

Risk, Audit and Governance Committee

12 March 2024

Agenda item number 14

Risk Management update

Report by Senior Governance Officer

Summary

This report covers (1) the Broads Authority's Risk Register for information and (2) the Broads Authority's Risk Management Policy for review and adoption.

Recommendation

- i. To note the updated Corporate Risk Register (appendices 1 and 2) and
 - ii. To approve the Risk Management Policy (appendix 3) and recommend its adoption by the Authority at its meeting on 15 March.
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1. Introduction

- 1.1. The Risk, Audit and Governance Committee's responsibilities for risk are set out in its [Terms of Reference](#)
- 1.2. The Corporate Risk Register (CRR) sets out the "across the board" risks that could threaten the Authority's core business and the way it operates. Below this are Directorate Risk Registers (DRR) which are managed by each Director and identify risk that could threaten day to day operational activities. Where a new risk identified within a directorate has a revised risk score above 16 (high risk) it is automatically referred to the CRR for monitoring by Management Team and this committee. If new mitigation measures are implemented which reduce the risk's score to below 16 (moderate to low risk), the risk is removed from the CRR but retained on the DRR.
- 1.3. As requested at the meeting on 21 September 2021, the Corporate Risk Register is presented at every Risk, Audit and Governance Committee meeting.
- 1.4. The Management Team has overall responsibility for the risk registers and policy, and risk owners are responsible for reviewing and updating their individual risk. Every risk is reviewed regularly or when there is a significant change in circumstances.

2. Review of risk registers

- 2.1. Given the delay to the external audit schedule, the meeting of this Committee scheduled for November (postponed from September), was cancelled. However, the registers were still reviewed by Management Team. The updated register is at Appendix 1. The registers were reviewed again by Management Team prior to this meeting and the latest version of the CRR is at Appendix 2. This incorporates the amendments made previously in November and identifies any changes since then.
- 2.2. Changes to the register are made using tracked changes. With the first review, the score for risk 1 has increased and for risk 2 it has decreased. With the second review, there are no changes to the risk scores. Overall, there have been no new risks added to, or any risks deleted from, the register. Any changes to the risk scores are identified with the relevant arrow, e.g. ↔ ↓↑

3. Risk Management Policy

- 3.1. The Authority also has a Risk Management Policy (RMP), which sets out the rules and standards for managing strategic and operational risk and guides staff in assessing, monitoring and managing risk on a day-to-day basis when planning or implementing activities.
- 3.2. The RMP is scheduled to be reviewed and updated every two years. It was last reviewed in February 2022 and adopted at the March Authority meeting.
- 3.3. Management Team recently reviewed the policy and the only changes made were to reflect the change in the Committee's name.
- 3.4. A copy of the updated policy (with tracked changes) is attached at Appendix 3.

Author: Sara Utting

Date of report: 28 February 2024

Appendix 1 – [Corporate Risk Register \(November 2023\)](#)

Appendix 2 – [Corporate Risk Register \(February 2024\)](#)

Appendix 3 – [Risk management policy](#)

Broads Authority Corporate Risk Register (Updated ~~June~~ November 2023)

Risk no. & SP*	Primary impact areas	Risk name	Risk description	Date first entered on risk register	Initial likelihood Score 1-5	Initial severity Score 1-5	Initial risk score Likelihood x severity	Tasks to mitigate risk	Revised likelihood Score 1-5	Revised severity Score 1-5	Revised risk score Likelihood x severity	Additional actions required	Risk owner ultimately responsible for risk
1 SP-All	People, performance	Loss of key staff	Loss of working knowledge, expertise and/or close partnership associations due to key staff leaving Authority or being unavailable for long periods.	19/8/2019	4	4	16	<p>Resilience plan in place for handover period when key staff leave Authority or are unavailable for significant periods.</p> <p>HR policies and procedures in place to monitor absence and to support staff retention.</p> <p>Electronic data storage under review to allow access to any officer's files.</p> <p>Business Continuity Plan in place with systems back up. Plan reviewed annually (or following significant incident).</p> <p>Remote server enables office-based staff to work from home if required (e.g. period of quarantine).</p>	3	3	912 ↑	<p>Implement MS Teams to share data across Authority more effectively.</p> <p>Monitor the implementation of hybrid working which was introduced to increase flexible working options.</p> <p>Annual review of Directorate resilience plans.</p> <p>Business Continuity Plan is reviewed annually.</p> <p>Recruit Head of Planning</p>	Chief Executive
2 SP-All	Reputation	Harmful actions undermining public confidence in Broads Authority	Reputational damage caused by comments or actions by Authority members or officers, with consequent harm to relationships with stakeholders and/or undermining of public confidence in Authority.	19/8/2019	4	4	16	<p>Code of Conduct for Members in place containing Nolan Principles of Conduct, and training given to all Members.</p> <p>Code of Practice for Members of the Planning Committee and officers (Sept 21) Code of Conduct for Officers included with HR policies.</p> <p>Director and Senior Governance Officer trained in Data Protection and GDPR; staff have specific data protection training, refreshed annually.</p> <p>Protocol on Member and Officer Relations in place (updated 2021).</p> <p>Scheme of Powers Delegated to CEO and other authorised officers (updated July 2022)</p> <p>Proactive communication policies relating to local and social media in place.</p>	3	42	126 ↓	<p>Implement the recommendations from the VWV report adopted by Members in January 2023.</p> <p><u>The vast majority of these have been implemented – of particular significance is amending the ToR for the Risk, Audit & Governance Committee and establishing a Standards Committee.</u></p>	Chief Executive

