

# ARMAGH CITY, BANBRIDGE & CRAIGAVON BOROUGH COUNCIL

Document Reference Number:	GPR/P9.0/V2.0
Title of Policy:	Risk Management Policy
No of Pages (including appendices):	10
Version:	Тwo
Issue Date:	October 2021
Policy Nominated Officer:	Martina McNulty
Equality screened by:	Martina McNulty & Mary Hanna
Equality screening date:	Original version screened on 30 October 2014
Amendment Version Issue Date:	September 2021
Sent out by:	Martina McNulty
Approved by:	Roger Wilson
Review Date:	September 2023

### AMENDMENT RECORD SHEET

Remove and destroy old pages. Insert new pages as indicated.

Revision Number	Page Number	Date Revised	Description of Revision			
		July 2021	Updated for roles and responsibilities and the project risk management process.			
		February 2021	Review of entire document against the revised Orange Book.			
		February 2017	Review of entire document and removal of sections on the assurance framework and stewardship certificates			
		September 2021	Reporting section revised to reflec new Council structures and update how project risks are managed.			

### CONTENTS

1. INTRO	DUCTION	3
2. PURPO	DSE	3
3. RISK M	IANAGEMENT PROCESS	4
Risk Ider	tification	4
Evaluatio	on of Risks	5
Risk App	etite	5
Risk Mitig	gation	6
Risk Mor	nitoring and Review	7
4. ROLES	SAND RESPONSIBILITIES	7
Appendix 1 Appendix 2 Appendix 3	<b>o</b> 1	
Appendix 3 Appendix 4	Qualitative Measures of Likelihood (risk scoring)12	2
Appendix 5		
Appendix 6	Rural Needs Impact Assessment	1

### 1. INTRODUCTION

Risk Management is about managing threats and opportunities so that the Council is in a stronger position to deliver its objectives and is an essential business tool that encourages innovation and enterprise, not risk adversity. Risk Management includes identifying and assessing risks and then responding to them to ensure effective controls are in place. Failure to manage risk effectively may result in financial losses, disruption to services, bad publicity or claims for compensation.

All organisations face risk or obstacles to achieving their objectives. In order for Armagh City, Banbridge and Craigavon Borough Council (ACBCBC) to deliver its objectives it is important to:

- Understand the nature of the risks we face;
- Be aware of the extent of these risks;
- Identify the level of risk that we are willing to accept;
- Assess our ability to control or reduce the risk; and
- Implement corrective actions.

Risk management should be explicitly linked to the business planning process to ensure it is embedded across the Council. For the risk management process to be effective, the following principles should be applied:

- Risk management should be an essential part of **governance and leadership**, and fundamental to how the organisation is directed, managed and controlled at all levels;
- Risk Management should be an **integral** part of all organisational activities to support decision-making in achieving objectives.
- Risk management should be **collaborative and informed** by the best available information and expertise.
- Risk Management processes should be **structured** to include risk identification and assessment, risk treatment, risk monitoring and risk reporting.
- Risk Management should be **continually improved** through learning and experience.

### 2. PURPOSE

This document defines Armagh City, Banbridge and Craigavon Borough Council's Risk Management Policy and describes the process for identifying and managing risk within the Council. It draws on the principles and approach set out in 'The Orange Book, Management of Risk – Principles and Concepts', revised by HM Treasury in 2020 and the NIAO 'Good Practice in Risk Management' (June 2011).

The Local Government Regulations (NI) 2006 (Accounts and Audit) requires the Council to have in place adequate and effective arrangements for the management of risk and to report on these arrangements within the annual governance statement, which forms part of the statutory accounts and which must be considered and approved by Council.

Risks will be managed at one of three levels:

**Corporate/Strategic Risks** – High level risks which could have a major impact on the Council's corporate plan objectives. These risks will be managed primarily by the Executive Management Team (EMT) and Heads of Department (HOD) and will be subject to challenge by the Performance and Audit Committee.

**Departmental Risks** – Risks which could impact on the delivery or timescale of activities or deliverables at Departmental level. These risks will be managed by the HOD and may be escalated to corporate level as appropriate.

