

The background of the slide features the coat of arms of the Government of Nunavut. It is a shield divided into four quadrants. The top-left quadrant shows a stylized building. The top-right quadrant shows a caribou head with antlers. The bottom-left quadrant shows a sailing ship on wavy lines representing water. The bottom-right quadrant shows a bird with spread wings. Above the shield is a crown with four points, each topped with a flower. Below the shield is a banner with the text "ANE FOR A'".

Agenda Item 6

Risk Management Assurance Policy and Framework

Falkirk Council

Title: Risk Management Assurance Policy and Framework
Meeting: Audit Committee
Date: 20 September 2021
Submitted By: Director of Corporate and Housing Services

1. Purpose of Report

- 1.1 This paper provides an updated Risk Management Assurance Policy and Framework (the 'Policy') - presented to Audit Committee (for consideration) and then referral to Executive (for approval).

2. Recommendations

2.1 The Audit Committee is asked to:

(1) Note and consider the updated Policy - including:

- **Part 1: Risk Management Assurance Policy; and**
- **Part 2: Guidance, Templates, and Training.**

(2) Refer this report to the Executive (for approval).

3. Background

- 3.1 The current Policy was agreed by the [Executive in May 2018](#), and the 2021/22 CRM Improvement Plan makes a commitment to review this by August 2021.
- 3.2 The CRM Team considered good practice from a range of external sources, including Audit Scotland, CIPFA, and ALARM (the Association of Local Authority Risk Managers).

4. Considerations

- 4.1 The Policy (Part 1) is mostly the same as agreed in May 2018. The main changes are that some roles have been shortened / abbreviated and there are more references to current reports, such as CRM Reviews (or Deep Dives) and Assurance Statements.
- 4.2 The Guidance and Templates (Part 2) includes guidance on Risk Scoring and Risk Appetite, and templates for Risk Registers and Risk Considerations in Committee papers. Again, these were agreed in the past and have only changed slightly.
- 4.3 The Policy and Guidance will be aligned with partners' risk management arrangements, including the Integration Joint Board (IJB), where appropriate.

- 4.4 The Risk Management Training and Briefings Plan (also at Part 2) is a refresh of the current Corporate Risk Management Training Plan. It continues to include CRM E-Learning, Briefings/ Workshops for CMT and Elected Members, and links to Professional Development, e.g. Social Work, Leadership, and Elected Members' Programs.

5. Consultation

- 5.1 Corporate Management Team (CMT) have been consulted.

6. Implications

Financial, Resources, Legal

- 6.1 There are no direct financial, resources, or legal implications arising from this report.

Risk

- 6.2 The key risk is failure to effectively identify, assess, mitigate, and report on the risks to delivering outcomes; and implement an effective governance framework.

Equalities and Sustainability/ Climate Change

- 6.3 Equalities and Sustainability impact assessments are not required for this report.

7. Conclusions

- 7.1 This paper provides an updated Risk Management Assurance Policy and Framework and revised Risk Guidance and Training and Briefing Plan that will support it - presented to Audit Committee (for consideration) and then referral to Executive (for approval).

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Director of Corporate and Housing Services

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Date: 31 August 2021

APPENDICES

- Part 1: Risk Management Assurance Policy and Framework
- Part 2: Risk Management Guidance, Templates, and Training and Briefing Plan

List of Background Papers:

The following papers were relied on in the preparation of this report in terms of the Local Government (Scotland) Act 1973:

- None.



