

SUBJECT: Corporate Risk Control Arrangements

MEETING: Governance and Audit Committee

DATE: 5th September 2024

DIVISIONS/WARDS AFFECTED: All

1. PURPOSE:

1.1 To provide members with an overview of the arrangements and the effectiveness of these for the corporate risk control policies aligned with the strategic risk management policy.

2. RECOMMENDATIONS:

2.1 That the committee use the assessment to seek assurance about the effectiveness of the corporate risk control policies.

2.2 That the committee identifies and agrees if it requires further assurance or follow-up of progress on any of the arrangements, in consideration of the suggested options in point 3.5.

3. KEY ISSUES:

3.1 Governance & Audit Committee requested consideration be given to which corporate risk control policies (extending beyond IT and data protection) that the Committee should periodically review. These were identified as part of the development of the revised strategic risk management policy as, Health and Safety, Emergency Planning, Insurance, Finance, Internal Audit, Information Governance & Cyber Security. It was subsequently agreed that an overview of the arrangements and assessment of their effectiveness be provided to Governance & Audit Committee

3.2 The lead officer(s) have completed an assessment of the effectiveness for each risk control arrangements as detailed in appendix 1. This follows the same process that is used to evaluate the effectiveness of the council's strategic risk management arrangements, which is regularly reported to the committee.

3.3 The assessment has been structured under the three elements of the councils 'risk management approach' as set out in the strategic risk management policy. These are arrangements in place to identify risks, arrangements in place to respond (treatment) to risk and arrangements in place to monitor and report risk. The assessment has also identified actions to develop or strengthen the arrangements.

3.4 The assessment of these arrangements is provided to facilitate the committee to seek assurance on their effectiveness. These risk processes have a variety of existing governance arrangements in place, some of which (Finance, Internal Audit and information governance and cyber security) report to the committee in line with its Terms of Reference.

3.5 If the committee determines it requires further assurance or follow-up of progress with developing or strengthening any of the arrangements it has the following broad options. In determining the approach to take consideration will need to be given to optimum use of the committees forward work programme and existing arrangements in place for the respective risk process, in agreement with the lead officer. The broad options are:

- That the committee adds to its forward work programme a report on a specific arrangement if it requires further specific assurance, noting the arrangement already in place as set out in Appendix 1.
- That the committee receives a further update on any arrangement(s) as an additional part of the regular reporting to the committee on the effectiveness of the Council's strategic risk management

arrangements and/or as part of existing reporting arrangement to the committee where this is already in place.

4. REASONS:

- 4.1 To provide an assessment of corporate risk control policies as integrated arrangements in ensuring the effectiveness of the council's risk strategic risk management arrangements.

5. AUTHORS:

Peter Davies, Deputy Chief Executive and Chief Officer Resources

Richard Jones, Performance & Data Insight Manager

Overview of the arrangements and the effectiveness of these for the corporate risk control policies aligned with the Monmouthshire County Council strategic risk management policy

Risk process: Internal Audit		Responsibility: Chief Internal Auditor
<p>Purpose of the arrangement Internal audit have a responsibility to oversee the risk management process, and may conduct an audit into the effectiveness of the process to ensure the arrangements in place are robust. There is an internal audit plan in place which is driven by risk identification, and by nature, is a risk based approach, identifying possible weaknesses, or risks, within the organisation and reviewing these. These risks, along with possible ways of managing them, would be made aware to the relevant chief officer. Internal audit are also responsible for the anti fraud, corruption and bribery policy.</p>		
Risk arrangement	How effective is the arrangement?	How do we know? (evidence)
<p><u>Arrangements in place to identify risks</u></p> <p>Across the council a model of Enterprise-wide risk management (ERM) is used</p>	<p>ERM provides a structured, consistent and continuous process across the whole organisation for identifying, assessing, deciding on responses to and reporting on opportunities and threats that affect the achievement of its objectives. ERM brings many benefits as a result of its structured, consistent and coordinated approach.</p> <p>Internal Audits core role in relation to ERM is to provide assurance to management and to the Governance & Audit Committee on the effectiveness of risk management. When Internal Audit extends its activities beyond their core role, safeguards are applied, including treating the engagements as consulting services and, therefore, applying all relevant standards. In this way, Internal Audit will protect its independence and the objectivity of its assurance services.</p> <p>Activities of the Internal Audit team are determined by the Internal Audit Charter. Some activities of the team are completed with safeguards put in place (example - CPR Exemption process). Internal Audit does not set the risk appetite for the organisation, take decisions on risk or have accountability for risk management.</p>	<p>Internal Audit Review of Risk Management Arrangements (2023/24).</p> <p>Planned Internal Audit Review of Service Business Planning (2024/25).</p>
<p><u>Arrangements in place to respond (treatment) to risk</u></p> <p>A strategic Internal Audit Plan is in place which covers a 5 year period.</p> <p>An Annual Internal Audit Plan is developed from the basis of the International Professional</p>	<p>The strategic Internal Audit Plan encapsulates the 'Audit Universe' for the Council attempting to cover all areas of the organisation over the period. Due to the number of different operations of the council, limited resources within the Internal Audit team, emerging priorities and emerging risks it is not possible to review each area over a 5 year period. Hence the need for a risk based Annual Audit Plan.</p> <p>The internal audit plan is a process to identify, assess, manage and control potential events or situations to provide reasonable assurance regarding the achievement of the organisation's objectives.</p>	<p>Strategic Audit Plan held on Audit Planning files for each year, reviewing the entire audit universe. Updated on an annual basis.</p> <p>External Quality Assessment Completed for the Internal Audit Team (March 2024) – outcome</p>

