REPORT TO:          **POLICY & RESOURCES COMMITTEE – 23 APRIL 2018**

REPORT ON:          **CORPORATE RISK REGISTER**

REPORT BY:          **EXECUTIVE DIRECTOR OF CORPORATE SERVICES**

REPORT NO:          **143-2018**


**1.      PURPOSE OF REPORT**

1.1      To seek approval for the Council's revised Corporate Risk Register

**2.      RECOMMENDATIONS**

2.1      It is recommended the Policy and Resources Committee notes the content of this report and approve the revised Corporate Risk Register.

**3.      FINANCIAL IMPLICATIONS**

3.1      The Executive Director of Corporate Services advises that any expenditure associated with the creation, maintenance and review of the Council's Corporate Risk Register can be met from within existing Council Budgets.

**4.      BACKGROUND**

4.1      The register was last revised in June 2014 (Item IX Policy and Resources Committee, 9 June 2014 refers)

4.2      The challenges and risks facing the Council have evolved over this time and to reflect this the Register has been significantly refreshed to be aligned with the recently developed City Plan and Council Plan.

**4.3**      The Council has been operating within a significantly changing environment and, as a result of resource constraints, it is expected that the level and pace of change will continue for the foreseeable future.  Locally, changes include an organisational re-structure comprising the amalgamation / realignment of former departments, establishment of the new Dundee Health and Social Care Partnership, responsible for the operational delivery of health and social care services, as well as the development of new City and Council Plans setting out the organisation's vision and priorities.  As a result of this continually changing and complex landscape, governance arrangements, including risk management, require to continually evolve to support it.

**4.4**      Whilst the Council will face many levels of risk going forward the Register has identified eleven key areas which cover the wider risk environment. It is expected that more detailed risks identified at service level will be reflected within these broader strategic areas.

4.5      Following approval the Register will be regularly submitted to the Scrutiny Committee to ensure it continues to reflect current risks for the council.  It will also be the subject of regular review by the Council Management Team.

4.6      The revised register was developed by the Council Management Team in conjunction with facilitation by both PwC and KPMG.

4.7      The register is shown at Appendix 1.  It explains the nature of each risk and its significance before and after operational controls are in place.

4.8      A template showing the scales used for scoring mechanism is attached at Appendix 2.

## 5. FURTHER STEPS

5.1 To enable risk management to be further embedded within the Council a clearer link will be developed between Service Risk Registers and the Corporate Risk Register. This will be facilitated by a newly created post of Corporate Risk Management Co-ordinator.

5.2 An Action Plan has been prepared to ensure that this is fully achieved. This is attached at Appendix 3.

## 6. POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

There are no major issues except for Risk where the implication of business risks have been fully reflected in the Register.

## 7 CONSULTATIONS

The Council Management Team were consulted in the preparation of this report.

## 8. BACKGROUND PAPERS

None.