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PART 1: POLICY

RISK MANAGEMENT ASSURANCE POLICY AND FRAMEWORK



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DOCUMENT HISTORY

Document Title and Date:	Risk Management Assurance Policy and Framework.
Owner:	Chief Finance Officer and Corporate Risk Management Group
Superseded Version:	CRM Policy and Framework approved by Executive in May 2018
Next Review Date:	2024 (3 Yearly)

1. **POLICY STATEMENT – APPROACH TO RISK, CULTURE, AND OUTCOMES**

- 1.1 This policy aims to ensure that risk is identified and managed at all stages in the development and delivery of the Council (and Partners') objectives; including risk analysis, the development of actions to manage risks, and to monitor, review, evaluate, and (where necessary) escalate risks.
It also sets out the approach to embedding risk and providing risk assurance across the Council.
- 1.2 Risk means an **uncertainty**, which has a **possibility** of resulting in positive or negative consequences for the Council. It may affect the achievement of policies, plans, or outcomes.
- 1.3 The Council encourages decision makers to be 'risk aware' rather than 'risk averse'. This means that risk is not a bad thing and does not need to be avoided – it means that it should be considered and inform decisions made on risks v benefits. The title of [Scotland's Social Services Council resources for Social Care staff sums it up -a Risk Worth Taking?](#) The principles apply to risks, innovation, and transformation - it needs Good Conversations.
- 1.4 The Council will support employees, communities, and partners who take opportunities - where the risks are considered, reasonable controls are in place to mitigate risks and maximise opportunities; and decisions are proportionately documented, monitored, and reviewed.
- 1.5 The Council's values should be reflected in how it manages and reports risks. The risk management framework, decisions, and assurance reporting should be Responsive, Innovative, Trusted, and Ambitious. And good risk management will help the Council to achieve it's strategies, plans, and priorities: Communities, Enterprise, and Innovation.
- 1.6 The Council also aims to adopt a 'just culture'. This term recognises the importance of being open, transparent, and seeking to learn lessons – and it balances risk and accountable¹.
- 1.7 The key benefits of risk and opportunity management are:
- improved communication and understanding of risk – fewer incidents and better response;
 - more resilient Services and communities - improved performance and outcomes; and
 - better evidence to support risk-based decisions - improved audit and inspection results.

¹ The NHS describe a 'Just Culture' as "The fair treatment of staff supports a culture of fairness, openness and learning organisation by making staff feel confident to speak up when things go wrong, rather than fearing blame. [Further info here.](#)

2. RESPONSIBILITIES – ELECTED MEMBERS AND COMMITTEES

2.1 Elected Members

CIPFA / SOLACE Guidance² states that risk management is an integral part of all activities and must be considered in all aspects of decision making. Risks should be included in all committee papers, where appropriate. Members should, therefore:

- gain a broad understanding of risk management and its benefits;
- require Officers to develop and implement an effective framework for risk management, and report significant risks on a regular basis;
- challenge Officers to ensure risks are considered and recorded in reports; and
- formally consider risks at the start, and throughout the life, of projects.

2.2 Executive

The Executive (or Education, Children, and Young People Executive, where appropriate) is responsible for:

- periodically reviewing and approving this Policy;
- scrutinising CRM Updates – and approving the Corporate Risk Register and Risk Appetite;
- challenging Officers on risks and the effectiveness of controls and governance arrangements;
- horizon scanning for new and emerging risks;
- reviewing and giving direction the Councils (Target) Risk Appetite; and
- considering risk management referrals from the Audit or Scrutiny Committees.

2.3 Audit Committee

The Audit Committee's Terms of Reference require it to:

- review and seek assurance on the framework of risk management, governance and control;
- review, and seek assurance on, the system of internal financial control;
- review Assurance Statements to ensure they properly reflect the risk environment;
- produce an annual report to Council on the findings of the assurance reviews above;
- take account of the implications of publications detailing best practice for audit, risk management, governance, and control; and
- take account of recommendations within the relevant reports / minutes of the External Auditor, the Scottish Parliament, and other external scrutiny agencies.

2.4 Scrutiny Committee

The Scrutiny Committee will undertake a programme of CRM Reviews (or 'deep dives') in regard to corporate risks, to allow Members to better scrutinise the process for assessing and mitigating against areas of risk. Any recommendations may be referred to the Executive.

² Delivering Good Governance in Local Government, CIPFA / SOLACE, 2016: Principle F: Managing risk through robust internal control and strong public financial management.