Risk no. & SP*	Primary impact areas People, assets, finance, performance, reputation	Risk name Risk that may affect the BA	Risk description Impact on delivery of BA objectives, service delivery, reputation	Date first entered on risk register	Initial likelihood Score 1-5	Initial severity Score 1-5	Initial risk score Likelihood x severity	Tasks to mitigate risk Controls/safeguards/precautions to date, noting any other factors that may influence the risk	Revised likelihood Score 1-5	Revised severity Score 1-5	Revised risk score Likelihood x severity	Additional actions required What we plan to do within the next 12 months	Risk owner ultimately responsible for risk
							12	Monitoring Officer and Deputy Monitoring Officer in place (service agreement with Wilkin Chapman LLP), with specialisms in Local Authority governance and Code of Conduct issues. Monitoring Officer Protocol adopted by the Authority in September 2023. In January 2023, Members received findings and recommendations of an independent investigation into a formal complaint about a planning matter.			6		
3 All	Assets	Loss of key physical assets	Damage to, loss of or malfunction to key assets, impacting on BA operations/ duties and public access or services (e.g. navigation, moorings, Mutford Lock, rail bridges, Port of Norwich).	19/8/2019	3	4	12	Asset Management Strategy in place. Integrated Access Strategy and Moorings Strategy in place (under review 2023 with consultation updated 2019). Rail bridges: Legal undertaking in place with Network Rail regarding bridge maintenance and operations. BA in Working Group with Norfolk County Council, New Anglia and Network Rail BA in contact with key Network Rail Officers to respond to bridge issues. Insurance in place for equipment and buildings over £250 - cover includes business interruption for Yare House and Dockyard. Landowner negotiations processes in place. Programmed inspection regime in place and regular maintenance carried out.	3	2	6 ↔	Regular Review of contributions to reserves to ensure they remain appropriate for future purchases and repairs. Review of Working with Network Rail Contractors (Murphy's) to facilitate access and works licensing required for swing bridge capital project 2024/25 delegated powers to ensure limits remain appropriate and potential acquisitions can be acted upon swiftly. Review fresh of integrated access strategy scheduled for 2023/24. Property consultants to review repair and maintenance liability every 10	Director of Operations

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												years, next scheduled for 2026/27.	
4 SP-All	Finance	Reduction in income and increase in costs	<p>Uncertainty about National Park and/or Navigation funding, as any reduction would affect our ability to deliver our duties, e.g.</p> <ul style="list-style-type: none"> Awaiting NPG funding confirmation from Defra Loss of toll income due to changes to/ impacts on local tourism industry) <p>Loss of money as a result of fraud incident against the BA, including cybercrime</p>	19/8/2019	3	5	15	<p>Regular contact with Government (DEFRA) regarding Comprehensive Spending Review.</p> <p>Consideration of external funding opportunities to plug any gaps.</p> <p>Regular input to Government consultations.</p> <p>Prudent budgeting for Navigation and National Park expenditure. Reserves in place to mitigate against sudden drop in income.</p> <p>Significant blocks of work delivered through external funds won by Authority.</p> <p>Annual training in cybercrime given to all staff.</p> <p>Review of minimum reserves undertaken and reviewed by MT prior to 2023/24 budget setting.</p> <p>Energy insights used in budget setting process to determine impact of potential changes in the price cap.</p> <p>Change of splits between National Park and Navigation recommended as part of 2023/24 toll and budget setting.</p> <p>Finance monthly review of actuals compared to the latest available budget to assist budget holders to take appropriate action.</p>	2	3	6 ↔	<p>Model expenditure options depending on proposed grant settlement and toll increases (SeptAug 2023/4).</p> <p>Explore options on income generation prior to 20245/256 budget setting.</p> <p>Toll/Budget workshop to be held with members October 2023-Autumn 2024.</p> <p>Training for all staff to be delivered via ELMs on Counter fraud, bribery and corruption during 2023/24.</p>	Director of Finance
5 SP-All	People, performance	Large-scale public health crisis	Significant public health crisis (e.g. pandemic), where Government imposed measures affect the continuity of the BA's operational services and prevent visitors accessing the Broads for prolonged periods.	02/7/2020	5	5	25	<p>Strict adherence to Government guidance and mitigation measures in place for staff, volunteers and members.</p> <p>Yare House, TICs and remote offices and facilities risk assessed and WFH measures in place for staff (where role allows). Key services (Safety Management) maintained within executive area.</p>	2	4	8 ↔	Regular monitoring through the Public Sector Leaders Board	Chief Executive

