

RISK MANAGEMENT POLICY

SEPTEMBER 2023



LANARKSHIRE
HOUSING ASSOCIATION LTD



LANARKSHIRE
HOUSING ASSOCIATION LTD

191 Brandon Street
Motherwell ML1 1RS
Tel: (01698) 269119
Fax: (01698) 275202

RISK MANAGEMENT POLICY

(*Note Lanarkshire Housing Association hereinafter referred to as LHA)

1.0 INTRODUCTION

- 1.1 Housing Associations or RSLs are increasingly becoming involved in more diverse and complex areas of business activity. This obviously exposes Associations to increased levels of risk.
- 1.2 LHA must, therefore, be able to recognise, identify and control these risk events. This process is known as risk management.
- 1.3 This policy should be read in conjunction with LHA's Equality and Health & Safety policies.
- 1.4 Operational risk is defined as the threat of an adverse event or action occurring, which may:
 - Result directly or indirectly in losses of any kind
 - Impact on the achievement of corporate goals
 - Prevent opportunities being exploited
 - Impact on our stakeholders
 - Lead to failure to respond to unforeseen circumstances

2.0 PRINCIPAL OBJECTIVES

- 2.1 Risk management can take different forms as follows:
 - Risk Avoidance - eliminate the risk
 - Risk Reduction - minimise the risk or impact should it occur
 - Risk Retention - accept the risk
 - Risk Transfer – transfer risk to third party (e.g. insurance policies)
- 2.2 LHA must avoid actions or contracts of any kind with other parties which put an undue or excessive risk on its:
 - Assets
 - Tenants

- Employees, or
- Public image

2.3 Internal Audit will form an important part of the risk management framework, promoting risk awareness and focusing on key business risks. Its aim will be to facilitate improvements in risk management and control and encourage a proactive approach to advice and support. Internal Audit will develop *corporate* reporting methods.

3.0 ACCOUNTABILITY

3.1 The responsibilities for risk management within LHA are detailed as follows:

- Governing Body or Management Committee (policy)
- Audit & Assurance Sub Committee
- Chief Executive (implementation)
- Directors and Managers (operations)
- Internal Auditor (control mechanisms)

3.2 The Management Committee accepts its primary responsibility to identify and manage the key risks faced by the Association. Most operational aspects are delegated to the Chief Executive, who, in turn may oversee further delegation to Directors and Managers, where appropriate.

3.3 In managing these key risks, the Committee seeks to ensure that all actions taken contribute towards the achievement of the Association's objectives and that no actions are taken that might unduly threaten the viability of the Association, financial or otherwise.

4.0 STRATEGIC AIMS

4.1 The strategy is designed to develop a coherent approach to potential outcomes arising from the key areas of risk or significant activities.

4.2 The strategy is divided into four main parts:

- Identification of key risks
- Analysis of key risks and deciding key indicators

- Monitoring of key risks using key indicators
- Taking appropriate action

5.0 IDENTIFICATION OF THE KEY RISKS

- 5.1 The Committee will identify all of the major risks faced by the Association based on knowledge of the Association's current and planned activities.
- 5.2 A structured identification exercise will take place annually, using various established techniques, such as STEP and SWOT analyses and Key Performance Indicators (KPIs) to identify the main risks.
- 5.3 The Committee also takes responsibility for continuous review to ensure that any new or enhanced risks are identified when necessary.
- 5.4 LHA's internal management planning process will form a key part of a risk-conscious control culture. For example, any proposal for any significant new or enhanced activity must always first consider a management review of the risks involved for the Association.

6.0 RISK ASSESSMENT

- 6.1 To ensure a comprehensive and consistent approach to the analysis and evaluation of risk, LHA will adopt a standard approach to risk management assessment.
- 6.2 There are two risk assessment types:
 - Inherent, where LHA currently finds itself in term of risk
 - Residual, where LHA will be if all the identified controls are in place to mitigate the risk
- 6.3 For each assessment type the analysis and evaluation stage shall include reference to the following:
 - A likelihood (probability/frequency) score will be estimated. This will be estimated on a scale of 1 (remote) to 5 (almost certain)
 - A consequence (impact/severity) score will be estimated. This will be estimated on a scale of 1 (insignificant) to 5 (catastrophic)

- A risk score will be calculated based on multiplying the likelihood score by the consequence score.