2.5 Portfolio Holders

Portfolio Holders are Councillors who have been allocated specific areas of responsibility. The remit of each Portfolio Holder is set out within the Council's Standing Orders, which are published on www.falkirk.gov.uk. In relation to corporate risk, Portfolio Holders are assigned to each corporate risks and they are expected to exercise political leadership functions in relation to the monitoring, scrutiny, and assurance on the risks within their remit, in conjunction with the Lead Officer and (if relevant) Governance Groups.

3. RESPONSIBILITIES – OFFICERS AND EMPLOYEES

3.1 Chief Executive

The Chief Executive has overall accountability for the Risk Management Assurance Policy and Framework, and for ensuring that effective arrangements are in place to manage risk.

3.2 Director of Corporate and Housing Services

The Director of Corporate and Housing Services is responsible for overseeing the implementation and effectiveness of the Risk Management Assurance Policy and Framework; and for raising risk related matters with Corporate Management Team, Audit Committee, and Executive. This includes a minimum of CRM updates to CMT (Quarterly), and Audit Committee and Executive (6 monthly).

3.3 Chief Finance Officer

The Director has delegated the responsibilities above to the Chief Finance Officer – including overseeing the implementation and effectiveness of this policy, chairing CRMG, and raising risk related matters with Corporate Management Team, Audit Committee, and the Executive.

3.4 Corporate Management Team

CMT are collectively responsible for monitoring this Policy and agree the Corporate Risk Register (CRR). Service Directors are responsible for overseeing the implementation and effectiveness of this Policy within their Service; ensuring that the necessary resources and support are provided to Corporate Risk Management Group; and raising risk related matters with Corporate Management Team, Audit Committee, and the Executive (or other Committees, if relevant).

3.5 Internal Audit, Risk, and Corporate Fraud Manager

The Internal Audit, Risk, and Corporate Fraud Manager is responsible for developing and completing an Annual Risk Based Internal Audit Plan. The aim is to provide assurance on the Council's arrangements for risk management, governance, and control.

3.6 Corporate Risk Co-Ordinator

The Corporate Risk Co-Ordinator will:

- provide support and challenge to Services, Risk Specialists, and Partners on corporate risks;
- co-ordinate Corporate Risk Management Group agendas and monitor progress on actions;
- prepare CRM Updates (including the CRR) for CMT and the Committees above;
- co-ordinate Corporate Risk Training, including briefings for Officers and Elected Members;
- co-ordinate Corporate Risk Self-Assessments (2 yearly) and independent audits (3 yearly); and
- continuously review, share, and adapt relevant good risk management practice and guidance.

3.7 Corporate Risk Management Group (CRMG)

CRMG is chaired by the Chief Finance Officer, and has Chief Officer level membership from across all Services. It meets on a quarterly basis. Its role is to ensure:

- Corporate risk reports focus on high corporate risks – and changes to Services' risk profile;
- there is a clear escalation of corporate risks from Services to CMT and Members;
- Service Risk Management arrangements are 'owned' by Services;
- ensure relevant action plans are prepared and implementation monitored;
- risk management is integrated with decision making, plans, performance, and transformation;
- risk reporting and scrutiny arrangements are proportionate and effective;
- the following Standing Agenda Items are considered at all meetings (as a minimum):
 - CRM Updates – including the CRR, CRM Plans, and Governance Groups Assurance;
 - Service Assurance Statements – feeding into CRM Updates and Assurance Statements;
 - New and Escalating Risks – to assist CMT in horizon scanning and identifying emergent strategic risks – including significant incidents, lessons learnt, audits, and inspections.

3.8 Service Risk Champions / Co-Ordinators

Service Risk Champions / Co-Ordinators should support Corporate Risk Management Group to progress Service risk management activities – providing a Single Point of Contact on e.g. monitoring the Service Assurance Statements, Corporate Risk Register, and Risk Training; and linking risks to performance. Their role and experience will be determined by each Service.