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			(also see risk no.4)					<p>Clear and concise internal and external communications in place.</p> <p>Business continuity/disaster recovery plan and incident reporting system in place and reviewed regularly. Incident response team meet as required to determine appropriate actions, services and measures to respond to crisis.</p> <p>Broads Authority convened to establish emergency powers and delegated powers needed to run the Authority.</p> <p>Communication links in place with relevant Government departments to assess measures, clarify advice and safeguard funding.</p> <p>Key services, budgets and reserves reviewed to safeguard delivery of Broads Plan priorities and externally funded projects.</p>					
6 SP1-3 & 4	Performance	Failure to meet statutory purposes or requirements of other relevant legislation	Underperformance in achieving, or conflict between, our statutory purposes resulting in legal issues or adverse impacts on the Broads and stakeholders (e.g. contravening Habitats Directive, loss of navigation access).	19/8/2019	3	5	15	<p>Provision of external legal services and Monitoring Officer (MO) in place.</p> <p><u>Monitoring Officer Protocol adopted by the Authority in September 2023.</u></p> <p>Constitutional documents in place and regularly reviewed.</p> <p>Strategic plans (incl. Broads Plan) and Broads Local Plan subject to review and to Sustainability Appraisal/SEA and Habitats Regulations Assessment.</p> <p>Detailed environmental practices in place, including Environmental Standard Operating Procedures.</p> <p>Collaborative working in place with key stakeholders to understand and address issues and risks.</p> <p>Officer level project boards in place with Wildlife Trusts, Natural England and Environment Agency to monitor progress and ensure compliance with statutory regulations.</p>	2	2	4 ↔	<p>Monitor external legal and MO services on an <u>annual-quarterly</u> basis.</p> <p>Continue review of Broads Local Plan.</p>	Chief Executive

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								Scientific research and monitoring ongoing to assess impacts, and mitigation measures developed if potential harm identified.					
7 SPAIL	People	Safety-related incidents (operational works) resulting in death or serious injury	Death or serious injury to officer, volunteer or member of public in relation to the carrying out of operational works.	19/8/2019	5	5	25	<p>Health and safety policies in place and reviewed regularly by H&S Committee and risk owners.</p> <p>H&S Committee monitors and reviews incident reports; risk assessments <u>are</u> reviewed and updated regularly.</p> <p>All staff and volunteers trained in key H&S issues; regular tool-box<u>toolbox</u> talks given before carrying out tasks.</p> <p><u>Health Screening and Assessments for Noise and hand-arm vibration were provided to the appropriate staff.</u></p> <p>Safety observations ONS system in place to catch near misses and learn from incidents. All accidents <u>are</u> investigated; regular audits <u>are</u> used to check control measures.</p> <p>Insurance <u>is</u> in place for legal expenses.</p> <p>Quarterly reports on H&S monitoring assessed by <u>the</u> Management Team.</p> <p>Safety system externally audited to ensure fit for purpose and compliance.</p> <p><u>External review of Hazard logs under the PMSC carried out in 2023, using the- Boat Safety Management Group (next scheduled review- in 2026)</u></p>	2	5	10 ↔	<p>Monitor changes in H&S legislation.</p> <p>Monitor industry best practice and implement changes where required.</p> <p>Review Codes of Practice to maintain operational suitability and safety (end 2022).</p> <p>Carry out internal review of key H&S legislation to ensure Authority processes are appropriate (end 2022).</p> <p>Internal Audit on Health and Safety scheduled for 2022.</p> <p><u>Report on Health & Safety, Audit results from PMSC and internal H&S Audit programme due to Navigation Committee in 2024</u></p>	Director of Operations
8 SPAIL	Reputation	Safety-related incidents (boating) resulting in death or serious injury	Failure to exercise powers as a navigation authority and licencing authority, resulting in death and injury to boat hirers due to poor	18/6/2021	5	5	25	<p>Safety videos <u>were</u> provided to boat hirers in advance of <u>the</u> holiday.</p> <p><u>Improved safety information provided by Broads Authority webpages.</u></p>	3	5	15 ↔	<p>Review and response to findings of MAIB investigation into incident at Great</p>	Director of Operations

