Risk Management Strategy Assurance Review – December 2022

The purpose of this summary is to present a six-monthly overview of the status of the delivery of our Corporate Risk Management Strategy and Risk Management Handbook.

Key themes within our Strategy and Handbook	2020 RAG status	2021 RAG status	Current RAG status	Supporting information		
				Established arrangements	**Progress made in 2022**	**Areas to be reflected in the refresh of the Strategy and Handbook**
Roles and responsibilities in the Risk Management Strategy and Handbook	**GREEN**	**GREEN**	**GREEN**	• Clear roles and responsibilities within the current Risk Management Strategy and Handbook – reinforced, and appropriately challenged, as needed, through the work of the Assurance Team. • Each Directorate has at least one Risk Management Champion that attends the Corporate Risk Management Group regularly. • The Corporate Risk Management Group meets in line with its terms of reference, with good attendance from Risk Champions and Subject Matter Experts. All actions agreed through the group are documented and followed-up as part of the groups action control process. Highlight reports are requested from service leads to ensure appropriate identification and consideration of issues and risks; alongside the quarterly risk management reports. • There is regular reporting on risks to identified leads, as set out within our risk management roles and responsibilities. • Development of the Accountabilities Framework (Led by Organisational Development, OD); aligned to the risk management roles and responsibilities. • Communication of roles and responsibilities through key briefings to managers and colleagues. • Up to date content on MiDerby, with contact details aligned to the Risk Management Strategy.	• Review of programme and project roles and responsibilities, aligning with risk management. • Strengthened recording arrangements on risk registers to evidence appropriate oversight in line with risk management roles and responsibilities. • Communication on risk management through the Project Manager Network, and targeted assurance reviews of projects.	• Add further information on the role of the Risk Champions. • Reflect the leadership accountabilities within the updated documents. • Include information within the Strategy / Handbook on our training and support offer. • Add the Project Manager Network and Assurance and Development Group to roles and responsibilities ensuring alignment to programme and project activities.

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Risk Management Process						
Risk and opportunity identification	AMBER	AMBER	GREEN	• All directorate and strategic risks are reviewed by the Assurance Team, at least every quarter, with the routine identification of new risks and emerging issues. • There are new risks appropriately added to risk registers, as they become known or are escalated. • All priority projects have risk registers in place, which are subject to routine review by the Assurance Team and the Programme Management Office, as part of Gateway processes – this has been strengthened through the implementation of the Project Management Platform. • There are emerging risk and issues logs in place, 'held' by the Assurance Team to support strategic risk identification; these are regularly reviewed at CRMG meetings. • Introduction of risk indicators as a standard item for consideration by the CRMG, aligning to wider monitoring activities (*Audit recommendation)*.	• Strengthened identification of project risks and opportunities • Guidance on risk escalation and de-escalation developed to aid risk identification and analysis • Targeted risk registers in place, led by the Assurance Team, to ensure a consistent and appropriate approach on risk identification on city threats and opportunities (i.e. cost of living).	• Wider guidance on risk identification, as recommended by Internal Audit. • Review and strengthen arrangements for department risk register development, maintenance and challenge. • Add information on the emerging risk log and strengthen the role of the CRMG in risk and opportunity identification. • Include examples of risk indicators alongside more guidance on the development of risk indicators and how these should be monitored / reported. • Add further guidance within the Handbook on the identification of issues versus risks, including on how to manage risks that become issues. Reflect within the Handbook that we have an issues log with guidance on the relationship of this with risk registers.
Risk and opportunity analysis	AMBER	GREEN	GREEN	• Derby's risk matrix requests analysis of threats and opportunities, in line with the latest edition of the Risk Strategy. • All risks in strategic, directorate, department and project risk registers are scored in line with the 4x4 risk matrix. • All risks are now consistently assessed under the threat and opportunity framework, including programme and project risks.	• On-going review and challenge of risks – to ensure we seek to consider both the threats and opportunities within our analysis	