3.9 Service Management Teams

Services' risk management arrangements should be flexible, and consistent with Service planning and performance management processes. Service Management Teams should support CRMG and ensure that the CRR and Service Assurance Statements are reviewed and updated (at least quarterly).

They should also ensure that Governance Groups operate in line with their agreed Terms of Reference and review their effectiveness (at least annually). Service Managers and Risk Specialists should be involved in CRR and Service Assurance Statement reviews.

3.10 Risk Specialists

Risk Specialists (such as Managers and Co-Ordinators who lead on specific risk subjects) should:

- contribute to reviews of the CRR and Service Assurance Statements;
- provide suitable risk information and training to employees;
- maintain risk registers / assessments, where appropriate, for their areas of responsibility;
- identify, assess, and report risks, including current, emerging, and rising risks; and
- implement proportionate controls and review mechanisms.

This includes the Lead Manager or Co-Ordinator for Governance Groups and Corporate Risks.

3.11 All Employees

Risk management should be integrated into daily activities of all staff and Elected Members. Individuals have a responsibility to make every effort to:

- understand the risks that relate to their role, and be involved in risk assessments in their area(s);
- be aware of situations which place them and others at risk of harm (including service users);
- take steps to protect themselves and others, e.g. follow guidance and professional standards; and
- report near misses and incidents so that these can be investigated and lessons learnt.

4. RESPONSIBILITIES – GOVERNANCE GROUPS AND STATUTORY OFFICERS

4.1 Governance Groups

Appendix 3 shows the list of Governance Groups (but this changes over time). Each Group takes the lead in assessing, managing, and monitoring work-stream risk. They should:

- have clear terms of reference and defined reporting and accountability lines;
- be clearly identified within the Corporate Risk Register, where relevant;
- review lessons learnt from significant internal and external incidents;
- maintain subject / project specific risk assessments and measurable action plans; and
- undertake an annual self-assessment of their remit, risks, and effectiveness.

The framework of Governance Groups includes Council, Partnership, and Program Boards, including Community Planning, Public Protection, and Resilience. These Groups have similar roles in relation to corporate risks, but their remit, assurance reporting and governance structures may vary - and will be defined by each Group in conjunction with Corporate Management Team.

4.2 **Statutory Officers**

This covers the Chief Finance Officer (CFO), Chief Governance Officer (CGO) / Monitoring Officer, and the Chief Social Work Officer (CSWO). These Officers provide annual assurance, as part of the Annual Service Assurance Statements and Annual Governance Statement process.

In summary, Statutory Officers have specific duties as set out in legislation, and discharge this role as part of their wider responsibilities within the Council. They have an important, independent, role in promoting and enforcing good governance and for making sure the Council complies with legislation. Statutory Officers' responsibilities include highlighting where a Council Policy may break the law or breach Financial Regulations. These Officers must have direct and regular access to the Chief Executive, Elected Members, and other Senior Officers.

In addition to these roles, several other Chief Officers have responsibility for implementation, compliance, and monitoring of statutory duties – including planning, roads and bridges, fleet, and information governance duties. Their roles are set out within relevant job descriptions and Council strategies, policies, or Executive reports.

4.3 **Chief Governance Officer (CGO) / Monitoring Officer**

The Local Government and Housing Act 1989 (Section 5) established this role. The Monitoring Officer is required to prepare a report for the consideration of the full Council if they believe that any proposal, decision, or omission by the Council, or by any Committee or sub-Committee, contravenes any legislation or code of practice.

4.4 **Chief Financial Officer (CFO)**

The Local Government (Scotland) Act 1973 established this role, and Section 95 states that:

'Every local authority shall make arrangements for the proper administration of their financial affairs, and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.'

In addition, CIPFA sets out the following principles in relation to risk:

- Principle 1: The CFO should contribute to the effective corporate management of the authority, including strategy implementation, cross-organisational issues, integrated business and resource planning, risk management, and performance management; and
- Principle 2: The CFO must be actively involved in, and able to bring influence to bear on, all material business decisions to ensure immediate and longer term implications, opportunities, and risks are fully considered, and alignment with the authority's overall financial strategy.