<p>Practices Framework and the 'Developing a Risk-based Internal Audit Plan' Practice Guidance from the Institute of Internal Auditors.</p> <p>A recently agreed Anti-Fraud, Corruption and Bribery Policy informs fraud Identification and response arrangements.</p>	<p>In developing the Internal Audit plan cumulative knowledge of the organisation is used by the Chief Internal Auditor and discussions held with the wider Internal Audit team to identify any priorities or concerns which may be evident from existing audit work or advice given. The Audit Plan is discussed and presented to each service area's Directorate Management Team (DMT) before being discussed at a meeting of the Strategic Leadership Team (SLT). The Audit plan is then presented to the Governance & Audit Committee for approval.</p> <p>The Audit Plan is continually under review. In the planning stage time is allocated for Reactive work. This could come in the form of Special Investigations (following allegations of theft, fraud etc.) or unplanned audit jobs (following concerns raised by management / audit team members). All adjustments to the audit plan are agreed by the Chief Internal Auditor following discussion with the Deputy Chief Executive / Chief Officer (Resources) and the Chair of the Governance & Audit Committee.</p> <p>Although Fraud identification, response and risk is monitored by the Internal Audit team it is acknowledged that there is room for improvement. As part of a new structure model for Internal Audit endorsed by the Governance & Audit Committee in April 2024, a dedicated Fraud Officer was added to the structure and recruitment for this role will take place in September 2024.</p> <p>Currently the Internal Audit team co-ordinate the response to the National Fraud Initiative, a statutory exercise completed on behalf of the Cabinet Office. The Internal Audit team also respond to allegations of theft, loss, fraud and bribery across the organisation and investigate where necessary.</p>	<p>'Generally Conforms' (highest grading).</p> <p>Approved 2024/25 Audit Plan. The audit plan is under continual review by the Chief Internal Auditor to adjust for any emerging priorities. Reactive (unplanned) work conducted through the year.</p> <p>Anti-Fraud, Corruption and Bribery Policy approved by Cabinet in January 2024.</p> <p>Completion of National Fraud Initiative reporting.</p> <p>April 2024 Governance & Audit Committee report for new Internal Audit structure reviewing fraud response.</p>
<p><u>Arrangements in place to monitor and report risk.</u></p> <p>Internal Audit Reporting standards, arrangements and follow up process.</p>	<p>The Chief Internal Auditor has a responsibility to report when the organisation is not managing risks properly to those people who can take action. In accordance with the Public Sector Internal Audit Standards and the Monmouthshire County Council Internal Audit Charter, the Chief Internal Auditor has a direct reporting link to the Chair of the Governance and Audit Committee to discuss any areas of risk which in their opinion is not being addressed by management.</p> <p>Relevant risk information is captured and communicated in a timely manner across the organisation, enabling staff, management and the Governance & Audit Committee to carry out their responsibilities. Although internal audit has a clear role in providing assurance on risks, it is managers who are responsible for managing risks. Where a</p>	<p>Internal Audit reporting template and opinions</p> <p>Regular (quarterly) reporting into Governance & Audit Committee of reports issued along with opinions and key findings for unfavourable reviews.</p>