The ranking of these scores is set out in the tables below:

Likelihood

5	Almost Certain	Probability greater than 86%
4	Likely	Probability between 61% - 85%
3	Possible	Probability between 36% - 60%
2	Unlikely	Probability between 11% - 35%
1	Remote	Probability less than 11%

Consequence

1	Minor	Slight impact on service, reputation, complaint possible, litigation possible. No impact on the strategic objective.	Impact level less than 11%
2	Moderate	Some service disruption, potential for adverse publicity, complaint probable, litigation probable. Immediate time resource allocated with a moderate cost impact. No effect on strategic objectives.	Impact level between 11% and 35%
3	Major	Services disrupted, adverse publicity, litigation probable, and increased risk of potential part failure of the business. Impact on some strategic objectives.	Impact level between 36% and 60%
4	Critical	Significant ongoing concerns exist with the business. This risk will affect the delivery of most of the strategic objectives.	Impact level between 61% and 85%
5	Catastrophic	Potential failure of the whole business. This risk will affect delivery of all strategic objectives.	Impact level greater than 85%

- 6.4 Any risks with a score of 20 to 25 (red risks) will have an unacceptable level of risk exposure which requires immediate action to be taken by the Management Committee to ensure that appropriate control measures are in place.

- 6.5 Those risks that are scored between 10 and 16 (orange risks) have an unacceptable level of risk exposure and they require to be reviewed by management to ensure that this level of risk can be tolerated and what controls are in place to mitigate such risks.
- 6.6 Any risks that are scored between 1 and 8 (green risks) are at an acceptable level of risk exposure subject to regular active monitoring.
- 6.7 A residual risk score will be calculated based on the application of the control measures.

5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
	1	2	3	1	5

- 6.8 The Association should also consider its Risk Appetite when assessing a risk. Risk appetite is the level of risk that the Association is willing to accept in pursuit of its objectives. It helps highlight the actions that are deemed necessary to reduce the risk and can represent a balance between the potential benefits that could be achieved and the threats. The risk appetite level should be set per risk category. The Association is naturally risk averse due to the nature of our business.

7.0 RISK CONTROL

- 7.1 The result of this risk analysis and evaluation process will be used to produce a risk profile that provides a tool for prioritising risk controls. This process will allow risks to be mapped, control measures identified and responsibility allocated to an appropriate manager to ensure ownership and accountability in the process. These risk profiles will be managed within the Risks module of the Decision Time software package.
- 7.2 The responsibilities for risk controls are as follows:
- Management Committee will monitor strategic risk and assess the level of assurance provided
 - Chief Executive will deliver effective controls over the strategic risks
 - Senior management team will deliver effective controls over operational risks

- Audit & Assurance Sub Committee will receive regular reports from risks software as part of the agenda, to monitor and review controls

7.3 The Committee will also monitor key risks by obtaining and acting upon reports from Internal Audit, as well as reviewing the Internal Management Action Plan on a regular basis.

8.0 ASSURANCE

8.1 The Risk Management Framework is a key part of the overall internal control system. Risk assurance will be provided from the following sources:

- Managers will be allocated responsibility on risks and risk control measures which can be monitored through the risk management software
- The Chief Executive and the Audit & Assurance Sub Committee will oversee risk management and compliance
- A further layer of assurance will be provided by functions that provide independent assurance to the Management Committee This includes both internal and external audit, health & safety consultants, reviews of insurance arrangements, employment law consultants etc

9.0 MONITORING AND REPORTING OF RISK

9.1 A register will be maintained of all strategic and operational risks identified. This Risk Register will be maintained through the Risks software. The Risk Register should be presented to the Management Committee annually.

9.2 The Audit & Assurance Sub Committee have delegated authority to monitor and direct risk compliance. Where risks are identified as requiring further action, these can be reported to the functional sub committee as appropriate e.g. property maintenance risks can be reported to Housing Services Sub Committee.

9.3 The Management Committee will receive an annual report from the Chair of the Audit & Assurance Sub Committee on risk management, controls and compliance to assist the assessment of assurance.

9.4 Each risk will be linked to the following Standards set out in the Scottish Housing Regulator Regulatory Framework. There may be instances where the risk is linked to more than one Standard.