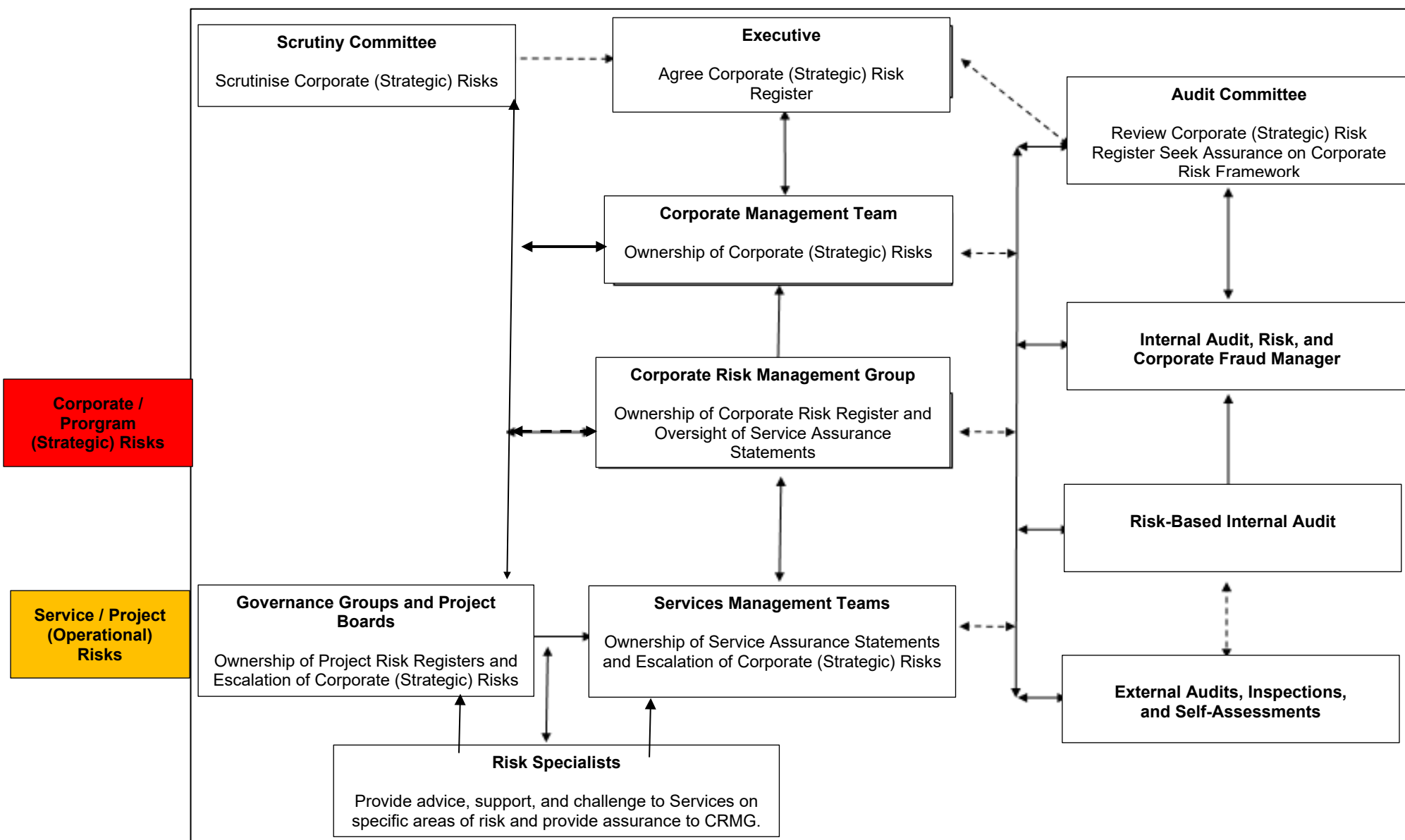
4.5 **Chief Social Work Officer (CSWO)**