	<p>report has been issued, management are responsible for providing a management action, implementation date and responsible officer to address any critical or significant weaknesses raised within the report.</p> <p>All audit reports and opinions issued are reported to the Governance & Audit Committee. The Chief Internal Auditor reports in his own name and has the ability to recommend to Committee to 'Call In' members of the Councils management team if report findings are not accepted which present in their opinion undue risk to the Council. This process has not needed to be enacted during the previous 12 months (and longer).</p> <p>All audit reports are followed-up. The process differs depending on the overall report opinion. Where a positive opinion (Substantial / Reasonable Assurance) has been issued, all follow-ups are conducted on an annual basis via a management self-assessment which is reviewed by the Internal Audit team. For unfavourable opinions (Limited / No Assurance) a formal follow-up audit review is completed where a full review will be completed of the area in question and a new opinion issued.</p> <p>An annual report is presented to the Governance & Audit Committee regarding the follow-up process and the actions which management have taken to address the recommendations raised within Internal Audit Reports. At the last report, April 2024, 84% of recommendations issued had been fully or partially implemented by management.</p> <p>A process also exists where if repeated unfavourable opinions are issued for the same area, that this is reported to the Governance & Audit Committee along with a recommendation from the Chief Internal Auditor to 'Call In' the operational manager, Head of Service and Chief Officer to a meeting to discuss the reasons why this has been the case and to gain assurance that the risk management deficiencies will be addressed.</p> <p>Work is on-going with the council's Digital Team and now SRS to develop an App for real time management monitoring of the implementation of recommendations / management actions. The development of the new follow-up app has been delayed.</p>	<p>The status of the follow-up reviews and outcomes reports to Governance & Audit Committee.</p>
<p>Actions planned Implementation of Follow-up of Recommendations / Agreed Management Actions App. Recruitment to Fraud Officer role.</p>		

Increased Anti-Fraud, Corruption and Bribery training across the organisation covering all employees and members.
Continue to refine audit planning processes and review of the 'Audit Universe' to ensure that all areas of the Council are covered as part of the strategic plan.

Risk process: Emergency Planning		Responsibility: Emergency Planning Manager
Purpose of the arrangement The Council's aim and intention is to anticipate and manage risks proactively rather than deal with the consequences of actual occurrences. Some risks involving key services are best managed through the Monmouthshire County Council Emergency Management Plan; there is a live risk register that is reviewed regularly that captures risks that may require an urgent response. The emergency planning manager is also responsible for ensuring services have Business Continuity Plans or procedures in place outlining arrangements to mitigate the impact and consequences of any risks likely to have a serious or major impact on service delivery or on communities in general.		
Risk arrangement	How effective is the arrangement?	How do we know? (evidence)
<u>Arrangements in place to identify risks</u> The arrangements for external risks in relation to emergency planning / civil contingencies are monitored and addressed through tiered risk arrangements. These tiered arrangements are in place at a UK level, Pan Wales level, Local footprint covered by the Gwent Local Resilience Forum (The council is a partner in the forum), then considered from a Monmouthshire County Council perspective.	The process adopted is an on-going iterative approach which identifies and responds to risks. The arrangements consider and approach risks/threats from both a UK level down dissemination and local escalation back up process. This facilitates all partners to consider the risk/threat and ensure collaboratively there is an agreed and proportional measure of control in place. The majority of risks identified require the establishment of formal multi-agency response structures being established. Officers attending and representing their organisation within these structures need to be aware of their role and be given experience in managing such incidents. For the Council Chief Officers have an opportunity to attend specific training annually and currently the majority of the council's senior leadership team are appropriately trained at a strategic response level. The risk process has identified at a tactical level there is shortage of trained staff, due to staff turnover and changes of role, to represent the council at the joint agency tactical response level. To address this service area nominations have been sought for tactical response officers. The nominated officers will be provided training in the role, supported further by a specific joint agency training/exercise opportunity to put into practise the skills required.	UK National Risk Register Gwent Community Risk Register Welsh Government risk register Monmouthshire County Council Emergency planning service business plan
<u>Arrangements in place to respond (treatment) to risk.</u>	This 'Risk Process' applied follows and aligns to the UK and Pan Wales arrangements. Risk is considered and weighted by the Gwent Local Resilience Forum (LRF) Risk Group and forms the basis of both an LRF work programme and specific Monmouthshire	UK National Risk Register Gwent Community Risk Register