- **Standard 1** - The governing body leads and directs the RSL to achieve good outcomes for its tenants and other service users
- **Standard 2** - The RSL is open about and accountable for what it does. It understands and takes account of the needs and priorities of its tenants, service users and stakeholders. Its primary focus is the sustainable achievement of these priorities
- **Standard 3** - The RSL manages its resources to ensure its financial well-being, while maintaining rents at a level that tenants can afford to pay
- **Standard 4** - The governing body bases its decisions on good quality information and advice and identifies and mitigates risks to the organisation's purpose
- **Standard 5** - The RSL conducts its affairs with honesty and integrity
- **Standard 6** - The governing body and senior officers have the skills and knowledge they need to be effective

10.0 RISK MANAGEMENT IN PRACTICE

- 10.1 Risk needs to be addressed at the point at which decisions are being taken and resources allocated. When the Management Committee is making key decisions, they should be advised of the risks associated with the recommendations under consideration.
- 10.2 Risk assessments should be used in any options appraisal, and whilst it may not guarantee success it will provide evidence, assurance and transparency in the decision-making process.
- 10.3 Risk management will be incorporated into the strategic planning process through the maintenance of the Risk Register for both strategic and operational risk.
- 10.4 Risk shall be considered within the cycles of financial planning and resource allocation and feature in both budget submissions and budget monitoring arrangements.
- 10.5 Risk management techniques will also be embedded into major projects or new business opportunities and include clear monitoring and reporting mechanisms.
- 10.6 All new partnerships and key procurement arrangements shall have an assessment of risk at the development stage to ensure all reasonable measures are put in place.

11.0 TRAINING

- 11.1 It is the responsibility of the Chief Executive to ensure that the business has the necessary skills and expertise to deliver the Risk Management Strategy. This will be achieved through a programme of risk management training and awareness sessions that address the individual needs of the Management Committee and employees at all levels. This training should be carried out every 2 years on a refresher basis.

CORPORATE RISK ASSESSMENT AND COMPLIANCE REPORT**Date:** SEPTEMBER 2023**Topic:** EFFECTIVE USE OF HUMAN RESOURCES – EMPLOYMENT LAW, EFFICIENCY, MORALE, ETC.

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
1	a) Equal Opportunities	100%	3 x 1	3	Policy documents revised in line with performance standards, following rigorous training and consultation period.	GP
	b) Harassment at Work	100%	3 x 1	3		GP
	c) Monitoring of above	100%	2 x 1	2	Monitoring of protected characteristics as detailed in the Equality and Diversity Policy.	GP
	d) Code of Conduct	100%	2 x 1	2	All part of staff handbook.	GP
2	Employment Law expertise, general Conditions of Service and Contracts of Employment CRONER Consulting appointed to give professional 24-hour advice	100%	3 x 1	3	EVH principles adopted originally, but now developed into LHA's own conditions and contracts. Offers to establish a voluntary recognition agreement with a Trade Union (TGWU have thus far been declined).	GP
3	Detailed recruitment and induction procedures	100%	1 x 1	1	Policy extended and procedures fully operational.	NA
4	Training strategy: Retain "Investor in People" status	100%	1 x 1	1	Extended to include Committee Members. IIP assessment carried out Jan 2019. LHA has now achieved a higher level and been awarded Silver Accreditation.	NA

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
5	Absence procedures	100%	1 x 1	1	Regular Absence report to Human Resources & Equality Sub Committee.	NA
6	Grievance and disciplinary procedures	100%	1 x 1	1	Fully incorporated into new staff handbook and procedures agreed through Croner Consulting after lengthy staff consultation.	NA
7	Housing Services/Corporate Services to look at Customer Excellence Accreditation for improved service delivery	0% (but within 3-Year Plan)	2 x 2	4	Not high risk but implementation desirable to confirm high service standards.	AR
8	Regular staff appraisals and evaluation of management performance	100%	1 x 1	1	Annual appraisals award system of pay/bonus linked to corporate and/or personal performance measures fully implemented.	NA
9	Review of organisation structure - staffing levels etc.	100%	2 x 1	2	Departmental reviews ongoing on ad-hoc basis.	GP
10	Comprehensive Internal Management Plan (IMP) with regular Action Status Reports	100%	3 x 1	3	Annual Review also linked to continuous Policy Review Schedule.	GP
11	Pre- and post-training evaluation	100%	2 x 1	2	Part of performance evaluation techniques.	GP
12	Personal Development Plans	100%	1 x 1	1	Already forms part of above process.	NA
13	Health & Safety at Work	100%	3 x 1	3	Separate analysis of detailed topic follows.	GP