**GREGORY COLGAN**
**EXECUTIVE DIRECTOR OF CORPORATE SERVICES**                    **APRIL 2018**

| Risk | Heading | Explanation of risk | Narrative of impact / consequence | Inherent | | | Relevant controls | Residual | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Likelihood | Impact | Total | | Likelihood | Impact | Total |
| 1 | Financial Sustainability | Risk that the Council is unable to deliver priorities and meet financial obligations due to financial constraints arising from funding pressures and demand pressures. | - Fail to deliver objectives<br>- Maintaining sufficient revenue and capital resources to meet ambitions<br>- Reputational damage of going concern issues<br>- Lack of funding for capital and change programmes<br>- Need to resort to short-term reactive measures<br>- Failure to achieve Best Value | 3 | 5 | 15 | - Budget setting and approval process.<br>- Capital Plan setting and approval process.<br>- Capital Investment Strategy approval.<br>- Capital and revenue monitoring.<br>- Approval of 3 year revenue budget.<br>- Option Appraisals/business cases requirements and approval process.<br>- Finance and Support Manager embedded in services.<br>- Capital Strategy Group scrutiny.<br>- Formal Timetable for revenue and capital monitoring.<br>- CMT approval and actions regarding revenue monitoring. | 2 | 5 | 10 |
| 2 | Effectiveness of partnerships | Risk that partnerships are not effectively commissioned, contracted and monitored and fail to deliver expected results.  Key partnerships include:<br>- IJB / DH&SCP<br>- L&CD<br>- Tayside Contracts<br>- Tayside Procurement Consortium -<br>Tayside Scientific Services<br>- Tayside Plan for Children, Young People and Families<br>- Employability Partnership<br>- Alcohol and Drugs Partnership | - Reputational damage<br>- Risk of dispute arising between partners<br>- Partnership breakdown causes or is caused by failure to deliver outcomes/priorities<br>- Needs are not met in accordance with approved strategies and policies<br>- Potential overspends/additional cost incurred<br>- Partnerships do not achieve Best Value<br>- Negative impact on service delivery | 3 | 5 | 15 | - Statutory consultation process.<br>- Shared and agreed joint vision with clearly defined objectives.<br>- Agreed Performance Management Framework and transparent PI and outcomes monitoring.<br>- Defined and agreed partnership risk strategy/plan and a comprehensive approach to dealing with costs and benefits of the partnership.<br>- Effective governance structure to build trust and mutual understanding of issues.<br>- A formal contract, memorandum of understanding or service level agreement in place and agreed by partners.  Defines scope of partnership, roles and responsibilities and conflict resolution arrangements.<br>- Appropriate benchmarking and/or market testing procedures in place and used regularly to ensure value for money.<br>- Capital and revenue monitoring in place.<br>- Council representation in partner governance structure.<br>- Due diligence and financial governance.<br>- Regular directorate meetings to monitor progress, financial management and discussions.<br>- Annual review meeting and subsequent report to Committee to allow member scrutiny PLUS Others <£1M.<br>- Quarterly review meeting with nominated lead officer to monitor progress, financial management and discuss issues.<br>- Reports to Committee in adherence with Follow the Public Pound procedures to allow member scrutiny. | 2 | 5 | 10 |
| 3 | Resilience | Risk that the Council is unable to deliver critical services due to inadequate business resilience or cyber security arrangements.<br><br>Risk that the Council cannot respond to or support emergencies in its area, or meet requirements of the Civil Contingencies Act 2004. | - Allow physical, financial or emotional harm to come to citizens or stakeholders<br>- Unable to deliver frontline services following disaster, failure or cyber security incident<br>- Loss of information / records<br>- Reputational impact<br>- Unlawful disclosure of sensitive information<br>- Financial cost and penalties e.g. penalties | 4 | 5 | 20 | - Establishment of a Senior Office Resilience Group.<br>- Strong Council response procedures and capability is in place to respond to local and regional civil emergencies.<br>-  Strong Local Resilience Partnership (LRP) planning and response arrangements which have been tested and exercised through instances of bad weather, animal health outbreaks, human epidemics and other civil emergencies.<br>- Corporate Generic Emergency and Business Continuity Plans.<br>- Business Impact Analysis strong in Care Provision where each service has been identified at its point of potential failure and the time span to reach critical point documented.<br>- System of formal incident debriefs in place, where lessons learned and shared with partners informs future actions and amends controls.<br>- Appointment of full time Resilience Officer with relevant responsibilities.<br>- Up to date ICT Disaster Plan (2017) .<br>- Twin data centres with systems and services duplicated and / or backed up across sites.<br>- Establishment of Safety and Alarm Response Centre as regards major asset security.<br>- Strong weather (Winter and Flood) plans and response arrangements in place and are published via Committee - namely the Dundee Flood Risk Management Plan and the Councils Winter Maintenance Policy.<br>- Recently updated Communication Strategy, including the use of social media.<br>- Membership of Government Cyber Security team.<br>- Progress to adherence to the Scottish Government Cyber Essentials framework.<br>- Multi layer cyber security protection including internet filtering, virus scanning and firewalls.<br>- Regular external penetration tests to maintain protection against high and medium vulnerabilities.<br>- Phishing testing / awareness procedures.<br>- Adherence to Payment Card Industry (PCI) Security Council standards. | 2 | 5 | 10 |

