Slough Borough Council

Report To:	Audit and Corporate Governance Committee
Date:	13 November 2024
Subject:	Risk Update
Chief Officer:	Mike Smith, Head of Financial Governance, Internal Audit, Counter Fraud, Risk and Insurance
Ward(s):	All
Exempt:	NO
Appendices:	Appendix 'A' – Sample Corporate Risk Dashboard Appendix 'B' – Risk Improvement Plan Appendix 'C' – Risk Management Overview

1. Summary and Recommendations

1.1 This report sets out:

- The status of the Council in preparing the Q2 2024/25 Risk Update.
- A template for the reporting of Corporate Risks to the Committee.

Recommendations:

1.2 The Audit and Corporate Governance Committee is recommended to:

- Note the work in progress of the Q2 2024/25 Risk Update.
- To comment on and endorse the proposed Risk Management approach and revised Corporate Risk dashboard (sample).
- To note the proposed date for delivery of the draft refreshed Risk Management strategy to this Committee, for consideration.

Reasons

1.3 Summarising the Council's corporate risks for the Audit & Governance Committee ensures that Members are advised of the key risks facing the Council, and the extent to which they are being managed.

1.4 Producing information in a format that supports the communication of the Council's risk profile to Members is important to demonstrate good governance, and provide assurance that officers understand the nature of the Corporate Risks we face and are managing them effectively.

Commissioner Review

The Commissioners note the content of this report.

2. Background

2.1   The Council deals with risk every day from managing its infrastructure, delivering its services, managing its supply chains, maintaining safe systems for staff and residents and delivering on its strategic aims. Effective risk management is concerned with identifying material risks, assessing them in a consistent manner, and managing them to levels that are considered to be acceptable.

2.2   The Interim Risk Manager was appointed at the end of August 2024. In normal circumstances, with adequate resources, it would be expected that the Q2 2024/25 Risk Update would be complete by the end of October. Due to issues identified , the initial focus was on the improvement of the current risk management programme to make it more robust by refreshing the risk methodology and supporting tools, the design of reporting dashboards, and ongoing review and challenge of Corporate Risks.

2.3   Following a discussion with the corporate leadership team (CLT) risk owners have been tasked with reviewing the risks they are responsible for, and submitting the updated Q2 2024/25 risk information using the revised Corporate Risk dashboard. This is expected to be completed by mid-November.

2.4   CLT welcomed the proposed revision to the framework which provides increased focus on issues of risk across the organisation, and agreed to reconvene the internal officer Risk Management Board. The Risk Management Board will ensure the Q2 2024/25 update is available for submission to the January 2025 Committee meeting.

2.5   The Interim Risk Manager continues to work with senior officers to promote effective risk management and to review corporate and directorate risks. He is also reviewing the underlying Risk Strategy and plans to present revisions to the Risk Management Board once it has been established, with a view to presenting this to the Committee early in 2025.

2.6   Members have differing roles and responsibilities in relation to risk. Cabinet members have responsibility to consider risk in relation to individual decisions and overall strategy. Scrutiny members have responsibility to consider risk when holding Cabinet and other parts of the Council to account on individual projects and functions. All elected members have a responsibility for ownership of risk by identifying, mitigating and regularly reviewing risk. This committee has a specific responsibility to provide independent assurance to the Council of the adequacy of the risk management framework and the internal control environment.

2.7   The Committee Chairman requested that an update be submitted to the Committee, as work in progress, in order to have visibility of the revised reporting structure in order that feedback can be provided, as appropriate, recognising that the short period of time since the Q1 Risk Update was submitted could result in little or no movement on individual risks.

2.8   Appendix A is a sample dashboard for presenting risks. This was presented to the Corporate Leadership Team who suggested amendments to ensure the target risk was clearly presented and gave positive feedback on the new format.

