

September 22nd, 2022

Notice Of Meeting

You are requested to attend the Audit Committee Meeting to be held on **Thursday, 22nd September 2022 at 2:00 pm** in **Chamber Civic Centre Downpatrick / via Teams.**

Committee Membership (2022 - 2023)

Ms B Slevin Independent Chairperson

Councillor P Byrne

Councillor C Casey

Councillor L Devlin

Councillor C Enright

Councillor M Gibbons

Councillor O Hanlon

Councillor A Lewis

Councillor D McAteer

Councillor D Murphy

Councillor Kathryn Owen

Agenda

1.0 Apologies and Chairperson's remarks.

2.0 Declarations of Interest.

3.0 Action Sheet: Audit Committee Meeting 28 April 2022. (Attached)

Note: This item was deferred from the Audit Committee Meeting July 2022.

[3. Action Sheet - Audit Cmte 28 April 2022.pdf](#)

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4.0 Action Sheet: Audit Committee Meeting - Tuesday 19 July 2022. (Attached)

[4. Action Sheet - Audit Cmte 19 July 2022.pdf](#)

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5.0 Audit Committee Annual Report. (Attached)

Note: This item was deferred from the Audit Committee Meeting July 2022.

[5. Audit Committee Annual Report 2021-22.pdf](#)

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[5. Appendix 1 - Chairpersons Annual Report 2021-22.pdf](#)

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Corporate Services - (OPEN SESSION)

6.0 Corporate Risk Register, and Neighbourhood Services Risk Register. (Attached)

Note: This item was deferred from the Audit Committee Meeting July 2022.

[6. Corporate Risk Register July 2022.pdf](#)

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[6. Appendix 1 - CRR Overview - July 2022.xlsx](#)

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[6. Appendix 2 - CRR July 2022.pdf](#)

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[6. Appendix 3 - Neighbourhood Services Risk Register - July 2022.pdf](#)

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7.0 Corporate Risk Register, and Corporate Services Risk Register. (To follow)

[7. Corporate Risk Register Sept 2022.pdf](#)

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 7. <i>Appendix 1 - CRR Overview - September 2022.pdf</i>	<i>Page 65</i>
 7. <i>Appendix 2 - CRR - September 2022.pdf</i>	<i>Page 67</i>
 7. <i>Appendix 3 - Corporate Service Directorate Risk Register - Sept 2022.pdf</i>	<i>Page 91</i>

8.0 Prompt Payments. (Attached)

 8. <i>Prompt Payments Report Q1.pdf</i>	<i>Page 102</i>
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9.0 NMDDC Statement of Accounts and Annual Governance Statement. (Attached)

 9 - <i>Statement of Accounts 2021-22.pdf</i>	<i>Page 105</i>
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 9 <i>NMDDC Statement of Account 2021-22 - post audit.pdf</i>	<i>Page 107</i>
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NIAO (CLOSED SESSION)

10.0 Draft Report to Those Charged with Governance. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may by resolution, be excluded during this item of business.

 EXEMPT 10. Cover letter - draft RttwG.pdf	<i>Not included</i>
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 EXEMPT 10. Draft RttCwG NMD 21-22.pdf	<i>Not included</i>
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11.0 Performance update. (Verbal)

This item is deemed to be restricted by virtue of Paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may by resolution, be excluded during this item of business.

Corporate Services (CLOSED SESSION)

12.0 Update re: Audit Recommendations. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may by resolution, be excluded during this item of business.

 EXEMPT 12 - Update on Audit Recommendations Sept 2022.pdf	<i>Not included</i>
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13.0 Direct Award Contracts. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may by resolution, be excluded during this item of business.

EXEMPT 13. STA Cover Report Q2 2022-23.pdf

Not included

EXEMPT 13. Appendix 1 - STA-DAC Q2 final.pdf

Not included

14.0 Update re: Fraud and Whistleblowing. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may by resolution, be excluded during this item of business.

EXEMPT 14 - Fraud and Raising Concerns update.pdf

Not included

EXEMPT 14 - Appendix 1 - Fraud and Raising Concerns Register.pdf

Not included

15.0 Procurement Action Plans. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may by resolution, be excluded during this item of business.

EXEMPT 15 - Rpt re Procurement Action Plans - September 2022.pdf

Not included

EXEMP 15 - Appendix 1 - CS CEO.xlsx

Not included

EXEMPT 15 - Appendix 2 - AHC - sept 2022.xlsx

Not included

EXEMPT 15 - Appendix 3 - ERT - Sept 2022.xlsx

Not included

EXEMPT 15 - Appendix 4 - NS - sept 2022.xlsx

Not included

Internal Audit (CLOSED SESSION)

16.0 ASM Summary Report. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any

particular person (including the Council holding that information) and the public may by resolution, be excluded during this item of business.

 **EXEMPT 16 NMDDC Summary report September 2022 to Audit Committee.pdf**

Not included

17.0 Internal Audit Strategy and Annual Plan. (Attached)

Note: This item was deferred from the Audit Committee Meeting July 2022.

This item is deemed to be restricted by virtue of Paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may by resolution, be excluded during this item of business.

 **EXEMPT 17. 202223 NMDDC IA Plan - proposed change September 2022.pdf**

Not included

18.0 NMDDC Toil Payment Review. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may by resolution, be excluded during this item of business.

 **EXEMPT 18. 202223 NMDDC TOIL payment review- Final.pdf**

Not included

19.0 Information Governance Audit. (Attached)

This item is deemed to be restricted by virtue of Paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may by resolution, be excluded during this item of business.

 **EXEMPT 19 2022.23 NMDDC Information Governance - Final report.pdf**

Not included

Performance (OPEN SESSION)

20.0 Performance Self-Assessment 2021/22. (Attached)

 **20. Assessment of Performance 2021-22.pdf**

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 **20 . Appendix 1 - Assessment of Performance 2021-22.pdf**

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 **20. Appendix 2 - Our Performance - Looking Back Going Forward.pdf**

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21.0 No circulars.

Invitees

- Cllr Terry Andrews
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- Mr Patrick Barr
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- Ms Karen Beattie
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- Cllr Jim Brennan
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- Cllr Robert Burgess
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- Cllr Pete Byrne
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- Mr Gerard Byrne
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- Cllr Charlie Casey
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- Mr Andrew Cassells
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- Cllr William Clarke
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- Mrs Linda Cummins
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- Cllr Dermot Curran
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- Cllr Laura Devlin
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- Ms Louise Dillon
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- Cllr Cadogan Enright
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- Cllr Aoife Finnegan
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- Cllr Hugh Gallagher
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- Cllr Mark Gibbons
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- Christine Hagan
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- Cllr Oonagh Hanlon
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- Cllr Glyn Hanna
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- Mrs Catherine Hanvey
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- Cllr Valerie Harte
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- Cllr Roisin Howell
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- Ms Catherine Hughes
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- Mrs Sheila Kieran
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- Cllr Mickey Larkin
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- Cllr David Lee-Surginor
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- Cllr Alan Lewis
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- Mr Michael Lipsett
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- Cllr Oonagh Magennis
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- Mr Conor Mallon
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- Cllr Gavin Malone
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- Colette McAteer
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- Cllr Declan McAteer
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- Cllr Leeanne McEvoy
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- Cllr Harold McKee
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- Patricia McKeever
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- Cllr Karen McKeivitt
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- Cllr Andrew McMurray
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- Cllr Roisin Mulgrew
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- Cllr Declan Murphy
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Cllr Barra Ó Muiri
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Cllr Gerry O'Hare
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Cllr Kathryn Owen
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Cllr Henry Reilly
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Cllr Michael Rice
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Cllr Michael Ruane
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Cllr Michael Savage
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Cllr Gareth Sharvin
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Ms Brona Slevin
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Donna Starkey
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Cllr Gary Stokes
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Sarah Taggart
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Cllr David Taylor
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Cllr Jarlath Tinnelly
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Cllr John Trainor
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Cllr William Walker
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Mrs Marie Ward
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ACTION SHEET

AUDIT COMMITTEE MEETING

TUESDAY 28 APRIL 2022

Actions: arising from Audit Committee Meeting – 28 April 2022)

Minute Ref	Subject	Decision	Lead Officer	Actions taken/ Progress to date	Remove from Action Sheet Y/N
AC/027/2022	DATE/START TIMES – AUDIT COMMITTEE MEETINGS 2022/23	To note the following dates and start times, in respect of Audit Committee Meetings from July 2022 to April 2023, which will be tabled for formal approval via the Council’s Annual Meeting to held on Monday 06 June 2022 Tuesday 19 July 2022 - 2pm Thursday 22 Sept 2022 – 2pm Wed 11 Jan 2023 - 2pm Tuesday 25 April 2023 - 2pm	Gerard Byrne	Agreed	Y

AC/028/2022	AUDIT COMMITTEE : - TERMS OF REFERENCE - TIMETABLE	1. To approve the Terms of Reference for the Audit Committee, as approved by Council on 4 March 2019. 2. To note the Audit Committee Timetable 2022-2023.	Gerard Byrne Gerard Byrne	Approved Agreed	Y Y
AC/029/2022	AUDIT COMMITTEE SELF ASSESSMENT 2020/21	To approve Report from Ms B Slevin Independent Chairperson of Audit Committee, and note the Audit Committee Self-Assessment 2021/2022.	Brona Slevin	Approved	Y
AC/030/2022	ANNUAL ASSESSMENT CHAIRPERSONS' PERFORMANCE FOR : - AUDIT COMMITTEE 2021-2022	To note the Annual Assessment of the Chairperson's Performance in respect of the Audit Committee for 2021/22.	Dorinnia Carville	Agreed	Y
AC/031/2022	CORPORATE RISK REGISTER	(a) To approve the updates to the Corporate Risk Register highlighted within the summary at Appendix 1. (Full Corporate Risk Register	Dorinnia Carville	CRR Approved	Y

			can be evidenced at Appendix 2)				
		(b) To note the revised AHC Directorate Risk Register at Appendix 3.		Dorinnia Carville	AHC Risk Register noted		Y
AC/032/2022	PROMPT PAYMENT STATISTICS	To note the Quarter 3 2021-22 Prompt Payment statistics.		Gerard Byrne	Agreed		Y
AC/033/2022	(EXEMPT) UPDATE RE: AUDIT RECOMMENDATIONS	To note the update in relation to legacy audit recommendations.		Gerard Byrne	Agreed		Y
AC/034/2022	(EXEMPT) BI ANNUAL PROCUREMENT ACTION PLANS	To note the update in relation to the Procurement Action Plans for each Directorate.		Gerard Byrne	Agreed		Y
AC/035/2022	(EXEMPT) DIRECT AWARDS CONTRACTS	To note the Quarter 4 Update in relation to Single Tender Actions.		Gerard Byrne	Agreed		Y
AC/036/2022	(EXEMPT) FRAUD & RAISING CONCERNS	a) To note the update in relation to Fraud and Raising Concerns cases which have been detailed at Appendix 1. b) To note the Action Plan detailed at Section 2.3, based		Gerard Byrne	Agreed		Y
				Gerard Byrne	Agreed		Y

AC/037/2022	(EXEMPT) INTERNAL AUDIT SERVICES CONTRACT EXTENSION 2022 – 23	on the NIAO Internal Fraud Self-Assessment.	Gerard Byrne	Approved	Y
AC/038/2022	(EXEMPT) REPORT RE MUSEUMS	To note the request from the Elected Member and that the Strategic Review will take place as soon as possible.	Dorinnia Carville	Agreed	Y
AC/039/2022	(EXEMPT) NEWRY CITY CENTRE REGENERATION PROGRAMME (NCCR) GOVERNANCE REVIEW	To note the progress to date in relation to the recommendations raised by ASM.	Conor Mallon	Agreed	Y
AC/040/2022	(EXEMPT) AUDIT OPERATORS LICENCE	To note the contents of Report dated 28 April 2022 from Mr J McBride Director Neighbourhood Services (Acting) regarding a (Fleet) Operator's Licence Compliance Audit.	Johnny McBride	Agreed	Y