| Risk | Heading | Explanation of risk | Narrative of impact / consequence | Inherent | | | Relevant controls | Residual | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Likelihood | Impact | Total | | Likelihood | Impact | Total |
| 4 | City Vision | Risk that our children and young people will not have the best start in life.<br><br>Risk that Dundee will not be the best place in Scotland to grow up. | - Constant or deteriorating early years outcomes.<br>- Attainment gap remains the same or is widening.<br>- No improvement to physical, mental and emotional health for children & young people.<br>- No improvement to health and wellbeing outcomes for children and young people who experience inequalities.<br>- No improvement to the safety and protection of young people. | 3 | 5 | 15 | - Establishment of Children and Families Executive Board with links to Community Safety and Health Care and Well-Being Board.<br>- Participation in Tayside Collaborative and agree Tayside plan.<br>- Established Child Protection Committee with independent chair and an agreed delivery plan.<br>- Chief Social Work Officer prepares annual report for Policy and Resources Committee and Integrated Joint Board.<br>- Self-evaluation framework which includes balanced scorecard for public protection.<br>- Corporate Parenting Strategy and established Champions Board.<br>- Establishment of revised framework for attainment outcomes.<br>- Educational Services Management Group oversees attainment and pupil equity fund. | 2 | 5 | 10 |
| | | Risk that the local economy, which is part of the Tay Cities Region, is not developed to become strong, sustainable and connected.<br><br>Risk that the local economy is not more productive, smarter and fairer. | - Unable to close the jobs gap by increasing the number of people in Dundee in work to the Scottish average.<br>- Unable to reduce unemployment.<br>- Productivity cannot be raised to the Scottish average.<br>- Unable to improve community priorities areas of traffic, parking and public transportation. | 3 | 5 | 15 | - Active Monitoring of Local Economic Performance.<br>- Regular reviews of Council Economic Strategy.<br>- Adequate resourcing of measures to promote local economic development.<br>- Active participation in business community (e.g. Chambers of Commerce).<br>- Active participation in Tay Cities Deal.<br>- Proactive influence of Government policy through SLAED (Scottish Local Authority Economic Development).<br>- Participation in Developing Scotland's Young Workforce. | 2 | 5 | 10 |
| | | Risk that stronger, more resilient, influential and inclusive communities and neighbourhoods are not created. | - Unable to improve quality of neighbourhoods.<br>- Unable to increase the level of community empowerment.<br>- No improvement to the quality of housing, choice and affordability.<br>- Unable to improve access to healthy, green and open spaces.<br>- Transport connections to communities are not improved.<br>- Unable to reduce levels of domestic abuse, crime and re-offending.<br>- Unable to improve road safety.<br>- Anti-social behaviour levels increase. | 3 | 5 | 15 | - Well established Violence against Women Partnership with independent chair.<br>- Tayside wide strategic Oversight Group in place in relation to high risk offenders - annual report published and submitted to Government.<br>- Both partnerships above have strong links to the Chief Officers Group.<br>- Systems in place to learn from significant incidents.<br>- Well established Community Safety and Justice Executive Board.<br>- Community Justice Outcome Improvement Plan in place with system of annual reporting.<br>- CSWO annual report addresses partnership and performance issues in relation to both domestic abuse and community justice.<br>- Community Safety Outcome Improvement Plan in place.<br>- New local MATAC arrangements aligned with locality Policing plan now in place to address local crime and anti social behaviour issues.<br>- Strategic oversight MATAC group established.<br>- Strong partnership working within Community Safety Team, including involvement of Third Sector.<br>- Road safety Forum reinvigorated.<br>- Well established Fire Related Anti Social Behaviour Group. | 2 | 5 | 10 |
| 5 | Governance | Risk that the Council's governance arrangements do not operate effectively in order to meet stakeholder and legislative requirements. | - Fail to deliver objectives<br>- Unable to demonstrate Best Value<br>- Inappropriate use of resources (from fraud or error)<br>- Inadequate transparency<br>- Poor decision making<br>- Increased scrutiny | 4 | 5 | 20 | - Register of Members Interests, Register of Gifts and Hospitality received by Members, Members/Officers Codes of Conduct, Standing Orders, Financial Regulations, Tender Procedures, Delegation of Powers to Officers all published to enable appropriate scrutiny and challenge by Elected Members, Officers, the Press and the Public.<br>- Integrated Impact Assessments are published where appropriate to enable appropriate scrutiny and challenge by Elected Members, Officers, the Press and the Public.<br>- City Council, Committee and Sub-Committee Meetings are held in public wherever possible and a Calendar of Meetings, Agendas and Minutes are also published for the Press and Public.<br>- All Reports are checked by the Chief Executive, Executive Director of Corporate Services and Head of Democratic and Legal Services to ensure that the policy, financial and legal implications of potential policy developments are fully understood before consideration by Elected Members.<br>- Whistleblowing Policy.<br>- Scrutiny Committee chaired by the Leader of the Opposition established.<br>- Governance and Assurance Statement.<br>- Service governance checklist completion and review.<br>- Governance Statement Working Group oversight.<br>- Chief Financial Officer checklist completion and review.<br>- Integrity Group | 3 | 2 | 6 |