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Risk and opportunity treatment	**GREEN**	**GREEN**	**GREEN**	• Risk treatment options are included in reporting options, for risk owners to complete and review. • All templates updated to include opportunity options; with secondary treatment options included within registers, reflecting the complexity of risk management.	• Draft risk appetite statements are in place to aid assessment on how to treat risks in line with our organisational appetite for risk in key areas.	• Risk appetite statements to be finalised and published within the Strategy and Handbook.
Completing the register	**GREEN**	**GREEN**	**GREEN**	• Strategic and directorate risk registers are maintained with targeted support from the Assurance Team. • Project Leads are responsible for maintaining project risk registers, with appropriate review through the Programme Management Office Board, as part of Gateway processes. • Standardised corporate risk register templates provided for projects, directorate, and strategic risk management. • Development and implementation of the Project Management Platform for programmes and projects, with risk logs aligned to our Risk Management Strategy and Handbook – including increased promotion of risk opportunities. • Review of risk register templates completed, with revised editions launched in December 2021 to improve efficiency of monitoring.	• Risk register templates updated to align with the Council Plan 2022-2025. • Sign-off arrangements included within registers to strengthen oversight and governance. • 'Old' risk templates (i.e., HRA risk register) have been transitioned to the same corporate template.	• Guidance to be updated, in line with revised templates with specific information on the PMP where the format is slightly different. • Exceptions on risk templates to be flagged within the Handbook with a clear process for approving the use of these (i.e. Monte Carlo approach to risk modelling) • Review and refresh guidance for Department Risk Registers.
Monitoring, reporting and reviewing risks and opportunities	**GREEN**	**GREEN**	**GREEN**	• Risk Owners update their risks at least every three months, to inform strategic analysis and reporting. • Strategic risks are reported to the Corporate Risk Management Group, Corporate Leadership Team and Cabinet, every quarter. • The content of risk registers is subject to challenge and scrutiny by the Assurance Team, with identified risks/issues for discussion at Directorate Leadership Teams, the Corporate Risk	• Introduced 6-monthly assurance reviews on strategic and directorate risks where the scores remain unchanged, despite mitigations, to ensure risks are appropriately defined, review the context, barriers to	• Update our guidance with the Handbook on risk assurance activities, reflecting the strengthened arrangements in place; with supporting guidance and information for risk owners.

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				Established arrangements	Progress made in 2022	Areas to be reflected in the refresh of the Strategy and Handbook
				Management Group and the Corporate Leadership Team. • There have been deep-dive risk reviews hosted in the last 12-months, evidencing effective monitoring, review and challenge of our risk identification, analysis and controls. • Risks are escalated and de-escalated, as appropriate. • Strengthened alignment with Internal Audit work programme. • Strategic and Directorate risk registers available on MiDerby • Targeted reviews of risks in complex projects – i.e. mobility programme. • Robust schedule of deep-dive risk reviews in place.	reduced ratings and anticipated impact of controls. • Robust schedule of deep-dive risks in place (*please refer to Appendix 2 for information on reviews completed over the last 6-months*)	
Our risk culture						
Risk assurance	**GREEN**	**GREEN**	**GREEN**	• Performance, project and risk reporting are aligned to assist in the identification of our risk control and impact measures. • Strengthened alignment with Internal Audit work programme. • Targeted risk reviews.	• Introduced 6-monthly assurance reviews on strategic and directorate risks where the scores remain unchanged. • Targeted review of high-risk projects alongside strengthened challenge and oversight through gateway processes.	• Update our guidance with the Handbook on risk assurance activities, reflecting the strengthened arrangements in place; with supporting guidance and information for risk owners.
Risk appetite	N/A	N/A	**AMBER**	• Risk exposure and appetite surveys and workshops delivered to inform the development of a statement framework.	• Draft risk appetite statements are in place to aid assessment on how to treat risks in line with our organisational	• Finalise and publish our risk appetite statements within the Strategy and Handbook.

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					appetite for risk in key areas.	
Risk maturity	N/A	N/A	**GREEN**	N/A	• Initial risk maturity self-assessment completed, using two models to ensure a robust and holistic approach (*to be reviewed annually, as a minimum, going forward*).	• Self-assessment summary statements to be included within the Strategy, shaping the developments made within the Strategy and Handbook

Criteria for RAG ratings/status

	Ineffective
	In place, but further development is required
	Effective and embedded
N/A	New / developing area, baselines to be established to inform further assurance evaluations

Risk Assurance – Strategic Risk Register Mid-Year Assurance Review

Presented below is a summary of assurance for each of the Council's strategic risks, as at the end of September 2022. A summary of changes in strategic risks are reported to Cabinet as part of quarterly monitoring arrangements.