3. Implications of the Recommendation

3.1   Financial implications

3.1.1   This is a noting report updating Members on progress to date in improving risk management processes across the Council. There are no direct financial implications associated with the Risk Update. However, the failure to identify and mitigate risks could result in events materialising that result in financial loss. Further, in the absence of a robust risk management methodology, excessive mitigation of perceived risks could result in unnecessary expenditure.

3.2   Legal implications

3.2.1   The Council has a best value duty under the Local Government Act 1999. This is the duty the Council has been found to have failed to meet and this has resulted in the Council being under statutory direction of the Ministry of Housing, Communities and Local Government (MHCLG) and having appointed commissioners under a formal direction.   The statutory direction includes specific actions which are linked to management of risk, including reviewing the strategic risk register and taking steps to enable better and evidence-based decision making and in general undertaking required action to avoid incidents of poor governance or financial mismanagement that would give rise to further failure to comply with the best value duty.

3.2.2   Since publication of the direction, MHCLG has issued guidance on the best value standards and intervention. This confirms the importance of effective risk management. It sets out characteristics of well and poorly performing authorities. Characteristics of a well performing authority include use of performance indicators, data and benchmarking to manage risk, innovation being encouraged and supported within the context of a mature approach to risk management, robust systems being in place and owned by members for identifying, reporting, mitigating and regularly reviewing risk, risk awareness and management informing every decision and robust systems being in place to identify, report, address and regularly review risk. Indicators of potential failure include risk management not being effective, owned corporately and/or embedded throughout the organisation, lack of meaningful risk registers at a corporate level, risks not being owned by senior leaders, risk registers downplaying some risks and lacking action to mitigate risk, risks being covered up to protect reputations, excessively risky borrowing and investment practices with inadequate risk management strategy in place, failure to manage risks associated with companies, joint ventures and arms-length bodies, high dependency on high-risk commercial income to balance budgets and unusual or novel solutions being pursued which lack rigour or adequate risk appraisal.

3.3   Risk Management implications

3.3.1   Enhancing the Council's risk management arrangements via a combination of the introduction of appropriate tools, processes and oversight will help to ensure the pro-active management of risks, and to embed risk management into "business as usual" processes.

3.4   Environmental implications

3.4.1   There are no specific environmental implications associated with the Risk Update. However, effective risk management will help the Council consider the impact of its decisions on its environment and the impact of environmental risks at a local, national and international level on its functions.

3.5   Equality implications

3.5.1   There are no equality implications associated with the Risk Update. However effective risk management will help ensure the Council complies with its equality duties and considers and meets the needs of its diverse communities.

4. Background Papers

4.1   None.

Appendix 'A' – Sample Corporate Risk Dashboard

CR07	Health & Safety: We fail to prevent statutory obligations	Risk owner: Pat Hayes

Corporate risk overview

Current Risk Score 4 Impact 4 Likelihood **21**
**Target Risk Score** 4 Impact 3 Likelihood **18**

SBC currently faces multiple, simultaneous risks of an intolerable nature – with a common root cause. Lack of data, communication and synergy of management/ownership/reporting;
The combination of escalating, aggressive behavior to front facing staff, aged and inadequate Risk Assessments (and subsequent controls) & Policies, COP's & Procedures not revised to modern, practical standards – derives into a High Likelihood and Impact ratio of **21** in its' present condition. These matters evidence a fundamentally flawed and inadequate HSMS.
This score may be elevated due to a lack of reliable data and inter-departmental synergy and communication. There may, likely, be processes and controls that are not formally registered or communicated. However, without adequate qualitative/quantitative data – a conservative Risk Rating must be indicated.
The actions, consistent with most highlighted risks have the initial milestone of data review and audit – tangible actions/systems, deadlines, ownerships and delegations can thereafter be allocated.

Risk appetite statement (AVERSE)

We have no appetite for safety risk exposure that could result in fatality or serious harm (physical and mental) to our employees, supply chain partners or member of the public through our actions, inactions, inadequacies (or decisions).