| | | | | Inherent | | | | Residual | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Risk | Heading | Explanation of risk | Narrative of impact / consequence | Likelihood | Impact | Total | Relevant controls | Likelihood | Impact | Total |
| 6 | **Corporate health and safety** | Risk that the Council has inadequate arrangements to protect those for whom it has a duty of care. | - Allow harm to come to citizens, tenants, staff or stakeholders<br>- Reputational impact of failure<br>- Legal intervention<br>- Financial cost and liabilities<br>- Impact on staff wellbeing | 3 | 5 | 15 | - Health and safety policy, training and monitoring of completion of training.<br>- Appropriate risk assessments and controls to be in place and regularly reviewed.<br>- Participation in local and national benchmarking.<br>- Approved five year health and safety plan with associated improvement actions monitored by CMT and Council Health and Safety committee.<br>- Annual report and oversight by Council Management Team and detail included in the annual Our People update to Policy and Resources Committee.<br>- Induction training.<br>- Health and safety team outposting to identified risk areas e.g. Neighbourhood Services for Construction, Street Scene and Waste; Children and Families for Schools and care based establishments; Health and Social Care Partnership for care based working practices.<br>- Liaison with trade unions includes health and safety matters, monitoring and risk assessment. | 2 | 3 | 6 |
| 7 | **Information governance** | Risk that the Council information is not governed in line with legislative requirements, including GDPR and FOI legislation. | - Allow confidential or sensitive information to be shared unlawfully<br>- Reputational impact of failure<br>- Legal intervention<br>- Prosecution<br>- Financial cost and liabilities<br>- No suitable information available to support decision making | 4 | 5 | 20 | - Data Protection Policy in place.<br>- Records Management Policy in place.<br>- Freedom of Information Policy in place.<br>- Annual accreditation to PSN framework.<br>- Progress to adherence to the Scottish Government Cyber Essentials framework.<br>- Multi-layer cyber security protection including internet filtering, virus scanning and firewalls.<br>- Regular external penetration tests to maintain protection against high and medium vulnerabilities.<br>- Adherence to PCI Security Council Standards.<br>- Twin data centres with systems and services duplicated and / or backed up across sites.<br>- Thin client and mobile sandbox technologies deployed to keep data secure within DCC network.<br>- Information Governance Manager appointed and supported by Legal Manager and Head of Democratic and Legal Services to advise and assist on the introduction of the General Data Protection Regulations, and the Council's compliance with its Data Protection and Freedom of Information obligations generally.<br>- Data Protection, Freedom of Information and GDPR E-learning mandatory for all staff and actively monitoring progress towards its completion. | 2 | 3 | 6 |
| 8 | **Workforce** | Risk that there is inappropriate or insufficient staff resources to meet service demands and deliver the Council vision | - Fail to deliver objectives<br>- Increased sickness absence<br>- High vacancy level / inability to recruit<br>- Reliance on contractors / agency staff<br>- Loss of corporate knowledge from departures<br>- Inadequate skills / experience<br>- Lack of resources to deliver priorities<br>- Impact on personal wellbeing<br>- Loss of specialist skills to competitors | 4 | 4 | 16 | - Managers trained in and supported with workforce planning methods; Workforce information provided for analysis and decision making.<br>- Management and support of employees through the HWB policies and initiatives.<br>- Recruitment procedures followed to ensure we recruit appropriately.<br>- Fair and Consistent terms and conditions of employment.<br>- Sickness absence monitoring.<br>- Employee Performance Development and Review in place.<br>- Internal Talent Management process being developed.<br>- Focus on developing our young workforce to address age profile and skills gap.<br>- Learning & Organisational Development contributing in development and delivery of multi agency and partners strategic frameworks, eg. Protecting People.<br>- Linking Our People Strategy with Council Plan and Service Plans.<br>- Leadership Development embedded with specific professional leadership programs in place. | 3 | 3 | 9 |
| 9 | **Statutory and legislative compliance** | Risk that the Council fails to operate in accordance with law, regulation and statutory guidelines. | - Non compliance and legal challenge<br>- Financial cost and liabilities<br>- Obligations to vulnerable groups not met<br>- Reputational impact<br>- Ministerial or Regulatory action/censure<br>- Failure to achieve Best Value | 4 | 5 | 20 | - Head of Democratic and Legal Services (qualified Solicitor) assisted by Legal Manager (also qualified Solicitor) appointed to advise the Council on legal matters<br>- Head of Democratic and Legal Services appointed as Monitoring Officer with responsibility to report to the Council in the event that any actions are or may be non-compliant<br>- Active engagement with legislative development through COSLA, SOLACE, SOLAR and Law Society of Scotland by Head of Democratic and Legal Services and Legal Manager to monitor issues of relevance to the Council and support, challenge and advise the Council as appropriate<br>- "Intelligent Clients" ie Service and professional leads are experts in their fields and are therefore also able to monitor and challenge any actions which are non-compliant<br>- Governance arrangements (see 5 above) also in place<br>-The Council has established a Council Management Team, Housing Best Value Review Group, the Dundee Child Protection Committee and Adult Support and Protection Committee, each of which is responsible for monitoring activity and ensuring, in their own sphere of responsibility, that relevant statutes and other legislation are being complied with. | 3 | 5 | 15 |