AC/041/2022	(EXEMPT) ASM INTERNAL AUDIT SUMMARY REPORT	To note the ASM Internal Audit Summary Report.	Christine Hagan	Agreed	Y
AC/042/2022	(EXEMPT) ASM INTERNAL AUDIT ANNUAL ASSURANCE REPORT 2021-22	To note the Internal Audit Annual Assurance Report 2021-22	Christine Hagan	Agreed	Y
AC/043/2022	(EXEMPT) ASM INTERNAL AUDIT AUDIT FIELDWORK RE ACCOUNTS RECEIVABLE	To note the ASM Internal Audit Fieldwork Report regarding Accounts Receivable.	Christine Hagan	Agreed	Y
AC/044/2022	(EXEMPT) ASM INTERNAL AUDIT AUDIT FIELDWORK RE FOLLOW UP REVIEW OF RECOMMENDATIONS 2020-21	To note the ASM Internal Audit Fieldwork Report regarding follow review of recommendations 2020-21.	Christine Hagan	Agreed	Y
AC/045/2022	(EXEMPT) ASM INTERNAL AUDIT AUDIT FIELDWORK RE SINGLE TENDER ACTIONS	To note the ASM Internal Audit Fieldwork Report regarding Single Tender Actions.	Christine Hagan	Agreed	Y

AC/046/2022	(EXEMPT) ASM INTERNAL AUDIT STRATEGY & ACTION PLAN	To approve the Internal Audit Strategy and Action Plan 2022-23.	Christine Hagan	Approved	Y
AC/047/2022	(EXEMPT) NIAO EXTERNAL AUDIT STRATEGY	To note the External Audit Strategy.	Karen Beattie	Agreed	Y
AC/048/2022	(EXEMPT) NIAO PERFORMANCE AUDIT & ASSESSMENT	To note the NIAO Performance Audit and Assessment.	Karen Beattie	Agreed	Y
AC/049/2022	PERFORMANCE IMPROVEMENT OBJECTIVES 2022-23	1. The five draft Performance Improvement Objectives 2022- 23, as outlined in Appendix 1. 2. The proposed approach and timetable for publishing the Performance Improvement Plan 2022-23, as outlined in Appendix 2, including approval to commence the consultation and engagement process on 21 March 2022.	Gerard Byrne	Agreed	Y

ACTION SHEET**AUDIT COMMITTEE MEETING****TUESDAY 19 JULY 2022****Actions: arising from Audit Committee Meeting – 19 July 2022**

Minute Ref	Subject	Decision	Lead Officer	Actions taken/ Progress to date	Remove from Action Sheet Y/N
AC/056/2022	ACTION SHEET – AUDIT COMMITTEE: 28 APRIL 2022	To defer the Action Sheet for Audit Committee Meeting held on Tuesday 28 April 2022, to the Audit Committee Meeting in September 2022.	Brona Slevin	To be approved at the September Meeting	N
AC/057/2022	AUDIT COMMITTEE ANNUAL REPORT 2021/2022	To defer the Audit Committee Annual Report 2021/22 to the Audit Committee Meeting in September 2022.	Brona Slevin	To be approved at the September Meeting	N
AC/058/2022	MEMBERS' REGISTER OF INTEREST	To note the 6 month review report regarding Members' Register of Interests.	Gerard Byrne	Noted	Y

			It was also agreed to note that a 'no response' from a Member indicated no change required.			
AC/059/2022	CORPORATE RISK REGISTER		To defer the Corporate Risk Register to the Audit Committee Meeting in September 2022.	Gerard Byrne	To be approved at the September Meeting	N
AC/060/2022	PROMPT PAYMENT STATISTICS		To note the Quarter 4 2021-22 Prompt Payment statistics.	Gerard Byrne	Noted	Y
AC/061/2022	NMDDC ASSURANCE STATEMENT AND CODE OF GOVERNANCE		To note the Council's Assurance Framework and the Code of Governance.	Gerard Byrne	Noted	Y
AC/062/2022	(EXEMPT) PRESENTATION RE: UNAUDITED FINANCIAL STATEMENTS		To note the unaudited Statement of Accounts for year ended 31 March 2022. It was also agreed the unaudited Statement of Accounts would be	Gerard Byrne	Noted	Y

AC/063/2022	(EXEMPT) UPDATE RE: AUDIT RECOMMENDATIONS	revisited at the Audit Committee Meeting in September 2022.	Gerard Byrne	Noted	Y
AC/064/2022	(EXEMPT) DIRECT AWARD CONTRACTS	To note the update in relation to legacy audit recommendations.	Gerard Byrne	Noted	Y
AC/065/2022	(EXEMPT) FRAUD & WHISTLEBLOWING	To note the Quarter 1 Update in relation to Single Tender Actions. a) To note the update in relation to Fraud and Raising Concerns cases which have been detailed at Appendix 1. b) To note progress on actions arising from the NIAO Internal Fraud Self-Assessment.	Gerard Byrne	Noted	Y
AC/066/2022	(EXEMPT) ASM INTERNAL AUDIT SUMMARY REPORT	To note the ASM Internal Audit Summary Report.	Christine Hagan	Noted	Y
AC/067/2022	(EXEMPT) ASM INTERNAL AUDIT	To defer the Internal Audit Strategy and	Christine Hagan	IA Strategy has been since revised again.	N

	STRATEGY AND ACTION PLAN	Action Plan 2022-23 to the Audit Committee Meeting in September 2022.		New version to be approved at the September Meeting	
AC/068/2022	2022/23 PERFORMANCE IMPROVEMENT PLAN	To note the Performance Improvement Plan 2022-23 (including the five Performance improvement objectives), Consultation and Engagement Report 2022-23 and Objective Delivery Plans 2022-23. *****	Gerard Byrne	Noted	Y

Report to:	Audit Committee
Date of Meeting:	Tuesday 19 July 2022
Subject:	Audit Committee Annual Report 2021-22
Reporting Officer (Including Job Title):	Brona Slevin Independent Chair of Audit Committee
Contact Officer (Including Job Title):	Brona Slevin Independent Chair of Audit Committee

Confirm how this Report should be treated by placing an x in either:-

For decision **✓** **For noting only**

Members are asked to consider and approve the contents of this report prior to Reporting to Council.

1.0	Purpose and Background The Annual Report summarises the key activities and highlights any key issues arising throughout the year. This Report will inform the Governance Statement contained within the Council's Annual Accounts.
2	Key Issues The Annual Report of the Newry Mourne and Down Audit Committee for 2021-22 is attached.
3.0	Recommendations Members are asked to consider and approve the Annual Report of the Audit Committee 2021-22. The approved Annual Report of the Audit Committee 2021-22 to be reported to Council.
4.0	Resource implications None.
5.0	Due regard to equality of opportunity and regard to good relations (complete the relevant sections)
5.1	<i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i>

	It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations	<input checked="" type="checkbox"/>
5.2	<p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened</p>	<input type="checkbox"/>
	The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation	<input type="checkbox"/>
5.3	<p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves</p>	<input type="checkbox"/>
	Consultation period will be 12 weeks	<input type="checkbox"/>
	Consultation period will be less than 12 weeks (rationale to be provided)	<input type="checkbox"/>
	<i>Rationale:</i>	
6.0	Due regard to Rural Needs (please tick all that apply)	
6.1	<p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed</p>	<input type="checkbox"/>
7.0	Appendices	
	Appendix 1 – Audit Committee Annual Report for 2020-21	
8.0	Background Documents	

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Newry, Mourne and Down District Council
Audit Committee
Annual Report for 2021/2022

1. Overview

1.1 This Annual Report provides an overview of the Audit Committee activities for the Financial Year 2021/22 and demonstrates how the Committee has met its key responsibilities.

1.2 The Audit Committee met on five occasions during the year; on 05 July 2021, 13 September 2021 (Special Audit Committee), 23 September 2021, 11 January 2022 and 28 April 2022. A programme of work had been agreed by the Audit Committee and was allocated over a schedule of four meetings during the year. The Special Audit Committee took place to deal with the specific matter of the Governance Review the Newry City Centre Regeneration Programme.

1.3 The role of the Audit Committee is to support the Chief Executive (Accounting Officer) and Council by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of the financial statements.

2. Attendance

2.1 Members' attendance at committee meetings were as follows:

ATTENDANCE NARRATIVE – AUDIT COMMITTEE MEETINGS (July 2021 – April 2022)						
COUNCILLOR NAME	AUDIT COMMITTEE 05 July 2021	SPECIAL AUDIT COMMITTEE 13 September 2021	AUDIT COMMITTEE 23 September 2021	AUDIT COMMITTEE 11 January 2022	AUDIT COMMITTEE 28 April 2022	Total Meetings Attended
Indp Chair Ms B Slevin	√	√	√	√	√	5/5
Clr P Byrne	√	√	√	√	√	5/5
Clr C Casey		√	√	√	√	4/5
Clr L Devlin		√				1/5
Clr C Enright						0/5
Clr M Gibbons	√					1/5
Clr O Hanlon	√	√	√	√	√	5/5
Clr A Lewis	√	√	√	√	√	5/5
Clr K Owen						0/5
Clr McAteer	√	√	√	√	√	5/5
Clr D Murphy	√	√	√	√	√	5/5

2.2 Ms Brona Slevin was appointed as an Independent Member of the Audit Committee in March 2019 and in accordance with the Committee’s terms of reference took up the role of Chairperson in July 2019 after the previous Chairperson Mr Joe Campbell, stepped down.

2.3 The Audit Committee meetings requires the attendance of the Chief Executive, the Director of Corporate Services and the Internal Auditors. The Audit Services Manager, Assistant Director of Finance and NIAO representatives also usually attend and the Senior Management Team and other Senior Officers attend by invitation.

3. Performance Evaluation

3.1 In accordance with best practice, the Audit Committee self-assessed its performance against the National Audit Office Checklist for Audit Committees during the year which found it to be performing at a high level. The results were presented to the meeting on 28 April 2022. The Committee agreed the following actions/recommendations to build further effectiveness:

Principle 2: Skills

- (a) political parties to be asked to give consideration to appointing Elected Members for a term greater than one year where possible which will enable knowledge and skills to be built up in this area. Generally there is little change in the Audit Committee make up which shows the Council is committed to keeping the experience and knowledge of Members on the Audit Committee.
- (b) training for all Members on the Audit Committee to be progressed.

Principle 3 and 4: The role and scope of the Committee

- (c) the Audit Committee's Terms of Reference is approved by the Audit Committee annually. This was completed in April 2021 and April 2022.

Principle 5: Communication and Reporting

- (d) Officers to strive to ensure internal audit reports are completed and reported on a timely basis to the Audit Committee.
- (e) Officers to strive to ensure that all papers are provided on a timely basis to Democratic Services so that papers are issued in compliance with Standing Orders so that Members have sufficient time to review them.

Members can take reassurance from the number of good practice questions that have been answered 'yes' demonstrating that the Audit Committee is following best practice and operating effectively.

3.2 An appraisal of the Chairperson performance was also completed by the Chief Executive and Councillor Byrne and was deemed satisfactory.

4. Terms of Reference

4.1 A review of the Audit Committee's Terms of Reference was undertaken and approved by Council on 5 March 2019 as part of the review of the terms of references of all Committees of Council. The Audit Committee noted the approved Terms of Reference at its meeting on 15 April 2019. The Audit Committee's Terms of Reference was again approved at the Audit Committee Meeting in July 2020, in April 2021 and in April 2022.

5. 2020/21 Financial Statements and External Audit

5.1 The Council's Audited Financial Statements for 2020/21 including the Annual Governance Statement were reviewed by the Audit Committee on 23 September 2021. The Committee also reviewed the draft Report to Those Charged With Governance.

5.2 The Audit Committee was pleased to note that the Northern Ireland Audit Office (NIAO) had certified the financial Statements with an unqualified audit Opinion and the Audit Committee approved the Accounts for signing.

5.3 The Audit Committee noted the contents of the final Report To Those Charged With Governance with management responses and the Annual Audit Letter at its meeting on 11 January 2022.

6. Risk Management

6.1 The Committee welcomed the continued good progress made by Officers on Risk Management and the structure put in place to ensure ownership and management of risk at all levels of the organisation.