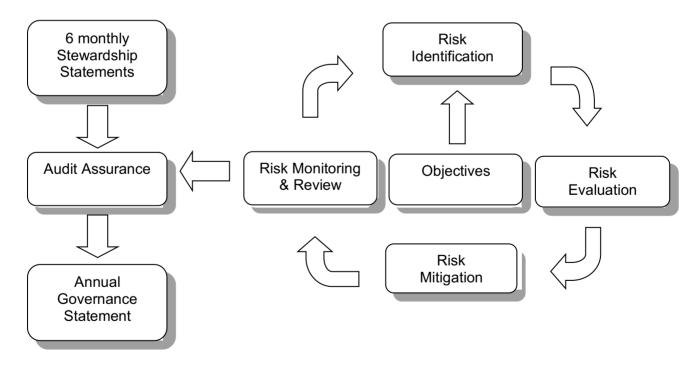
**Project Risks** – will also exist and these will be managed by the appropriate Project Officer(s). The mechanisms in place for monitoring and reporting risk will vary according to the size and complexity of the project, ranging from the use of a RAID log (project management tool) to a standalone Project Risk Register for significant projects\*. Significant projects are defined as all capital and revenue projects with costs of £20 million or more over the project's life. Project Risks captured on a RAID log should be reviewed by the relevant Project Management Team and Project Board as appropriate.

In addition, irrespective of cost, where EMT/Senior Responsible Officer considers that a new project should have a separate risk register then it will be developed by the appropriate Project Officer(s). This may be as a result of some of the following factors: it may set precedent, it is novel, it is potentially contentious/ politically sensitive, it could cause repercussions elsewhere in the Council/public sector.

\*Department of Finance best practice on business cases guide defines significant capital projects and revenue projects as having a value of £20 million or over.

### 3. RISK MANAGEMENT PROCESS

The diagram below shows the key elements of the risk management process.



### **RISK IDENTIFICATION**

Risks should be related to objectives as set out in the Corporate, Departmental and Project Plans as appropriate. Some risks may be relevant to more than one objective. However, risk identification and assessment should not be confined to the process of drawing up Plans.

In identifying risks, managers should not just consider threats to the achievement of their objectives but also consider, missed opportunities for improved performance and enhanced capacity. Examples of common risk categories are included at **Appendix 1**.

The standard format Risk Register is illustrated at **Appendix 2**.

### **EVALUATION OF RISKS**

A risk matrix is used to evaluate the risks so that there is an understanding of the risk exposure faced, which in turn influences the level of risk treatment that should be applied to manage/reduce/prevent the risk from occurring. The matrix used for evaluating risk is shown in the diagram below. Risk analysis is primarily concerned with quantifying risk in terms of frequency and severity.

The Council will adopt a consistent approach to evaluating the likelihood and impact of key risks in terms of both:

- Likelihood The chance of the risk materialising
- Impact The effect of the risk should it materialise

The likelihood and impact of each risk should be evaluated on a scale of 1 to 5 as set out at **Appendix 3 & 4** to arrive at the overall risk rating.

Two evaluations will be carried out for each risk:

Inherent Score	Risk rating assumes no controls are in place
Residual Score	Risk rating takes into account the controls

	5 (Catastrophic)	5	10	15	20	25
	4 (Major)	4	8	12	16	20
Impact	3 (Moderate)	3	6	9	12	15
	2 (Minor)	2	4	6	8	10
	1 (Insignificant)	1	2	3	4	5
	Likelihood	1 (Rare)	2 (Unlikely)	3 (Moderat e)	4 (Likely)	5 (Almost Certain)
						·/

LOW MEDIUM HIGH UNACCEPTABLE

**RISK APPETITE** 

### **RISK MANAGEMENT POLICY**

The risk evaluation should then be compared to the risk appetite for each risk type. While the Council deems any unacceptable risks intolerable it is envisaged that all other risks will be managed in accordance with the risk appetite.

The risk appetite sets out the level of risk that management is prepared to accept, tolerate or be exposed to at any point in time. The risk appetite may vary depending on the category of risk. In some areas the Council may take more risk in order to support innovative thinking, in other areas the Council may take less risk to ensure legal compliance or to maintain public confidence.

Our approach to risk taking will be dependent upon the nature of the risk. Particular care is needed in taking action that could:

- Impact on the reputation of the Council
- Impact on performance
- Results in censure/fines by regulatory bodies
- Results in financial loss/fraud

The target level of risk score will depend on whether the Council is risk averse, risk neutral or risk open.