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			performance by hire boat operators.					<p>Ranger services in place (additional Rangers recruited in 2021) providing advice to waterways users.</p> <p>Survey of HBO handover procedures carried out to assess efficacy.</p> <p>Broadcaster, pre-visit training videos and other safety information provided to boat hirers.</p> <p><u>Joint training for fast water locations provided by Rangers and safety partners at GYYS.</u></p> <p>Hire Boat licensing and audit of licensees in place. <u>A program of spot checks and handover observations carried out.</u></p> <p>Boat Safety Scheme and inspections in place.</p> <p>Compulsory 3rd party insurance in place for boats.</p> <p>Implemented the new Hire Boat Code, <u>which includes the Quality Boatyard Accredited scheme, as well as HB licencing requirements for hirers of paddle craft (introduced in 2022)</u></p>				<p>Yarmouth completed.</p> <p><u>Refresher training for Hire Operator staff on fast tidal waters by Rangers and safety Partners in 2024 at GYYS.</u></p> <p><u>Review of safety incident data from 2023/24 so trends and key areas to review can be determined due early 2024.</u></p> <p><u>Program of summer 2024 spot check HB operators to be developed.</u></p>	
9 SP4&6	Reputation, performance	Disruption to key project partnerships	Failure to deliver Defra and other funded schemes and partnership projects on time, with available resources and within budget, leading to potential financial issues, legal issues, lack of service delivery or adverse publicity.	19/8/2019	4	4	16	<p>Contractual arrangements in place for key partnerships (see Partnerships Register).</p> <p>Projects risk registers maintained for CANAPE and Water, Mills & Marshes and Nature for Climate Peatland Grant Scheme (NPCGS) FibreBroads projects.</p> <p>Regular project progress reported to Broads Authority.</p> <p>Proactive role maintained within formal and informal partnerships at officer and member level.</p> <p>Regular meetings held with funders to discuss progress and highlight issues in timing or delivery.</p>	3	4	12 ↔	<p>Partnerships Register reviewed regularly (Nov 2023²).</p> <p>Implement medium term <u>medium-term</u> funding model for UK National Park Comms Team from 1 April 2023⁴.</p>	Chief Executive

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10 SP-All	Performance	<u>Breach-A breach</u> in data security or data protection, or loss of data.	Failure by staff to follow IT and/or GDPR processes or protocols, resulting in in-built security being bypassed and allowing data loss or data breach.	19/8/2019	4	4	16	<p>Data/IT systems <u>are</u> secured through firewalls, anti-virus software, password and security policies, online training for staff and HR policy.</p> <p><u>Additional/Refresher Accredited Data Protection Training provided by external supplier in Dec 2023.</u></p> <p>Bi-annual internal audit of IT systems and processes carried out.</p> <p>Certified GDPR Data Protection Officer(s) and GDPR Compliance Plan in place, and data protection training given to all staff.</p> <p>ICT security protocols <u>were</u> reviewed in light of staff working from home to ensure compliance.</p> <p><u>ICT protocols on automatic deletion were instigated within Microsoft Office 365 as well and the removal of the autofill email tool to reduce message-sending errors.</u></p> <p><u>All new staff to the Authority are inducted on Data Protection and the principles of GDPR.</u></p>	2	4	8 ↔	<p>Monitor and review case law and keep up to date with GDPR & data protection information/best practice.</p> <p>Provide refresher GDPR & Data Protection online training via ELMS to all staff.</p>	Director of Operations

Prepared by: Management Team, Senior Governance Officer
Date updated: ~~June~~ November 2023
Next update due: ~~Nov~~ March 2024

*Key to strategic priorities for 2023/24:

1. Climate Change crisis response
2. Bio-diversity crisis response
3. Navigation IT
4. Water Mills and Marshes
5. Local Plan for the Broads
6. Farming in Protected Landscapes (FiPL)
7. Budget pressures

Risk score matrix

Likelihood	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	4
		Severity				

Broads Authority Corporate Risk Register (Updated ~~November 2023~~ February 2024)