| Risk | Heading | Explanation of risk | Narrative of impact / consequence | Inherent | | | Relevant controls | Residual | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Likelihood | Impact | Total | | Likelihood | Impact | Total |
| 10 | **Major project delivery** | Risk that major projects are not delivered on time, to budget and do not provide the designed benefits. | - Fail to deliver objectives<br>- Essential services not delivered<br>- Financial cost and liabilities<br>- Reputational impact | 3 | 5 | 15 | - Continued use of Project Boards<br>- Regular reviews of major projects by Capital Governance Group<br>- Adequate resourcing of Project Management services<br>- Option appraisals / business case requirements and approval process<br>- Procurement route selection process<br>- Quality and environmental management systems within design and project management arrangements<br>- Statutory consultation<br>- Capital Strategy Group scrutiny<br>- Capital Plan setting and approval process<br>- Capital Investment Strategy approval<br>- Capital and revenue monitoring | 2 | 5 | 10 |
| 11 | **Transformation** | Risk that transformation and change impacts on business as usual activities, fails to deliver objectives and benefits or is insufficient in response to the changing external environment. | - Fail to deliver objectives/implement agreed changes<br>- Financial cost and liabilities<br>- Demand and expectations not met<br>- Fail to achieve required savings<br>- Reputational impact<br>- Impact on staff wellbeing and culture | 3 | 5 | 15 | - Review for C2022 to improve programme management<br>- PMO established with agreed C2022 governance to deliver programme<br>- CMT sponsor projects and regularly scrutinise and challenge the programme progress<br>- Procedures and methodologies for reviews agreed and deployed consistently<br>- Aligned with the Council and City Plan priorities<br>- Budget monitoring and benefit realisation in place<br>- Capital plan management<br>- Workforce plan reporting and scrutiny | 2 | 5 | 10 |

## Consequence Impact

| "Domains" | 1 Insignificant | 2 Minor | 3 Moderate | 4 Major | 5 Extreme |
|---|---|---|---|---|---|
| Objectives and Projects | • Barely noticeable reduction in scope / quality / schedule | • Minor reduction in scope / quality / schedule | • Reduction in scope or quality, project objectives or schedule. | • Significant reduction in ability to meet project objectives or schedule. | • Inability to meet project objectives, reputation of the organisation seriously damaged and failure to appropriately manage finances. |
| Injury (physical and psychological) to clients/staff. | • Adverse event leading to minor injury not requiring first aid. | • Minor injury or illness, first-aid treatment needed. No staff absence required. | • Significant injury requiring medical treatment and/or counselling. | • Major injuries or long term incapacity/ disability (loss of limb), requiring medical treatment and/or counselling. | • Incident leading to death or major permanent incapacity. |
| Client experience / outcome | • Reduced quality of client experience / outcome not directly related to service delivery. | • Unsatisfactory client experience / outcome directly related to service provision – readily resolvable | • Unsatisfactory client experience / outcome, short term effects – expect recovery < 1Wk | • Unsatisfactory client experience / outcome, long term effects - expect recovery > 1Wk | • Unsatisfactory client experience / outcome, continued ongoing long term effects. |
| Complaints / claims | • Locally resolved complaint | • Justified complaint peripheral to direct service provision | • Below excess claim.<br>• Justified complaint involving inappropriate service. | • Claim above excess level.<br>• Multiple justified complaints. | • Multiple claims or single major claim. |
| Staffing and competence | • Short term low staffing level (< 1 day), where there is no disruption to service. | • Ongoing low staffing level results in minor reduction in quality of client care<br>• Minor error due to ineffective training / implementation of training. | • Late delivery of key objective / service due to lack of staff.<br>• Moderate error due to ineffective training / implementation of training.<br>• Ongoing problems with staffing levels | • Uncertain delivery of key objective / service due to lack of staff.<br>• Major error due to ineffective training / implementation of training. | • Non delivery of key objective/ service due to lack of staff.<br>• Loss of key staff.<br>• Critical error due to insufficient training/ implementation of training. |
| Service / business interruption | • Interruption in a service which does not impact on the delivery of client care or the ability to continue to provide service | • Short term disruption to service with minor impact on client care. | • Some disruption in service with unacceptable impact on client care.<br>• Temporary loss of ability to provide service. | • Sustained loss of service which has serious impact on delivery of client care resulting in major contingency plans being invoked. | • Permanent loss of core service or facility.<br>• Disruption to facility leading to significant "knock on" effect. |

