

BROMSGROVE DISTRICT COUNCIL

AUDIT BOARD

28th September 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 service area risk registers for the period 1st April to 30th June 2009.

2. Recommendation

2.1 The Audit Board is recommended to note progress to date against all business area risk register actions for Quarter 1 2009/10 (April 2009 – June 2009).

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:

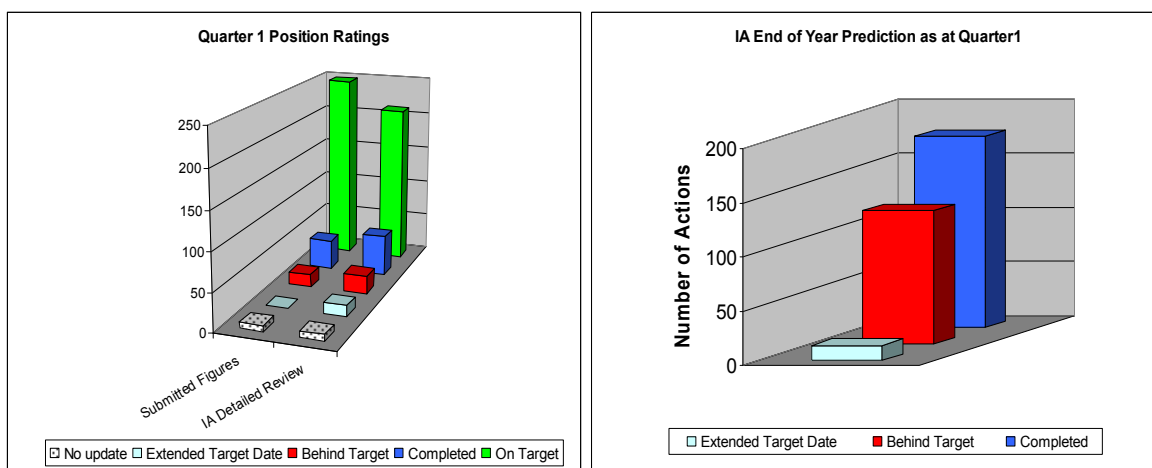
- Key Objectives;
- Risk Score;
- Current controls;
- Actions and improvements;
- Responsible officers and target dates for each action and improvement; and
- Progress against each action and improvement.

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.

4. Service Areas Summary

- 4.1 Each service area has submitted to Internal Audit the quarter 1 position for each Action/Improvement detailed on their risk register.
- 4.2 A detailed review of each Action/Improvement, target date, quarter 1 position rating and commentary has been carried out and based on the number of Actions/Improvements completed during the period 1st April to 30th June 2009 we have predicted an overall position rating for the end of the financial year.



4.3 From the above chart of Internal Audit’s end of year prediction a total of 123 (out of 312) of Actions/Improvements will be behind target at the end of the financial year.

The predictive methodology assumes that the number of actions due for completion are spread fairly consistently across each quarter.

	Q1	Q2	Q3	Q4	Extended target	No definitive target	Total
Number of actions due for completion	57	62	48	112	15	18	312

As the table above illustrates, a high number of actions (112 of 312) are due for completion in quarter 4. Accordingly, this increases the likelihood that a significant number of actions may not be completed by year end.

- 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 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 1.

Relevant Key Obj.	Action/Improvement
Street Scene & Community	
Achievement of Quest Accreditation	Completion of action plan with 3 key factors identified for implementation in Year 1. 3yr rolling plan developed alongside action plan, with worst performing areas of action plan being implemented first to raise standards
Finance	
Efficient and effective payment of benefits to those people who are eligible	Successful implementation and ongoing use of VRA. Processes have been amended and fine tunes and all staff are comfortable with the new way of working.
Human Resources & Organisational Development	
Effective Management of Health & Safety	A report was approved by Cabinet (3 rd June 2009) on implications of H&S responsibilities of Elected Members. The Corporate report template has been adjusted to accommodate H&S implications.

Overall Summary

4.11 Internal Audit's review has identified an additional 15 Actions/Improvements that we perceive as completed based on the commentary provided.

4.12 As at quarter 1 Internal Audit's predictive end of year position rating has identified:

- 4 risk registers with an Excellent rating;
- 3 risk registers with a Good rating; and
- 2 risk registers with a Weak rating.

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
Executive Director (Services) - Yes
Assistant Chief Executive - Yes
Head of Service - Yes
Head of Financial Services - Yes
Head of Legal, Equalities & Democratic Services - Yes
Head of HR & Organisational Development - Yes
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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