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
14	Staff Counselling facilities	100%	2 x 2	4	Professional Employee Counselling Service hired separately.	GP

CORPORATE RISK ASSESSMENT AND COMPLIANCE REPORT

Date: SEPTEMBER 2023

Topic: HEALTH & SAFETY - WORK RELATED INJURY OR ILLNESS

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
1	All legislative principles for an Employer	100%	3 x 1	3	LHA receives regular updates on specific matters using separate H&S Consultancy (Mentor).	GP
2	Appointment of consultant as "competent person". Mentor Guidance System including Risk & Compliance Assessment reviews/training	100%	2 x 1	2	Full 'Guidance System' has been implemented, along with risk evaluation techniques. Further training for management through mentor is ongoing.	GP
3	a) Staff - Smoking Policy	100%	2 x 1	2	Assistance offered to smokers to try to stop.	GP
	b) Stress at work - management system	100%	2 x 2	4	LHA provides access to an external agency for Counselling purposes.	GP
4	Office Fire Drill and Fire Certificate (if required)	100%	3 x 1	3	Implemented, Nov. 1998 Letter from Fire Brigade - dated 8 May 2000, confirming certificate <u>not</u> required.	GP
5	Inventory of Electrical Goods + safety check	100%	3 x 1	3	Implemented Jan. 1999.	GP
6	Workstations' safety	100%	2 x 1	2	Implemented on installation by suppliers, 'Flexiform'. Meets requirements but should be checked if relocated or changed in any way.	GP

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
7	Welfare at Work Fire Precautions Safe use of Electricity COSHH Manual Handling Use of Work Equipment First Aid Display Screen Equipment Young Persons PPE Control of Contractors	100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%	3 x 1 3 x 1 3 x 1 3 x 1 3 x 1 3 x 1 3 x 1 3 x 1 3 x 1 3 x 1 3 x 1	3 3 3 3 3 3 3 3 3 3 3	Effective controls are in place and 'Mentor' act as the competent person, resolving most issues surrounding the responsibility for carrying out risk assessments for specific, significant activities. Methods of managing contractors kept under review. No outstanding strategic matters.	GP GP GP GP GP GP GP GP GP GP GP
8	Published information for: Employees Adjacent workers Young persons (up to 18yrs) New and expectant mothers Members of the public	100% NA 100% 100% 100%	3 x 1 NA 1 x 2 1 x 2 1 x 2	3 NA 2 2 2	Employer's guidance and publications being matched to <i>Mentor</i> H&S Manual to enable full consideration of detailed risk assessments and control procedures where necessary.	GP NA NA GP GP GP
9	COVID-19 Risk Assessments completed and agreed by Governing Body for virus transmission mitigation	100%	2 x 3	6	Risk assessments kept under review and all statute and regulatory guidance in this regard will be complied with	AR
10	Contingency Plan for business continuity implemented due to disruption to services caused by COVID-19	80%	2 x 3	6	Further risk assessments will be required to allow the resumption of direct physical contact with tenants/customers	AR

CORPORATE RISK ASSESSMENT AND COMPLIANCE REPORT

Date: SEPTEMBER 2023

Topic: FINANCE - DEFALCATION, FRAUD AND MISUSE OF ASSETS

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
1	a) External Audit & AGM	100%	3 x 1	3	Azets Audit Services appointed as Auditors. AGM attendance averages about 16%.	GP
	b) Review Auditors	20%	2 x 2	4	Ongoing performance monitoring affirms service level. Review of Auditors appointment every 5 years.	GP
2	a) Internal Audit	100%	2 x 1	2	Internal audit consultants Wylie & Bisset were appointed on 1 April 2018 for a period of 3 years. Contract extended for a further 2 years through to 31 March 2023 and a further 1 year to 31 March 2024.	GP
	b) Corporate Governance & Finance Sub Committee	100%	2 x 1	2	Meets 5 times per year.	GP
	c) Control Mechanisms	100%	2 x 1	2	KPIs and benchmarking reporting methods implemented to address arrears and void problems.	GP
3	a) Financial Regulations	100%	3 x 1	3	Reviewed with IMP annually.	GP
	b) Corporate Governance & Finance Sub Committee	100%	3 x 1	3	Meets 5 times per year to address all financial and business related issues.	GP

