

BROMSGROVE DISTRICT COUNCIL

AUDIT BOARD

16TH MARCH 2009

RISK MANAGEMENT TRACKER

Responsible Portfolio Holder	Councillor Geoff Denaro
Responsible Head of Service	Head of Financial Services

1. Summary

- 1.1 To present an overview of the current progress in relation to Actions/Improvements as detailed in the Corporate and business area risk registers for the period 1st April to 31st December 2008.

2. Recommendation

- 2.1 The Audit Board is recommended to note progress to date against the Corporate and all business area risk register actions for Quarter 3 2008/09 (April – December 08).

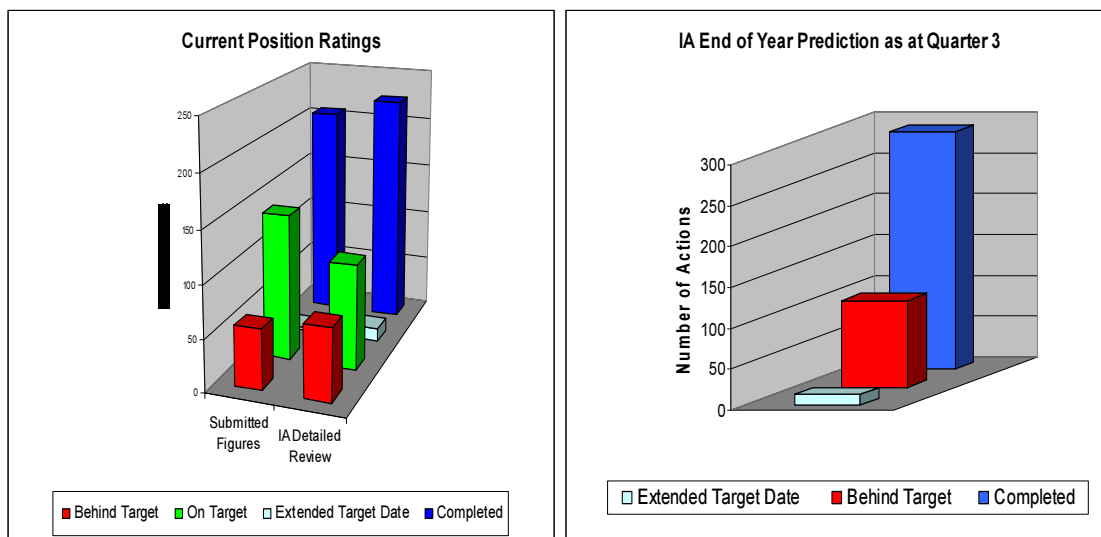
3. Background

- 3.1 During December 2006 a review of the Council's risk management arrangements was undertaken by the Internal Audit section. Following the review a new approach, which included updated documentation, was adopted. The revised Risk Management Strategy was approved by the Executive Cabinet on the 7th March 2007.
- 3.2 As part of the new approach, each business area is required to collate a risk register that details:
- Key Objectives;
 - Risk Score;
 - Current controls;
 - Actions and improvements;
 - Responsible officers and target dates for each action and improvement; and
 - Progress against each action and improvement.
- 3.3 Business areas update their risk registers on a regular basis to ensure that actions and improvements are being monitored and implemented. The actions and improvements are designed to reduce risks, improve controls and aid individual sections to achieve their objectives.

- 3.4 The Risk Management Steering Group meets on a monthly basis to review departmental registers, highlight any concerns with the Head of Service and to review progress on actions and improvements.
- 3.5 The departmental registers are reviewed at Corporate Management Team and Audit Board on a quarterly basis.
- 3.6 In addition to the review of the registers there is a planned programme of risk management training that supports the development of the risk culture through the organisation.
- 3.7 The Use of Resources judgement as received by this Board in December presented an improved scoring in relation to Risk Management arrangements. The improvement from 2 to 3 (out of 4) reflects the position of consistently performing well in this area. This is as a result of the new framework that has been in place since 2007.

4. **Service Areas Summary**

- 4.1 Each service area has submitted to Internal Audit the quarter 3 position for each Action/Improvement detailed on their risk register.
- 4.2 A detailed review of each Action/Improvement, target date, quarter 3 position rating and commentary. The Internal Audit overall opinion has identified some differences in the current position ratings.



- 4.3 From the above chart of Internal Audit's end of year prediction a total of approximately 106 (out of 409) of Actions/Improvements will be behind target at the end of the financial year.

4.4 The risk associated with the non delivery of the current actions is not deemed as high as the delayed actions are in relation to ongoing projects to ensure improvements are being achieved including the delays in relation to the implementation of Job Evaluation rather than fundamental problems with processes across the Council.