Recognising that risks should be reduced to As Low As Reasonably Practicable (ALARP), this may mean that residual risk scores remain elevated to highlight priority to enforce suitable and sufficient risk mitigation(s).

Risk profile
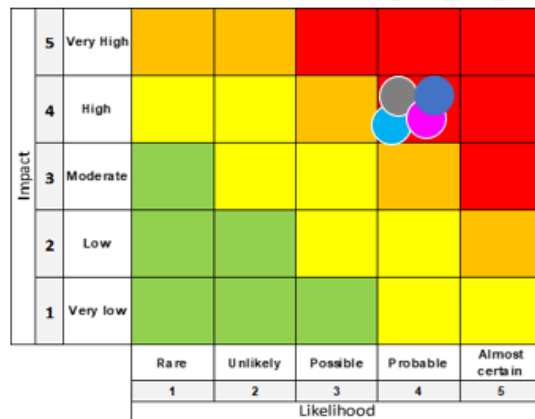
Refer to slide 8 for risk assessment score instructions

Sub risks related to this principal risk

Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
07.01	●	We fail to prioritise, adequately fund or manage risks associated with corporate health and safety	Antony Walker	⬇	Standardised, organizational ownership, recording, monitoring and reporting of key risks & statutory obligations. Efficiencies and organizational buy-in to be achieved by new shared software system sufficient training and standardized reporting mechanisms.
07.02	●	We fail to prioritise, adequately fund or manage risks associated with fire	Antony Walker	⬇	*Fire Risk assessments to be scrutinized as to quality and content and, actions deriving to be prioritized, budgeted and forecast effectively.*
07.03	●	We fail to prioritise, adequately fund or manage risks associated with aggressive behaviour	Antony Walker	⬇	*Recognition of national and demographic antipathy to Local Government due to economic hardships and service reduction. Through policy and procedure, ensure our staff, public and derived representatives receive reasonably practicable safeguarding and support mechanisms.*
07.04	●	Resource to accommodate organizational audit, scrutiny and engage with training & Policy improvements.	Antony Walker	⬇	Currently, both internal H&S Operative resource & externally commissioned assistance are under Business Case to mitigate and assist this key shortfall.

Appendix 'A' – Sample Corporate Risk Dashboard (Continued)

CR07	Health & Safety: We fail to prevent statutory obligations			Risk owner: Pat Hayes

Key Risk Indicators (KRIs)

KRI	KRI explanation	Tolerance/Threshold	Previous qtr. status	Current qtr. status	Trend
KR 1	tba	tba	tba	tba	🟢
KRI 2	tba	tba	tba	tba	🟡
KRI 3	tba	tba	tba	tba	🔴

Current quantitative data relating to the above is unavailable and/or unreliable – and forms part of the deriving risk categories and actions.
KRI's cannot ethically be established until audit of existing shortfalls provides historic/present data.
TBA.

Appendix 'A' – Sample Corporate Risk Dashboard (Continued)

CR07	Health & Safety: We fail to prevent statutory obligations	Risk owner: Pat Hayes

Controls - Identify current operating controls that are managing the sub risks

Control Effectiveness	Description
Effective	• Controls and or/ management activities properly designed and operating as intended • Management is confident that the controls are effective and reliable
Largely effective	• Controls and or/ management activities properly designed and operating with opportunities for improvements identified
Needs improvement	• Controls are only partially effective, require ongoing monitoring and may require redesigning, improving or supplementing • Key controls and or/ management activities in place, with significant opportunities for improvement identified
Ineffective	• Limited controls and or/ management activities in place
Weak	• Controls do not meet an acceptable standard, as many weaknesses/inefficiencies exist • Controls and or/ management activities are non-existent or have major deficiencies and don't operate as intended