6.2 The Council has a Corporate Risk Register which identifies the key corporate level risks faced, and to be managed. Each corporate risk is linked to specific priorities set out by the Council in its Corporate Plan. The Corporate Risk Register and mitigating actions are scrutinised at each Audit Committee meeting. Risk management is also a standing agenda item at monthly meetings of the SMT.

6.3 There were 10 corporate risks on the Corporate Risk Register at April 2022 and the corporate risks with the highest residual scores (shown in brackets) were as follows:

CR. 01 Failure to develop and deliver the capital investment programme for the District (16)

CR.02 Non-compliance with legislative requirements, including procurement (20)

CR. 03 Failure to effectively manage waste (20)

CR. 04 Failure to provide timely planning decisions (16)

CR.05 Failure to adequately plan for the future and deliver efficiencies and improvement (16)

CR. 07 Failure to implement an economic development programme to regenerate the District and attract inward investment due to financial uncertainties caused by the current economic and political climate, including the NI Protocol (16)

CR. 10 Failure to effectively plan for and manage a cyber security attack (20)

7. Internal Audit

7.1 ASM Limited were reappointed on 01 April 2019 as Internal Auditors with the final one year extension period approved in April 2022 to cover the year 2022/23.

7.2 From the Internal Audit Plan 2021/22, 7 Internal Audit Reports were reported to the Audit Committee during the year, 4 of which received a satisfactory assurance rating. Three service areas, Estates Management, Assets Management and the follow up review of the implementation of the IT Strategy, all of which received a limited assurance rating.

7.3 All of the Internal Audit assurance work as detailed in the final Internal Audit Plan 2021/22, as approved by the Audit Committee, was completed.

7.4 The 2021/22 Internal Audit Plan, at the request of the Audit and Risk Committee, was modified to include a follow up review of the recommendations arising from the investigation into the Council's use of Single Tender Actions (STA). The ASM review identified that out of the 21 accepted recommendations, 8 recommendations were fully implemented, 5 recommendations were partially implemented, 7 recommendations were not implemented and ASM were unable to test the status of implementation for 1 recommendation. A final copy of the report was issued on 26 April 2022.

7.5 In addition, during the 2021/22 year, the Chief Executive commissioned ASM to conduct a governance review within Newry, Mourne and Down District Council in respect of the Newry City Centre Regeneration Programme. The final report on this matter was issued on 10 September 2021.

7.6 ASM, the Council's Internal Auditors, raised a significant issue in their Annual Report dated 25 April 2022. ASM stated that the Public Sector Internal Audit Standards ("PSIAS") requires that they bring to the Council's attention those significant control issues which may be relevant to the preparation of the Governance Statement for the year ended 31 March 2022. On this basis, they highlighted the limited assurance provided in the reviews of Asset Management, Estates Management and the follow up review of the implementation of the IT Strategy as well as those findings set out in the governance review in respect of the Newry City Centre Regeneration Programme.

Internal Audit Annual Assurance Opinion

7.7 The Committee reviewed the Annual Internal Audit Assurance Report for 2021/22 at its meeting on 28 April 2022 and noted the Auditor's overall opinion that notwithstanding the significant issues identified above, the Council's systems in relation to internal control, risk management and governance were, in general, adequate and operated effectively and they were able to provide satisfactory assurance in relation to the effective and efficient achievement of the Council's objectives.

7.8 The Audit Committee welcomed the overall opinion of Satisfactory Assurance and commended Officers for their good work. The Committee also requested regular progress updates on the actions taken to address the significant issues referred to the Internal Audit Annual Assurance Report.

Follow up Review of Internal Audit Recommendations

7.9 The Committee also reviewed on 28 April 2022 a follow up report from Internal Audit on the Implementation of Prior Year Internal Audit Recommendations for 2020/21. The review identified that, out of the 54 accepted recommendations, 30 recommendations were fully

implemented, 10 recommendations were partially implemented, 12 recommendations were not implemented, 2 recommendations were no longer accepted.

7.10 The Audit Services Manager/Assistant Director of Finance (Acting) also reported during the year the progress on the implementation of the Internal Audit Recommendations in the years prior to 2020/21. This included an update on the risk facing the Council when these recommendations were not implemented on a timely basis which enabled the Audit Committee to have a fuller understanding of the implications of these recommendations not being in place.

7.11 The Audit Committee is committed to ensuring the prior year Internal Audit recommendations are completed and reported to the Audit Committee at each meeting.

Tender for Internal Audit Services

7.12 Newry Mourne and Down District Council procured the services of ASM again as its Internal Audit Services provider from 01 April 2019. The contract was for two years with the options of two one-year extensions. The Audit Committee agreed to the second one year extension period which will be utilised to work on the fourth year of the four year Internal Audit Plan, ie, 2022/23.

Approval of Internal Audit Plan 2022/23 and Internal Audit Strategy

7.13 The Annual Internal Audit Plan for 2022/23 was brought to the Audit Committee Meeting in April 2022 and approved.

7.14 This Internal Audit Plan will be kept under review throughout the year and will be considered against any emerging risks identified as part of the Council's wider risk management processes. Any future proposed changes will be brought to the Audit Committee for consideration.

8. External Audit Strategy

8.1 The NIAO presented their Annual Audit Strategy for the Year Ending 31 March 2022 to the Audit Committee on 28 April 2022.

8.2 The Audit certification deadline for certifying local government bodies' accounts is 30 September 2022 and to ensure compliance a meeting has been scheduled for 22 September 2022 to review and approve the audited accounts so they can be signed by the deadline.

9. Performance Improvement Arrangements

9.1 Every year the LGA is required to report on whether each Council has discharged its duties in relation to improvement planning, the publication of improvement information

and the extent to which each Council has acted in accordance with the Department's Guidance.

9.2 However, in response to the impact of the COVID-19 pandemic, the legislation was amended and Councils were not required to produce Performance Improvement Plans for 2020/21. As a result, there was no requirement to report progress in implementing the self imposed performance improvement objectives in the 2020/21 self assessment report. However, Councils were required to report progress in relation to the general duty of improvement and performance against the statutory indicators and standards for economic development, waste management and planning in the 2020/21 self assessment report.

9.3 The LGA proposed an unqualified audit and assessment opinion, with no statutory recommendations being made. An Audit and Assessment certificate of compliance has been received.

9.4 The LGA has certified that the Council has discharged its duties in connection with improvement planning and the publication of improvement information in accordance with section 92 of the Act and has acted in accordance with the Department for Communities guidance sufficiently.

9.5 In light of the impact of COVID 19 on Council services, the LGA has been unable to assess whether the Council has discharged its duties under Part 12 of the Act and has acted in accordance with the DFC's guidance sufficiently during 2021/22.

9.6 The LGA has put forward the 2 following 'proposals for improvement' to assist the Council in meeting its performance improvement responsibilities in future years.

- a) The Council should prioritise the development of an Outline Business Case to support the procurement of an electronic management system
- b) The Council should consider using Internal Audit to provide assurance on the implementation of the performance management framework and specifically in relation to data collation processes and data accuracy.

Progress in relation to the implementation of both 'proposals for improvement' is currently underway.

9.7 Strengthening existing performance management arrangements and embedding a culture of performance and improvement has gained momentum within Newry Mourne and Down District Council. It is vital that performance is used as a key driver to identify improvements and facilitate the delivery of effective, efficient and value for money services in the current and post COVID-19 environments.

10. Acknowledgments

10.1 As Chair of the Audit Committee, I wish to extend my thanks to the Members for their support during the year and to the political parties for ensuring continuity of membership

on the Committee from year to year. On behalf of the Audit Committee I wish also to thank officers, the Internal and External Auditors for their hard work during very difficult times, also their open engagement with the Committee, thereby allowing it to meet its responsibilities.

Brona Slevin
Independent Chairperson
19 July 2022

Report to:	Audit Committee
Date of Meeting:	19 July 2022
Subject:	Corporate Risk Register
Reporting Officer (Including Job Title):	Dorinnia Carville – Director of Corporate Services / Interim Chief Executive
Contact Officer (Including Job Title):	Gerard Byrne – Assistant Director of Finance & Performance

Confirm how this Report should be treated by placing an x in either:-

	For decision	X	For noting only	
1.0	Purpose and Background			
1.1	The Corporate Risk Register was reviewed and updated by SMT on 14 June 2022. Quarter 4 Assurance Statements for 2021-22 have been used to inform and update the content of the Corporate Risk Register. Where relevant, Officers have also provided updates in relation to specific controls and action plans.			
2.0	Key issues			
2.1	<p>Corporate Risk Register</p> <p>The Council has identified 10 corporate risks, 6 of which are red and 4 of which are Amber risks. Appendix 1 provides an overview of each risk, risk owner(s), gross and residual risk scores, as well as a summary of changes and updates which have been made to the Corporate Risk Register since April 2022.</p> <p>Several actions have been updated to ensure the Corporate Risk Register is a live document and can be used as a Management tool for decision making. The Residual score of 3 Corporate Risks have also increased since April 2022 – all of the detail can be found within Appendix 1.</p> <p>The updated Corporate Risk Register is attached at Appendix 2.</p>			
2.2	<p>Other Risk factors which were considered</p> <p>No further risk factors considered for this quarters update. The rising cost of living/inflationary pressures has now been included within an amended CR09.</p>			
2.2	<p>Directorate Risk Register – Neighbourhood Services (NS)</p> <p>The Risk Reporting section of the Risk Strategy states that Directorate Risk Registers will be presented to the Audit Committee on a rotational basis. The Risk Register for the NS Directorate is attached at Appendix 3. The NS Risk Register was reviewed and updated at a number of meetings over the past two months and approved by the Director on the 27 June 2022.</p>			

<p>2.3</p>	<p>Within the NS Risk Register, six risks have been identified, five of which are amber. These risks cover a range of service areas and functions.</p> <p>A number of amendments have been made to the NS Risk Register to ensure it is aligned to the revised Risk Strategy. The key revisions include:</p> <ol style="list-style-type: none"> 1. Risk categories have been updated to reflect best practice. However, this is not yet reflected on the template due to a formatting issue and the supplier is currently providing a solution. 2. The risk appetite for each risk has been updated. 3. Controls reflect the 'three lines of defence' model reflected within the strategy. 4. Directorate objectives, as outlined in the NS Business Plan 2021-22, have been included and each risk is aligned to at least one objective. 5. All action plans have been updated. <p>The NS Risk Register will be updated on a regular basis and considered by the Audit Committee annually.</p>
<p>3.0</p>	<p>Recommendations</p>
<p>3.1</p>	<p>To approve the updates to the Corporate Risk Register highlighted within the summary at Appendix 1. Full Corporate Risk Register can be evidenced at Appendix 2.</p> <p>To note the revised NS Directorate Risk Register at Appendix 3.</p>
<p>4.0</p>	<p>Resource implications</p>
<p>4.1</p>	<p>There are no resource implications.</p>
<p>5.0</p>	<p>Due regard to equality of opportunity and regard to good relations (complete the relevant sections)</p>
<p>5.1</p>	<p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/></p>
<p>5.2</p>	<p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p>

5.3	<p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i> Consultation not required.</p>
6.0	<p>Due regard to Rural Needs (please tick all that apply)</p>
6.1	<p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p>
7.0	<p>Appendices</p> <p>Appendix 1: Summary Sheet – Corporate Risk Register Appendix 2: Corporate Risk Register – July 2022 Appendix 3: Neighbourhood Services Directorate Risk Register – July 2022</p>
8.0	<p>Background Documents</p> <p>None</p>