<p>Risk registers are in place at each of the tiered arrangements, at a UK level, Pan Wales level and Local footprint covered by the Gwent Local Resilience Forum. These are also considered from a Monmouthshire County Council perspective.</p> <p>Service areas in the Council have Business Continuity Plans or procedures in place.</p> <p>MCC Emergency Management Plan – detailing MCC emergency response arrangements.</p>	<p>County Council work programme for the treatment and mitigation of the risks identified.</p> <p>The approach uses the expertise and data of subject matter experts from a UK perspective with a robust and thorough methodology in place. The arrangements in place include:</p> <ul style="list-style-type: none"> • At a UK level, there is a UK National Risk Register in place, the current version can be found here. • Following work carried out at the Pan Wales level and subsequent Gwent LRF level, a Gwent Community risk register is in place. This over-arching risk review produces a public facing Gwent Community Risk Register – which can be found here. The community risk register outlines how each of the risk categories are being mitigated locally – together with how the community can also take appropriate action. • The first public version of a Welsh Government public facing Risk Register is anticipated being published later this year. <p>Service areas in the Council have Business Continuity Plans or procedures in place outlining arrangements to mitigate the impact and consequences of any risks likely to have a serious or major impact on service delivery or on communities in general.</p> <p>The council also has Emergency Management Response arrangements in place and hazard specific response arrangements to respond to major incidents and their consequences – which are aligned directly to the risks identified. There is a continued need to ensure plans are up to date with a process in place facilitated by the Council’s emergency planning team to ensure these are reviewed, awareness of arrangements shared with appropriate staff and training and exercising carried out. This planning, training and exercise cycle is a requirement of the Civil Contingencies Act and based on the outcomes of the risk management process.</p>	<p>Welsh Government risk register</p> <p>Monmouthshire County Council Emergency planning service business plan</p> <p>Service Business Continuity Plans</p> <p>Emergency Management Plan</p>
<p><u>Arrangements in place to monitor and report risk.</u></p> <p>The risk registers in place at each of the tiered arrangements, at a UK level, Pan Wales level and Local footprint covered by the</p>	<p>The UK government formally review the risk register every 3 years. This is mirrored by Welsh Government who undertake in depth assessments. Any significant changes can and are dynamically assessed.</p> <p>The Gwent LRF will review the risk register annually based on outputs and progress from the agreed work programmes which contribute to risk treatment. The risks will change based on the local mitigations that have been put in place through the work</p>	<p>UK National Risk Register</p> <p>Gwent Community Risk Register</p> <p>Welsh Government risk register</p>

<p>Gwent Local Resilience have monitoring and reporting arrangements in place.</p>	<p>programme. For example, mitigations will include what responses have been exercised, what training has been delivered, what plans have been reviewed or what new plans have been identified that need to be introduced. This provides a diligent and focused approach to managing the risks.</p> <p>There is ongoing assessment and delivery of the Councils Emergency Planning Business Plan / Work Programme to ensure alignment and organisational risks in relation to civil contingency risks/threats are being managed in Monmouthshire.</p>	<p>Monmouthshire County Council Emergency planning service business plan</p>
<p>Actions planned</p>		
<p>To identify and train further tactical responses officers in the Council. To ensure services business continuity plans are up to date, particularly service areas assessed as more critical for business continuity, together with the council's Emergency Management Plan and related specific response plans. There is continued ongoing assessments of risk through these arrangements, locally this is led via the Gwent Local Resilience Forum Risk Group, which the council is a partner in.</p>		

<p>Risk process: Finance</p>	<p>Responsibility: Head of Finance</p>	
<p>Purpose of the arrangement The council has set its Financial Procedure Rules which must be adhered to within all council activities. Section 4 of the Financial Procedure Rules document outlines the responsibilities of the Head of Finance in relation to risk management. In relation to the strategic risks and whole authority risks listed in the Strategic Risk Register, the Head of Finance is responsible for ensuring that any financial implications are fed into the budget planning process.</p>		
<p>Risk arrangement</p>	<p>How effective is the arrangement?</p>	<p>How do we know? (evidence)</p>
<p><u>Arrangements in place to identify risks</u></p> <p>Financial Procedure Rules</p> <p>The Medium-Term Financial Plan (MTFP) and Medium Term-Financial Strategy (MTFS)</p> <p>Procedures to identify fraudulent activity</p> <p>Capital Strategy</p>	<p>The Financial Procedure Rules govern the day to day operation of the Authority's financial administration. They are introduced both to protect the interests of the Authority, and all those who are involved with financial administration. Risk management is an integral part of the financial procedure rules and are embedded into the wide ranging arrangements in place to identify, manage and mitigate financial risk. These extend to arrangements that include internal control, internal and external audit, preventing fraud and corruption, security of assets and treasury management. Security of assets specifically extends to arrangements around land and buildings, vehicles, furniture and equipment, ICT, stocks and stores, cash, income and clients' private property and monies. All of which have their own separate arrangements in place.</p>	<p>Financial Procedure Rules</p> <p>The Medium-Term Financial Plan and Medium Term-Financial Strategy.</p> <p>Internal audit reviews, system access controls and workflows, bank reconciliations, financial procedures rules</p> <p>Capital Strategy</p>