Control Ref	Sub risk ref	Control Title	Control Description	Control owner	Control Effectiveness	Comments
1	SR07.01	Fire Risk Assessments	Conduct regular fire risk assessments in all council buildings to identify potential hazards (Consideration for other Compliances).	Director level	Needs improvement	No centralized data. No RP's, quality checks or evidence of tangible, prioritized remediation timelines in order of risk/priority.
2	SR07.02	Training and Awareness:	Provide health and safety training to staff, including safe manual handling, correct use of tools and machinery, and ergonomic advice. Requirement of HASAWA.	Director level	Ineffective	Generic, mandatory training elements (largely unattended), not relevant to certain Service Areas or engaged in.
3	SR07.03	Risk Assessments	Carry out regular risk assessments to identify areas where injuries are more likely to occur, such as maintenance workshops, vehicle depots, and public spaces	Director level	Weak	No evidence of training/competence of Risk Assessors. Inadequate centralized data (Records & Monitoring).
4	SR07.04	Policies & Procedures	Organisational/departmental policy to detail obligations, practice and ownerships within specific areas.	Director Level	Weak	Policies & C.O.P.'s in place from 2019, generalized in require modernisation, communication and evidence of implementation.
5	SR07.05	HSMS Data Recording, Monitoring & Reporting	Ensure suitable & sufficient HSMS to enable recording, monitoring, managing and reporting of key risks and statutory obligations regarding Health and Safety.	Director Level	Ineffective	Existing HSMS deemed inadequate by external commission and Interim manager. Aged, inadequate data management and effective organizational comms and engagement.
6	SR07.06	Violence & Aggression	Provide reasonably practicable controls (Policy, Equipment & Systems) to protect staff from unreasonable behaviour.	Director level	Weak	Increasing (proven trends in reporting) occasions of Unreasonable Behaviour aimed towards SBC staff. Requires Policy and Controls that are reasonably practicable/suitable & sufficient.

Appendix 'A' – Sample Corporate Risk Dashboard (Continued)

CR07	Health & Safety: We fail to prevent statutory obligations	Risk owner: Pat Hayes

Treatment/mitigation plans (funded actions that will manage/reduce the risk level)

Ref	Sub risk ref	Action title	Action details	Action owner	Action due date	Action plan status	Status update
1	SR07.01	*FRA Audit & Review*	*Review of existing data, quality therein – address shortfalls (in terms of survey/actions) urgently.*	*Peter Walsh/Leo Yousef*	02.12.24	🟥	Risk Register to be communicated & action owners delegated to.
2	SR07.02	Training Level audit & analysis (E-learning & Mandatory Management)	*Review of existing data, quality therein – address shortfalls (in terms of survey/actions) urgently.*	Anthony Walker	02.12.24	🟥	Mechanism for qualitative & quantititive data to be derived prior to audit.
3	SR07.03	Risk Assessment audit & analysis.	Task (H&S Committee & Comms) Departments with RAMS review, advise, guide and assist.	Anthony Walker / Shameem Din	02.04.25	🟥	Yet to begin at point of writing.
4	SR07.04	Policies & Procedures audit & analysis.	Through internal (& external?) commission – review and revise current Policies, Procedures/COP's.	Anthony Walker / Shameem Din	02.04.25	🟧	Time/resource to be scheduled consistently, some work already underway (H&S Policy revised).
5	SR07.05	HSMS Data Recording, Monitoring & Reporting	Establish and implement a modernized, improved method of organizational H&S data recording, monitoring, reporting & sharing	Anthony Walker/ IT representative/Shameem Din	02.04.25	🟥	Existing Sharepoint inadequate. Procure & Implement organizational software system to enable key stakeholders to input, store and provide key metrics for qualitative and quantititive reporting.
6	SR07.06	Violence & Aggression	Develop organizational – and derived service area specific policies & protocols relating to unreasonable behaviour, ensure support (EAP/HR) mechanisms in place, instill additional, reasonable controls (i.e. security/support) within key public-facing services.	Anthony Walker/HR/Service Areas	02.04.25	🟥	HR (Shahilla Barok) tasked with Business Case to provide Security professional training (SIA) to Facilities Officers in Corporate Buildings. Draft Unreasonable Behaviour Policy (General) foir approval at H&S Board.