| "Domains" | 1<br>Insignificant | 2<br>Minor | 3<br>Moderate | 4<br>Major | 5<br>Extreme |
|---|---|---|---|---|---|
| Financial | ▪ Negligible organisational financial loss (£< 1k). | ▪ Minor organisational financial loss (£1-10k). | ▪ Significant organisational financial loss (£10-100k). | ▪ Major organisational financial loss (£100k-1m). | ▪ Severe organisational financial loss (£>1m). |
| Inspection / assessment / audit | ▪ Small number of recommend-ations which focus on minor quality improvement issues. | ▪ Minor recommend-ations made which can be addressed by low level of management action. | ▪ Challenging recommend-ations but can be addressed with appropriate action plan. | ▪ Enforcement Action.<br>▪ Low rating.<br>▪ Critical report. | ▪ Prosecution.<br>▪ Zero Rating.<br>▪ Severely critical report. |
| Adverse publicity / reputation | ▪ No media coverage, little effect on staff morale. | ▪ Local Media – short term.<br>▪ Minor effect on staff morale / public attitudes. | ▪ Local Media – long term.<br>▪ Impact on staff morale and public perception of the organisation. | ▪ National Media (< 3 days).<br>▪ Public confidence in the organisation undermined.<br>▪ Usage of services affected. | ▪ National Media (> 3 days).<br>▪ MP / MSP Concern (Questions in Parliament). |
| Council / Personal Security, and Equipment | ▪ Damage, loss, theft (£< 1k). | ▪ Damage, loss, theft (£1-10k). | ▪ Damage, loss, theft (£10-100k). | ▪ Damage, loss, theft (£100k-1m). | ▪ Damage, loss, theft (£>1m). |

## Likelihood

| | 1<br>Remote | 2<br>Unlikely | 3<br>Possible | 4<br>Likely | 5<br>Almost Certain |
|---|---|---|---|---|---|
| Probability | ▪ Will only occur in exceptional circumstances | ▪ Unlikely to occur but definite potential exists | ▪ Reasonable chance of occurring – has happened before on occasions | ▪ Likely to occur – strong possibility | ▪ The event will occur in most circumstances |

| | Action (Linked to Internal Audit Report No. 2016/31) | Responsible Officer(s) | Target Date / Status |
|---|---|---|---|
| 1a | Provide updates on the implementation of this improvement plan to the CMT and, where appropriate, Scrutiny Committee. | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 30 June 2018 |
| 1b | Develop governance arrangements to support the revised risk management arrangements e.g.<br><br>- Consider existing working groups within the organisation and establish whether or not it would be sensible to expand current remit to incorporate risk management agenda e.g. new resilience group.<br>- Establish corporate risk management group if answer to the above is not sensible to expand remit of an existing group.<br>- Identify key members of staff within each service who will become risk management champions and represent their service on the relevant group (existing or new corporate risk management group).<br>- Develop the remit for the corporate risk management group or equivalent.<br>- Review Scrutiny Committee and other Council committee remits for risk management approval, monitoring and reviewing responsibilities.<br>- Develop formal risk management activity and performance reporting framework – CMT and Committee level. | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 30 June 2018 |
| 1c | Discuss and agree budget allocations for risk management budget. | Executive Director of Corporate Services / Executive Director of Neighbourhood Services / Head of Corporate Finance / Senior Manager – Internal Audit | 30 April 2018 |