	<p>The recently agreed Medium Term-Financial Strategy includes an assessment of key financial risks and aligns with the council’s strategic risk management policy and guidance.</p> <p>There will be occasions in delivering the financial strategy that Council may be willing to accept a degree of risk in order for a benefit to be gained, for example when introducing new opportunities or adopting innovative approaches. Where circumstances involve exposure to risks, they will be assessed in line with the Council’s risk appetite statement.</p> <p>The Medium-Term Financial Plan (MTFP) is updated and formally reported every 6 months. This ensures key financial risks are modelled and that the link is maintained to meeting the well-being objectives and wider ambition of the Council set out in the Community and Corporate Plan.</p> <p>The Capital strategy provides a high-level overview of how capital expenditure, capital financing and treasury management activity contribute to service provision along with an overview of how associated risk is managed and the implications for future financial sustainability. Arrangements are embedded within the Council’s arrangements for financial management and budgetary control</p> <p>Finance teams work with Internal Audit, Digital and our bank provider to ensure our systems are up to date, awareness is high across the council and early reporting mechanisms are in place.</p>	
<p><u>Arrangements in place to respond (treatment) to risk.</u></p> <p>Medium Term-Financial Plan risk register</p> <p>Accounting records are maintained</p> <p>Budget monitoring controls</p> <p>Use of reserves controls</p>	<p>The Council maintains a register of all significant risks that bear down on the Council’s finances. The register is maintained as part of updates to the medium-term financial plan. Mitigating action is factored into budgetary planning and where possible. High and medium level strategic financial risks are also escalated to the strategic risk register.</p> <p>Finance staff and budget holders operate within the required accounting standards and timetables. All the Authority’s transactions, material commitments and contracts and other essential accounting information are recorded completely, accurately and on a timely basis. Procedures are in place to enable accounting records to be reconstituted in the event of systems failure. Reconciliation procedures are carried out to ensure transactions are correctly recorded. Prime documents are retained in accordance with legislative and other requirements.</p>	<p>Statement of accounts, internal audit, external audit, reconciliation documents.</p> <p>Central records of reserve usage held</p> <p>Sundry Debtors Policy and the Debtors Policy for Social Care & Health</p>

