

Risk Description	Worst Case Outcome Scenario	Likelihood of actual occurrence (score 1 - 5)	Impact if exposure occurs (score 1- 5)	Gross Score (L x I)	Initial Risk Rating	Current Controls	Quality & Effectiveness of Controls	Net Score	Revised Risk Rating	Risk Owner	Action Proposed	Review Date	Review Cycle
							Good x 0.5						
							OK x 0.8						
							Poor x 1.5						
<b>Current Risks</b>													
<b>1. SAFEGUARDING PEOPLE &amp; PROPERTY</b>													
1a Workforce Health & Safety exposure in a varied, sometimes hazardous environment; lone working, seasonal climate, violence & aggression	Staff injury, assault; low morale, stress; sickness absence; litigation and insurance claim; backlogs and overtime cost; bad publicity; criminal prosecution	4	3	12	MOD	Risk Assessment Programme - Technical + Office + Field activities; Recognised reporting protocols; Issue of Personal Protective Equipment, where appropriate; External advice on control measures; Employee induction. Call in/out procedures documented. Mobile phones in use. Lone working devices procured and being rolled out in May 2019	good	6	TOL	GMO	Response to Audit in progress. PPE review completed. Risk assessments to be reviewed. Lone working policy required. Lone working mobile devices in procurement	01/09/2019	6 monthly
1b Fraudulent activity by employee (Valuation Roll, Council Tax and Electoral Registration)	Adverse publicity; Elected Member concern; senior staff reprimand; systems replacement; internal inquiry uses valuable resource. Removal of IER Accreditation.	3	3	9	LOW	Audit staff records; Staff training/awareness e.g. conflict of interest; Stringent checks on Valuation Roll and Valuation List amendments improved reporting from 2012/13; Audit reconciliations. ER postal vote number threshold check in place. ER duplicate name check procedure in place. Disclosure Scotland checks carried out on existing staff and new employees. Information protection course has been completed by all staff and now part of new start induction process. Disclosure refreshed every 4 years.	good	4.5	TOL	IHM	Access to ER/VR/CT on operational grounds. Review procedures to account for the ongoing changes systems including IER.	01/09/2019	6 monthly
1c Fraudulent activity by employee (Financial)	Misappropriation of funds; adverse publicity; Elected Member concern; senior staff reprimand; systems replacement; internal inquiry uses valuable resource	2	2	4	TOL	Financial controls, Banking reviewed; Staff training/awareness; External check by Finance staff + audit reconciliations. Purchase card transaction logging and approval system	good	2	TOL	IHM LHS	IHM to continue close liaison with Treasurer and Accountant.	01/09/2019	4 monthly
1f Elgin office accommodation may be unfit for current demands of service. Concern regarding DDA.	Health & Safety of staff compromised; poor security; inadequate storage; failure to comply with legislation e.g. DDA; poor image, operational inefficiency; morale damage	4	2	8	LOW	Service responsiveness to assessed risks. Replacement windows installed, maintenance and refurbishment programme underway. Disabled access arrangements with ground floor accommodation occupier.	ok	6.4	TOL	JAB	Alternative options to be considered as part of a wider review of estate requirements	01/08/2019	6 monthly
1g Environmental controls for IT Server accommodation inadequate	IT outages due to inadequate environmental controls	4	4	16	HIGH	Mechanical ventilation installed, remote monitoring and alerts.	Poor	24	HIGH	DGY	Monitor conditions following the installation of mechanical ventilation. Estimates to be obtained for improvements	01/08/2019	2 monthly