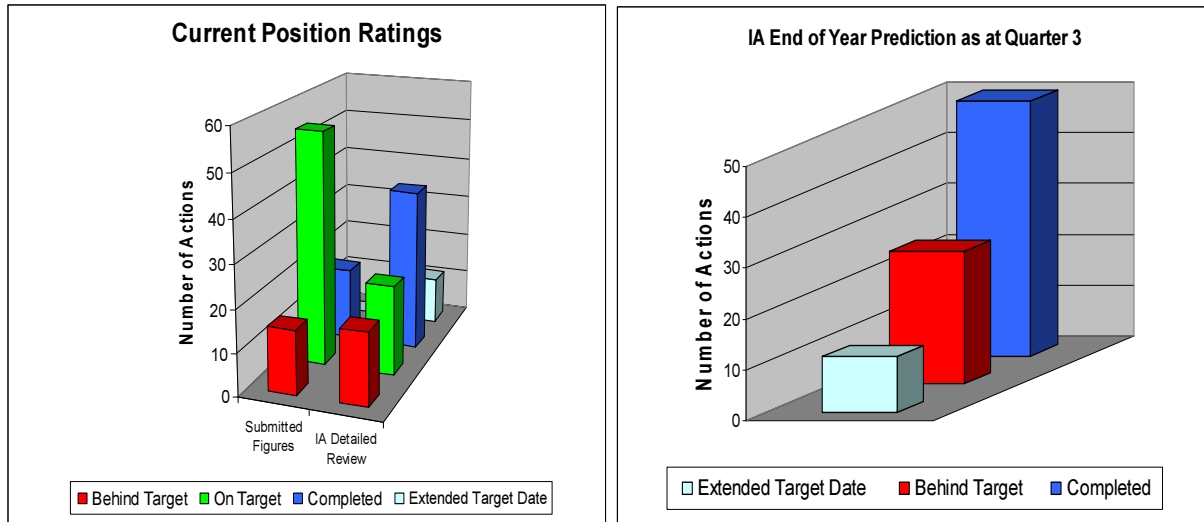
4.5 In order to highlight service area successes, Internal Audit have selected three Actions/Improvements that have been completed during quarter 3.

Relevant Key Obj.	Action/Improvement
ICT and Reprographics	
Provide access to a high quality, cost effective printing service for the Council.	Savings have been realised and £50,000 have been achieved within the budget.
Financial Services	
Efficient and effective Accountancy service.	POP system implemented across the Council. Training delivered to all relevant staff.
Planning and Environment	
Effective, efficient and legally compliant Environmental Health Service.	Successful implementation of the Iclipse document management system for the Environmental Health Service. The document system is now live across the Council for reviewing and consideration of correspondence and reports.

Corporate Summary

4.6 The Executive Team and Heads of Service were requested to submit to Internal Audit the quarter 3 position for each Action/Improvement detailed on the Corporate Risk Register.

4.7 For explanation of Internal Audits detailed review, see 4.2 above.



4.8 From the above chart of Internal Audit's end of year prediction a total of approximately 26 (out of 87) of Actions/Improvements will be behind target at the end of the financial year.

4.9 The non delivery of actions mainly relate to the corporate issues around Job Evaluation together with the delays in the plans for redevelopment of the Town Centre due to the current economic climate.

4.10 In order to highlight successes, Internal Audit have selected three Actions/Improvements that have been completed during quarter 3.

Relevant Key Obj.	Action/Improvement
Effective Projects Management	<p>All 3 Actions completed. That is,</p> <ul style="list-style-type: none">- Project management is included in the Corporate Training Directory.- Business Case template updated in the Project Management Framework document ensuring that it is fit for purpose.- Project management documentation is available on the Intranet.

Effective Financial Management and Internal Control in compliance with Use of Resources assessment	Use of Resources (UoR) Action Plan completed and UoR scoring improved for 2008. Plan to be developed for 2009/10.
Effective Customer Focused Authority	Regular Resource Level Agreement (RLA) review meetings take place with CSC and back office and issues are handled through the Customer First Board. The HUB business case has been approved by Cabinet and Council.

Overall Summary

- 4.11 Internal Audit's review has identified an additional 38 Actions/Improvements (that is, 17 service areas and 21 Corporate) that we perceive as completed based on the commentary provided.

5. Financial Implications

- 5.1 None outside of existing budgets. The continued development of the risk management culture within the Council will aim to achieve improved assessment under the Use of Resources scoring.

6. Legal Implications

- 6.1 None except specific legislation associated with any of the risk registers key objectives.

7. Corporate Objectives

- 7.1 Council Objective 02: Improvement.

8. Risk Management

- 8.1 Developing and maintaining Service risk registers will assist the Council to achieve its objectives, priorities, vision and values. The development and continual review of the registers will also support the Councils achievement of the Use of Resources framework.
- 8.2 Improvements and actions are monitored as part of each individual Service risk register.

9. Customer Implications

- 9.1 In addressing the risks associated with the delivery of the Councils services the customers will receive a consistent and controlled quality of service provision.

10. Equalities and Diversity Implications

- 10.1 The specific issue of improving equality and diversity is included within the Legal, Equalities and Democratic Services departmental register.

11. Other Implications

Procurement Issues: None
Personnel Implications: None
Governance / Performance Management: Effective governance process.
Community Safety including Section 17 of Crime and Disorder Act 1998: None
Policy: None
Environmental: None

12. Others Consulted on the Report

Portfolio Holder	Yes
Chief Executive	Yes – at CMT
Executive Director (Services)	Yes – at CMT
Assistant Chief Executive	Yes – at CMT
Head of Service	Yes – at CMT
Head of Financial Services	Yes – at CMT
Head of Legal, Equalities & Democratic Services	Yes – at CMT
Head of HR & Organisational Development	Yes – at CMT
Corporate Procurement Team	No

13. Appendices

None.

14. Background Papers

14.1 Departmental risk registers – available from Heads of Service.

Contact officer

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