NMDDC Corporate Risk Register Cover Sheet - July 2022

Apr-22 Jul-22

Risk	Description	Risk Owner(s)	Gross Risk Score	Revised Risk Score	Revised Residual Risk Score	Comments
CR01	Failure to develop and deliver the capital investment programme for the District	Dorinnia Carville Michael Lipsett Conor Mallon	25	16	20	Risk score raised - the market for contractor/suppliers is getting tougher, there is an over reliance on a small number of suppliers in NI. Utilities price increase and inflationary pressures are driving costs up significantly.
CR02	Non-compliance with legislative requirements, including procurement	Dorinnia Carville Michael Lipsett Johnny McBride	25	20	20	Risk score remains unchanged. Actions updated and new action in relation to promoting Council's E-Learning system to encourage participation.
CR03	Failure to effectively manage waste	Johnny McBride	25	20	20	Residual risk remains unchanged - actions now updated.
CR04	Failure to provide robust and timely planning decisions	Conor Mallon	25	16	16	Risk score remained the same, New action in relation to PAC planning report - All actions and statistics now updated. New planning IT system to be operational in July 2022.
CR05	Failure to adequately plan for the future and deliver efficiencies and improvement	Marie Ward Dorinnia Carville	20	16	16	Residual rating remains the same - new action to include progress on the Regional Approach in relation to the Talent Management Strategy, NMDDC apprenticeship scheme and the Agile working policy which was approved in July 2022.
CR06	Failure to adequately react to a major incident which would minimise any negative consequences/impact	Dorinnia Carville	25	12	12	Actions now updated and score remains unchanged.
CR07	Failure to implement an economic development programme to regenerate the district and attract inward investment due to financial uncertainties caused by the current economic and political climate, including the NI Protocol	Marie Ward Conor Mallon	20	16	20	Risk Score has been increased due to inflationary pressures and political uncertainty. All actions now updated - the signing of the City Deal in December 2021 being a key milestone along with the completion of the FFNI project.
CR08	Failure to adequately manage sickness absence resulting in delays and an inability to deliver Council services.	Senior Management Team	25	15	15	Risk score is unchanged - however sickness absence has been included within Council's Annual Governance Statement for the 2021/22 year. New control added - RTW interviews now being monitored through the CMT group due to the number outstanding.
CR09	Risk that Council does not adequately react to the Economic Shocks facing the district, therefore failing in its objectives to regenerate and build a prosperous district due to the inability of Council to be financially sustainable in the long term	Senior Management Team	25	12	20	Risk now amended, no longer directly related to Covid19 - Instead the risk refers to the two current Economic Shocks which Councils faces - Covid19 and Rising cost of living/inflationary pressures. Score has increased due to the current pressures. Actions now updated, new actions in relation to rising utility costs and management accounts.
CR10	Failure to effectively plan for and manage a cyber security attack.	Dorinnia Carville	25	20	20	Residual risk remain unchanged - new actions included in relation to the a lesson learned report after the recent cyber incident within Council.

Risk Matrix

NMDDC operate a 5 x 5 risk matrix. The risk matrix will help with making decisions about the significance to the Council of each identified risk and whether each one should be accepted or treated.

IMPACT	Catastrophic Potential immediate or future harmful impact to the Council. SMT required to make major adjustments to plans and/or resource allocations.	5	10	15	20	25
	Major Substantial departure from best practices and standards. Consequences can be managed with moderate additional resources and/or managerial effort.	4	8	12	16	20
	Moderate Limited impact. Consequences can be managed with limited additional resources and/or managerial effort.	3	6	9	12	15
	Minor Very limited impact. Consequences can be managed under normal operating conditions.	2	4	6	8	10
	Not Significant No impact on normal operating procedures.	1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Very Likely
		Has happened rarely or never before.	Has happened rarely or never before.	Likely to happen at some point within the next 2-3 years. Circumstances occasionally encountered (annual).	Likely to happen at some point within the next 1-2 years. Circumstances occasionally encountered (few times a year).	Regular occurrence. Circumstances frequently encountered - Daily / weekly / monthly.
		LIKELIHOOD				

Risks are assessed on a scale of 1-5 in terms of both likelihood and impact, which results on the following risk ratings outlined below:



NMDDC Risk Appetite Statement

NMDDC aims to be risk aware, but not overly risk averse. This is to ensure that the Council takes a balanced approach to risk taking to deliver its corporate priorities and agreed outcomes for the District. The Risk Categories table on the page 7 defines each Risk Category with a risk appetite. This is a guide for management when considering risk actions plans. The Statement has been agreed by SMT, however there can be exceptions to risk appetite in certain circumstances.

- Averse:** Avoidance of risk and uncertainty is a key organization objective.
- Minimal:** Preference for ultra-safe options that are low risk and only have a potential for limited reward.
- Cautious:** Preference for safe options that have a low degree of risk and may only have limited potential for reward.
- Open:** Willing to consider all potential options and choose the one most likely to result in successful delivery, while also providing an acceptable level of reward and value for money.
- Hungry:** Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.



Hungry:

and value for money.
Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.



1. Corporate Risk Register NMDDC

Risk CR. 01 - Failure to develop and deliver the capital investment programme for the District

5						G
4						R
3			T			
2						
1						
	1	2	3	4	5	

Consequence

Probability

Risk Categories Buildings / Engineering / Environment
Business operational/reputational

Risk Description Failure to adequately resource the capital programme
Failure to effectively manage capital contracts
Capital programme does not sufficiently deliver on the Corporate Objectives

Potential Root Cause Lack of availability of construction materials and increases in the cost of materials due to - COVID19 / global demand / administration at UK ports and container shortages
Contractors on key projects fail to deliver on time and on budget
Consultant and/or contractor collusion
Procurement delays, failures or legal challenges
Governance Arrangements not being adhered to
Projected timelines too optimistic
Delays due to the statutory approvals process
Lack of awareness in staff and managers
Lack of resources - economic downturn/recession
Funding reduced/withdrawn, timescales extended leading to increased costs

Consequence Impact on service delivery
Financial impact - Loss of funding (i.e. DAERA projects)
Legal challenge / Negative PR
Impact on quality/cost of projects
Future reduction on the capital budget
Reputational damage

Risk Owners Dorinnia Carville; Michael Lipsett; Conor Mallon

Gross/Inherent Risk Red 25 **Last Review** 07/04/2022

Residual Risk Red 20 **Next Review** 30/06/2022

Target Risk Level Yellow 9 **Risk Appetite** Risk Open

Objectives

1. Invest in and support new and growing businesses, job creation and employment skills
6. Promote the revitalisation of our city, towns, villages and rural communities.
7. Provide accessible, high-quality and integrated services through continuous improvement

Key Controls Identified

1. Asset Management Strategy in Place to identify surplus assets
1. Monthly review of spend against budget
1. Professionally qualified and experienced staff
- 2 Project risk register in place for major projects
2. Capital Plan annually approved at Council
2. Four year Capital Plan
2. Large projects are project managed by external consultants who report to the Estates Team.
2. Monthly site progress meetings which are minuted
2. Strategic Finance Working Group scrutinises each Capital Project
3. Internal Audit of Project Governance of Capital projects scheduled for 2022/23.

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
Capital Plan Cash Flow forecasting	Detailed cash flow of Council capital plan to be brought to SFWG in May to display to Members the scale of the capital programme and communicate when Council's big outlay will be required.	In Progress	Gerard Byrne	31/08/2022	AD of finance currently receiving information for each project via detailed project plans/business cases. AD of finance will also meet with Councils treasury advisor to discuss options for financing the capital programme over the next 8 years.
Construction Industry - Material Shortages and Price Increases - Potential Impact to our capital Plan	NI central government have informed me that the Dept of Finance is being lobbied by the construction industry to contribute to the unforeseen increase in material costs for those construction projects (large value) which were awarded in advance of the recent price spikes, as well as term service contracts with fixed rates for undertaking works.	In Progress	Dorinnia Carville	31/07/2022	Report to be brought to SMT in August Continue to keep Members updated of rising costs and supply chain difficulties leading to an impact on Councils Capital Plan.
Supplier/Contractor Options	AD of estates currently looking a number of option to counter act the over reliance on a small number of Contractors/Suppliers/PMs in NI	In Progress	Caolain Boyd	30/09/2022	Council has already availed of a number of construction frameworks and other options are being actively pursued.

Risk CR. 02 - Non-compliance with legislative requirements, including procurement

5									
4									
3									
2									
1									

Probability

Risk Categories
Business operational/reputational Impact on individuals (staff or public) Statutory Duty (Legal/Regulatory)

Risk Description
Failure to have the necessary policies and procedures in place with staff adequately trained to ensure legislative compliance. This includes complying with Procurement legislation, health and safety and fire risk assessments. best practice. Council not having adequate insurance cover.

Potential Root Cause
Failure to understand and meet legal requirements in relation to Health and Safety, Information Management, Rural Needs, Disability, Section 75, Performance and Improvement and Safeguarding. Lack of resources and inadequate training provision. Staff not complying with Council's procurement policy. Property and vehicle schedules not being up to date. Absence of effective operational procedures and policies. Fire Risk Assessments at Council buildings not being undertaken and actions not being implemented and managed. Unforeseen events and public negligence/lack of responsibility. COVID19 - increased risks in relation to H&S at properties: statutory inspections required under legislation (i.e - vehicle and plant lifts, lifting equipment, pressurised water systems, local exhaust ventilation) are not taking place due to lack of access. FRA / Legionella / Asbestos etc (are not being reviewed due to front line services being provided).

Consequence
Non-compliance leading to prosecution
Personal liability / Corporate Manslaughter
Risk of a fatality at a Council site
Reputational damage
Reduced trust and public confidence
Increased number of complaints and queries
Increased insurance premiums
Loss of income

Risk Owners
Dorinnia Carville; Michael Lipsett; Johnny McBride

Gross/Inherent Risk
Red 25 **Last Review** 07/04/2022

Residual Risk
Red 20 **Next Review** 30/06/2022

Target Risk Level
Yellow 8 **Risk Appetite** Risk Averse

Objectives

7. Provide accessible, high-quality and integrated services through continuous improvement

Key Controls Identified

1. Asbestos and Legionella Policies and Management Plans in place
1. COVID19 - New Governance Arrangements in place in Council. Delegated authority amended through SO.
1. COVID19 - New legislation introduced to allow virtual committee meetings
1. COVID19 Risk Assessments being completed and reviewed as required
1. Dedicated skilled teams in place for:
 - Health and Safety, HR, Legal and Procurement
1. Health and Safety Committees in place and ongoing programme of training in place
1. Policies and procedures in place - i.e H&S Policy, Procurement Policy, Access to Information, Records Management
 1. Procurement training rolled out to all relevant staff
 2. Compliance Reporting to SMT and H&S Committees
 2. Procurement a standing agenda item at Councils Audit Committee
 3. Internal Audit Completed
- H&S Check - 2019/20
- Contract Management - 2019/20
- Emergency Planning 2020/21
3. Internal Audits Scheduled:
 - Contract Management - 2021/22
 - Information Governance - 2022/21

Action Plans

Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
Actions from Fire Risk Assessment Audits	In Progress	Kevin Scullion	30/09/2022	The current level of risk regarding fire risks in our buildings is considered Low. The Fire Risk Management Policy has been approved and effective since 12th March 2020, however the associated Fire Safety Management Plan has not progressed. The priority is to seek agreement on a Fire Safety Management Plan which will guide future control of this risk. The Council has appointed a Council wide Contractor/s to undertake annual inspections of fire alarms and firefighting equipment. In relation to fire alarms inspections are likely to highlight a programme of work to upgrade some systems. The Council's Building Maintenance team continue to address work as required.
Advisory Internal Audit Review - Implement the 30 recommendations arising from the internal audit review of Health and Safety	In Progress	Caolain Boyd Kevin Scullion	31/08/2022	In March 2021, ASM carried out of review of progress in implementing the recommendations. Follow up discussions to take place at Facilities Management Working Group which should reconvene as soon as possible.