Strategic risks	Latest risk score, treatment & direction of travel*	Do we have controls in place that are assessed by the risk owner as effective?	Progress with additional actions & their effectiveness?	Has the risk been subject to any review activities in the last 12 months?	Is this risk regularly reviewed by a Strategic Board/Group?
SR3/CR3 - Cyber threats to our systems *Vulnerability of the Council's IT estate to cyber attacks*	**16 – risk is being treated with identified controls** *No change in the score from Q1*	**Seven established controls** in place at the end of September 2022	**No additional actions** identified	**Yes** Risk reviewed through programme and project management activities. Internal audit – *Microsoft 365 security* (reasonable control assurance)	**Yes** Information Security Working Group (ISWG) Information Governance Board
SR5/CR5 - Non-compliant condition of Council properties *Risk of properties not being compliant*	*N/A - Risk de-escalated to department level during quarter one.* Risk now covered in department risk register. Performance measure continues to be tracked quarterly by Assurance Team for any signs that the de-escalated risk may be escalating again.				**Yes** Corporate Health & Safety Committee
SR6/CR19 - Ineffective project management governance *Variable approaches across the Council in the management and delivery of major capital projects to agreed objectives and budget*	**9 – risk is being treated with the identified controls and actions** *Reduced risk rating from Q1*	**Seven established controls** in place at the end of September 2022	**Two additional actions** in place. Both reported 'some slippage' at the end of quarter two ('*Scoping of project management training programme*' and '*Implement Portfolio Management approach across DCC (including major Partnership working)*')	**Yes** Risk reviewed through programme and project management activities Internal audit scheduled on *project management (contingency)*	**Yes** Programme Management Office (PMO) Board Strategic Leadership Team (SLT)
SR7/CR6 - Ineffective contract management *Inconsistent and/or poor contract management arrangements that are not in line with good contract management practice*	**12 - risk is being treated with the identified controls and actions** *No change in the score from Q1*	**Two established controls** in place at the end of September 2022	**Two additional actions** in place, both reported as 'on track'.	**Yes** Risk reviewed through programme and project management activities Internal audit scheduled on *contract management* and *procurement – off-contract spend* Working Smarter programme	**Yes** Working Smarter Programme Board

Strategic risks	Latest risk score, treatment & direction of travel*	Do we have controls in place that are assessed by the risk owner as effective?	Progress with additional actions & their effectiveness?	Has the risk been subject to any review activities in the last 12 months?	Is this risk regularly reviewed by a Strategic Board/Group?
SR8/CR7 - Data and records management *There is a risk that poor data quality and records management negatively impact on business efficiency*	**12 - risk is being treated with the identified controls and actions** *No change in the score from Q1*	**Five established controls** in place at the end of September 2022	**Four additional actions** in place, one reported as 'on track, one was 'completed', and two reported 'major slippage' at the end of quarter two ('*Review of information inventory*' and '*review of the document retention and disposal schedule*')	**Yes** Internal audit - *SIRO/Information Governance (substantial control assurance)*, with an audit also scheduled on *records management* Risk subject to a targeted review completed by the Risk Owner and Assurance Team. Two new risks added in Q1(*Compliance with the FOI act & Compliance* with *Data Protection legislation*) Risk definition, description and cause updated in quarter one.	**Yes** Information Governance Working group (IGWG) Information Governance Board
SR14/CP1 - Adverse Outcome to estimated fair value determination *Adverse outcome to estimated fair value determination of Long Term Waste Management Contract*	**16 - risk is being treated with the identified controls** *No change in the score from Q1*	**Two established controls** in place at the end of September 2022	**No additional actions** identified	**Yes** Risks reviewed through project management activities On-going Internal Audit work to provide assurance at stage boundaries/key decision (embedded assurance) points of the project.	**Yes** Project Board
SR15/CR16 - Inability to deliver a balanced MTFP *Changes in Government Funding frameworks alongside increasing local budget pressures*	**16 - risk is being treated with the identified controls and actions** *No change in the score from Q1*	**Four established controls** in place at the end of September 2022, with one further control evaluated at the end of quarter 1 as no longer in place / relevant (*Membership of business rates pool to manage financial shocks*)	**Two additional actions** in place, both reported 'some slippage' ('*Review of impact on capital programme'* and '*Integrated financial and priority / service planning*'). One action archived in quarter 1 ('*Review impact of COVID on Revenue Budgets in order to identify high risk areas*') and one action completed in quarter 2 ('*Brief contract managers on the current implications of inflation using the latest government guidance*')	**Yes** .Budget monitoring takes place monthly Internal audit on *budget management* that reported reasonable control assurance, with further audit activity in progress on our *financial controls*	**Yes** Strategic Leadership Team (SLT)