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<b>2. QUALITY, SECURITY, INTEGRITY &amp; COMMUNICATION OF INFORMATION</b>													
2a Inadequate engagement with the Board on Governance matters in general and risk management in particular	Adverse audit report; failure to achieve service improvements; No overall organisational recognition of strategic direction	2	3	6	TOL	Financial and operational performance information reported to the Board at all meetings. The Board review the operational performance thresholds periodically. Risk analysis is presented to the Board annually.	good	3	TOL	IHM	Monitor risk. Further Board member training scheduled for June 2019.	01/08/2019	Annually
2b The service is heavily reliant upon ICT systems; loss or serious interruption of data or service e.g. fire, hacking, virus, patching, employee misuse - intentional or accidental	Loss of data and essential records; disclosure of confidential records; cost of recovering systems and data reinstatement; loss of data integrity; Elected Member concern; Partner councils' concern; adverse publicity. Increased issue of ransomware.	4	4	16	HIGH	Rigid protocols for data back-up; Disaster Recovery Server; Data share with councils; Strategy of outsourcing systems and support to maximise resilience. PSN accreditation in place. New network infrastructure in place. Periodic IT health checks programmed in accordance with PSNA requirements. PSN connection compliance certified to 9 October 2019 Cyber Essential plus certification to 31 October 2019.	good	8	LOW	DGY	Staff training and testing required to raise awareness and reduce risk from ransomware.	01/10/2019	6 monthly
2c Inadequate corporate policy documents	Errors and omissions; avoidable accidents and loss; employee dispute and claims; adverse audit report; fraud; low morale; breach of legislation; inability to change or improve; failure to meet Corporate Governance obligations	4	2	8	LOW	HR and governance policies review programme in place. IT policy documents reviewed to comply with PSN requirements. Records Management Plan approved by Keeper.	ok	6.4	TOL	IHM	Policy review programme to continue	01/09/2019	6 monthly
2d Inadequate procedure documents	Errors and omissions; avoidable accidents and loss; employee dispute and claims; adverse audit report; fraud; low morale; breach of legislation; inability to change or improve; failure to meet Corporate Governance obligations	4	2	8	LOW	IT, CT and VR manuals and procedures constantly reviewed. CT and VR last updated 6/2018.	ok	6.4	TOL	MJA GMO LHS	Ongoing review. Documentation for manuals and procedures for new electoral registration system.	01/09/2019	6 monthly

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<b>3.SPECIFIC BUSINESS RISKS</b>													
3a Referencing of our Valuation Roll, Council Tax and Electoral Registration data may be inefficient	Regular duplication of work; confusion in use of multiple references for same property	4	2	8	LOW	Staff training, Shared Directories	ok	6.4	TOL	MJA DGY	Work practices under constant review. CT & ER Manuals. File naming convention in hand as part of our records management procedure. Rationalisation of data storage. Review of security settings on access to network folders is underway as part of records management procedure.	01/09/2019	6 monthly
<b>4.SPECIFIC GOVERNANCE RISKS</b>													
4a Data protection	There is an unauthorised release of information.	4	3	12	MOD	Working with colleagues on SAA Governance Committee. Fol group formed at SAA. GDPR training undertaken in Spring 2018. Privacy notices have been updated. DPO has been appointed. Suppliers contracts include data processing agreements	ok	9.6	LOW	MJA	Working with SAA Governance Committee and stakeholders on data agreements.	01/09/2019	6 monthly
<b>5. BUSINESS PLANNING &amp; MANAGEMENT</b>													
5e A strategic shift in the taxation ethos	GVJB may cease to exist; function may be contracted, regionalised; staff redundancies; low morale, staff required to run down existing systems whilst preparing for replacement procedures; Errors, loss of data	4	4	16	HIGH	Largely a political issue outwith specific control of the service; the SAA is actively engaged in the new devolved taxation bodies which include Revenue Scotland, the Devolved Tax Collaborative and the Tax Consultation Forum.	poor	24	HIGH	IHM	Monitor situation which might be subject to policy changes. Short to medium term changes are anticipated through the NDR reform programme that followed the Barclay Review. This reduces the revaluation cycle to 3 yrs (3YR) from 2022 and tone date period from 24 months to 12 months. SAA Workstreams currently reviewing process and procedures, Grampian work will need to mirror this review. Domestic taxation continues to feature in policy discussion but a realistic alternative has yet to be identified.	01/10/2019	6 monthly
5f Inadequate funding	Essential equipment and Systems upgrade/replacement placed on hold; inability to recruit, retrain or develop staff; poor morale; service improvement opportunities lost; staff leakage	5	4	20	HIGH	Board can requisition at their required level. We currently have cross discipline working practices in place. Revised contract of employment adopted.	good	10	LOW	IHM	Monitor performance closely for early detection of service degradation. Keep staff informed and involved, encourage innovation and flexible working. Increase Board / Assessor interaction to ensure clarity on resourcing issues	Monthly	Monthly
5h Inadequate business continuity planning	Inability to maintain or restore essential business functions within required timescale. Failure to meet statutory deadline; audit censure, intervention; dispute with partner councils; Member concern, adverse publicity; loss of records; financial penalties; waste of time and essential resource through inability to control crisis situation	5	5	25	HIGH	Plan approved and implemented. IT system meets PSN requirements. Breach notification procedure in place.	good	12.5	MOD	IHM	Contingency plan under constant review	01/10/2019	6 monthly