The Social Work (Scotland) Act 1968 established the role of the Chief Social Work Officer (CSWO). It is focused on the provision of effective professional advice and guidance to Local Authorities, Integration Joint Boards, Elected Members and Officers in the provision of social work services whether directly provided or commissioned. There is a statutory requirement for all Local Authorities to appoint a professionally qualified

CSWO who is registered with the Scottish Social Service Council (SSSC). The role assists the Council and the Integration Joint Board to understand the responsibilities and the complexities involved in the delivery of Social Work services. The CSWO has key responsibility for performance management and the identification and management of corporate risk, as it relates to the delivery of social work services. The CSWO is required to ensure that all social services workers meet the requirements of the SSSC Codes of Practice.

5 RISK MANAGEMENT TRAINING AND GUIDANCE

- 5.1 Risk Management Guidance, Templates, and Training will be provided and maintain by the CRM Team. This includes CRM E-learning and, where relevant, further training is embedded into Organisational Development programs and tailored to Services – in conjunction with Services.
- 5.2 Separate and specific risk management policies and guidance may also be in place for significant projects or partnerships. For example, the Falkirk Integration Joint Board have their own Risk Strategy, and there is separate operational guidance on Health and Safety and Capital Project risks.

POLICY - APPENDIX 1: RISK ASSURANCE AND REPORTING FRAMEWORK



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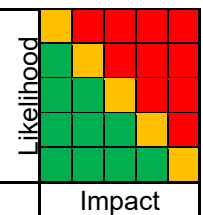
PART 2: RISK MANAGEMENT GUIDANCE, TEMPLATES, AND TRAINING




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2.1: GUIDANCE ON RISK SCORING AND TARGET RISK (APPETITE)

Risk Matrix	Risk Scoring	Risk Response and Appetite
	16-25 = High Risk 10-15 = Medium Risk 1-9 = Low Risk	Response - Additional mitigation is needed (or tolerate if it's inherently high and cannot be reduced further). Appetite - generally above appetite unless the organisation wants to accept the risk (to seek specific opportunities).
		Response - additional mitigation is optional (is it proportionate?) Appetite - Accept if current mitigation is effective and proportionate - except Statutory compliance is none / low appetite.
		Appetite – Accept - except Statutory compliance is none / low appetite. Response - additional mitigation is optional. (is it proportionate?) In some cases, a low risk may be an indicator that the organisation is able to accept more risk.

Likelihood		Impact / Consequence Descriptions					
Score	Likelihood	Impact	Financial	Legal and Compliance	Reputational	People / Communities and Assets / Place	Services and Projects
5	Almost Certain or if already happening then it's an Issue v risk	Severe	Extensive; spend exceeds available budgets	Serious Breach of Regulations including potential prosecutions	Sustained media interest, complaints	Multiple deaths / assets destroyed / severe social impact	Extended disruption or loss of service, or project delay
4	Likely: Has happened in recent past and will probably happen again	Significant	Major impact, but within budgets	Breach of Regulations may lead to litigation or prohibitions	National media interest and / or extended period and / or loss of confidence	Major injury, death, social impact	Major service disruption, or project delay
3	Possible: Will probably happen at some point in the future	Moderate	Manageable budget impact; spend exceeds risk owner's authority	Breach of Regulations may lead to claims or inquiry	Regional Media Interest - medium term - and some loss of public confidence	Moderate injuries / damage / social impact	Some disruption to service, or project delay
2	Rare: Has happened before but unlikely	Limited	Minimal budget impact;	Legal action is unlikely or only minor claims	Local media interest - short-term - little loss of public confidence	Minor injury and / or damage / social impact	Minor disruption to multiple services, or project delay
1	Almost Impossible: Never happened and doubt it will	None	None or little budget impact; spend is within risk owner's authority	None, or little risk of legal action	None, or little, media interest; no loss of confidence	None / very minor injury / damage / social impact	None or little disruption to one service, or project delay
Board's to insert their Target Risk Appetite (Low-High) 							

2.2: LIST OF GOVERNANCE GROUPS

Note: This is a list of Governance Groups in the Audit Committee update in August 2020 – it will change over time.