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
4	a) Formal Rules (Model)	100%	1 x 1	1	Adopted SFHA Charitable Model Rules (Scotland) 2020, July 2021.	NA
	b) Registration as Co-operative and Community Benefit Society and FCA	100%	1 x 1	1	Reg. No. 1941R(S).	NA
	c) Registration with the Scottish Housing Regulator	100%	1 x 1	1	The Scottish Housing Regulator Reg. No. HAL 202.	NA
	d) Registration with OSCR	100%	1 x 1	1	OSCR Charity No. SC042523.	NA
	e) Registration under the Property Factors (Scotland) Act 2011	100%	1 x 1	1	Reg. No. PF000275.	NA
5	a) Use of Seal	100%	2 x 1	2	Secretary + 2 Committee witnesses as per Internal Management Plan (see delegated authority).	GP
	b) Delegated authorities	100%	2 x 1	2	As per IMP.	GP
6	Annual Budget + monthly Budget reporting	100%	3 x 1	3	Reports to Governing Body.	GP
7	Treasury Management Policy	100%	2 x 1	2	As per guidance.	GP
	Adjust/Balance Loan Portfolio	100%	2 x 1	2	Loan Portfolio now adjusted in line with Strategy.	GP

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
8	Safe keeping of cash	100%	2 x 1	2	Office safe / Insurance.	GP
9	Standing Orders and Delegated Authority	100%	2 x 1	2	Part of Internal Management Plan.	GP
10	Credit control measures a) Rent arrears	95%	3 x 1	3	KPIs and Benchmarking extended to enhance performance in core areas of arrears recovery/void management.	GP
	b) Factoring	75%	2 x 2	4	Debt recovery procedures reviewed in context of revised Property Management Policy and financial controls to be improved.	GP
11	Development risk appraisal techniques	100%	2 x 1	2	Development & Funding Strategy minimises risk exposure. Use of Discounted Cash Flow model for private finance and individual project risk assessment.	GP
12	Depreciation Policy	100%	1 x 1	1	As per guidance.	NA
13	Password and Smart Card controls on automated Banking system (HOBS)	100%	2 x 1	2	Monitor regularly.	GP
14	Automated accounting systems	90%	2 x 2	4	Use of SAGE software implemented, but more integration of systems may be investigated, along with extended facilities for rent payments etc.	AR

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
15	Five Year Financial Projections	100%	2 x 2	4	Integral component of Internal Management Plan and a Scottish Housing Regulator Return requirement	GP
16	Long Term Financial Projections integrated with Life Cycle Costing Model for detailed long term measure of financial viability	95%	3 x 2	6	30 Year Plan includes updated Life Cycle Costing Model to allow for detailed financial planning. Results are summarised within Internal Management Plan and Five Year Financial Plan (submitted annually to SHR)	GP
17	Annual Assurance Statement	100%	3 x 2	6	Scottish Housing Regulator requirement. Governing Body to report on compliance with statutory and regulatory requirements to tenants and stakeholders.	GP

CORPORATE RISK ASSESSMENT AND COMPLIANCE REPORT

Date: SEPTEMBER 2023

Topic: PROPERTIES - HOUSING & COMMERCIAL (and other Insured Risks)

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
1	Housing Property Insurance	100%	3 x 1	3	Zurich 'Select' Insurance Policy covering all properties – blanket cover. £100 excess for malicious damage.	GP
2	Unoccupied Housing (voids)	90%	3 x 2	6	As above but with excess applicable N.B. Cover does not extend fully if continued non-occupancy exceeds 120 days. Housing Services to continue to minimise risk through improved void management and delivery of allocations.	AR
3	Office Premises	100%	2 x 1	2	Zurich Cover for Material Damage and Business Interruption.	GP
4	Legal Safety issues:					
	a) Gas safety regulations	100%	3 x 2	6	After inspection this area was strengthened in terms of completing ALL annual gas servicing punctually.	GP
	b) Non-Domestic Asbestos Management (legislation)	100%	3 x 1	3	Consultants Report concluded early 2004. No asbestos found.	GP
	c) Legionella Policy	100%	3 x 2	6	Consultants appointed, risk assessments completed and 2 year audit of controls in place	GP