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5i Introduction of Registration policy changes	Degradation of Register completeness and accuracy	5	3	15	MOD	Risk and issues register in place. Active voter engagement strategy in place.	ok	12	MOD	IHM	Risk and issues regsiter to be standing item on Admin Group agenda. Continue to seek to strengthen degree of engagement with Cabinet Office, IER DS and Scottish Government particularly following Scotland Act that further devolves elements of registration, plus inter-ERO liaison	Monthly	Monthly

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<b>6. SERVICE, PROCESS &amp; DELIVERY</b>													
<b>6a Inadequate numbers of trained / skilled staff to fulfil statutory functions</b>	Failure to meet statutory deadline; errors, omissions; stress, sickness absence; audit censure; public, media concern	3	5	15	MOD	Our internal recruitment policy and RICS training scheme assists retention/recruitment of trained staff. Individual training plans for graduates/trainees prepared and maintained. Skills audit of administrative personnel. Absence Management Policy applied across all offices and staff groups.	ok	12	MOD	MJA	Arrange external opportunities for experience. Monitor vacancies. Widen training across disciplines. Progress training of all Admin staff in CT, VR & ER work. Planning for introduction of 3YR - wide ranging procedure review required to determine precise requirements - systems and personnel.	01/04/2019	6 monthly
<b>6b Inadequate staff development</b>	Inability to retain staff	4	3	12	MOD	SRDS has been implemented.	ok	9.6	LOW	IHM	IHM to seek advice from HR on refreshing SRDS	01/04/2019	6 monthly
<b>6c Over-reliance upon a small number of key Information Technology &amp; Systems specialists.</b>	Backlogs, error and omission; stress; inability to recruit, unattractive prospect; staff leakage, stress; insurance claims; quality deficit, deadlines missed; low morale; inability to plan and schedule	4	5	20	HIGH	Advance planning - with the exception of snap elections demands are programmed. Outsourcing of services with Service Level Agreements in place. Electoral registration system outsourced to increase long-term resilience. Password management arrangements in place.	ok	16	HIGH	DGY	Moves to broaden skill-base of IT personnel and improve support/resilience provided by third parties.	01/10/2019	6 monthly
<b>6d Inconsistency of approach to tasks due to geographical spread of offices and different councils involved</b>	Imbalance in standards and levels of performance arising out of the differing "capabilities" of our constituent councils; friction with partner councils; audit censure; loss of flexibility	5	2	10	LOW	Regular management administrative and technical group meetings. Operational manuals and Statutory requirements.	good	5	TOL	GMO	Wholesale review current procedures required and to be informed by SAA NDR reform workstreams. At a national level the SAA Action Plan first published October 2017 includes an issues log, a local issues log implementation scheduled for 2019.	01/02/2020	Annually