Asbestos Policy and Management Plans	Implementation of Asbestos Policies and Management Plans	In Progress	Kevin Scullion	30/09/2022	<p>The current level of risk for asbestos, is considered Low. All buildings have been surveyed and no significant risks have been identified which cannot be managed through good building practices.</p> <p>A Contractor was appointed in October 2020 for a three-year period to undertake inspections, air sampling, training and related asbestos consultancy work. There was a defined year 1, 2 and 3 work programmes.</p> <p>Since the inception of the Conflict of Interest policy and the start of this process, approximately 96% of mandatory returns have now been made, with just 11 returns outstanding from a total of 266 requests. The HoS (Legal) has made contact with individuals by phone and email however this small number remain outstanding. Line managers have now being asked to contact individuals to apply pressure to have the returns made and it is hoped that full compliance will be achieved in the coming weeks. ongoing</p>
Conflict of Interest Declarations	All high risk staff to have declaration completed by May 2021. Voluntary declarations to be rolled out to all staff by May 2021. All Elected Members have completed and submitted declarations, which will be reviewed every six months and reported to the Audit Committee.	In Progress	Alison Robb	31/08/2022	
E-Learning Training	E-Learning training to be promoted throughout the organisation as take up is low - this is particularly relevant to mandatory training sessions.	In Progress	Catrina Miskelly	31/08/2022	
Insurance	CMT to ensure that Council Properties and Vehicles are adequately covered and schedules are up to date	In Progress	Caolain Boyd	31/08/2022	<p>Work currently under to validate Councils Operators Licence against Councils fleet insurance schedule. CMT are also leading an exercise to ensure are Property/Contents schedules are up to date.</p>
Legionella Policy and Management Plan	Implementation of Legionella Policies and Management Plans	In Progress	Kevin Scullion	30/09/2022	<p>The current level of risk for legionella is considered Medium.</p> <p>A Contractor was appointed in August 2020 for three-year period to undertake legionella control measures on behalf of the Council. This comprises monthly, quarterly, six monthly and annual inspections and works.</p>
Social Procurement Policy	Council to consider bringing in a social procurement policy following the guidance issued by the Minister of Finance in June 2021.	Proposed	Gerard Byrne	31/12/2022	<p>Legislation to be reviewed to determine if this is possible while adhering to Public Contract Regulations. Procurement team are liaising with BCC and DSCC.</p>

Risk CR. 03 - Failure to effectively manage waste

5								
4								
3								
2								
1								
	1	2	3	4	5	Probability		

Risk Categories Buildings / Engineering / Environment
Quality of Service
Statutory Duty (Legal/Regulatory)

Risk Description Failure to effectively manage waste

Potential Root Cause Insufficient resources (availability of HGV drivers)
Market forces enable commercial operators to increase prices
Failure to plan effectively for the future (including financial planning)
Historic contract arrangements which are not providing the Council with VFM
Potential loss of operators licence
Future changes to waste management arrangements
Unable to procure new contracts to process & dispose of our waste
ARC21 incinerator proposal in Antrim and Newtownabbey Borough Council - Planning permission refused in March 2022.

Consequence Reputational issues
Lower levels of customer satisfaction
impact on service delivery and lost productivity
Failure to meet statutory standards around recycling and waste to landfill

Risk Owners Johnny McBride

Gross/Inherent Risk Red 25

Residual Risk Red 20

Target Risk Level Yellow 9

Last Review 07/04/2022

Next Review 30/06/2022

Risk Appetite Risk Cautious

Objectives

- 2. Continue to improve the health and wellbeing of everyone in the district and reduce health inequalities.
- 7. Provide accessible, high-quality and integrated services through continuous improvement

Key Controls Identified

- 1. Contingency Plans in place
- 1. Long term Waste Strategic Plan in place
- 1. Partnership working with key stakeholders
- 3. Internal Audits Completed;
- Fleet Management 2020/21
- 3. Internal Audits Scheduled;
- Waste Management - 2021/22

Action Plans

Operators Licence	Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
	<p>Internal Audit carried out a review of the progress in implementing TRU and FTA recommendations in October 2018. A further review took place during November/December 2020 which has provisionally highlighted that limited progress has been made in implementing a number of recommendations from the 2018 audit.</p>	In Progress	Johnny McBride	31/08/2022	<p>An action plan in relation to compliance to the Council's Operators licence was presented to NS in October 2021. A further Audit was carried out by RHA in January 2022 -an action plan has been considered by Committee and the Transport Regulation Unit which is currently being implemented</p>
Waste Management Plan	<p>The Waste Management Plan is organised by ARC 21. The Council is required to feed into and approve ARC 21s Waste Management Plan.</p>	In Progress	Johnny McBride	31/08/2022	<p>A review of the arc21 Waste Management Plan (including NIMDDC) has been completed by WRAP, however Chapter 6 of the Plan remains outstanding as this requires data to be provided by DAERA. Councils are now collaborating on the procurement of technical expertise to produce an Addendum for the Plan (in the absence of a Department-led Waste Management Strategy for NI) and are also clarifying the status of the outstanding Chapter with the Department.</p>

Risk CR. 04 - Failure to provide robust and timely planning decisions

<p>Consequence</p> <table border="1"> <tr><td>5</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td>T</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	5	1	2	3	4	5	4						3			T			2						1						<p>Risk Categories</p> <p>Business operational/reputational Financial Quality of Service</p>	<p>Risk Description</p> <p>Failure to provide robust and timely planning decisions</p>	<p>Potential Root Cause</p> <p>Ineffective and/or inadequate resources Planning Legislation not being followed Ineffective technology - EPIC system changes</p>	<p>Consequence</p> <p>Litigation and financial costs Reputational issues Lower levels of customer satisfaction Impact on service delivery and lost productivity Financial implications resulting in budget constraints Failure to achieve the statutory standards around local / major planning applications and enforcement cases</p>
	5	1	2	3	4	5																												
	4																																	
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1																																		
<p>Risk Owners</p> <p>Conor Mallon</p>	<p>Gross/Inherent Risk</p> <p>Red 25</p>	<p>Residual Risk</p> <p>Amber 16</p>	<p>Target Risk Level</p> <p>Yellow 9</p>	<p>Last Review</p> <p>07/04/2022</p>																														
				<p>Next Review</p> <p>30/06/2022</p>																														
				<p>Risk Appetite</p> <p>Risk Open</p>																														

Objectives

- 3. Enhance, protect and promote our environment
- 6. Promote the revitalisation of our city, towns, villages and rural communities.

Key Controls Identified

- 1. Action plan in place to reduce backlog
- 1. Increase in employee numbers
- 1. Ongoing training for officers and members
- 2. Dedicated Planning Committee in operation
- 2. Local Development Plan developed and timetable agreed
- 2. Planning Consultant in place since January 2020 to bring about performance improvements
- 2. Scheme of Delegation in place to facilitate timely planning decisions

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
Backlog cases	Implement action plan to reduce backlog in line with timeframe set	In Progress	Anthony Mckay	31/07/2022	Live applications at 25/05/2022 are at 1,111, up from 1,106 on 20/12/21. Numbers of live applications across Northern Ireland continue to rise. They are at their highest level since 2012. NMD receives the highest number of planning applications of any Council. NMD issues the largest number of planning decisions of any Council. Average processing times for planning applications across all Councils is 16.0 weeks. Average processing time for NMD is 17.4 weeks. The filling of new and vacant posts is ongoing. NMD continues to experience turnover of staff through resignations / maternity leave etc.
Complaints	Respond to complaints in relation to the Planning service within the corporate reporting timeframe and implement the relevant recommendations arising from the internal audit of complaints handling and management.	In Progress	Conor Mallon Anthony Mckay	31/08/2022	An internal audit of complaints handling and management was carried out during Q2 2020-21. The audit focused on complaints across a range of departments, including Planning. Performance levels have fluctuated, driven by increasing volumes of work / competing priorities on senior officer time. Process improvements have been identified and rolled out. The Corporate Complaints procedures are now implemented and embedded within the planning department. Complaints continue to be monitored. Terms of Reference to be agreed - Audit to take place in August 2022.
Internal Review of overturn decisions	Council will undertake a review/audit of overturn decisions - this is based on the NIAO Public Accounts Committee report on Planning decisions across Councils in NI	In Progress	Gerard Byrne	31/08/2022	
IT infrastructure	Upgrade of technical IT infrastructure (EPIC Replacement)	In Progress	Anthony Mckay	31/07/2022	Council has agreed to the procurement of a replacement planning computer system, in a joint arrangement with the other 10 Councils and DfI. The contract has been awarded and is to be operational by July 2022.
Regional Planning Review	The Public Accounts Committee issued a regional report on Planning in Northern Ireland on 24 March 2022	In Progress	Conor Mallon	31/12/2022	Actions are being progressed at both Solace and DfI level and the first joint workshop taken place.
Specialist Planning Consultant	Business case to appoint a specialist planning consultant was approved at the December 2019 SP&R Committee.	In Progress	Conor Mallon	31/08/2022	The Consultants final report is under consideration by SMT and will be presented to Members.

Risk CR. 05 - Failure to adequately plan for the future and deliver efficiencies and improvement

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Consequence

Probability

Risk Categories Business operational/reputational Financial Impact on individuals (staff or public) Quality of Service

Risk Description Failure to adequately plan for the future and deliver efficiencies and improvement

Potential Root Cause Difficulty recruiting key positions in Councils Management Team Corporate efficiency projects and other improvement activities are not currently joined-up with wider transformational activity The Council is currently unable to track the realisation of benefits (financial or non-financial) arising from investment in new IT systems (i.e. Legend) A lack of corporate capacity currently exists to support transformational activity The overall affordability of the Councils long term plans considering COVID19 and the Cost of Living Crisis.

Consequence We are not fundamentally addressing the merger (aka LGR) leading to reputational damage The budget situation will continue to get worse (salaries and wages) therefore not providing VFM Our ability to provide citizens / customers with the services they require will be significantly constrained We will potentially lag behind other Councils & other public sector organisations

Risk Owners Dorinnia Carville; Marie Ward

Gross/Inherent Risk Red 20 **Last Review** 07/04/2022

Residual Risk Amber 16 **Next Review** 30/06/2022

Target Risk Level Yellow 9 **Risk Appetite** Risk Hungry

Objectives

7. Provide accessible, high-quality and integrated services through continuous improvement

Key Controls Identified

1. Severance Rate agreed by Unions and Members
2. IT Project Group in place and meets monthly
2. Specialist independent IT consultants have been tasked with implementing the IT strategy

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
Alternative methods of recruitment	HR to look at alternative method of recruitment due to the difficulties in recruiting into key positions across Council. The difficulties are not limited to senior positions, all Directorate are struggling to fill vacant posts currently.	In Progress	Catrina Miskelly	31/08/2022	This includes the Regional Approach in relation to the Talent Management Strategy which is overseen by the LG Staff Commission. Council also have set aside funding from reserves to create an apprenticeship scheme. The first Apprentices will take up posts on the 1 September 2022. Council have also approved an Agile working policy in July 2022. Work is ongoing across the four Working Groups: a detailed update was provided to SMT in January 2022 from each Working group lead.
CMT Working Groups	Three CMT Working Groups have been established to progress key transformational projects around 'Ways of Working', 'Customer Engagement', 'Information Strategy' and 'Overtime'	In Progress	Eoin Devlin Colum Jackson Andy Patterson Kevin Scullion	31/08/2022	Service reviews are progressing and discussion is ongoing with Trade Unions. Communications in relation to severance issued to Tier 3 to be brought to the August 2022 SP&R. The Business Administration process is ongoing.
Service Reviews	Service Reviews are currently being completed across Directorate in line with paper which was approved at SP&R	In Progress	Senior Management Team	31/08/2022	
Voluntary Severance Call	Roll out of a voluntary severance call to communicated to staff	In Progress	Senior Management Team	31/08/2022	

Risk CR. 06 - Failure to adequately react to a major incident which would minimise any negative consequences/impact

5	Green	Green	Green	Green	Buildings / Engineering / Environment Business operational/reputational Impact on individuals (staff or public) Statutory Duty (Legal/Regulatory)	In the event of a disaster or an emergency, the Council may not respond in a way which minimises any negative consequences/impact	Risk Categories	Risk Description	Potential Root Cause	Consequence	Risk Owners	Gross/Inherent Risk	Residual Risk	Target Risk Level	Last Review	Next Review	Risk Appetite
4	Green	Yellow	Yellow	Red													
3	Green	Green	Green	Green													
2	Green	Green	Green	Green													
1	Green	Green	Green	Green													
		1	2	3	4	5	Probability										

Objectives

7. Provide accessible, high-quality and integrated services through continuous improvement

Key Controls Identified

- 1. Emergency planning measures in place, including:
 - Flood risk plan
 - Inter-agency group
- 1. Annual Winter Resilience Plan in place
- 1. Business Continuity scenario plans in place
- 1. Dedicated Emergency Planning team and professionally trained and experienced staff
- 1. Emergency Plan Activated in March 2020 due to COVID19
- 1. Ferryman test exercise completed (May 2019) -Security alert in February 2021 - Lessons learned
- 2. Member of Southern Region Emergency Planning Group
- 2. New regional local government regional model
- 3. Internal Audits Completed; Health and Safety Checks 2019/20
Emergency Planning 2020/21

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
Documenting Business Continuity Plans	BCPs to be documented for each Service Area	In Progress	Dorinnia Carville	31/08/2022	Stage one of the work is now complete and was presented to SMT in June 2022 in relation to critical services and systems. Work is being led by the SHEP unit
Northern Ireland Emergency Planning Structures	Officers will continue to attend and contribute to the NI Emergency Planning Structures.	In Progress	Senior Management Team	30/09/2022	EPIG meeting (SMT/CMT) was stood down in relation to the Ukrainian Refugee operation, however was stood up in relation to Councils Cyber incident.