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
5	Money: a) Non-negotiable b) Other (safes, strong-rooms) c) Other (locked receptacle)	100% 100% 100%	2 x 1 2 x 1 2 x 1	2 2 2	Limited to £250,000. Limited to £3,000. Limited to £250.	GP GP GP
6	All Risks	100%	3 x 1	3	Laptop computers anywhere in UK.	GP
7	Public Liability	100%	3 x 1	3	£5,000,000 cover.	GP
8	Employers Liability	100%	3 x 1	3	£10,000,000 cover.	GP
9	a) Motor b) Estate Caretaker's Van	100% 100%	2 x 1 2 x 1	2 2	Third party - including loss of no Claims Discount. Fully comprehensive – any driver.	GP GP
10	Legal Expenses & Uninsured Loss Recovery	100%	2 x 1	2	£50,000 per incident.	GP
11	Fragmentation	100%	2 x 1	2	£500,000 limit.	GP
12	Fidelity Guarantee	100%	2 x 1	2	£250,000 limit.	GP
13	Personal Accident - accident and assault cover	100%	2 x 1	2	£500,000 any one person. £2,000,000 any one incident.	GP
14	Works in progress		1 x 1	1		NA
15	Street Furniture	0%	2 x 2	4	Small risk but consider adding to insured risks.	AR

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
16	Libel & Slander	-	NA	-		NA
17	Professional negligence	-	NA	-		NA
18	Deterioration of Stock	-	N/A	-		NA
19	Engineering Insurance	-	N/A	-		NA
20	Expiry date - renewal arrangements in place (30 APRIL)	100%	3 X 1	3	Potential savings with medium-term agreement v. annual review may be considered.	GP

CORPORATE RISK ASSESSMENT AND COMPLIANCE REPORT

Date: SEPTEMBER 2023

Topic: COMMUNICATIONS AND IMAGE - PUBLIC RELATIONS

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
1	Corporate Identity/Image	100%	2 X 2	4	Review ongoing and will continue into the 2023/24 financial year.	Moved from GP to AR
2	Newsletters / Brochures	100%	2 X 1	2	As above.	GP
3	Community Initiatives	90%	2 X 1	2	Housing Services improving Tenant Participation Strategy in line with the Housing (Scotland) Act 2001 and 2010.	GP
	Councillor Liaison	100%	2 x 1	2	Successful Co-option on Development Sub Committee.	GP
	Social Inclusion	100%	2 x 2	4	Organisational policy reviews take account of central issues surrounding inclusion e.g. wider action initiatives developed (such as crime and disorder/fuel poverty/partnering/procurement etc).	GP
	Public Relations Dept./ Press Office	100%	2 x 1	2	Dealt with through Executive/ Directorate, but keep under review.	GP
4	Code of Conduct (Governance)	100%	2 x 1	2	Ensure regular review/monitoring.	GP
5	Publicity Events	100%	2 X 1	2	Ad-hoc and annual arrangements associated with specific events.	GP

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
6	Partnering Arrangements	100%	2 x 2	4	NLC, The Scottish Government + Scottish Enterprise/other HAs and Police (refer to functional 5-year Strategies, Action Plans and Policy Development).	GP
7	Publication of Scottish Housing Regulators: a) Engagement Plan b) Landlords Report	100% 100%	2 x 1 2 x 1	4 4	Publicised on the website, newsletters and along with the corporate annual performance report to customers.	GP
8	Customer Relations: - a) Complaints Procedures b) Access to Ombudsman	100% 100%	2 x 1 2 x 1	2 2	Complaints Handling Procedure implemented 1 November 2012 and reviewed on a three yearly basis.	GP
9	Customer Satisfaction surveys	100%	2 x 1	2	Extended to include new tenants linked to new developments as well as general housing management and property services. Independent report undertaken on a 3 yearly basis for benchmarking purposes.	GP GP
10	Corporate Annual Performance Against the Housing Charter	100%	2 x 1	2	Report issued annually to all stakeholders detailing performance across the whole range of corporate activity.	GP