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							Poor x 1.5						
6e Failure of external contractor at crucial point in service cycle. (ER)	Missed deadline; contractual dispute; GVJB blamed for contractor failure; additional expense; re-tendering exercise; audit censure; media comment; friction with partner councils;	3	4	12	MOD	Revised procurement procedures implemented and supported by Moray Council Procurement team. A procurement action plan is in place. Canvass Risk Register maintained. Canvass Plan & Performance Evaluation submitted to Electoral Commission. Additional infrastructure has been procured to increase resilience.	good	6	TOL	LHS	Regular monitoring.	01/09/2019	6 monthly
6f Failure of external contractor at crucial point in service cycle. (IT)	Missed deadline; contractual dispute; GVJB blamed for contractor failure; additional expense; re-tendering exercise; audit censure; media comment; friction with partner councils;	3	4	12	MOD	Revised procurement procedures implemented and supported by Moray Council Procurement team. A procurement action plan is in place. Requirement for contingency planning by contractors. Backup network in place. PSN accreditation in place.	good	6	TOL	DGY	Regular monitoring.	01/09/2019	6 monthly
6h Out of hours working for statutory events	Staff not available to process last minute registration or absent vote applications	3	3	9	LOW	Overtime payments or time off in lieu is granted for out of hours working. Employment contracts amended from March 2013 to provide out-of-hours availability	good	4.5	TOL	IHM		01/10/2019	6 monthly
6i Industrial action by Employees	Reduce capability	3	3	9	LOW	Local Level - close liaison with union reps. National level - negotiations & dialogue via COSLA.	ok	7.2	LOW	IHM	Active monitoring	01/10/2019	6 monthly
Notes					Key					MT	Management Team		
Likelihood & Impact of each incident are first multiplied to provide an initial score.					CT	Council Tax				DGY	David Yeaman		
Both Likelihood & Impact are measured on a scale of 1 = Low, 5 = High.					ER	Electoral Registration				FMIM	Fiona McKelvie		
					KPI	Key Performance Indicator				GMO	Gavin Oag		
The initial assessment is a consideration of the risks without regard to any controls or procedures that may be in place. This provides a gross score which is an indication of the					IT	Information Technology				IHM	Ian Milton		
potential scale of any problems. IT IS ESSENTIAL THAT GROSS SCORE IS NOT BENEFICIALLY INFLUENCED BY CONSIDERATION OF EXISTING OR INTENDED CONTROLS.					VR	Valuation Roll				JAB	Jim Barron		
										LHS	Linda Smith		
The manager or group then review the CONTROLS that are or should be in place to reduce the various exposures (with reality testing as appropriate) and adjust the gross score by weighting factors (good = 0.5, OK = 0.8, poor = 1.5) to provide a net risk score.										MJA	Mark Adam		
										SD	Steve Dunbar		
Net risk scores are graded -													
TOLERABLE = < 6.5; LOW = 6.5 up to 10; MODERATE = > 10 up to 15; HIGH = > 15													
Any risks still assessed as HIGH or MODERATE should be programmed for corrective action. This should be agreed with the risk owner who should assign responsibility for taking													
action and the appropriate timescales. e.g. High = commence within 4 weeks;													
Moderate = commence within 4 months; Low = commence if resource available; Tolerable = No action													

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Risk Matrix - Likelihood																
Likelihood	Description															
5	Almost certain	Will undoubtedly happen, possibly frequently	Over 90%	Annual	Imminent/near miss											
4	Likely	Will probably happen, but not a persistent issue	Up to 90%	3 year	Has happened in the past											
3	Possible	May happen occasionally	Up to 65%	10 year	Has happened elsewhere											
2	Unlikely	Not expected to happen, but is possible	Up to 20%	25 year	Not known in this activity											
1	Remote	Very unlikely this will ever happen	Less than 5%	100 year	Force majeure											
Risk Matrix - Impact																
Impact Score	Description															
		Impact on Service Objectives	Financial Impact	Impact on People	Duration of Impact	Impact on Reputation										
5	Catastrophic	Unable to function, inability to fulfil obligations	Severe financial loss (> £)	Death	In excess of 2 years (days) to recover pre event position	Highly damaging, severe loss of public confidence										
4	Major	Significant impact on service provision	Major financial loss	Extensive injury, major permanent harm	Between 1 year - 2 years (days) to recover pre event position	Major adverse publicity, major loss of confidence										
3	Moderate	Service objectives partially achievable	Significant financial loss	Medical treatment required, semi permanent harm up to 1 year	Between 6 months to 1 year (½ to 1 day) to recover pre event position	Some adverse publicity, legal implications										
2	Minor	Minor impact on service objectives	Moderate financial loss	First aid treatment, non permanent harm up to 1 month	2 to 6 months (hours) to recover	Some public embarrassment, no damage to reputation										
1	Negligible	Minimal impact, no service disruption	Minimal financial loss (< £)	No obvious harm/injury	Minimal - up to 2 months (hours) to recover	No interest to the press, internal only										