| 1d | Recruit corporate risk management co-ordinator following development and evaluation of a new job description and person specification. | Head of Corporate Finance / Senior Manager – Internal Audit | 31 May 2018 |
|----|----|----|----|
| 2a | Decide on the positioning of the risk management function within the organisation. | Executive Director of Corporate Services / Executive Director of Neighbourhood Services / Head of Corporate Finance / CMT | 31 March 2018 - Complete |
| 2b | Map existing risk management related tasks and corresponding officers. | Head of Corporate Finance / Service Manager – Community Safety and Resilience | 31 March 2018 - Complete |
| 3a | Define the Council's risk management appetite and incorporate this into the revised risk management strategy. | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 30 September 2018 |
| 3b | Review and revise the Council's risk management strategy, ensuring it:<br>- Details the governance structures in place.<br>- Defines escalation routes.<br>- Sets out the level of risk the Council is willing to take in the form of risk appetite.<br>- Is clearly linked to other key Council processes such as the strategic planning and budget setting processes. | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 30 September 2018 |
| 3c | Introduce a formal programme of review for the risk management strategy. | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 30 September 2018 |
| 4a | Develop a risk universe setting out the full range of risks that the Council is exposed to and utilise this to help inform the development of risk registers. *Link to assurance maps being developed through Internal Audit.* | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 30 September 2018 |

| 5a | Develop and implement risk management procedures to support the revised risk management strategy. The procedures should incorporate the following key stages of the risk management process:<br><br>- Recognition or identification of risks.<br>- Ranking or evaluation of risks.<br>- Responding to risks (i.e. tolerate, treat, transfer, terminate).<br>- Resourcing controls.<br>- Reaction planning.<br>- Reporting and monitoring risk performance.<br>- Reviewing the risk management framework. | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 31 December 2018 |
|----|----|----|----|
| 6a | Management should consider the different reporting options available to it and decide, in conjunction with the client, how certain types of risk management information should be presented. | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 31 December 2018 |
| 6b | Consideration should be given to how potential risks associated with actions / decisions could be incorporated into reports to CMT, service management teams and committees. | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 31 December 2018 |
| 7a | The Risk Central module within Pentana should be fully utilised throughout the organisation to record, assess and manage risks. To facilitate this, training on the use of the system should be provided to key members of staff as appropriate. | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 31 December 2018 |
| 7b | Service – level risk registers should be aligned to the revised Council structure and, once available, informed by the Risk Universe. In order to achieve consistency, definitions for mandatory values and data fields in the risk registers should be communicated to key members of staff along with examples. Risk registers should include details of the current controls in place and actions that are planned. These actions should be recorded as auditable actions with a defined timescale for implementation and named responsible owners. | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 31 December 2018 |

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|---|---|---|---|
| 7c | The current corporate risk register should be reviewed, ensuring, as part of that exercise, that due consideration is given to the Council's strategic objectives, service-level and relevant partners' risks. The revision of the corporate risk register should be undertaken through a series of senior management workshops and include engagement with Elected Members where appropriate. | Head of Corporate Finance / Corporate Risk Management Co-ordinator / KPMG / CMT | 31 March 2018 - Complete |
| 7d | Arrangements should be put in place to ensure that risk registers are live documents and regularly reviewed and updated. | | 30 September 2018 |
| 9b | Risk management should become a standing agenda item at management team meetings. | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 30 September 2018 |
| 8a | A comprehensive and targeted training programme, including e-learning where appropriate, should be developed for staff at all levels within the organisation, including strategic and operational level management, staff and Elected Members. The existing Managing Risk in Dundee City Council e-learning course should be reviewed as part of this exercise. A decision should also be made surrounding whether or not the training should be mandatory. | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 31 March 2019 |
| 8b | The staff induction process should be reviewed with a view to incorporating a risk management session, in particular for new starts in management roles. | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 31 March 2019 |
| 9a | Key members of staff from throughout the Council should be identified as risk management advocates / champions to assist the CMT and service management teams. | Head of Corporate Finance / Corporate Risk Management Co-ordinator | 31 December 2018 |