Risk CR. 07 - Failure to implement an economic development programme to regenerate the district and attract inward investment due to financial uncertainties caused by the current economic and political climate, including the NI Protocol

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	1	2	3	4	5	
						Probability

Risk Categories Impact on individuals (staff or public)
Quality of Service

Risk Description Failure to implement an economic development programme to regenerate the district and attract inward investment due to financial uncertainties caused by the current economic and political climate, including the NI Protocol.

Potential Root Cause Failure to engage stakeholders (public and private sector)
Inflationary pressures and cost of living crisis.
FFNI - NMDDC is lead Council with operations team - increased risk
Impact of the City Deal
The weakness in sterling driving inflation expectations higher
Issues around the NI Protocol including:
-Loss of EU funding
-Disruption of food and medical supplies
-Community tension and public disorder
-Changes in regulations, border controls, cross border trade and movement of goods and people
-Uncertainty amongst the business community in relation to food standards, trading standards and exports
-Lack of employees with the required expertise and experience, eg Environmental Health Officers

Consequence Lack of investment in the District and lower levels of economic activity
Lack of confidence from the private sector
Some services, which were funded externally, not being delivered
Lack of leadership and direction from the NI Executive and UK Government
Inadequate levels of service provision

Risk Owners Conor Mallon; Marie Ward

Gross/Inherent Risk Red 20 **Last Review** 07/04/2022

Residual Risk Red 20 **Next Review** 30/06/2022

Target Risk Level Yellow 9 **Risk Appetite** Risk Hungry

Objectives

1. Invest in and support new and growing businesses, job creation and employment skills
4. Support sustainable forms of tourism which value our environment and cultural heritage.
6. Promote the revitalisation of our city, towns, villages and rural communities.
7. Provide accessible, high-quality and integrated services through continuous improvement

Key Controls Identified

1. FFNI Operations team in place. Operations group established with other Councils. Project Risk Register established

1. Regeneration and Economic Development Strategy 2020-25 in place

1. Rural Development Programme in place

2. Brexit Forum and Brexit Task and Finish Working Group operational

2. Engagement with other Councils, other Departments, NILGA and the Private Sector through the Chamber of Commerce

2. Establishment of Economic Forum including public and private sector stakeholders

2. Internal Brexit Working Group established and meeting regularly to plan for an respond to organisational impacts

2. Participation in Cross Council Brexit Working group, Liaising with the NI Executive Office.

3. Internal Audits Completed;

FFNI - 2019/20

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
City Deals	Actively engage in Belfast Region City Deal	In Progress	Marie Ward	30/09/2022	The Head of Terms have been signed (March 2019). OBCs for NMD projects have been approved by BRCD Board and relevant Government Departments On the 15 December 2021, The Belfast Region City Deal was signed and unlocks £1 billion of transformative co-investment which will deliver more than 20 highly ambitious projects and programmes, create up to 20,000 new and better jobs and help make the region a global investment destination over the next decade. Council is now in delivery mode for key projects.
Full Fibre Network NI (FFNI)	Local Full Fibre Network to improve connectivity across all of Northern Ireland.	In Progress	Conor Mallon	30/09/2022	As lead partner, the Council continues to deliver the FFNI project which completed on 31 March 2022. The £23m of DCMS funding has delivered full fibre to 887 public sector sites. The delivery of the fibre ended in March 2022 but we are now finalising final claims and conducting project close down with Fibrus and DCMS.
Support local businesses	The Council is also providing support, advice and guidance to local businesses as they anticipate and manage the changes associated with Brexit.	In Progress	Conor Mallon	31/08/2022	The Council is also working with key stakeholders in relation to future EU funded programmes carrying out evaluations and developing potential new programme proposals for submission to a range of emerging funding opportunities such as Peace plus, Shared prosperity fund, Levelling up fund ,Shared Island fund etc. The Labour Market Partnership and 'go for it' programmes are also underway.
Warrenpoint Port	To ensure efficient delivery of statutorily required of food import checks on relevant Agri-Food goods entering Northern Ireland at Warrenpoint port	In Progress	Michael Lipsett	31/08/2022	Required checks are being completed at Warrenpoint Port on an on-going basis by trained and authorised staff. Regular meetings with relevant partners, DAERA, FSA, Border force, Seatruck, Warrenpoint Port, to continue to share learning and work through operational issues as they arise. Negotiations to commence in January 2022 around the FSA providing certainty of funding for a longer period. MoU signed with BCC in relation to offering staff assistance if required.

Risk CR. 08 - Failure to adequately manage sickness absence resulting in delays and an inability to deliver Council services.

Consequence	1	2	3	4	5
Probability	1	2	3	4	5
5	Green	Yellow	Red	Red	Green
4	Green	Yellow	Red	Red	Red
3	Green	Green	Yellow	Red	Red
2	Green	Green	Green	Yellow	Yellow
1	Green	Green	Green	Green	Green

Risk Categories
Business operational/reputational
Financial
Impact on individuals (staff or public)
Quality of Service

Risk Description
Failure to adequately manage sickness absence resulting in delays and an inability to deliver Council services.

Potential Root Cause
Increased levels of sickness absence
Failure to adequately manage sickness absence
Failure to complete Return to Work interviews following instances of absenteeism
Period of change, uncertainty and increased stress
COVID absences are currently high - April 2022

Consequence
Increase in sickness absence
Critical services failing to be delivered
Reputation damage
Increased cost to Council due to the use of agency staff/overtime

Risk Owners
Senior Management Team

Gross/Inherent Risk
Red 25

Residual Risk
Amber 15

Target Risk Level
Yellow 10

Last Review 07/04/2022
Next Review 30/06/2022
Risk Appetite Risk Minimal

Objectives

- 2. Continue to improve the health and wellbeing of everyone in the district and reduce health inequalities.
- 8. Advocate with others for the benefit of all people of the district.

Key Controls Identified

- 1. Employee Health Cash Plan
- 1. Human Resources Team
- 1. Managing Attendance Policy
- 2. Health and Wellbeing Working Group/Team
- 2. Occupational Health Service
- 2. RTW absence interviews are now being monitored through the CMT group
- 3. Internal Audits completed;
HR Policy Review 2020/21
Leisure Services - review of Flexi/Toil -2019/20

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
Return to Work interviews	The completion rate of RTW is very low presently.	Proposed	Catrina Miskelly	30/09/2022	SMT/CMT to follow up on RTW interviews and reiterate the importance of these being completed on a timely basis.
Training	All Managers must complete Managing Attendance training on the Councils e-learning platform	In Progress	Catrina Miskelly	30/09/2022	In progress and regular reminders sent to staff to ensure their training records are up to date.

Risk CR. 09 - Risk that Council does not adequately react to the Economic Shocks facing the district, therefore failing in its objectives to regenerate and build a prosperous district due to the inability of Council to be financially sustainable in the long term

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Probability

Risk Categories
 Business operational/reputational
 Financial
 Quality of Service
 Statutory Duty (Legal/Regulatory)

Risk Description
 Risk that Council does not adequately react to the Economic Shocks facing the district, therefore failing in its objectives to regenerate and build a prosperous district due to the inability of Council to be financially sustainable in the long term

Potential Root Cause

Inflation and rising utility costs
 Political uncertainty - RSG cuts
 Environmental Services - Loss of income (SEUPB/PHA)
 Leisure - significant loss of Leisure centre income and members going forward
 Community - Loss of income at community centres / difficulty in progressing financial assistance claims / uncertainty over PEACE funding
 Impact on Capital Projects - funding reduced/withdrawn, timescales extended / increased costs - capital budget may be reduced going forward
 Loss of Ratepayers income
 Payroll cost and the risk of industrial action

Consequence
 Council income reducing
 Going concern issues
 Large increase in District Rate going forward - negative publicity
 Council Reserves reducing inadequate levels

Risk Owners
 Senior Management Team

Gross/Inherent Risk
 Red 25

Residual Risk
 Red 20

Target Risk Level
 Yellow 9

Last Review
 07/04/2022

Next Review
 30/06/2022

Risk Appetite
 Risk Open

Objectives

- Invest in and support new and growing businesses, job creation and employment skills
- Continue to improve the health and wellbeing of everyone in the district and reduce health inequalities.
- Promote the revitalisation of our city, towns, villages and rural communities.
- Provide accessible, high-quality and integrated services through continuous improvement
- Advocate with others for the benefit of all people of the district.

Key Controls Identified

- Monthly Management Accounts completed by Finance
- Multi agency Community Hub
- NMDDC COVID-19 Recovery Group
- Service and Business plans now in place
- Working with ALFCO around a Council wide position to DfC and DoF
- Internal Audits Completed;
 Emergency Planning with a focus on COVID19 - 2020/21

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Date	Comments
Management Accounts	New procedure to be developed.	In Progress	Gerard Byrne	30/09/2022	ADs to provide variance analysis going forward on a quarterly basis on their own cost codes. This will feed into the Quarterly Management Accounts which are presented to SP&R
Rates Support Grant	Director of Corporate Services to write to the Minister of Finance and Communities about the reduction of the Rates Support Grant and to ascertain the grant will not be reduced going forward	In Progress	Gerard Byrne	30/09/2022	Director sent letter to Minister in August 2021. Minister has now agreed to meet with a delegation of CEO/Finance Directors of affected Councils on the 19 January 2022. Minister Hargey wrote to the Chief Executives of the seven councils qualifying for Rates Support Grant, on 21 January 2022, advising that this year as part of the January Monitoring Round allocation an additional £10m funding for Rates Support Grant for 2021/22 had been secured. As a result the total Rates Support Grant allocated to councils for 2021/22 is now £21.9m. Due to the extra funding, NMDDC received an extra £929k. RSG allocations for 2022/23 have yet to be confirmed.
Rising utility costs	All Councils are currently out of contract for Electric / Gas suppliers and have to pay monthly in arrears, no agreed costs due to the volatile markets. previously there was a Council wide tender. No specific risk has been created yet as we are unsure of the effects presently. Based on current market trends and indicative pricing from the suppliers, bills for the month of April are likely to increase by 200% for Electricity and 400% for gas. However, these are only indicative, and the percentage increase could be higher or lower at the end of April. Diesel and Heating oil have also increased significantly. These large increases have not been factored into the 2022/23 budgets	In Progress	Gerard Byrne Eoin Devlin	30/07/2022	Submission made by NMDDC along with all other Council to DfC in July 2022 - continued discussion with DfC to lobby for additional financial support.