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5 SP-All	People, performance	Large-scale public health crisis	<p>Significant public health crisis (e.g. pandemic), where Government imposed measures affect the continuity of the BA's operational services and prevent visitors accessing the Broads for prolonged periods.</p> <p>(also see risk no.4)</p>	02/7/2020	5	5	25	<p>Strict adherence to Government guidance and mitigation measures in place for staff, volunteers and members.</p> <p>Yare House, TICs and remote offices and facilities risk assessed and WFH measures in place for staff (where role allows). Key services (Safety Management) maintained within executive area.</p> <p>Clear and concise internal and external communications in place.</p>	2	4	8 ↔	Regular monitoring through the Public Sector Leaders Board	Chief Executive

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6 SP1-3 & 4	Performance	Failure to meet statutory purposes or requirements of other relevant legislation	Underperformance in achieving, or conflict between, our statutory purposes resulting in legal issues or adverse impacts on the Broads and stakeholders (e.g. contravening Habitats Directive, loss of navigation access).	19/8/2019	3	5	15	<p>Provision of external legal services and Monitoring Officer (MO) in place.</p> <p>Monitoring Officer Protocol adopted by the Authority in September 2023.</p> <p>Constitutional documents in place and regularly reviewed.</p> <p>Strategic plans (incl. Broads Plan) and Broads Local Plan subject to review and to Sustainability Appraisal/SEA and Habitats Regulations Assessment.</p> <p>Detailed environmental practices in place, including Environmental Standard Operating Procedures.</p> <p>Collaborative working in place with key stakeholders to understand and address issues and risks.</p> <p>Officer level project boards in place with Wildlife Trusts, Natural England and Environment Agency to monitor progress and ensure compliance with statutory regulations.</p> <p>Scientific research and monitoring ongoing to assess impacts, and mitigation</p>	2	2	4 ↔	<p>Monitor external legal and MO services on an annual basis.</p> <p>Continue review of Broads Local Plan.</p>	Chief Executive

Risk no. & SP*	Primary impact areas	Risk name	Risk description	Date first entered on risk register	Initial likelihood Score 1-5	Initial severity Score 1-5	Initial risk score Likelihood x severity	Tasks to mitigate risk	Revised likelihood Score 1-5	Revised severity Score 1-5	Revised risk score Likelihood x severity	Additional actions required	Risk owner
								measures developed if potential harm identified.					
7 SPAll	People	Safety-related incidents (operational works) resulting in death or serious injury	Death or serious injury to officer, volunteer or member of public in relation to the carrying out of operational works.	19/8/2019	5	5	25	<p>Health and safety policies in place and reviewed regularly by H&S Committee and risk owners.</p> <p>H&S Committee monitors and reviews incident reports; risk assessments are reviewed and updated regularly.</p> <p>All staff and volunteers trained in key H&S issues; regular toolbox talks given before carrying out tasks.</p> <p>Health Screening and Assessments for Noise and hand-arm vibration were provided to the appropriate staff.</p> <p>Safety observations ONS system in place to catch near misses and learn from incidents. All accidents are investigated; regular audits are used to check control measures.</p> <p>Insurance is in place for legal expenses.</p> <p>Quarterly reports on H&S monitoring assessed by the Management Team.</p> <p>Safety system externally audited to ensure fit for purpose and compliance.</p> <p>External review of Hazard logs under the PMSC carried out in 2023, using the Boat Safety Management Group (next scheduled review in 2026)</p>	2	5	10 ↔	<p>Monitor changes in H&S legislation.</p> <p>Monitor industry best practice and implement changes where required.</p> <p>Report on Health & Safety, Audit results from PMSC and internal H&S Audit programme due to Navigation Committee in 2024</p>	Director of Operations
8 SPAll	Reputation	Safety-related incidents (boating) resulting in death or serious injury	Failure to exercise powers as a navigation authority and licencing authority, resulting in death and injury to boat hirers due to poor performance by hire boat operators.	18/6/2021	5	5	25	<p>Safety videos were provided to boat hirers in advance of the holiday.</p> <p>Improved safety information provided by Broads Authority webpages.</p> <p>Ranger services in place providing advice to waterways users.</p> <p>Survey of HBO handover procedures carried out to assess efficacy.</p>	3	5	15 ↔	<p>Refresher training for Hire Operator staff on fast tidal waters by Rangers and safety Partners in 2024 at GYYS.</p> <p>Review of safety incident data from 2023/24 so trends and key areas to review can be</p>	Director of Operations