Risk Appetite	Definition
Risk Averse	Avoid/Mitigate its exposure to risk
Risk Neutral	Moderate appetite to accept exposure to risk
Risk Open	Accepts the impact of the potential risk in materialising

While the Council deems any unacceptable risks intolerable it is envisaged that high scoring risks will be actively managed.

Any risk that has a residual risk score assessed to be low will be considered to be acceptable and will require no further action other than to ensure that the existing controls are operating effectively.

### **RISK MITIGATION**

Once a risk has been identified and evaluated, consideration must be given to the appropriate action. The level and type of treatment for each risk will depend on the level of residual risk and the tolerance to the specific risk. The following options are available:

### Treat the Risk

Treating the risk means identifying additional actions to be taken that will reduce the likelihood and/or the impact if the event occurred. It is anticipated that the greatest number of risks will fall into this category.

### Transfer the Risk

Transfer the risk means using an insurer or third party to cover the cost or losses and share the risk should a risk materialise.

### Tolerate the Risk

It may be appropriate to tolerate the risk without any further action for example due to either a limited ability to mitigate the risk or the cost of mitigation may be disproportionate to the benefit gained.

### Terminate the Risk

Terminating the risk means ceasing the activity because modifying it or controlling it would not reduce the risk to an acceptable level.

### **RISK MANAGEMENT POLICY**

The selected risk response will be captured in the additional action section of the risk register template. The Risk Owner should ensure that responsibility for each action in is assigned to a named individual along with realistic target dates. It is important that any action taken is proportional to the risk. Additional actions highlighted in the risk register templates should link with the actions set out in the individual business plans.

### RISK MONITORING AND REVIEW

The Council's Risk Registers are an integral part of the Assurance Process and reporting thereof is the means by which the Council and Performance and Audit Committee can assess the effectiveness of the controls and assurances given for the management of the risks identified.

Risk management should be a continuous process which identifies new risks, changes in existing risks and risks which are no longer relevant.

The risk registers should be reviewed on a **Quarterly** basis via the Council's Risk Management software and updated accordingly, taking cognisance of the outcome of completed risk actions and any resultant change in risk score or risk classification. Risk actions that have been completed should be transferred to controls.

Evidence to assess effectiveness of controls should be detailed in the risk register template. This enables an opinion on the adequacy and effectiveness of the control and provides assurance on the management of these risks by focussing on the three lines of defence.

These three lines of defence include:

- Operational Management This comes direct from those responsible for delivering specific objectives or operations (i.e. direct management); it provides assurance that performance is monitored, risks identified are addressed and objectives are being achieved.
- *Management oversight* separate from those involved in the operational delivery but who is actively involved in overseeing and managing risks.
- The third line of defence relates to *independent* and more objective assurance, for example the provision of assurance by Internal Audit.

### 4. ROLES AND RESPONSIBILITIES

While the identification of risks is the responsibility of all Council employees and Members, the following groups are noted for their particular role and associated responsibilities in the risk management process:

### PERFORMANCE AND AUDIT COMMITTEE

The role of the Performance and Audit Committee is to ensure that there is a risk management process in place and report to the Council members. The Committee will review the Councils approach to risk management and give independent assurance on the adequacy of the Council's risk management policy and the associated control environment.

The Corporate Risk Register will be presented at each Performance and Audit Committee. In addition to this the Departmental Risk Registers of a Directorate (including Departments within Deputy Chief Executive's areas and sections within the Chief Executive's remit) will be presented on a rotational basis i.e. 1 per quarter per annum. Significant projects risk registers

### **RISK MANAGEMENT POLICY**

defined as all capital and revenue projects with costs of £20 million or more over the project's life will be presented along with the relevant departmental risk registers.

### PROJECT BOARDS AND PROJECT MANAGEMENT TEAMS

Project Risks captured on a RAID log or standalone risk register should be reviewed by the relevant Project Management Team and Project Board as appropriate.

### **RISK OWNERS**

The following people are assigned Risk Owners:

Corporate	Risk Owners allocated to/by	CE/DCE/S Director
Departmental	Risk Owners allocated to/by	HoD
Project	Risk Owners allocated to/by	SRO

Risk Owners will have authority to assign resources to manage key risks within defined approvals. They are responsible for managing assigned risks by ensuring controls are in place and properly actioned at all levels. They are also responsible for communicating progress, identifying control weaknesses and recommending remedial actions and ensuring that a suitable system of internal control operates in their area of responsibility.

