | Responsibility for web content and policies is assigned. Information is current.  Feedback from users is positive. | |  | |  | |
| 8.6 | | An audit strategy exists to monitor compliance with communication policies and strategies. | | Annual report  Compliance reporting | | Audits reported in the annual report show compliance with policies and strategies. | |  | |  | |
|  | |  | |  | | Total | |  | |  |
|  | |  | |  | | Average – Total score divided by number of elements scored | |  | |  |

### Principle 9: Risk management

**The organisation identiﬁes and manages its risks**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **Governance element** | **Documents/Evidence** | **Indicator** | **Maturity level** | **General comments/achievements/ actions required** |
| 9.1 | Policies exist for the governance and management of material risks. | | Risk management policy and documentation.  Governing Council committee structure and minutes. | Evidence that risk is actively managed. Business cases include risk management plans; Business planning includes analysis of risk. Policy is used and records kept.  Governing Council Risk Management Sub-Committee (or equivalent) established with terms of reference, committee meets regularly. If no sub-committee Governing Council minutes show that risk is considered ie standing item on agenda. |  |  |
| 9.2 | | The agency’s risk exposure is evaluated and remediation plans are implemented. | Risk management plan  Policy  Insurance. | Risk management plans are reviewed annually and endorsed. |  |  |
| 9.3 | | Preventative measures for key risk categories are in place. | Occupational health and safety policy/s.  OH&S records, incident logs.  Insurances, RiskCover database | OH&S inspections are carried out to meet legislative requirements, records are current. No Worksafe notices issued. No significant workplace injuries.  Insurance documentation is up to date, a process is in place to ensure new significant insurable assets are recorded and included on the insurance schedule. |  |  |
| 9.4 | | Risk management is embedded in strategic and operational planning. | Strategic planning framework  Operational planning framework. | All operational plans include risk management that could be a separate risk management plan or a record that risk has been explicitly considered. Managers have explicitly signed to accept risk.  Acceptance of risks is approved by the nominated authority.  Governing Council devotes time in its agenda to consider risk. |  |  |
| 9.5 | | Procedures are in place to monitor incidents from the identified risk categories. | Risk management plans. | Plans are monitored for incidents.  Processes are in place to respond to manifested risks. |  |  |
|  | |  |  | Total |  |  |
|  | |  |  | Average – Total score divided by number of elements scored |  |  |

## Summary report

**Date of assessment:**

**Good practice identified:**

**Gaps identified:**

##### **Overall assessment and progress under each principle**

*Principle 1*

*Principle 2*

*Principle 3*

*Principle 4*

*Principle 5*

*Principle 6*

*Principle 7*

*Principle 8*

*Principle 9*

Recommendations for improvement are detailed on the following consolidated action sheet.

### Appendix 1: Consolidated action sheet – TAFE College governance assessment

ACTIONS ARISING FROM ASSESSMENT

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| **Item** | **Action Required** | **Responsibility** |
| **PRINCIPLE 1** | | |
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| **PRINCIPLE 2** | | |
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| **PRINCIPLE 3** | | |
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| **PRINCIPLE 4** | | |
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| **PRINCIPLE 5** | | |
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| **PRINCIPLE 6** | | |
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| **Item** | **Action Required** | **Responsibility** |
| **PRINCIPLE 7** | | |
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| **PRINCIPLE 8** | | |
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| **PRINCIPLE 9** | | |
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