Strategic risks	Latest risk score, treatment & direction of travel*	Do we have controls in place that are assessed by the risk owner as effective?	Progress with additional actions & their effectiveness?	Has the risk been subject to any review activities in the last 12 months?	Is this risk regularly reviewed by a Strategic Board/Group?
SR16/CR17 - Inability to deliver against our current annual revenue budget *Insufficient resources to meet planned expenditure; external impacts which may impact on long-term financial resilience such as Covid-19 and increasing inflation*	**16 - risk is being treated with the identified controls and actions** *No change in the score from Q1*	**Four established controls** in place at the end of September 2022, with one further control evaluated at the end of quarter 1 as no longer relevant ('*Corporate pot for COVID spend'*)	**Three additional actions** in place, one reported as 'on track, one was 'completed', and one reported 'some slippage' at the end of quarter two ('*Introduce integrated monthly financial and performance monitoring for SLT'*)		
SR18/P13- Increase in number of individuals / households 'in need' during and after COVID *Increase in the numbers of individuals and families in the city identified as 'in need' during and after COVID-19, which may include 'unmet' need during that pandemic*	*N/A - Risk closed during quarter two.* Risk recommended for closure in quarter one. Reviewed by the Corporate Risk Management Group in August 2022. ASC element extracted from this risk and covered in Directorate Risk PS25: *Increasing demand and complexity of need for adult social care services* Cost of Living risk analysis commenced; strategy and action plan in place alongside both city and council risk registers overseen by the Cost of Living Strategic Group				**Yes** Strategic Leadership Team (SLT) Safeguarding Assurance Meetings Safeguarding Board / Partnership Cost of Living Strategic Group
SR19/CP12 - Reduction of Business Resilience *Business resilience in Derby is impacted by Covid19*	*N/A - Risk closed during quarter two.* Risk proposed for closure, reviewed by the Corporate Risk Management Group in August 2022 and recommended to close on the Strategic Risk Register and review and re-define from a from Cost of Living perspective. SLT agreed approach in September 2022. Cost of Living risk analysis commenced; strategy and action plan in place alongside both city and council risk registers overseen by the Cost of Living Strategic Group Internal audit in progress on *economic recovery* to review the governance around the Council's involvement in the economic recovery of the city centre				**Yes** COVID Programme Board Derby Partnership Board Cost of Living Strategic Group

Strategic risks	Latest risk score, treatment & direction of travel*	Do we have controls in place that are assessed by the risk owner as effective?	Progress with additional actions & their effectiveness?	Has the risk been subject to any review activities in the last 12 months?	Is this risk regularly reviewed by a Strategic Board/Group?
SR22/CR24 – Capacity *Lack of capacity within some teams to deliver core service offers, and in some instances meet statutory duties*	**9 - risk is being treated with the identified controls and actions** *No change in the score from Q1*	**Three established controls** in place at the end of September 2022, with one further control evaluated at the end of quarter 1 as no longer required ('*Reallocation / agile working*')	**Three additional actions** in place, two reported as 'on track', and one reported 'some slippage' (*HR and OD to support services who specify skills analysis within their business plans under BAU capacity*')	**Yes** Risks reviewed through programme and project management activities Review of high-risk services through analysis of business plans considered by the CRMG, alongside reporting to SLT	**Yes** Strategic Leadership Team (SLT) Directorate Leadership Teams (DLT)
SR23/PS16 (COVID Risk 27) - Localised outbreak of COVID-19 *In the Derby City Council area, which we would have a responsibility to respond to and contain further Covid wave.*	*N/A - Risk de-escalated to department level during quarter two.* Risk de-escalated to business as usual and covered in Public Health department risk register.				**Yes** Strategic Leadership Team (SLT)
SR24/CP13 (COVID Risk 9) - Inability to meet statutory duties in key service areas due to COVID-19 *Inability to meet statutory duties in key service areas (Adults, CYP, Environmental Health, Trading Standards etc.) due to COVID-19*	*N/A - Risk closed during quarter one.* Risk recommended for closure in quarter one. Reviewed by the Corporate Risk Management Group in August 2022.				**Yes** Strategic Leadership Team (SLT)