The EMT and HoD will be responsible for ensuring that the risk management processes become embedded in the culture of the Council through provision of roll out training and facilitation by the Strategy & Performance Department.

### STRATEGY AND PERFORMANCE DEPARTMENT

The Strategy & Performance Department can provide guidance on how to identify risks through one to one meetings or facilitated workshops/group discussions.

For new risk registers, the Business Continuity, Risk & Customer Relations Officer can facilitate, if required, the drafting of the risk register with the relevant HOD using the standard template and forward to the relevant person/group for review and agreement. The relevant person/group is then responsible for keeping the risk register up to date and developing the related risk action plans, using the standard template.

For existing registers, on a quarterly basis as required the Business Continuity, Risk & Customer Relations Officer will meet with Risk Owners and provide advice and guidance on the risk registers and action plans and prepare quarterly update reports to the Performance and Audit Committee.

### INTERNAL AUDIT

The Internal Audit Manager will undertake the following in respect of risk management:

- An annual independent, objective assessment/opinion of the effectiveness of the risk management and control processes operating within the Council which feeds into the Council's Annual Governance Statement;
- Ensure that the Internal Audit activity is focused on the key risks facing the Council.

### **COMMON RISK CATEGORIES**

Appendix 1

(as per HM Treasury Orange Book)

Strategy	Risks arising from identifying and pursuing a strategy, which is poorly defined, is based on flawed or inaccurate data or fails to support the delivery of commitments, plans or objectives due to a changing macro-environment.
Governance	Risks arising from unclear plans, priorities, authorities and accountabilities, and/or ineffective or disproportionate oversight of decision-making and/or performance.
Operations	Risks arising from inadequate, poorly designed or ineffective/inefficient internal processes resulting in fraud, error, impaired customer service (quality and/or quantity of service), non-compliance and/or poor value for money.
Legal	Risks arising from a defective transaction, a claim being made (including a defence to a claim or a counterclaim) or some other legal event occurring that results in a liability or other loss, or a failure to take appropriate measures to meet legal or regulatory requirements or to protect assets (for example, intellectual property).
Property	Risks arising from property deficiencies or poorly designed or ineffective/ inefficient safety management resulting in non-compliance and/or harm and suffering to employees, contractors, service users or the public.
Financial	Risks arising from not managing finances in accordance with requirements and financial constraints resulting in poor returns from investments, failure to manage assets/liabilities or to obtain value for money from the resources deployed, and/or non-compliant financial reporting.
Commercial	Risks arising from weaknesses in the management of commercial partnerships, supply chains and contractual requirements, resulting in poor performance, inefficiency, poor value for money, fraud, and /or failure to meet business requirements/objectives.
People	Risks arising from ineffective leadership and engagement, suboptimal culture, inappropriate behaviours, the unavailability of sufficient capacity and capability, industrial action and/or non-compliance with relevant employment legislation/HR policies resulting in negative impact on performance.
Technology	Risks arising from technology not delivering the expected services due to inadequate or deficient system/process development and performance or inadequate resilience.
Information	Risks arising from a failure to produce robust, suitable and appropriate data/information and to exploit data/information to its full potential.
Security	Risks arising from a failure to prevent unauthorised and/or inappropriate access to the estate and information, including cyber security and non-compliance with General Data Protection Regulation requirements.
Project / Programme	Risks that change programmes and projects are not aligned with strategic priorities and do not successfully and safely deliver requirements and intended benefits to time, cost and quality.
Reputational	Risks arising from adverse events, including ethical violations, a lack of sustainability, systemic or repeated failures or poor quality or a lack of innovation, leading to damages to reputation and or destruction of trust and relations.

Failure to manage risks in any of these categories may lead to financial, reputational, legal, regulatory, safety, security, environmental, employee, customer and operational consequences.