<p>Income and debt management arrangements</p> <p>Security of assets</p> <p>Treasury management controls</p>	<p>Budget monitoring control arrangements are in place with specific responsibilities and approval processes in place. A monitoring process is in place to review the effectiveness and operation of budget preparation, performance against budget, and to ensure that any corrective action is taken to respond to risk.</p> <p>Reserves are maintained in accordance with the relevant codes of practice on local authority accounting in the United Kingdom and agreed accounting policies. For each reserve established, the purpose, usage and basis of transactions is clearly identified.</p> <p>Arrangements for the collection of all income due to the Authority is governed by the Council's Sundry Debtors Policy and the Debtors Policy for Social Care & Health. Senior and responsible officers are regularly provided with information on aged debts and are supported by debt recovery arrangements in place.</p> <p>An asset register is maintained for the Authority - assets are recorded when they are acquired by the Authority and this record is updated as changes occur with respect to the location and condition of the asset. All staff are aware of their responsibilities with regard to safeguarding the Authority's assets and information, including the requirements of the Data Protection Act, Freedom of Information Act and software copyright legislation.</p> <p>Assets for disposal are identified and disposed of at the most appropriate time, and only when it is in the best interests of the Authority, and best price is obtained, bearing in mind other factors, such as environmental issues. Arrangements are in place that guide the disposal of assets based on different values.</p> <p>Guidance is provided to service areas on the maintenance of stock and stores. A register of write off of stock and stores in accordance with the Scheme of Delegations within the Constitution. Appropriate accounting entries are made in relation to stock balances and write offs.</p> <p>Treasury management controls are in place to ensure compliance with the CIPFA Treasury Management Code of Practice and the Authority's Treasury Management Policy Statement and Strategy. This provides assurances that the Authority's money is properly managed in a way that balances risk with return, but with the overriding consideration being given to the security of the Authority's capital sum.</p>	<p>Maintenance of a register of all properties owned by the Authority</p> <p>To ensure that assets are valued in accordance with the relevant codes of practice on local authority accounting in the United Kingdom.</p> <p>Safe custody of all title deeds under arrangements agreed with the Section 151 Officer.</p> <p>Annual Treasury Management Policy Statement and strategy</p>
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<p><u>Arrangements in place to monitor and report risk.</u></p> <p>Medium Term-Financial Plan risk register</p> <p>Accounting records are maintained</p> <p>Budget monitoring controls</p> <p>Use of reserves controls</p>	<p>A register of all significant risks to the Council’s finances is maintained and reported as part of updates to the medium-term financial plan. The Financial Management board is responsible for maintaining oversight of the budget process and reporting into the Strategic Leadership as required. The boards role includes ensuring the financial risk register is maintained and regularly updated and that suitable mitigations are in place against key financial risks.</p> <p>An annual statement of accounts, in line with regulations and legislation, is produced and reported to Governance & Audit committee and subject to an external audit process.</p> <p>Reporting arrangements are in place for budget monitoring controls. All Chief Officers and Heads of Service are furnished with periodical statements of receipts and payments and other relevant information required to enable managers to fulfil their budgetary responsibilities. In consultation with Chief Officers and Heads of Service, reports are submitted, as determined by the Section 151 Officer to Cabinet and Scrutiny committee. Significant variances from approved budgets are investigated and reported by budget holders regularly.</p> <p>The establishment of reserves and incurring of expenditure from reserves is authorised by Cabinet.</p> <p>The treasury management strategy sets out the Council’s longer term borrowing requirement and plans, which is driven mainly by the capital programme requirements and the resulting impact on the revenue budget. The annual strategy is approved by Council and quarterly updates are provided to Governance & Audit Committee on in year activity.</p>	<p>Medium term financial plan.</p> <p>Statement of accounts, internal audit, external audit, reconciliation documents.</p> <p>Reserve usage cabinet reports</p> <p>Annual Treasury Management strategy approved by Council and quarterly updates provided Governance & Audit Committee on in year activity.</p>
<p>Actions planned</p>		
<p>Assess any exposure to risk in delivering the Medium-Term Financial Strategy in line with the Council’s risk appetite statement</p>		

Risk process: Insurance	Responsibility: Section 151 Officer/Principal Insurances and Risk Management Officer	
<p>Purpose of the arrangement Insurance is a key aspect in risk management processes. Some risks are best managed through involving another party in bearing or sharing the risk, i.e. insurance. Ensuring an effective insurance function of risk management is a key priority and legal requirement for the authority. This involves analysing the types of insurance required to cover off the whole authority using in-house data to establish values of coverage required. This includes but is not limited to property, motor, cyber and liability. A programme of risk reviews at random property sites are also undertaken for insurance purposes</p>		
Risk arrangement	How effective is the arrangement?	How do we know? (evidence)
<p><u>Arrangements in place to identify risks</u></p> <p>Annual insurance cover</p>	<p>An annual assessment of insurance cover is undertaken, and insurance cover is in place at the commencement of the insurance year. Negotiation of claims is undertaken in consultation with other Chief Officers, where necessary.</p> <p>The annual renewal process is in place to ensure all aspects of insurance is covered. This includes the identification of all appropriate employees of the Authority who should be included in a suitable fidelity guarantee insurance. Arrangements are in place to identify and notify the Section 151 Officer (Head of Finance) promptly of all new risks, properties or vehicles that require insurance and of any alterations affecting existing insurances. Along with identifying any significant acquisitions or disposals of assets or any alteration to the scope or level of services provided, particularly where the risk of accident, injury, loss or damage is likely to increase.</p>	<p>Insurance policies in place at commencement of insurance year.</p>
<p><u>Arrangements in place to respond (treatment) to risk</u></p> <p>Annual insurance cover & schedule of assets covered.</p>	<p>An annual renewal process is in place to ensure all aspects of insurance is covered and insurance policies are in place. This includes on a regular basis, Chief Officers are provided with schedules of assets covered by insurance.</p>	<p>Insurance policies.</p>
<p><u>Arrangements in place to monitor and report risk</u></p> <p>Annual insurance cover & schedule of assets covered</p> <p>Annual risk reviews, reports and history.</p>	<p>An annual risk review is undertaken in partnership with our insurers. Action is taken via Insurance and the directorate, as required, to ensure cover is maintained. Risk reports and claims history is produced and reported. For example, quarterly reporting is provided to Transport and Highways and regular reporting for Corporate Health and Safety. Arrangements need to be strengthened for gaining assurance that directorate action is being taken in response to insurance risk reported.</p> <p>Chief Officers are provided with the schedule of assets covered by insurance and must examine the schedules and ensure that the details of those assets are correctly</p>	<p>Risk reports and claims history produced</p>