Strategic risks	Latest risk score, treatment & direction of travel*	Do we have controls in place that are assessed by the risk owner as effective?	Progress with additional actions & their effectiveness?	Has the risk been subject to any review activities in the last 12 months?	Is this risk regularly reviewed by a Strategic Board/Group?
SR26/CP15 - Inability to meet statutory duties for accommodation-based support for domestic abuse *Domestic Abuse Act 2021 introduced a statutory definition of domestic abuse based on existing cross government definition*	**6 – risk is being treated with the identified controls and actions** *Reduced risk rating from Q1*	**One established control** in place at the end of September 2022	**Three additional actions** have been identified, all reported as 'on track'.	**Yes** Risk reviewed by the Corporate Risk Management Group in October 2022 The risk was reviewed and redefined to also represent male victims Internal audit on *safeguarding & domestic abuse* reported substantial control assurance	**Yes** Derby Partnership Board DA/SV Governance Board
SR27/PS20 - Diminishment of outcomes for Derby's children and young people *Outcomes for Derby's children and young people could be negatively impacted by the inconsistencies of schooling caused by Covid*	*N/A - Risk de-escalated to department level after quarter two.* Risk recommended for closure in quarter two. Risk reviewed by the Corporate Risk Management Group in August 2022. Risk to be redefined and de-escalated to department level in quarter three. Internal audit in progress on *individuals & families in need* (replaced *tackling child poverty*) which relates to this risk				**Yes** Strategic Leadership Team (SLT) Safeguarding Assurance Meetings Safeguarding Partnership Children, Families and Learner's Board
SR28/PS22 - Increasing complexity of need for Derby's children and young people, with insufficient services available at the 'right time' to meet this, from 'early offers of support' to placement options available for our looked after children and young people	**12 - risk is being treated with the identified controls and action** *No change in the score from Q1*	**Nine controls** identified and evaluated as in place at the end of September 2022, with one further control evaluated at the end of quarter 1 as no longer required and archived in quarter 2 (*'Driving forward the work of the Corporate Fostering Board to Increasing the number of DCC fostering households and retaining current foster carers alongside*	**One additional action** in place and reported as 'on track'. Additional emerging action captured to be confirmed in future quarters ('*Poverty Commission (in the Recovery Plan) – linked to the portfolio management approach and 'resilient Derby'*)	**Yes** ILACS inspection in March 2022 Risks reviewed through programme and project management activities Internal audit in progress on *individuals & families in need* (replaced *tackling child poverty*)	**Yes** Demand Management Programme Board Children in Care Commissioning Group Safeguarding Assurance Meetings Safeguarding Partnership Children, Families and Learner's Board

Strategic risks	Latest risk score, treatment & direction of travel*	Do we have controls in place that are assessed by the risk owner as effective?	Progress with additional actions & their effectiveness?	Has the risk been subject to any review activities in the last 12 months?	Is this risk regularly reviewed by a Strategic Board/Group?
		effective and creative use of internal provision'			
SR30/PS24 - Local Area SEND services and provision is not effective *Local Area is not effective in the early identification of children and young people who have special educational needs and/or disabilities, alongside a lack of sufficiency of suitable provision to meet individual needs (redefined from SR17/PS12)*	**12 - risk is being treated with the identified controls and action** *No change in the score from Q1*	**Four established controls** in place at the end of September 2022	**Five additional actions** in place, four reported as 'on track', and one reported 'some slippage' (*Continued development of a Local Area QA framework that incorporates the whole of Local Area SEND*) One other action completed and closed in quarter one (*Recruit to the project manager post / adequately resource delivery*)	**Yes** Redefined from SR17/PR12 in Quarter 4 2020/2021 '*Sufficient progress being made against the Written Statement of Action before inspection*' Internal audit on *Special Educational Needs and/or Disabilities* reported limited control assurance Internal audit scheduled on *element 3 funding* – this relates to calculating and awarding element 3 funding to schools	**Yes** Local Area SEND Board SEND Capital Programme Board Co-production Delivery Group Local Area SEND Impact and Analysis Group
SR31/CR28 - Fraudulent activity within the organisation (DCC)	**9 - risk is being treated with the identified controls and actions** *No change in the score from Q1*	**Eight controls** identified, with four evaluated as in place at the end of September 2022. Four controls identified and evaluated as not in place ('*Fraud risk training provided across the council*', '*Ownership structure defined from top to bottom of the organisation*', '*Ongoing monitoring of adherence to controls and procedures*', and '*Department level risks are documented and managed appropriately*	**Four additional actions** in place, one on track, one reported 'some slippage', (*Clear risk and issue escalation and tracking process to be established – to include early warning indicators*), and two reported as 'on hold' ('*Ensure that Heads of Service record and produce a risk management plan for fraud risk in their area*' and '*Update the Financial Procedure Rules*')	**Yes** Internal audit in progress on m*anagement of fraud and corruption risks*, and scheduled on *fraud contingency*	**Yes** Audit and Governance Committee