Ref:	Risk Register:		Risk Owner:
Objective:	Ri	isk:	Potential Consequences:

su	Risk Causes	Evidence to assess effectiveness and date of last review	Officer responsible	Overall Assessmen	Impact	Likelihood
atio					Inherent Ris	sk
litig						
it M						
Irrei						
C				_		

vo	Additional ACTIONS	Responsibility	Due date	Current status / comments
ctio				
A				
lai				
<u>0</u>				
dditio				
P				

 Mitigations

 Residual Risk

 Further Action

 Target Risk



### Qualitative Measures of Impact

Impact	Score	Description and Action Needed	Impact on individual(s) – staff or public.	Statutory Duty.	Business / Operational	Buildings/ Engineering/ Environmental	Quality of Service	Finance
Catastrophic (Very High)	5	This is above the Council's defined tolerance level. Comprehensive action required immediately to mitigate the risk.	• Death	Multiple breach of statutory legislation and prosecution.	<ul> <li>Litigation &gt; £500k expected.</li> <li>National Media Interest</li> <li>Severe loss of confidence and reputation</li> </ul>	<ul> <li>Critical Environment al Impact.</li> <li>Service closed for unacceptable period.</li> </ul>	<ul> <li>Severe impact on customer satisfaction.</li> <li>Gross failure to meet professional / national standards</li> </ul>	<ul> <li>Significant financial impact (over 5% of total directorate budget)</li> <li>Theft / loss &gt;£250k</li> </ul>
Major (High)	4	Consequences are severe but not disastrous. Some immediate action may be required. Development of a comprehensive action plan may be required.	<ul> <li>Major injury/ill health (reportable)</li> <li>Major clinical intervention</li> <li>Permanent incapacity</li> </ul>	Multiple breach of statutory legislation and improvement notice issued.	<ul> <li>Litigation &gt;£250k to &lt;£500k expected.</li> <li>Adverse publicity</li> <li>Impact on reputation</li> </ul>	<ul> <li>Major/signific ant environment al impact</li> <li>Severe disruption to service</li> </ul>	<ul> <li>Major impact on customer satisfaction.</li> <li>Failure to meet professional / national standards</li> </ul>	<ul> <li>Major financial impact (between 2% - 5% of total directorate budget.</li> <li>Theft / loss between £100k - £250k</li> </ul>
Moderate (Medium)	3	Some immediate action may be required. Development of action plan may be required. Risk status should be monitored regularly.	<ul> <li>Temporary Incapacity</li> <li>Short term monitoring</li> <li>Additional medical treatment up to 1 year</li> <li>Extended hospital stay.</li> </ul>	Single breach of statutory legislation and Improvement Notice issued.	<ul> <li>Litigation &gt;£50k - &lt;£250k possible.</li> <li>Potential for adverse publicity, avoidable with careful handling</li> <li>Potential to impact on reputation.</li> </ul>	<ul> <li>Moderate environment al impact</li> <li>Moderate disruption to services</li> </ul>	<ul> <li>Formal complaint expected.</li> <li>Failure to meet internal standard</li> </ul>	<ul> <li>Moderate financial impact (between 1% and 2% of total directorate budget)</li> <li>Fraud/Theft / loss between £50k - £100k</li> </ul>
Minor (Low)	2	No immediate action required. Action plan should be considered. Risk status to be monitored periodically.	<ul> <li>First Aid/ self treatment</li> <li>Minor injury</li> <li>Minor ill health up to 1 month</li> <li>Near miss (small cluster)</li> </ul>	<ul> <li>Breach of statutory legislation.</li> </ul>	<ul> <li>Litigation &lt;£50k</li> <li>Impact on reputation – internal awareness,</li> </ul>	<ul> <li>Localised environment al impact</li> <li>Disruption to service perceived as inconvenient</li> </ul>	<ul> <li>Possible complaint.</li> <li>Single failure to meet internal standard.</li> </ul>	<ul> <li>Minor financial impact (up to 1% of total directorate budget)</li> <li>Fraud/Theft / loss between £1k - £50k</li> </ul>
Insignificant (Very Low)	1	Risk status to be reviewed occasionally.	<ul> <li>Near miss (single)</li> <li>No adverse outcome</li> <li>No injury or ill health</li> </ul>	<ul> <li>Near breach of statutory legislation.</li> <li>Minor breach of guidance or legislation.</li> </ul>	<ul> <li>Possible litigation due to settlement is &lt;£5k.</li> </ul>		<ul> <li>Customer initially unhappy.</li> <li>Minor non- compliance with internal standard.</li> </ul>	Theft / loss up to £1k.