Risk CR.10 - Failure to effectively plan for and manage a Cyber Security Attack

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Probability								
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Risk Categories	Business operational/reputational Impact on individuals (staff or public) Quality of Service
Risk Description	Risk of a cyber security event causing significant operational, financial and reputational damage to the Council
Potential Root Cause	Cyber attack Lack of staff compliance with IT training Accidental breach of security Breach of people, process, physical or technical controls Failure to respond to and recover from a cyber incident within, or impacting upon, Council Lack of skills and competencies System vulnerabilities
Consequence	Threat to availability, integrity and confidentiality of Council information and systems Failure to deliver Council services (including statutory and regulatory services) Financial loss Reputational damage Extended period to recover services to Business as Usual (BaU) Destruction of systems and data Theft of data for criminal use Political impact Environmental impact
Risk Owners	Dorinnia Carville
Gross/Inherent Risk	Red 25
Residual Risk	Red 20
Target Risk Level	Yellow 9
Last Review	07/04/2022
Next Review	30/06/2022
Risk Appetite	Risk Averse

Objectives

7. Provide accessible, high-quality and integrated services through continuous improvement

Key Controls Identified

1. Back up arrangements
1. Business Continuity Scenario Planning
1. Participation in threat intelligence networks
1. Penetration testing and vulnerability scanning
1. Phishing simulation and learning exercises
1. Technical security controls and arrangements
2. Engagement with Cyber bodies
2. National Cyber Security training
3. Internal Audits Scheduled; IT Systems and Security - 2021/22
IT Strategy 2021/22

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
Business Continuity Plans	BCP plans to be updated to reflect the cyber risk	In Progress	Caolain Boyd Gavin Ringland	31/07/2022	Critical and Priority Services currently being prioritised via scenario planning - being managed by the SHEP Department. First Stage completed and was presented to SMT in June 2022
Cyber Incident	Lesson learned report commission after the recent cyber incident in May 2022.	Proposed	Gavin Ringland	31/08/2022	Lessons learned report to be reviewed by SMT and learning to be communicated to necessary stakeholders
Cyber Incident Response/Disaster Recovery	Establish and test cyber incident response and disaster recovery capabilities	In Progress	Gavin Ringland	30/09/2022	Event Scenarios and PlayBooks are being continually tested and refined where confidence of no-impact is high. Independent Cyber Maturity Assessment will be undertaken against CAF (Cyber Assessment Framework) by end of Q2.
IT Strategy	Implement additional security tools including multifactor authentication, conditional access and modern authentication where possible and appropriate	In Progress	Gavin Ringland	31/07/2022	Remote access to LAN completely MFA. Continuing to implement MFA and conditional access to Office 365. Privileged access accounts and high risk services already MFA enforced.
Training/Development Plans	Increase User resilience Continue to engage with and follow guidance from the National Cyber Security Centre (NCSC) Continue to use Active Cyber Defence tools from NCSC and supplement with vulnerability scans, actioning recommendations resulting therefrom where possible and appropriate	In Progress	Gavin Ringland	31/07/2022	Council is now subscribed to the NSCS Early Warning Network and vulnerability scanning solution currently being deployed. User Resilience remains poor despite increased warnings and additional training. Additional focus on training enforcement and consequences of non-compliance.

Neighbourhood Services Directorate

Risk 01. Failure to deliver essential services throughout the year due to staff shortages

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Consequence

Probability

Risk Categories
Business operational/reputational Impact on individuals (staff or public)
Quality of Service
Statutory Duty (Legal/Regulatory)

Risk Description
Failure to deliver essential services throughout the year due to staff shortages.

Potential Root Cause
Breakdown in service during key holiday periods, particularly the waste collection service. Employees carrying over annual leave into 2022-23 will have an impact on service provision. The use of temporary contracts makes it difficult to attract, recruit and retain employees. The introduction of conditioned overtime for permanent positions means employees can often access better terms and conditions elsewhere.
Trade Union negotiations.
Legacy working arrangements and operating procedures.
Levels of absenteeism and a workforce deficit.
Adverse weather conditions.
Responding to the impact of current and future waves of the COVID-19 pandemic.

Consequence
Health and safety risks
Increase in Council complaints
Staff shortages and reduced service provision
Waste service not operating effectively and meeting targets
Reputational damage

Risk Owners
Johnny McBride; Sinead Murphy; Kevin Scullion

Gross/Inherent Risk
Amber 16

Residual Risk
Amber 12

Target Risk Level
Yellow 8

Last Review
20/05/2022

Next Review
30/09/2022

Risk Appetite
Risk Averse

Objectives

Deliver a high quality, modern and flexible Refuse Service

Key Controls Identified

- 1. Business Continuity Plans
- 1. Recruitment of seasonal staff
- 1. Service reviews in the Waste Management department
- 1. Temporary contracts project
- 1. Voluntary/casual overtime.
- 1. Workforce Plans in place for each service.
- 3. Internal Audit - Waste Management

Action Plans

Action Plans	Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
Business Continuity Plans	Continuously monitor, review and update the Business Continuity Plans and Contingency Plans.	In Progress	Sinead Murphy Kevin Scullion	30/09/2022	Continued implementation of the Business Continuity Plans to identify and address potential workforce deficits.
Directorate Re-structure	Re-structure of the Facilities Management and Maintenance department and Waste Management department, specifically the HRC / Cleansing / Garage sections.	In Progress	Johnny McBride Sinead Murphy Kevin Scullion	30/09/2022	The Directorate re-structure has been agreed by SMT. Both departments continue to work with Human Resources to progress the re-structure of specific sections, ensuring alignment with business needs.
Workforce Planning and Service Reviews	Continued implementation of Workforce Plans and Service Reviews.	In Progress	Johnny McBride Sinead Murphy Kevin Scullion	30/09/2022	Continue to implement, monitor, review and update the Workforce Plans and progress Service Reviews to ensure effective service provision.

Risk 02. Failure to provide a modern, safe and legislatively compliant fleet

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Probability

Risk Categories	Buildings / Engineering / Environment Quality of Service Statutory Duty (Legal/Regulatory)
Risk Description	Failure to provide a modern, safe and legislatively compliant fleet
Potential Root Cause	Vehicles may fall fowl of operators license. Failure to comply with the Council's Procurement Policy and Procedures when procuring vehicles. Failure to plan ahead and budget for new vehicles/services when required. Challenge of transitioning to a green fleet. Vehicles not being included on the operators license. Lack of resources to keep the license updated. Vehicles at different sites with different responsible owners. Delivery times of vehicles and managing an older fleet.
Consequence	Loss of operators license / financial penalties of breaching the operators license. Potential to result on serious accidents and injuries. Reputational damage for the Council. Failure to deliver services, particularly essential services across the District. Breach in health and safety.

Risk Owners Johnny McBride; Sinead Murphy

Gross/Inherent Risk	Red 20	Last Review	20/05/2022
Residual Risk	Amber 16	Next Review	30/09/2022
Target Risk Level	Yellow 9	Risk Appetite	Risk Averse

Objectives

Review Fleet Services to ensure it meets customer demands into the future

Key Controls Identified

- 1 Capital Programme funding.
- 1. Corporate Procurement Policy and Procedures in place.
- 1. Fleet Management audits and action plans.
- 1. Fleet Management Policy and Procedures.
- 1. Fleet Transition Strategy.
- 1. Inspection frequency of the fleet.
- 1. Neighbourhood Services Procurement Action Plan in place.
- 1. Service review of the 'Garages' section.
- 3. Internal Audit of Waste Management in 2022-23.

Action Plans

Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
Fleet Management Audits and Action Plans	In Progress	Sinead Murphy	30/09/2022	The follow up internal audit of Fleet Management was carried out by ASM in April 2021 and the external audit was carried out in January 2022.
Fleet Replacement Programme	In Progress	Sinead Murphy	30/09/2022	The implementation of the Fleet Replacement Programme is underway, with delivery times of 12-18 months. Further consideration needs to be given to the Capital Programme beyond 2023, the availability of hire vehicles and alternative fuel options in the future.
Service Review of Garages and resources	In Progress	Sinead Murphy	30/09/2022	Progress the service review of the Garages section to determine and inform future resource requirements.

Risk 03. Lack of burial capacity at Council Cemeteries

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	1	2	3	4	5	

Consequence

Probability

Risk Categories
Buildings / Engineering / Environment
Business operational/reputational
Impact on individuals (staff or public)

Risk Description

Lack of burial capacity at Kilbroney and Monks Hill cemeteries.

Potential Root Cause

The existing cemeteries are running out of space, particularly double plots.
Structural issues with existing cemeteries.

Impact of future waves of the COVID-19 pandemic on the death rate across the District.

Consequence

An essential service not being provided to the public.
Reputational damage.
Negative impact on local community.

Risk Owners

Johnny McBride; Kevin Scullion

Gross/inherent Risk

Amber 12

Last Review 20/05/2022

Residual Risk

Yellow 9

Next Review 30/09/2022

Target Risk Level

Green 6

Risk Appetite Risk Averse

Objectives

Delivery of Facility Management and Maintenance Service to meet Council needs

Key Controls Identified

1. Capital programme includes funding for new graveyard and/or extensions to existing graveyard
1. Committee approval in place for cemetery extensions
1. Extensions of Struelli, Lough Inch, Warrenpoint and Phase 2 at Monks Hill cemeteries complete.

Action Plans

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
Digitalisation of burial records	Progress the digitalisation of burial records.	In Progress	Kevin Scullion	30/09/2022	The Council has a legal responsibility to manage burial records and work is underway to prepare a Project Mandate for an electronic solution, through the IT Projects Board. It is anticipated that this bespoke software solution to manage burial records will cost £30k, with an annual £10k maintenance fee.
Kilbroney Cemetery	Phase 2 - Kilbroney Cemetery	In Progress	Kevin Scullion	30/09/2022	Phase 2 extension of circa 200 additional plots has planning approval. Business Case agreed and £309,973 placed in capital budget. Pre tender costs to be obtained prior to report to Council for final agreement on extent of project. Works on site target for Q 2 in 2022/23. Work progressing for submission of planning application for Phase 3 - 5 extension to cemetery.
Long term cemetery provision	Plan ahead for the long term provision of cemeteries and burials.	In Progress	Kevin Scullion	30/09/2022	Scope out anticipated burial projections across the District in line with demographic / population trends and begin the process of identifying potential land and sites to meet projected need.
Monks Hill Cemetery	Phases 3 extension at Monks Hill Cemetery.	In Progress	Kevin Scullion	30/09/2022	The phase 2 extension is complete providing burial capacity for a further 18 months. The planning application for an additional 600 burial plots (Phase 3) has been submitted and it is anticipated that the project will complete within 18 months, subject to planning approval. The Council is also exploring options for additional capacity at Monks Hill cemetery as back up if there is a delay in completion of Phase 3 extension.
Struell and Lough Inch Cemeteries	Struell Cemetery Downpatrick and Lough Inch Cemetery Ballynahinch.	Completed	Kevin Scullion	30/09/2022	Struell and Lough Inch Cemeteries have been extended. The overall capacity of both cemeteries will be monitored and reviewed on an ongoing basis.
Warrenpoint Cemetery	Completion of phase 2 to extend Warrenpoint Cemetery.	Completed	Kevin Scullion	30/09/2022	Warrenpoint Cemetery have been extended. The overall capacity of the cemetery will be monitored and reviewed on an ongoing basis.

Risk 04. Failure to comply with statutory and legislative requirements

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	Probability				

Risk Categories Business operational/reputational Financial
Impact on individuals (staff or public)

Risk Description Failure to comply with statutory and legislative requirements which the NS Directorate is responsible for (Fire Risk Assessments/Legionella/Asbestos).

Potential Root Cause Lack of Health and Safety training.
Lack of staff training / training inadequacies.
Confrontation with the public / public negligence.
Unforeseen circumstances/event.
Lack of adherence to Council policy and procedures.
Controls not operating effectively for Legionella / Asbestos or fire risk assessments.
Fire Risk Assessments of Council buildings not being undertaken.
COVID-19, access to buildings and social distancing.

Consequence Injury/death to staff or public.
Damage to the Council reputation.
Injury or death to an employee or member of the public.
Reputational damage.
Personal Liability / Corporate Manslaughter.
Litigation - Civil/Criminal.
Increased insurance premiums.
Breach in legislation and compliance.