Target Risk Score – **18** by end of date: *04/25*

Appendix 'A' – Sample Corporate Risk Dashboard (Continued)

Tools & additional info

Appendix 'A' – Sample Corporate Risk Dashboard (Continued)

Risk Assessment Matrix

	IMPACT				
CATEGORIES	**1 - Very Low**	**2 - Low**	**3 - Moderate**	**4 - High**	**5 - Very High**
Financial Impact Budget overruns, loss of funding, or significant unforeseen expenses.	Up to £100,000	Between £100,000 - £500,000	Between £500,000 - £1,000,000	Between £1,000,000 - £10,000,000	In excess of £10,000,000
Reputation Damage to the council's public image or loss of trust among the community	Minor / no negative media coverage or impact on the way the council is perceived by local community Negative social media publicity on minor channel(s), 6 days or less	Local negative media coverage and impact on the way the council is perceived by local community, with a reasonable opportunity to rectify Negative social media publicity on a number of minor channels, 7 days or more	Local and national negative media coverage and impact on the way the council is perceived by local community, with a reasonable opportunity to rectify Negative social media publicity on a single mainstream channel, 7 days or more	Widespread local and national negative media coverage and impact on the way the council is perceived by local community, with some effort required to rectify Negative social media publicity on a single mainstream channel, 7 days or more	Widespread local, national and international negative media coverage and impact on the way the council is perceived by local community, with no guarantee this can be rectified Extended negative social media storm, multiple mainstream channels (Facebook, X etc) : 7 days or more
Service Delivery Disruption or failure in delivering critical services to the public.	Minimal or no noticeable impact on service delivery	Some disruption to non-critical services, but essential services remain unaffected	Noticeable disruption to important services, but core or critical services continue to function.	Significant disruption or failure of critical services, resulting in major service delays or reduced availability	Complete or near-complete failure of essential public services with severe consequences for the community
People	Negligible reaction for employees within one key function Loss of operation - critical personnel between 1%-3%	Moderate adverse reaction from employees across more than one key function Loss of operation - critical personnel between or less than 3%-5%	Major loss of confidence and support from employees within more than one key function Loss of operation - critical personnel of less than 5%	Significant loss of confidence and support from employees within more than one key function Loss of operation - critical personnel between 5%-15%	Overwhelming loss of confidence and support from majority of employees Loss of operation - critical personnel of more than 15%
Health and Safety Risk of injury, illness, or death to employees, the public, or stakeholders	Near miss incident Individual public health incident	RIDDOR / Reportable Lost time incident (LTI) Localised public health incident	Long term disability, life changing physical or mental health injury Widespread public health incident	Fatality/multiple life changing injuries Serious localised public health incident (e.g. hospitalisation)	Multiple fatalities with potential to lead to criminal prosecution Serious widespread public health incident
IT Systems/Cyber/GDPR Breaches, data loss, or IT system failures affecting operations or data privacy	No system outages No system vulnerabilities disrupted by malicious actors Data breach is unlikely to result in a risk to the rights and freedoms of individuals (e.g. identity theft, reputational damage, impact to career etc)	No disruption to operations with some non-critical system outages Minimal system vulnerabilities disrupted by malicious actors, with an ability to recover Data breach could possibly result in a risk to the rights and freedoms of individuals (e.g. identity theft, reputational damage, impact to career etc)	Minor disruption to operations with some critical system outages, or significant non-critical system outages Some system vulnerabilities exploited by malicious actors, with an ability to recover in most cases Data breach is likely to result in a risk to the rights and freedoms of individuals (e.g. identity theft, reputational damage, impact to career etc)	Some disruption to operations with outage of numerous critical systems Significant system vulnerabilities exploited by malicious actors, with an ability to recover in most areas Data breach is likely to result in a risk to the rights and freedoms of individuals (e.g. identity theft, reputational damage, impact to career etc). Notification to the supervisory authority (ICO) is needed and non-financial reprimands are imposed	Extensive outage of critical systems with the business unable to operate Significant system vulnerabilities exploited by malicious actors, with no ability to recover Data breach is likely to result in a high risk to the rights and freedoms of individuals (e.g. identity theft, reputational damage, impact to career etc). Notification to the supervisory authority (ICO) which may result in financial and/or non-financial reprimands and we are required to inform the impacted data subjects
Compliance, Legal & Political Breach of laws, regulations, or statutory requirements	(Voluntary) notifiable Regulator non-compliance - Breach resolved between parties	Notifiable Regulator non-compliance – Formal RFI / Third party concern and dissatisfaction / material operational issues emerge publicly	Legal/regulatory action, regulator enforcement penalties / repeated major stakeholder enquiries / repeated failure to deliver against regulatory commitments	Severe regulatory action / prosecution criminal / negligent behaviour / trust issues leading to extreme financial or regulatory consequences.	Major litigation that cannot be defended. Critical breach of legislation, possibility of significant (quantify) fines / imprisonment of officers / members
Environmental	Minimal short-term/temporary environmental damage	Borough-wide environmental damage	Major long term environmental damage	Very severe long term environmental damage	Irreversible and significant environmental damage