Strategic risks	Latest risk score, treatment & direction of travel*	Do we have controls in place that are assessed by the risk owner as effective?	Progress with additional actions & their effectiveness?	Has the risk been subject to any review activities in the last 12 months?	Is this risk regularly reviewed by a Strategic Board/Group?
		and monitored regularly')			
SR32/CR29 - Compliance with the Freedom of Information (FOI) Act *There is a risk that FOI requests are not dealt with in the correct way or within the defined timescales as set out in the act.*	**12 - risk is being treated with the identified controls and actions** *No change in the score from Q1*	**Five established controls** in place at the end of September 2022	**Two additional actions** in place, one on track, one reported 'some slippage', ('*Content Management System (CMS) under development to manage internal FOI request flows'*). One further action completed and closed in quarter one, ('*New Information Governance Officer recruitment to focus on Freedom of Information requests'*)	**Yes** New risk added in quarter one. Internal audit - *SIRO/Information Governance (substantial control assurance)*, with an audit also scheduled on *records management*	**Yes** Information Governance Working Group (IGWG) Information Governance Board Audit and Governance Committee
SR33/CR30 - Compliance with data protection legislation *There is the risk that data is not managed in line with the relevant data protection legislation*	**12 - risk is being treated with the identified controls and actions** *No change in the score from Q1*	**Twelve established controls** in place at the end of September 2022	**Five additional actions** in place, one on track, one reported 'some slippage', ('*Access control policy to be approved through the appropriate channels'*), and two reported 'major slippage', ('*Review of retention and disposal schedule'* and '*Review of privacy notices'*) One further action completed and closed in quarter two, ('*Subject Access Request (SAR) procedure and redaction processes to be updated'*)	**Yes** New risk added in quarter one. Internal audit - *SIRO/Information Governance (substantial control assurance)*, with an audit also scheduled on *records management*	**Yes** Information Security Working Group (ISWG) Information Governance Working Group (IGWG) Information Governance Board Digital Enablement Board

Strategic risks	Latest risk score, treatment & direction of travel*	Do we have controls in place that are assessed by the risk owner as effective?	Progress with additional actions & their effectiveness?	Has the risk been subject to any review activities in the last 12 months?	Is this risk regularly reviewed by a Strategic Board/Group?
SR34/CR32 - Potential risk of industrial action regarding NJC pay claim *The Council is at risk of reduced service capacity, inability to deliver statutory services and work backlogs if industrial action is carried out in response to national pay award* **negotiations**	***N/A - Risk resolved during quarter three.*** New risk was added during quarter two and resolved when the pay award was accepted. Risk resolved and closed in quarter three.				**Yes** Personnel Committee Strategic Leadership Team (SLT)
SR21/CR22 – Colleague health and wellbeing *(opportunity)*	**6 – we are seeking to take this opportunity risk** *No change in the score from Q1*	**Six controls** in place to mitigate any threats from this opportunity risk.	**Three additional actions** in place to assist in 'taking' the opportunity, all were reported as 'on track' at the end of quarter 2 ('*Leadership purpose, accountabilities and expectations to be launched and embedded*', '*Services continue to review their attendance data and refine any actions as required*' and '*High level overview of attendance will be discussed at directorate leadership teams on a quarterly basis from Q2 onwards*')	**Yes** Internal audit on *health and wellbeing*, which reported substantial control assurance Deep-dive performance review of sickness absence completed in November 2022.	**Yes** Personnel Committee Strategic Leadership Team (SLT)

* The risk scores are those last presented to Cabinet in November 2022, as part of the Quarter 2 Performance Monitoring Report. The Q3 position will be reported to Cabinet in February 2023, at the earliest.