Risk Owners Johnny McBride; Sinead Murphy; Kevin Scullion

Gross/inherent Risk Amber 16 **Last Review** 20/05/2022

Residual Risk Amber 12 **Next Review** 30/09/2022

Target Risk Level Yellow 8 **Risk Appetite** Risk Averse

Objectives

Implement policies and procedures and monitoring arrangements to ensure corporate legislative compliance in respect of k

Key Controls Identified

- 1. Asbestos Policy and Management Plan
- 1. Fire Safety Policy
- 1. Legionella Policy and Management Plan
- 1. Portable Electrical Appliances Policy and Management Plan
- 2. Regular reporting to the Health and Safety Committee, Audit Committee and SMT
- 3. Internal audit of Estates Management and Security carried out in 2021-22.

Action Plans

Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
Asbestos Policy and Management Plan	In Progress	Kevin Scullion	30/09/2022	Contractor led asbestos management reviews continue. No significant issues observed. Continuing work required concerning training through e learning and contractor led training. Outstanding issues to be resolved following fire at Albert Basin Store. Full implementation of the agreed Legionella Management Plan required to keep risk at a low level.
Fire Risk Policy and Management Plan	In Progress	Kevin Scullion	30/09/2022	The Fire Risk Assessment Policy and Use of portable electric appliances has been agreed but management plan yet to be developed and implemented. On going Fire Risk assessments continue.
Legionella Policy and Management Plan	In Progress	Kevin Scullion	30/09/2022	Contractor led management training through e learning and contractor led training. Full implementation of the agreed Legionella Management Plan required to keep risk at a low level.

Risk 05. Failure to develop and implement a planned maintenance programme may lead to increased costs and health and safety implications

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Consequence

Probability

Risk Categories Buildings / Engineering / Environment Impact on individuals (staff or public) Quality of Service

Risk Description Failure to develop and implement a planned maintenance programme may lead to increased costs and health and safety implications.

Potential Root Cause Lack of control of contractors. Inadequate funding / ineffective spend. Lack of inspections and documentation records. Inadequate/ineffective forward planning.

Consequence H&S implications. Negative PR for the Council and reputational damage. Closure of buildings. Legal liabilities. Increased costs. Reactive and inefficient service provision.

Risk Owners Johnny McBride; Kevin Scullion

Gross/inherent Risk Amber 16

Residual Risk Amber 12

Target Risk Level Yellow 8

Last Review 20/05/2022

Next Review 30/09/2022

Risk Appetite Risk Averse

Objectives

Delivery of Facility Management and Maintenance Service to meet Council needs
Engage Council Estate in a way which promotes sustainable development and climate change adaptation

Key Controls Identified

1. Building maintenance team in place
3. Internal audit of Estates Management and Security carried out in 2021-22.

Action Plans

Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
Property Maintenance Strategy Develop and implement the Property Maintenance Strategy to include planned and reactive maintenance.	In Progress	Kevin Scullion	30/09/2022	The contractor has been appointed to progress the development of the Property Maintenance Strategy, by August 2022. The strategy will take into account the 3i Maintenance System for the reactive and planned maintenance of facilities, as well as M&E contracts..

Risk 06. Failure to procure and manage contracts in line with the Council's procurement procedures may have a negative impact on service provision and value for money.

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Risk Categories Buildings / Engineering / Environment
Financial
Impact on individuals (staff or public)

Risk Description Failure to procure and manage contracts in line with the Council's procurement procedures may have a negative impact on service provision and value for money.

Potential Root Cause
Insufficient resources.
Bribery and corruption.
Lack of training and awareness.
Lack of understanding of the Procurement Policy and procedures.
Availability of contractors and increased costs due to market forces
Capacity of the Procurement Team to support the Directorate

Consequence
Delay in meeting project deadlines
Financial impact
Impact on customer satisfaction
Failure to deliver service
Failure to comply with the corporate Procurement Policy

Risk Owners Johnny McBride; Sinead Murphy; Kevin Scullion

Gross/Inherent Risk Amber 16

Residual Risk Amber 12

Target Risk Level Yellow 8

Last Review 20/05/2022

Next Review 30/09/2022

Risk Appetite Risk Averse

Objectives

Implement policies and procedures and monitoring arrangements to ensure corporate legislative compliance in respect of k

Key Controls Identified

Contract management controls in place.
Governance and Procurement training delivered to staff.
Neighbourhood Services Procurement Action Plan in place.
Procurement Policy and Procedures in place.

Action Plans

Action Plan	Action Plan Description	Action Plan Type	Action Plan Owner	Action Plan Action Date	Comments
NS Procurement Action Plan	Continue to implement the NS Procurement Action Plan which was developed to address high value services which are being operated 'out of contract'.	In Progress	Johnny McBride Sinead Murphy Kevin Scullion	30/09/2022	The NS Procurement Action Plan is monitored and reported to the NS Committee and Audit Committee on a quarterly basis. Whilst significant progress has been made in implementing the Procurement Action Plan, continued progress may be impacted by the availability of contractors, increased costs and the capacity of the Procurement Team to support the implementation of the NS Procurement Action Plan.

Report to:	Audit Committee
Date of Meeting:	22 September 2022
Subject:	Corporate Risk Register
Reporting Officer (Including Job Title):	Gerard Byrne – Assistant Director of Finance & Performance
Contact Officer (Including Job Title):	Gerard Byrne – Assistant Director of Finance & Performance

Confirm how this Report should be treated by placing an x in either:-

	For decision	X	For noting only	
1.0	Purpose and Background			
1.1	The Corporate Risk Register was reviewed and updated by SMT on 13 September 2022. Quarter one Assurance Statements for 2022-23 have been used to inform and update the content of the Corporate Risk Register. Where relevant, Officers have also provided updates in relation to specific controls and action plans.			
2.0	Key issues			
2.1	<p>Corporate Risk Register</p> <p>The Council has identified 11 corporate risks, 7 of which are red and 4 of which are Amber risks. Appendix 1 provides an overview of each risk, risk owner(s), gross and residual risk scores, as well as a summary of changes and updates which have been made to the Corporate Risk Register since July 2022.</p> <p>Several actions have been updated to ensure the Corporate Risk Register is a live document and can be used as a Management tool for decision making. One new risk has been included within the Corporate Risk Register since July 2022. This relates to the threat of Industrial Action in relation to the recent Trade Union Demands.</p> <p>The updated Corporate Risk Register is attached at Appendix 2.</p>			
2.2	<p>Other Risk factors which were considered</p> <p>No further risk factors considered for this quarters update.</p>			
2.2	<p>Directorate Risk Register – Corporate Services</p> <p>The Risk Reporting section of the Risk Strategy states that Directorate Risk Registers will be presented to the Audit Committee on a rotational basis. The Risk Register for the Corporate Services Directorate is attached at Appendix 3. The Risk Register was reviewed and updated at a Departmental Team meeting on the 20 June 2022.</p>			
2.3	Within the Corporate Service Risk Register, six risks have been identified, one of which is red, four of which are amber and one green. These risks cover a range of service areas and functions.			

	The Corporate Services Risk Register will be updated on a regular basis and considered by the Audit Committee annually.
3.0	Recommendations
3.1	To approve the updates to the Corporate Risk Register highlighted within the summary at Appendix 1. Full Corporate Risk Register can be evidenced at Appendix 2. To note the revised Corporate Services Directorate Risk Register at Appendix 3.
4.0	Resource implications
4.1	There are no resource implications.
5.0	Due regard to equality of opportunity and regard to good relations (complete the relevant sections)
5.1	<i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i> It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/>
5.2	<i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please complete the following: The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/> The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/>
5.3	<i>Proposal initiating consultation</i> Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/> Consultation period will be 12 weeks <input type="checkbox"/> Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/> <i>Rationale:</i> Consultation not required.

6.0	Due regard to Rural Needs (please tick all that apply)
6.1	<p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p>
7.0	Appendices
	<p>Appendix 1: Summary Sheet – Corporate Risk Register</p> <p>Appendix 2: Corporate Risk Register – September 2022</p> <p>Appendix 3: Corporate Services Directorate Risk Register – September 2022</p>
8.0	Background Documents
	None

NMDDC Corporate Risk Register Cover Sheet - September 2022

Risk	Description	Risk Owner(s)	Gross Risk Score	Jul-22		Sep-22		Comments
				Risk Score	Revised Risk Score	Risk Score	Revised Risk Score	
CR01	Failure to develop and deliver the capital investment programme for the District	Dorinnia Carville Michael Lipsett Conor Mallon	25	20	20	20	Risk score remains unchanged - a consequence has been included in relation to the impact of the financial implications of the current TU Pay demands on the affordability of the Capital plan going forward.	
CR02	Non-compliance with legislative requirements, including procurement	Dorinnia Carville Michael Lipsett Andrew Cassells	25	20	20	20	Risk score remains unchanged. Actions have been updated.	
CR03	Failure to effectively manage waste	Andrew Cassells	25	20	20	20	Residual risk remains unchanged - actions now updated.	
CR04	Failure to provide robust and timely planning decisions	Conor Mallon	25	16	16	16	Risk score remained the same and actions has been updated including the Epic system and backlog statistics.	
CR05	Failure to adequately plan for the future and deliver efficiencies and improvement	Marie Ward Dorinnia Carville	20	16	16	16	Residual rating remains the same - actions have been updated in relation to the severance schemes.	
CR06	Failure to adequately react to a major incident which would minimise any negative consequences/impact	Marie Ward Caolain Boyd	25	12	12	12	Actions now updated in relation the BCP scenarios and score remains unchanged.	
CR07	Failure to implement an economic development programme to regenerate the district and attract inward investment due to financial uncertainties caused by the current economic and political climate, including the NI Protocol	Marie Ward Conor Mallon	20	20	20	20	Risk Score remains unchanged and all actions now updated - with the completion of the FFNI project being a key milestone.	
CR08	Failure to adequately manage sickness absence resulting in delays and an inability to deliver Council services.	Senior Management Team	25	15	15	15	Risk score is unchanged - however sickness absence has been included within Council's Annual Governance Statement for the 2021/22 year.	
CR09	Risk that Council does not adequately react to the Economic Shocks facing the district, therefore failing in its objectives to regenerate and build a prosperous district due to the inability of Council to be financially sustainable in the long term	Senior Management Team	25	20	20	20	Risk score remains unchanged and actions now updated, consequences in relation to the social impact have also been included.	

CR10	Failure to effectively plan for and manage a cyber security attack.	Dorinnia Carville	25	20	20	Residual risk remain unchanged - actions and controls updated including the implementation and operation of the agile working policy.
CR11	Risk of Industrial Action leading to the failure to have necessary staffing structures and resourcing to deliver services.	Senior Management Team	25	n/a	20	New Risk

1. Corporate Risk Register NMDDC

Risk CR. 01 - Failure to develop and deliver the capital investment programme for the District

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Consequence

Probability

Risk Categories Buildings / Engineering / Environment
Business operational/reputational

Risk Description Failure to adequately resource the capital programme
Failure to effectively manage capital contracts
Capital programme does not sufficiently deliver on the Corporate Objectives

Potential Root Cause Lack of availability of construction materials and increases in the cost of materials due to - COVID19 / global demand / administration at UK ports and container shortages
Contractors on key projects fail to deliver on time and on budget
Consultant and/or contractor collusion
Procurement delays, failures or legal challenges
Governance Arrangements not being adhered to
Projected timelines too optimistic
Delays due to the statutory approvals process
Lack of awareness in staff and managers
Lack of resources - economic downturn/recession
Funding reduced/withdrawn, timescales extended leading to increased costs
Impact of the TU pay demands in August 2022 on the financial viability of the capital plan going forward

Consequence Impact on service delivery
Financial impact - inflationary pressures / pay demands
Legal challenge / Negative PR
Impact on quality/cost of projects
Future reduction on the capital budget
Reputational damage

Risk Owners Caolain Boyd; Senior Management Team

Gross/inherent Risk Red 25 **Last Review** 13/09/2022

Residual Risk Red 20 **Next Review** 16/09/2022

Target Risk Level Yellow 9 **Risk Appetite** Risk Open

Objectives

1. Invest in and support new and growing businesses, job creation and employment skills
6. Promote the revitalisation of our city, towns, villages and rural communities.
7. Provide accessible, high-quality and integrated services through continuous improvement