Code	Name
CPF	Corporate Partnership Forum
CPRWG	Capital Planning and Review Working Group
CPSB	Community Planning Strategic Board
CAMG	Corporate Asset Management Group
CRMG	Corporate Risk Management Group
CSG	Corporate Sustainability Group
COTFB	Council of the Future Board
EoS RRP	East of Scotland Regional Resilience Partnership
FFP	Fairer Falkirk Partnership
IMWG	Information Management Working Group
PB	Procurement Board
PPCJ COSG	Public Protection and Community Justice Chief Officers' Strategy Group
SMG	Safety Management Group
SHG	Strategic Housing Group
SWIS PB	Social Work Information System Program Board

2.3: GUIDANCE ON RISK CONSIDERATIONS IN COMMITTEE PAPERS**ASSESSMENT OF CORPORATE RISKS:**

Purpose: This table and brief guidance is to be used for identifying any Corporate Risks which may result from a change, proposal, or project. It includes the minimum information that is needed. It can be customised by e.g. Project or Service Managers to fit different projects or use. The CRM Team can provide support if needed.

Climate Change and Sustainability and Equalities Implications: These need a separate assessment, and these teams will provide guidance. These are separate because the Council has a duty to document these assessments even if no significant implications are identified - this is important for future evidence and enquiries.

Data Protection Implications: Where the change, proposal or project has privacy implications, consideration should be given to whether a data protection impact assessment (DPIA) is required in order to evidence a “data protection by design and default approach”.

Budget Options, Committee Decisions, and Projects: Include any risks which may arise **if this option is agreed, delayed, or not agreed** - including:

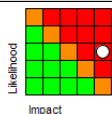
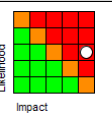
- Risk of inaction or delay: e.g. increasing uncertainty and costs of service provision or maintaining assets;
- Risk of taking the proposed action: e.g. short-term service interruption / disruption or additional costs;
- Legal Challenge: potential for e.g. judicial review arising from a decision to reduce / stop / change a statutory Service;
- Project risks: e.g. uncertainties / concerns over ability to deliver the anticipated outcomes, on time, and within budget

Worst Case Consequences and Current Risk Level: The CRM Page on the intranet ([here](#)) includes guidance on risk scoring.

Mitigation Actions: include a brief summary and cross-refer (or link) to any relevant sections in Committee papers or strategies / plans / policies / risk registers etc.

No.	Risk Statement - Summary of Risks	Worst Case Consequences	Current Risk Level	Related Corporate Risks	Decisions Required or Recommendations	Mitigation Actions – and timescales

Part 2 – Guidance, Templates, and Training
2.4: RISK REGISTER TEMPLATE - CORPORATE RISKS