Likelihood

1 – Rare	**2 - Unlikely**	**3 - Possible**	**4 - Probable**	**5 - Almost Certain**
Event will occur only in exceptional circumstances. No past event history (SBC or UK public sector)	Event could happen in the next 3 – 5 years. Some past history exists (SBC, or UK public sector)	Event could happen in the next 1-2 years. Past history of event circa every 1-2 years (SBC or UK public sector)	Event could happen in the next 7-12 months. Recurring past event e.g. annually (SBC or UK public sector)	Event could happen in the next 0-6 months.

Appendix 'A' – Sample Corporate Risk Dashboard (Continued)

Risk Assessment Matrix

Continued….

IMPACT		Rare	Unlikely	Possible	Probable	Almost certain
5	Very High	15	19	22	24	25
4	High	10	14	18	21	23
3	Moderate	6	9	13	17	20
2	Low	3	5	8	12	16
1	Very low	1	2	4	7	11
		Rare	Unlikely	Possible	Probable	Almost certain
		1	2	3	4	5
		LIKELIHOOD				

The Council has historically used a risk heat map to visually represent risks by multiplying impact and likelihood, to generate an overall risk score, with colour-coding to indicate risk levels. This method offers a snapshot of the corporate risks.

However, the multiplication approach can be misleading. Score of 25 and 5 differ greatly in value, but both could have catastrophic consequences. Low-likelihood (rare), very high-impact events may receive too little attention, despite their potential to occur. Additionally, this method suggests that a moderate-impact, possible event with a score of 9 is more deserving of management attention than a very high-impact, low-probability event scoring 5, which is not necessarily accurate.

To improve clarity, we no longer multiply scores. Instead, we plot impact and likelihood on the heat map matrix, which reflects a scale of relative importance. Box 25 is the most significant, followed by 24, 23, and so on. In this approach, very high impact, low-likelihood risks score 15 (instead of 5), providing a more accurate representation of risk. This also shows that such risks score higher than moderate-impact, possible events (15 vs. 13), offering a clearer assessment.

Likelihood

1 – Rare	2 - Unlikely	3 - Possible	4 - Probable	5 - Almost Certain
Event will occur only in exceptional circumstances. No past event history (SBC or UK public sector)	Event could happen in the next 3 – 5 years. Some past history exists (SBC, or UK public sector)	Event could happen in the next 1-2 years. Past history of event circa every 1-2 years (SBC or UK public sector)	Event could happen in the next 7-12 months. Recurring past event e.g. annually (SBC or UK public sector)	Event could happen in the next 0-6 months.