# Appendix 4

# Qualitative Measures of Likelihood

Likelihood of Event of	kelihood of Event or Incident occurring		
Likelihood Descriptor	Score	<b>Probability / Likelihood</b> (of event or incident occurring over lifetime of Corporate Plan).	
Almost Certain	5	The event is more likely than not to occur.	
Likely	4	The event is likely to occur.	
Possible	3	There is a reasonable chance of the event occurring.	
Unlikely	2	The event is unlikely to occur.	
Rare	1	<ul> <li>The event will occur only in exceptional circumstances.</li> </ul>	

### **Policy Screening Form**

### Policy Scoping

### Policy Title: Risk Management

# Brief Description of Policy (please attach copy if available). Please state if it is a new, existing or amended policy.

New policy for ABC Council.

To define ABC Risk Management Framework and describe the process for identifying and managing risk within Council. The policy will draw on the principles and approach set out in 'The Orange Book, Management of Risk – Principles and Concepts' issued by HM Treasury 2020 and the NIAO 'Good Practice in Risk Management' (June 2020).

### Intended aims/outcomes. What is the policy trying to achieve?

Embedding of risk management within the ABC Council and the basis of an assurance framework to give the Chief Executive assurance that risk is being properly managed throughout the Council.

Corporate governance guidance requires the CFO to sign an Annual Governance Statement which is published with the Annual Accounts. The AGS provides assurance that the control systems underpinning all activities within the Council are effective. A key element to providing such assurance is the requirement for managers to conduct risk assessments at both corporate and operational levels.

### Policy Framework

Has the policy been developed in response to statutory requirements, legal advice or on the basis of any other professional advice? Does this affect the discretion available to Council to amend the policy?

As per The Local Government (Accounts and Audit) (Amendment) Regulations (Northern Ireland) 2006 a local government body shall have a sound system of internal control which includes arrangements for the management of risk.

# Are there any Section 75 categories which might be expected to benefit from the policy? If so, please outline.

N/A

# Who initiated or wrote the policy (if Council decision, please state). Who is responsible for implementing the policy?

Who initiated or wrote policy?	Who is responsible for implementation?
HoD, S&P and Business Continuity , Risk & CRO and reviewed by the IA Manager.	Chief Executive and Senior Leadership Team.

# Are there any factors which might contribute to or detract from the implementation of the policy (e.g. financial, legislative, other)?

No

### Main stakeholders in relation to the policy

Please list main stakeholders affected by the policy (e.g. staff, service users, other statutory bodies, community or voluntary sector, private sector)

All ABC Staff, Residents and service users.

Are there any other policies with a bearing on this policy? If so, please identify them and how they impact on this policy.

No

### Available Evidence

Council should ensure that its screening decisions are informed by relevant data. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

Section 75 category	Evidence
Religious belief	N/A
Political opinion	N/A
Racial group	N/A
Age	N/A
Marital status	N/A
Sexual orientation	N/A
Men and women generally	N/A
Disability	N/A
Dependants	N/A

### Needs, experiences and priorities

Taking into account the information gathered above, what are the different needs, experiences and priorities of each of the following categories in relation to this particular policy/decision?

Section 75 category	Needs, experiences and priorities
Religious belief	N/A
Political opinion	N/A
Racial group	N/A
Age	N/A
Marital status	N/A
Sexual orientation	N/A
Men and women generally	N/A
Disability	N/A
Dependants	N/A

#### Screening Questions

1. What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 categories? Category Policy Impact Level of impact (Major/minor/none) Religious belief None Political opinion None Racial group None Age None Marital status None Sexual orientation None Men and women generally None Disability None Dependents None

2. Are there opportunities to better promote equality of opportunity for people within the Section 75 categories?				
Category	If yes, provide details	If no, provide reasons		
Religious belief	N/A			
Political opinion	N/A			
Racial group	N/A			
Age	N/A			
Marital status	N/A			
Sexual orientation	N/A			
Men and women generally	N/A			
Disability	N/A			
Dependents	N/A			

3. To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion, or racial group?				
Category Details of Policy Impact Level of impa (major/minor/none)				impact
Religious belief	None			
Political opinion	None			

Racial group	None	
		•

4. Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?				
Category	If yes, provide details	If no, provide reasons		
Religious belief	N/A			
Political opinion	N/A			
Racial group	N/A			

### Multiple Identity

Generally speaking, people fall into more than one Section 75 category (for example: disabled minority ethnic people; disabled women; young Protestant men; young lesbian, gay and bisexual people). Provide details of data on the impact of the policy on people with multiple identities. Specify relevant s75 categories concerned.