RISK SUMMARY – REPORTED TO CMT AND ELECTED MEMBERS IF HIGH AND MEDIUM					
Risk Ref.	Risk Title			Current Risk	Target Risk (Appetite)
COR_CS_08	Public Protection (Adults and Children)				
Ownership / Monitoring	Lead Officer	Governance Group (if Relevant)	Portfolio Holder (Lead Councillor)		31-Mar-2018
	Chief Social Work Officer	Public Protection Chief Officers' Group	Public Protection	High	High
RISK DETAILS – REPORTED TO IF MEDIUM, AND ALSO ELECTED MEMBERS IF HIGH					
Risk Statement	<p>There is a risk of harm to vulnerable children and young people and adults if the Council fails to meet its statutory public protection duties. This includes Adult Support and Protection; Child Protection and both sex offenders and violent offenders (Criminal Justice Service users). In relation to Criminal Justice the risk is twofold (the protection of the community from the service user and the protection of the service user from the community). The delivery of Adult Support and Protection (ASP) service is also overseen by and accountable to the IJB (integration Joint Board).</p> <p>The risk in terms of children is twofold:-</p> <ul style="list-style-type: none"> The need to keep children safe and avoid child deaths The reputational risk to the Council in this situation. <p>The Target Risk Is High because there is always a risk of a serious harm occurring. Whilst the Council can provide reasonable assurance on the effectiveness of it's public protection arrangements at a Council and Partnership level (as outlined in the risk register below), the inherent nature of the risk is that harm could still happen and the consequences could always be severe. The Target Risk is high because we don't think it's possible to reduce the consequences to Medium, even though the Council has reasonable controls in place to mitigate and respond to an event.</p>				
Worst Case Consequences	<ul style="list-style-type: none"> .Death or serious harm to a child/young person or vulnerable adults. .Significant Case Reviews / Fatal Accident Enquiries / Court / Prosecution or other external legal interventions. .Potential compensation claims. .External criticism / intervention (e.g. Care Inspectorate or Criminal Justice Authority). .Reputational damage to the Council. 				
Controls / Mitigation	<ul style="list-style-type: none"> . Current robust processes with partners regarding sharing of information (including protocols). Key processes Case Conferences, Adults and Child Protection Registers, integrated / Single shared assessment. .Governance Structure - including risk, audit, and performance monitoring (e.g. Child Protection Committee). .Robust training programme for all Council and partner agency staff regarding CP / ASP / MAPPA. .Awareness raising with the public. .Police run scheme for identification of sex offenders in local communities. 				
Assurance Sources How do we monitor that controls are working?	<ul style="list-style-type: none"> . Public Protection Group and Sub-Groups . Care Inspectorate . Children's Commission . Criminal Justice Authority 				
Addition Mitigation Actions What more can we do to reduce the risk?	<ul style="list-style-type: none"> . Integrated Children's Services Plan . Adult Protection Committee Improvement Plan . Information Sharing Working Groups established to progress issues relating to sharing from Social Work, Police and Health. Review progress quarterly. <p>Include a reference or link to a recent Committee or e.g. Annual Report to minimise duplication</p>				
Lessons Learnt	<p>Serious incidents e.g. harm and abuse.</p> <p>An example helps to explain the worst case consequences – including significant public events or enquiries.</p>				
Latest Note / Review Date	<p>A brief note of significant changes or issues that CMT or Members need to know above since last review.</p> <p>Include an update to confirm that the risk has been reviewed, even if it's not changed.</p> <p>Include a reference or link to recent Committee or e.g. Annual Report to minimise duplication.</p>				18 Feb 2020
Governance Groups (where relevant)					
Objectives					
Self-Assessment of Effectiveness	Include a reference or link to a recent Committee or e.g. Annual Report to minimise duplication				
Assurance Level / Date	Substantial, Limited, or No Assurance.				

2.5: RISK MANAGEMENT TRAINING AND BRIEFINGS PLAN

X means this type of training, guidance, or support is available.

Type	All Employees	Co-Ordinators, Specialists, Team Leaders and Managers	Service Managers, Chief Officers, Depute / Head Teachers	Elected Members	Time Commitment
Introduction – Risk Awareness e-learning (OLLE)		X	X	X	30 - 40 mins
Risk, Scrutiny, and Decision Making Includes CMT, Chief Officers, and Members' / Boards Embed in Member and Leadership Training Programs			X	X	90 - 120 mins
Risk and Assurance in Practice Includes Service Managers and Risk Champions embed in Manager Development Program and Professional Practice e.g. SSSC Open Badges		X	X	X	As required Generally a maximum of 2 hours per session
'On Demand' Training or Briefings including CRM Team Reviews; Committee Deep Dives or Risk Workshops; Members' Info. Bulletins; In-Service Days and Staff Toolbox Talks; (External Insurer) Risk Controls Days	X	X	X	X	As required Generally a maximum of 60 mins per session