Risk no. & SP*	Primary impact areas People, assets, finance, performance, reputation	Risk name Risk that may affect the BA	Risk description Impact on delivery of BA objectives, service delivery, reputation	Date first entered on risk register	Initial likelihood Score 1-5	Initial severity Score 1-5	Initial risk score Likelihood x severity	Tasks to mitigate risk Controls/safeguards/precautions to date, noting any other factors that may influence the risk	Revised likelihood Score 1-5	Revised severity Score 1-5	Revised risk score Likelihood x severity	Additional actions required What we plan to do within the next 12 months	Risk owner ultimately responsible for risk
								<p>Broadcaster, pre-visit training videos and other safety information provided to boat hirers.</p> <p>Joint training for fast water locations provided by Rangers and safety partners at GYYS. Hire Boat licensing and audit of licensees in place. A program of spot checks and handover observations carried out.</p> <p>Boat Safety Scheme and inspections in place.</p> <p>Compulsory 3rd party insurance in place for boats.</p> <p>Implemented the new Hire Boat Code, which includes the Quality Boatyard Accredited scheme, as well as HB licencing requirements for hirers of paddle craft (introduced in 2022)</p>				<p>determined due early 2024.</p> <p>Program of summer 2024 spot check HB operators to be developed.</p>	
9 SP4&6	Reputation, performance	Disruption to key project partnerships	Failure to deliver Defra and other funded schemes and partnership projects on time, with available resources and within budget, leading to potential financial issues, legal issues, lack of service delivery or adverse publicity.	19/8/2019	4	4	16	<p>Contractual arrangements in place for key partnerships (see Partnerships Register).</p> <p>Projects risk registers maintained for Water, Mills & Marshes and FibreBroads projects. Regular project progress reported to Broads Authority.</p> <p>Proactive role maintained within formal and informal partnerships at officer and member level.</p> <p>Regular meetings held with funders to discuss progress and highlight issues in timing or delivery.</p>	3	4	12 ↔	<p>Partnerships Register reviewed regularly (Nov 2023).</p> <p>Implement medium-term funding model for UK National Park Comms Team from 1 April 2024.</p>	Chief Executive
10 SP-All	Performance	A breach in data security or data protection, or loss of data.	Failure by staff to follow IT and/or GDPR processes or protocols, resulting in in-built security being bypassed and allowing data loss or data breach.	19/8/2019	4	4	16	<p>Data/IT systems are secured through firewalls, anti-virus software, password and security policies, online training for staff and HR policy.</p> <p>Additional/Refresher Accredited Data Protection Training provided by external supplier in Dec 2023.</p> <p>Bi-annual internal audit of IT systems and processes carried out.</p>	2	4	8 ↔	<p>Monitor and review case law and keep up to date with GDPR & data protection information/best practice.</p> <p>Provide refresher GDPR & Data Protection online</p>	Director of Operations

Risk no. & SP*	Primary impact areas People, assets, finance, performance, reputation	Risk name Risk that may affect the BA	Risk description Impact on delivery of BA objectives, service delivery, reputation	Date first entered on risk register	Initial likelihood Score 1-5	Initial severity Score 1-5	Initial risk score Likelihood x severity	Tasks to mitigate risk Controls/safeguards/precautions to date, noting any other factors that may influence the risk	Revised likelihood Score 1-5	Revised severity Score 1-5	Revised risk score Likelihood x severity	Additional actions required What we plan to do within the next 12 months	Risk owner ultimately responsible for risk
							25	<p>Certified GDPR Data Protection Officer(s) and GDPR Compliance Plan in place, and data protection training given to all staff.</p> <p>ICT security protocols were reviewed in light of staff working from home to ensure compliance.</p> <p>ICT protocols on automatic deletion were instigated within Microsoft Office 365 as well and the removal of the autofill email tool to reduce message-sending errors.</p> <p>All new staff to the Authority are inducted on Data Protection and the principles of GDPR.</p>			10	training via ELMS to all staff.	

Prepared by: Management Team, Senior Governance Officer
Date updated: ~~November 2023~~ February 2024
Next update due: ~~March~~ July 2024

- *Key to strategic priorities for 2023/24:
1. Climate Change crisis response
 2. Bio-diversity crisis response
 3. Navigation IT
 4. Water Mills and Marshes
 5. Local Plan for the Broads
 6. Farming in Protected Landscapes (FiPL)
 7. Budget pressures

Risk score matrix

Likelihood	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	4
		Severity				

Risk management policy

1. Introduction

- 1.1. This document sets out the Broads Authority's rules and standards for managing strategic and operational risk, and guides staff in assessing, monitoring and managing risk on a day-to-day basis.

2. Defining risk

- 2.1. In this context, 'risk' refers to an uncertain event, or set of events, which may affect the Authority's ability to operate its business or achieve its aims and objectives. An 'uncertain event' is one that might happen, rather than one that will definitely happen or is happening already.
- 2.2. Each risk has the key dimensions of 'likelihood' and 'severity'. Likelihood is the probability the event will happen, while severity is the impact the event would have if it happened.