	<p>recorded and that the scope and level of insurance cover are adequate, and consistent with the Authority's corporate insurance arrangements. Chief officers also provide any information that is needed to manage the council's insurances effectively.</p> <p>This aims to ensure officers are aware of the continuing need to review the perils/risks associated with the insurance profile in order to cover off those known.</p>	
Actions planned		
Strengthen arrangements for gaining assurance that directorate action is being taken in response to insurance risk reported.		

Risk process: Information Governance & Cyber Security		Responsibility: Head of Information Security & Technology
Purpose of the arrangement The council is extremely aware of the importance of cyber security; we implement a number of measures to ensure the protection and safeguarding of our information, technology and systems.		
Risk arrangement	How effective is the arrangement?	How do we know? (evidence)
<u>Arrangements in place to identify risks</u> Cyber/information/ICT security policies, and guidance in place	<p>The council has cyber, information and ICT security policies, and guidance in place to support the identification, management and reporting of risks.</p> <p>An established Cyber/Information security team is place on behalf of all SRS partners who effectively 'audit' the SRS and Partner security risks and operations. The team manage and monitor all risks within the communications infrastructure.</p>	Cyber/information/ICT security policies, and guidance
<u>Arrangements in place to respond (treatment) to risk</u> Cyber/Information security operational Risk Registers	Cyber/Information security operational Risk Registers are in place and are monitored every month by the Senior Information Risk Officer (SIRO), Chief Information Security Officer (CIS) and SRS.	Cyber/Information security Risk Registers
<u>Arrangements in place to monitor and report risk</u> SIRO information security board	<p>Information Governance & Cyber Security Risk is reported and monitored through a range of arrangements:</p> <p>An Information Security Board is set up with the SIRO'S of SRS partners</p>	Evidenced by risk registers, audit reports, policy and training documentation, reports to Committee Meetings and Boards and accreditation from external bodies

Monmouthshire Council Information Governance group	A council Information Governance Group meets regularly and facilitates directorate representatives to monitor Information Governance arrangements.	
SRS Governance structures	Digital infrastructure development and projects and cyber and information risks are managed through groups and boards as part of the SRS governance structures.	
Audit and regulation	<p>The council is part of different national cyber and information security networks with associated accreditation for our cyber/information security performance.</p> <p>Scrutiny of the SRS, Cyber security and information governance is reported through the council's Governance and Audit Committee.</p> <p>Information Governance & Cyber Security arrangements and the SRS are subject to Monmouthshire and Torfaen Council internal audits.</p>	
Actions planned		
No further action identified.		

Risk process: Health and Safety	Responsibility: Corporate Health and Safety Manager
<p>Purpose of the arrangement</p> <p>Ensuring the health, safety and welfare of employees and others, such as contractors, visitors and members of the public who may be affected by the Council's activities is a key priority for the organisation. The Chief Executive has ultimate responsibility for health and safety. The Deputy chief executive is the Strategic Leadership Team lead for health and safety and the council has a designated Corporate Health and Safety manager. The day to day management of health and safety is delegated to Strategic Directors, Headteachers and Senior Managers who are responsible for ensuring all activities within their Directorate/schools are conducted safely, in accordance with legislative requirements and the Council's health and safety risk management policies.</p> <p>Each Directorate has a nominated health and safety lead responsible for coordinating health and safety activities, including establishing and coordinating a Directorate Health and Safety Working Group. They support managers by providing advice and guidance on health and safety matters or signposting them to more specialist advice as necessary.</p> <p>The Council has a corporate health and safety working group with representation from all Directorates that meets quarterly. This group has an action plan and terms of reference.</p>	