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<b>Obsolete Risks</b>													
1d Storage accommodation (on and off site) may be unfit for current demands of service. Concerns regarding amount of storage space.	Inadequate storage; operational inefficiency	0	0	0	TOL	Service responsiveness to assessed risks.	good	0	TOL	MT	No longer a current risk.		
1e Banff office accommodation may be unfit for current demands of service	Health & Safety of staff compromised; cost of running repairs; poor security; inadequate storage; failure to comply with legislation e.g. DDA; poor image,	0	0	0	TOL	Regular building surveys; Patch & mend repairs as necessary; Fire and security protections and	good	0	TOL	MJA	Building now vacated and staff have moved to new purpose built office. No longer a current risk.		
4a Lack of certainty regarding duty of disclosure under Freedom of Information	No longer considered to be an issue and likelihood minimal.	1	1	1	TOL	Scottish Assessors Association - pooled expertise; Register created on types of information request received to provide guidance; Controls untested, but increasing level of staff understanding obtained from practical experience	good	0.5	TOL	IHM	Revised publication scheme implemented.		
5a Relocation of Banff office	Loss of records; interruption to service and missed deadline; contractor failure; inadequacies in facilities at new site; staff injury, complaint, claim; dispute with contractor; additional, unbudgeted costs	0	0	0	TOL	Tight project plan; Close monitoring of plan. Selective timing; Appointment + monitoring of reputable contractors	good	0	TOL	GMO	Move completed successfully. No longer a current risk.		
5b Relocation of main HQ at future date.	Uncertainty over final location; partner timeframe does not recognise essential GVJB service or Statutory deadlines; damage to staff morale; disruption to service; systems failure and related "snagging" problems at new site; staff injury, complaint; loss or damage to equipment; failure by removal contractor: unforeseen costs	0	0	0	GOOD	Move completed successfully	good	0	TOL	AWH DGY	Move completed in June 2007, new 10 year lease.		
5c Outstanding matters in connection with new lease of HQ accommodation	Uncertainty over final location; partner timeframe does not recognise essential GVJB service or Statutory deadlines; damage to staff morale; disruption to service; systems failure and related "snagging" problems at new site; staff injury, complaint; loss or damage to equipment; unforeseen costs.	5	3	15	MOD		good	12	MOD	IHM	Lease finalised.		
5d We may be required to carry out a Council Tax revaluation	Inadequate staff resource - competencies and number; Media management; Member agendas; quality or deadline slip in ongoing service; public resistance and volume of appeals; increased staff costs	1	2	2	TOL	Records are currently maintained up to date in readiness for a Revaluation at any time	good	1	TOL	MT	Revaluation now unlikely.		
5g We may have difficulty managing the outcome of the staffing review; (equal pay legislation). Staffing review completed and Career Grade Scheme approved but not yet fully implemented.	Industrial action; poor staff morale; staff leakage; inability to replace, recruit; increased financial cost.	0	0	0	TOL	Career grade scheme to be implemented.	good	0	TOL	IHM	Review successfully completed and Career Grade Scheme implemented.		



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6g Risk of Solar Flare	There is a heightened risk of increased solar flare activity peaking in 2013. Any magnetic media (disk or tape) could be wiped by such an occurrence.	1	5	5	TOL	Data in Woodhill House is located in basement, this may offer some protection. Banff and Elgin data vulnerable. Elgin archived data stored at Woodhill House.	ok	4	TOL	DGY	Industry standard precautions taken	01/03/2016	6 monthly