3. Managing risk

- 3.1. The Authority must be able to consider the risks that may threaten or affect the running of its business and delivery of its aims and objectives, and make sure it has controls and mitigation measures in place to minimise those risks.
- 3.2. The international standard for risk management (ISO 31000) sets out useful guidance on risk management, emphasising that it should be integral to all processes and for all staff. Good principles for managing risk are that:
 - It needs to be systematic, structured and timely.
 - It is based on the best available information, including historical data, stakeholder and customer feedback, forecasting and expert judgment. It should be tailored to the organisation's internal and external context and risk profile.
 - It takes human and cultural factors into account, recognising that people's capabilities, behaviours and intentions can either help or hinder the organisation's objectives.
 - It is transparent and inclusive, needing the timely and appropriate involvement of stakeholders and decision makers at each stage, and ensuring proper representation of all those affected.
 - It needs to be iterative, dynamic and responsive to change, taking account of changes in the internal and external environment.
 - It needs to demonstrate continuous improvement.

3.3. Not having risk management procedures in place could result in a failure to identify and monitor risks, or apply appropriate and proportionate mitigation measures. It is also important to bear in mind:

- Our stakeholder and public expectations that we manage risk effectively;
- the demands of legislation and external bodies, such as regulators and auditors;
- the value of risk management in making informed decisions about the effective use of capital and resources, and in reducing costly mistakes or firefighting;
- the desire to make the organisation a better and safer place to work, and for others to work with.

4. Roles and responsibilities

Risk, Audit and Risk-Governance Committee

4.1. The Risk, Audit and Risk-Governance Committee oversees the development and operation of risk management at a strategic level, and regularly reviews the Corporate Risk Register. The Committee does not review the Directorate Risk Registers.

Management Team

4.2. Management Team (MT) is responsible for monitoring and managing risk across the organisation and making sure we have effective policies and procedures in place. MT oversees the review of the Risk Management Policy and Corporate Risk Register, with support from the Senior Governance Officer. Any significant corporate issues relating to risk management are brought to the Risk, Audit and Risk-Governance Committee's attention.

Directors

4.3. Directors are responsible for making sure risk management is embedded into the work of their Directorates, that risk owners and all other staff are aware of its importance, and that appropriate mitigation measures are in place. Directors are also responsible for their Directorate Risk Registers, which focus on day-to-day operational activities. They will bring MT's attention to any concerns or instances where ineffective risk management is impacting on the Authority's business or the achievement of its key aims and objectives.

Risk owners

4.4. Risk owners are responsible for monitoring and managing their assigned risks on a day-to-day basis. They will review their risks at least every six months and make sure the registers are updated accordingly. Risk owners will bring their Director's attention to any concerns or instances where ineffective risk management may be impacting on the Authority's business or the achievement of its key aims and objectives.

Other staff

- 4.5. Risk management is not a specialist activity or only for nominated 'risk owners'. It is a core part of everyone's job and should be embedded throughout the organisation and its activities. A risk management assessment should be part of planning and implementing all activities, with risks identified and mitigation measures put in place.

5. Risk Registers

Types of register

- 5.1. The Authority maintains a strategic Corporate Risk Register. This is supported by operational Risk Registers for its Strategic Services Directorate, Operations Directorate and Finance & Support Services Directorate.
- 5.2. The **Corporate Risk Register** sets out the 'across the board' risks that could threaten the Authority's core business and the way it operates. ~~The Corporate Risk Register is maintained on the Authority's intranet.~~
- 5.3. **Directorate Risk Registers** identify risks that could threaten day-to-day operational activities. The Registers are maintained by each Director. Where a new risk identified within a Directorate has a revised risk score above 16 (high risk), it will automatically be referred to the Corporate Risk Register for monitoring by the Risk, Audit and Risk Governance Committee and MT. If new mitigation measures put in place then reduce the risk's score to below 16 (moderate to low risk), the risk will be removed from the Corporate Risk Register, but retained on the Directorate register, unless considered to be a corporate risk.
- 5.4. MT has overall responsibility for the registers, and risk owners are responsible for reviewing and updating their individual risks. Every risk should be reviewed before every Risk, Audit and Risk Governance Committee meeting, or earlier where there is a significant change in circumstances, with a note in the register of the date the risk was last reviewed.