Risk arrangement	How effective is the arrangement?	How do we know? (evidence)
<p><u>Arrangements in place to identify risks</u></p> <p>A corporate health and safety policy is in place, this sets out roles and responsibilities for health and safety and the identification and management of risks.</p> <p>The corporate policy is supported by a subordinate suite of health and safety policies and guidance covering a range of areas.</p>	<p>A Corporate Health and Safety Policy is in place which sets out the council's general approach to health and safety. It explains how the council, as an employer, will manage health and safety across the organisation. The policy was recently reviewed and revised to ensure it is up to date and more clearly sets out who does what, when and how. The revised version is currently the subject of internal consultation, including with Trade Unions, and it is anticipated it will be signed off in October 2024.</p> <p>The implementation of the revised policy aims to strengthen the roles and responsibilities for Health and Safety and management of related risks. Following sign off, the revised policy will be available to all staff on the Authority's intranet site and managers will be reminded to signpost staff to the policy on induction and during staff meetings.</p> <p>A risk-based approach is being adopted to guide a schedule of review for the Authority's suite of subordinate health and safety policies and guidance, including identifying and developing policies where any gaps are identified.</p>	<p>Corporate health and safety policy and subordinate health and safety policies.</p>
<p><u>Arrangements in place to respond (treatment) to risk.</u></p> <p>A corporate health and safety risk register is in place to manage overall risks to the implementation of policies, arrangements, and controls for health and safety.</p> <p>Managers are responsible for Health and Safety risk assessments</p>	<p>A corporate health and safety risk register has recently been developed to identify the significant corporate health and safety risks, assesses risk levels, identify mitigating actions and progress in implementing them. A corporate health and safety service plan will also be produced. The continued use of the updated risk register will need to be embedded within the arrangements to deliver the revised corporate health and safety policy.</p> <p>Managers are responsible for undertaking and documenting risk assessments and implementing effective controls. The need for a more consistent approach to risk assessment across the Authority has been identified, although there are some areas of good practice. The risk assessment policy and guidance will be reviewed this year. The need for a more consistent approach to risk assessment training has been identified and the new learning management system (Thinqi) will be used to host risk assessment e-learning. The process for gaining assurance needs to be further developed so that the council can be confident risks have been identified, assessed and suitable control measures have been established and are being maintained.</p>	<p>Corporate health and safety risk register</p> <p>Health and Safety risk assessments.</p>
<p><u>Arrangements in place to monitor and report risk.</u></p>	<p>An annual health and safety report is produced and reported to Strategic Leadership Team and the relevant cabinet member. The report highlights achievements and areas for development as well as priorities for the year ahead. This includes assessing and</p>	<p>Corporate health and safety working group</p>

<p>Annual Health and safety report</p> <p>A corporate health and safety working group is in place, who will receive regular updates on the corporate health and safety risk register.</p> <p>Directorate health and safety working groups.</p>	<p>evaluating progress in mitigating and addressing risks through proactive health and safety work. In addition, Directorate health and safety leads produce annual health and safety reports for their respective Directorates. A suite of health and safety performance indicators are being developed to facilitate more regular reporting of health and safety performance.</p> <p>The Council’s Corporate Health and Safety Group which has representation from all Directorates, the Training Team, Property Services, Insurance and Trade Unions agreed renewed Terms of Reference in 2024 and will monitor progress in delivering the review of subordinate health and safety policies and guidance. The group has also agreed a Health and Safety Action Plan for 2024/25 which is subject to regular review.</p> <p>The updated corporate health and safety risk register will also be reported to the corporate health and safety working group. The arrangements to monitor and update the register need to be developed in line with the revised corporate health and safety policy. This includes strengthening arrangements to identify and monitor risk in directorate health and safety working groups.</p> <p>The Health and Safety Executive produce a checklist for leaders to self-assess arrangements in place under the headings Plan, Do, Check, Act. The checklist is being used to assess the Council’s health and safety arrangements and inform areas for improvement.</p>	<p>Annual health and safety report</p>
<p>Actions planned</p>		
<p>Sign off and implement the revised corporate health & safety policy Develop a risk-based schedule of review for the Council’s suite of subordinate health and safety policies and guidance Strengthen arrangements for completing health and safety risk assessments and implementing effective controls Strengthen arrangements for gaining assurance that health and safety risks are being identified, suitable controls are in place and are being effectively implemented.</p>		