N/A

### **Disability Discrimination (NI) Order 2006**

Is there an opportunity for the policy to promote positive attitudes towards disabled people?

N/A

Is there an opportunity for the policy to encourage participation by disabled people in public life?

N/A

### **Screening Decision**

### A: NO IMPACT IDENTIFIED ON ANY CATEGORY – EQIA UNNECESSARY

Please identify reasons for this below

This is a technical policy with no equality implications.

# B: MINOR IMPACT IDENTIFIED – EQIA NOT CONSIDERED NECESSARY AS IMPACT CAN BE ELIMINATED OR MITIGATED

Where the impact is likely to be minor, you should consider if the policy can be mitigated or an alternative policy introduced. If so, EQIA may not be considered necessary. You must indicate the reasons for this decision below, together with details of measures to mitigate the adverse impact or the alternative policy proposed.

### C: MAJOR IMPACT IDENTIFIED – EQIA REQUIRED

If the decision is to conduct an equality impact assessment, please provide details of the reasons.

### Timetabling and Prioritising

If the policy has been screened in for equality impact assessment, please answer the following questions to determine its priority for timetabling the equality impact assessment.

On a scale of 1-3 with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.

Priority criterion	Rating (1-3)
Effect on equality of opportunity and good relations	N/A
Social need	N/A
Effect on people's daily lives	N/A

The total rating score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the council in timetabling its EQIAs.

Is the policy affected by timetables established by other relevant public authorities? If yes, please give details.

N/A

### Monitoring

Effective monitoring will help the authority identify any future adverse impact arising from the policy. It is recommended that where a policy has been amended or an alternative policy introduced to mitigate adverse impact, monitoring be undertaken on a broader basis to identify any impact (positive or adverse).

Further information on monitoring is available in the Equality Commission's guidance on monitoring (<u>www.equalityni.org</u>)

Identify how the impact of the policy is to be monitored

### Approval and Authorisation

A copy of the screening form for each policy screened should be signed off by the senior manager responsible for that policy. The screening recommendation should be reported to the relevant Committee/Council when the policy is submitted for approval.

Screened by	Position/Job title	Date
Martina McNulty & Mary	Head of Strategy &	29 July 2021
Hanna	Performance	-
Approved by	Position/Job Title	Date
	Chief Executive	September 2021
Roger Wilson		

### Please forward a copy of the completed policy and form to:

<u>mary.hanna@armaghbanbridgecraigavon.gov.uk</u> who will ensure that screening forms and policies are available on the Council website.

This officer is also responsible for issuing reports on a quarterly basis on those policies "screened out for EQIA". This allows stakeholders who disagree with this recommendation to submit their views. In the event of any stakeholder disagreeing with the decision to screen out any policy, the screening exercise will be reviewed.

# **RURAL NEEDS IMPACT ASSESSMENT (RNIA)**



#### Armagh Banbrid & Craiga Borough Co

# **SECTION 1**

Defining the activity subject to Section 1(1) of the Rural Needs Act (NI) 2016

1A. Name of Public Authority

ABC Council

1B. Please provide a short title which describes the activity being undertaken by the Public Authority that is subject to Section 1(1) of the Rural Needs Act (NI) 2016

**Risk Management** 

1C. Please indicate which	category the	activity spe	ecified in Sect	tion 1B above relates to
Developing a	Policy		Strategy	Plan
Adopting a	Policy		Strategy	Plan
Implementing a	Policy		Strategy	Plan
Revising a	Policy	х	Strategy	Plan
Designing a Public Service				
Delivering a Public Service				

1D. Please provide the official title (if any) of the Policy, Strategy, Plan or Public Service document or initiative relating to the category indicated in Section **1C** above

**Risk Management Policy** 

# 1E. Please provide details of the aims and/or objectives of the Policy, Strategy, Plan or Public Service

This document defines Armagh City, Banbridge and Craigavon Borough Council's Risk Management Policy and describes the process for identifying and managing risk within the Council. It draws on the principles and approach set out in 'The Orange Book, Management of Risk – Principles and Concepts', revised by HM Treasury in 2020 and the NIAO 'Good Practice in Risk Management' (June 2011).

# 1F. What definition of 'rural' is the Public Authority using in respect of the Policy, Strategy, Plan or Public Service?

Population Settlements of less than 5,000 (Default definition).