Appendix 'A' – Sample Corporate Risk Dashboard (Continued)

Risk Appetite Statement ROUGH GUIDE

Please include a suitable risk appetite statement on the dashboard. It can be qualitative, quantitative or a combination of both, but should provide the reader with an understanding of the amount of risk that the SBC is willing or has the capacity to accept in pursuit of achieving its long-term objectives and creating value. The statement itself should help guide resource allocation and provide the means to effectively respond to and monitor the corporate risk. The table below also provides guidance.

Averse	**Balanced (Minimal to Cautious)**	**Seeking (Open – Eager)**
A low tolerance for risk with a preference for conservative strategies with negligible or low residual risk. Applying innovation prudently where the risks are fully understood	A balanced range of risk acceptance from low residual risk, aiming to reduce exposure where possible, through to acceptance of a moderate degree of risk where the risk/reward ratio is deemed reasonable. Applying innovation only where successful delivery is likely.	A willingness to take on higher levels of risk in pursuit of greater rewards. Eager to be innovative and exploit opportunities.

Appendix 'B' – Risk Improvement Plan

Risk Improvement Plan Phase 1 - Planned deliverables by February 2025

	Governance	Delivery Date	STATUS
1	Review and update RM Policy - Strategy (create if necessary) - Does not include SBC approval process	29 November 2024	On track
2	Review and update RM Framework & Guidance - Strategy (create if necessary) - Does not include SBC approval process	29 November 2024	On track
3	Improve integration with other functions such as Internal Audit, HSE, Insurance, BCP, Crisis Management (Ongoing)	Ongoing	On track
4	Create Corporate risk reporting template for CLT, A&CG Comm. Etc.	16 September 2024	Delivered
5	Write Roles & Responsibilities for Risk Champions	30 September 2024	Delivered
6	Appoint & train new champions where necessary (dependant on Direcorates providing nominations)	29 November 2024	On track
7	Review viability of Risk Management Information System (RMIS) - useability, implementation and cost	29 November 2024	

	Process	Delivery Date	STATUS
1	Update Directorate Risk Register template	30 August 2024	Delivered
2	Roll out Directorate Risk Register template	31 October 2024	Delivered
3	Create Corporate Risk Dashboard	06 September 2024	Delivered
4	Update Risk Assessment matrix with impacts relevant to the local authority.	06 September 2024	Delivered
5	Run risk workshops with Directorates to build & implement their Business Risk Registers	29 November 2024	On track
6	Create overarching Risk Appetite Statement	29 November 2024	Delivered
7	Create & embed formal ERM escalation process for Directorate risks	29 November 2024	Not Started
8	Ensure all Directorate risks have mitigations (where necessary) including target dates and effectiveness assessment **(Initial review phase completed by 20 December 2024, thereafter quarterly review)**	Quarterly	On track
9	Review all Corporate risks to ensure content is robust and use of template is consistent inc. KRIs, mitigation plans, scoring **(Initial review phase completed by 20 December 2024, thereafter quarterly review)**	Quarterly	On track
10	Recruit FT employees - train to deliver the risk programme	28 February 2025	Not Started
11	Risk management sustainability - Create risk management document repository - Sharepoint? (documents, tools, reports)	28 February 2025	Not Started
12	Undertake material directorate risk ID workshops with Leadership Teams	29 November 2024	Not Started

Appendix 'C' – Risk Management Overview

Managing risk in Slough Borough Council

- The risk management approach will be followed at all levels of the Council as shown in the diagram.

- Material Directorate risks may become Corporate Risks, subject to approval by the Risk Management Board.

- Reporting of Corporate Risks to relevant committees on a quarterly basis.

Corporate risks

Sub-risks

Directorate Risks

Business Unit/Department

PowerPoint CR dashboard

Excel risk register

Council Risks

Top down

Bottom up

Emerging Risks

Regulatory assessments

Projects / Programs

Databases

Sources