CORPORATE RISK ASSESSMENT AND COMPLIANCE REPORT

Date: SEPTEMBER 2023

Topic: INFORMATION TECHNOLOGY - HARDWARE / SOFTWARE

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
1	a) Registration under Data Protection Act	100%	2 x 1	2	Data Protection Fee annually submitted to the Scottish Information Commissioner's Office.	GP
	b) GDPR	100%	3 x 1	3	Management Committee adopted Privacy Policy in April 2018 due to new regulations coming into force on 25 May 2018. Documents and appendices were drafted in line with Model Documentation provided by SFHA and was certified as being GDPR compliant.	AR
					Internal Audit carried out a review of procedures and an action plan has to be prepared.	AR
					Appointment of an internal Data Protection Officer (DPO).	GP
2	'On-site' hardware warranties	100%	2 x 1	2	Lugo Maintenance Contract.	GP
3	Replacement strategy	100%	2 x 1	2	Write-off period may be reviewed (4 or 5 years).	GP
4	Software support and maintenance	100%	2 x 1	2	Support provided by MIS and Lugo.	GP

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
5	Backup procedures	100%	2 x 1	2	Backups held by Corporate Services team out-with the office premises.	GP
6	Access - password protection methods	100%	2 x 1	2	Regular reviews built in to systems. Include in internal audit regime.	GP
7	On line public participation: Website	100%	2 x 1	2	New website launched November 2018 and to be kept updated by CSD/HSD/PSD/PRM.	GP
	Internet/email	100%	2 x 1	2	Now extended to include use by committee members.	GP
8	Business Continuity Planning	100%	2 x 2	4	Completed – subject to annual review.	GP
9	Automated Rent Payment Systems	100%	2 x 1	2	Implemented in August 2000.	GP
10	Secure cloud based Committee governance portal provided through Decision Time software	100%	1 x 1	1	More efficient committee administration with clear reduction in manpower and waste paper through use of the software.	FC
					Purchased software modules to further increase transparency and accountability in the risk management process.	AR

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
11	Introduction of occasional home working requires additional security and encryption software to safeguard the integrity of the network and personal data	100%	3 x 2	6	System security and encryption software supplied by Lugo, the duly appointed systems consultant. System will be subject to specialist internal audit scrutiny within the strategic audit plan time period.	FC AR

CORPORATE RISK ASSESSMENT AND COMPLIANCE REPORT

Date: SEPTEMBER 2023

Topic: OTHER – GOVERNANCE, POLITICAL & SOCIAL DEVELOPMENTS

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
1	a) STEP/SWOT	100%	3 x 1	3	Integral Part of Internal Management Planning process and annual reviews.	GP
	b) Monitoring above	100%	3 x 1	3	Now part of departmental strategic 5 year reviews.	GP
2	Management Committee/Governing Body effectiveness surveys and appraisals	100%	2 x 1	2	Annual survey and regular agenda facility for issues to be identified appraised and acted upon.	GP
3	Membership Sub Committee				Meet and reviewed annually.	
	Membership Policy	100%	2 x 1	2		GP
4	Housing Benefit/Universal Credit issues: -	90%	2 x 1	2	Housing Management involved in partnership arrangements.	GP
	a) LA administration issues					
	b) Transitional payments	100%	2 x 1	2	As above.	GP
	c) HB/UC (Technical) Arrears	90%	2 x 1	2	Housing Services has improved links with LA for more efficient processing.	GP

Item No.	Desirable Policies, Procedures and Controls	%age Complete	Severity x Probability	Risk Weighting	Corrective Action if inadequate Policy or insufficient Controls or General Comments	Action rating FC / AR / GP / NA
5	DDA – Disability Equality Act 2010					
	a) Disability Access Audit	100%	2 x 1	2	Reported to Corporate Services Sub Committee on 2 August 2005.	GP
	b) Implementation Plan/Budget	75%	2 x 2	4	Detailed Action Plan completed. Recommendations set out in extended plan of work set against budget.	AR
	c) Alleged land contamination and related health issues at Watling Street, Motherwell - Court proceedings	25%	3 x 2	6	Case to be defended, consultant appointed to undertake detailed soil and air quality testing and provide expert witness testimony. Expert environmental solicitor appointed and eminent QC appointed to lead defence.	AR
6	Business Continuity Plan updated with COVID-19 Contingency Planning	100%	3 x 2	6	Measures outlined to ensure the continuity of core service provision where lockdown restrictions may be in place.	AR

BUSINESS AREA: _____

Risk Category	Level of Risk S= Severity, P=Probability			SHR Standards Affected	Appraisal of Current Situation	Recommended Action	Timeline	Current Status
	S	P	Score					