Format

- 5.5. All registers have the following information:
 - Area impacted by the risk (people, finance, performance, reputation or assets)
 - Risk name and description
 - Date entered on risk register
 - Initial risk scores (likelihood and severity)
 - Tasks to mitigate the risk (controls/safeguards/precautions)
 - Revised risk scores (likelihood and severity)
 - Additional actions required

- Risk owner (by job title)

6. Assessing risk tolerance levels

6.1. The Authority assesses risk against the matrix and scoring descriptions in Tables 1 to 4. For each risk, the dimension scores of **likelihood** and **severity** are multiplied to produce an **initial risk score**. When mitigation measures are identified, the two dimensions are scored and multiplied again to produce a **revised risk score**. This score is categorised as being a low, medium or high **level of tolerance**.

Table 1

Risk scores matrix

Likelihood	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	4
Severity						

Table 2

Likelihood definitions

Rating	Definition	Value
Highly likely	The event is expected to occur	5
Probable	The event will probably occur	4
Possible	The event may occur at some time	3
Unlikely	The event is not expected to occur in normal circumstances	2
Rare	The event may occur only in exceptional circumstances	1

Table 3

Severity definitions

Schedule	Cost	Performance and quality	Value
<2 weeks delay	<1% of budget	Cosmetic impact only	1 Insignificant
2 weeks to 1 month's delay	1%-<2%	Some minor elements of objectives affected	2 Minor
1 month to <2 months delay	2%-<8%	Significant areas of some objectives affected	3 Moderate
2 months to <4 months delay	8%-<12%	Wide area impact on some objectives	4 Major

Schedule	Cost	Performance and quality	Value
>4 months delay	>12% of budget	Significant failure resulting in the project not meeting its objectives	5 Extreme

Table 4

Risk level tolerance

Total score	Risk treatment
High 16-25 Red risk	Risks are so significant that risk treatment is mandatory
Medium 6-15 Amber risk	Risks require a cost benefit analysis to determine the most appropriate treatment
Low 1-5 Green risk	Risks can be regarded as negligible, or so small that no risk treatment is required

- 6.2. When a potential new action or objective is assessed for risk, MT will review the revised risk score suggested by the risk owner to make sure it is robust and reasonable.
- 6.3. Where a risk score is above the tolerance level of 16 (high risk), the Chief Executive will immediately bring the risk to the attention of the Chair~~man~~ of the Authority and the Chair~~man~~ of the Risk, Audit and Risk-Governance Committee.

7. Risk management tools

Risk identification

- 7.1. Identifying a new risk can happen at any time, but is most likely:
- when the Authority takes on a new responsibility, scheme or project;
 - as a result of an unforeseen incident or event; or
 - as part of the annual review of risks by MT or Directorate teams.
- 7.2. A number of tools can help with risk identification, including those outlined below.
- PESTLE looks at factors outside the organisation that can influence it, and stands for:
- Political – government policy and stability
 - Economic – employment rates, material costs and interest/exchange rates
 - Social – demographics, cultural trends and changes in lifestyle
 - Technology – innovation and development
 - Legal – employment, health and safety legislation and regulations
 - Environmental – climate, carbon footprint, sustainability, recycling, waste disposal

APRICOT looks at factors within the organisation that may be affected, and stands for:

- Assets – land, buildings, contents, materials and equipment
- People – safe working systems, health and welfare
- Reputation – poor media coverage, political embarrassment
- Information – IT failures
- Continuity of Operations – failure to deliver or poor service
- Targets – failure to meet strategic objectives and achieve value for money

Risk mitigation

- 7.3. Once a risk is identified, mitigation measures need to be considered. Initially, this can be defined simply as ‘tolerate, transfer, treat or terminate’.
- 7.4. A new risk should be reported to the appropriate Director as soon as possible by any officer so it can be entered in the relevant Directorate Risk Register. The Director will then assess whether the risk should be entered in the Corporate Risk Register.
- 7.5. When a new corporate risk is identified, MT will assess the mitigating measures in place or proposed, and whether these will manage the risk to ‘as low as reasonably practicable’. This process looks at whether the likelihood and severity of the risk is addressed adequately, and whether the Authority needs to enter into the risk, assuming it is optional, bearing in mind how the activity itself will further the Authority’s objectives and the level of risk associated with it.

8. Review timetable

- 8.1. In addition to the regular review by risk owners, MT will review the Corporate Risk Register regularly to consider whether:
 - the identified risks are appropriate and up-to-date
 - the actions and controls in place are adequate and appropriate
 - the revised risk score is appropriate
 - any additional action is needed to help mitigate the risk
 - any new risks should be added to the Register, either for new activities or for existing activities where the risk level may have increased.
- 8.2. The Corporate Risk Register will be reviewed at every meeting of the [Audit Risk, Audit and Risk Governance](#) Committee. Where a risk score has increased, the reasons for the change will be set out.

Policy updated: March [2022-2024](#)

Next update due: March [2024-2026](#)

Contact officer: Senior Governance Officer