Other Definition (Provide details and the rationale below).

A definition of 'rural' is not applicable.

Details of alternative definition of 'rural' used.

Rationale for using alternative definition of 'rural'.

Х

Reasons why a definition of 'rural' is not applicable.

Because the policy applies to governance arrangements of Council and is not envisaged to have any impact on rural areas or populations specifically.

# **SECTION 2**

### Understanding the impact of the Policy, Strategy, Plan or Public Service

2A. Is the Policy, Strategy, Plan or Public Service likely to impact on people in rural areas?				
Yes		No	Х	If the response is NO GO TO Section 2E.

2B. Please explain how the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas.		

2C. If the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas *differently* from people in urban areas, please explain how it is likely to impact on people in rural areas differently.

# 2D. Please indicate which of the following rural policy areas the Policy, Strategy, Plan or Public Service is likely to primarily impact on.

**Rural Businesses** 

**Rural Tourism** 

**Rural Housing** 

Jobs or Employment in Rural Areas

Education or Training in Rural Areas

Broadband or Mobile Communications in Rural Areas

Transport Services or Infrastructure in Rural Areas

Health or Social Care Services in Rural Areas

Poverty in Rural Areas

**Deprivation in Rural Areas** 

Rural Crime or Community Safety

**Rural Development** 

Agri-Environment

Other (Please state)

If the response to Section 2A was YES GO TO Section 3A.

2E. Please explain why the Policy, Strategy, Plan or Public Service is NOT likely to impact on people in rural areas.

Because the policy applies to governance arrangements of Council and is not envisaged to have any impact on rural areas or populations specifically. Risk Management will be used by all departments to identify and manage risks associated with Council objectives.

### Identifying the Social and Economic Needs of Persons in Rural Areas

3A. Has the Public Authority taken steps to identify the social and economic needs of people in rural areas that are relevant to the Policy, Strategy, Plan or Public Service?				
Yes		No	x	If the Response is NO GO TO Section 3E.

3B. Please indicate which of the following methods or information sources were used by the Public Authority to identify the social and economic needs of people in rural areas.					
Consultation with Rural Stakeholders Published Statistics					
Consultation with Other Organisations	Research Papers				
Surveys or Questionnaires Other Publications					
Other Methods or Information Sources (include details in Question 3C below).					

3C. Please provide details of the methods and information sources used to identify the social and economic needs of people in rural areas including relevant dates, names of organisations, titles of publications, website references, details of surveys or consultations undertaken etc.

3D. Please provide details of the social and economic needs of people in rural areas which have been identified by the Public Authority?

If the response to Section 3A was YES GO TO Section 4A.

3E. Please explain why no steps were taken by the Public Authority to identify the social and economic needs of people in rural areas?

Because the policy applies to governance arrangements of Council and is not envisaged to have any impact on rural areas or populations specifically. Risk Management will be used by all departments to identify and manage risks associated with Council objectives.

Considering the Social and Economic Needs of Persons in Rural Areas

4A. Please provide details of the issues considered in relation to the social and econom needs of people in rural areas.	ic
N/A	

### Influencing the Policy, Strategy, Plan or Public Service

5A. Has the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or delivery of the Public Service, been influenced by the rural needs identified?				
Yes		No	Х	If the response is NO GO TO Section 5C.

5B. Please explain how the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or delivery of the Public Service, has been influenced by the rural needs identified.

If the response to Section 5A was YES GO TO Section 6A.

5C. Please explain why the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or the delivery of the Public Service, has NOT been influenced by the rural needs identified.

Because the policy applies to governance arrangements of Council and is not envisaged to have any impact on rural areas or populations specifically. Risk Management will be used by all departments to identify and manage risks associated with Council objectives.

### **Documenting and Recording**

6A. Please tick below to confirm that the RNIA Template will be retained by the Public Authority and relevant information on the Section 1 activity compiled in accordance with paragraph 6.7 of the guidance

I confirm that the RNIA Template will be retained and relevant information compiled.

Rural Needs Impact Assessment undertaken by:	Martina McNulty		
Position/Grade:	Head of Department		
Department/Directorate	Strategy & Performance		
Signature:			
Date:	29 September 2021		
Rural Needs Impact Assessment approved by:	Sharon McNicholl		
Position/Grade:	Strategic Director		
Department/Directorate	Strategy & Performance		
Signature:			
Date:	September 2021		