

Corporate Governance Committee – 17 June 2026

Report by: Lydia Morrison – Corporate Director – Finance and Resources

Lead Cllr: Cllr Liam Dewey-Beckett
Executive Councillor for Governance & Democratic Services



Wards	Open / Exempt	Key Decision?
All	Open	No

Corporate Risk Register

Executive Summary: This report provides an update on the Corporate Risk Register and presents a heat map relating to the current residual risk scores and a summary report. It provides the Committee with the opportunity to comment on and offer challenge to the Corporate Leadership Team as part of the active management of risks.

Recommendations

- 1.1. To comment on the reports in the appendices and progress with risk management.

Key Corporate Plan/Place Strategy Priorities

- 1 Effective risk management is a key aspect of ensuring that the Council is efficient and sustainable service delivery

Report Author(s)

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1. PURPOSE OF THE REPORT

- 1.1 This report informs the Committee of the approach and work undertaken on the Corporate Risk Register including the latest heat maps relating to the corporate risks.

2. WHY IS THIS REPORT NECESSARY

- 2.1 Effective Risk Management is a critical part of the organisation's governance. The Corporate Risk Register identifies those areas where the Council should take action to mitigate its exposure and informs the annual plan for Internal Audit.
- 2.2 Presenting the Risk Register to each meeting of the Committee is an integral part of the overall governance process as set out in the Council's Risk Management Strategy

3. BACKGROUND & CONTEXT

- 3.1 A breakdown of the actions and/or activities that have taken place for the risks with targets has been provided below.

- 3.1.1 CORP0006 Resilience** – Emergency Planning Response – Q1 2026 – Focus on awareness and support to elected members to ensure they understand their role during an incident and the support and communication they can expect from the Local Authority. HDC's Community Resilience officer is working with several Town and Parish Councils to develop Emergency Liaison Points (ELPs). These will act as locations residents can access if they have to leave their homes during an incident. Brampton are due a dry ELP set up where other T&P leads will be invited to view the set up and the commitment from them. HDC are also offering to review T&P emergency plans to align with HDC incident response and improve communication pathways.

Business Continuity – Q1 2026 – BCP refresh and review currently underway with Heads of Service owning their priority areas and the response to ensuring the Council can deliver their essential services. The Emergency Planning team will be working around the priority areas and conducting desk top exercising to ensure the proposed response are appropriate and all considerations met at time of an incident.

- 3.1.2 CORP0008 Regulatory** – The Council continues to keep a strategic watch on legislative developments through horizon scanning, Statutory Officer discussions, and regular meetings of both the internal Governance Board, relevant professional bodies, and the Senior Leadership Team. This will support timely updates to governance frameworks and ensure appropriate reporting to the Corporate Governance Committee. The effectiveness of these arrangements will be monitored on an ongoing basis.

- 3.1.3 CORP0009 Fraud** – The planned programme of fraud, bribery and corruption risk assessment workshops are now complete. Progress has been good and there are now a significant number of fraud risks recorded

within our Risk Management Software (4Risk), although there is follow-up work required for some teams in this area. The final report and recommendations are due by June 2026.

Online fraud awareness training is available to all staff, and so far approximately 25% of staff have completed this. This training is an important part of the Council's anti-fraud culture and is vital to strengthen organisational resilience to fraud. Actions are being taken to increase this uptake.

Regular monthly meetings are held with key stakeholders regarding the Fraud Strategy Action Plan. All actions are monitored and reviewed with the majority now complete, ensuring the key elements of the Anti-Fraud, Bribery and Corruption Strategy are in place. An annual plan has been agreed with Comms for a monthly blog focussing on different fraud types to raise awareness across the Council. A report reviewing the performance of the Corporate Fraud Team will be presented at Corporate Governance Committee on 8th July 2026.

3.1.4 CORP0010 Data Protection – Two Internal Audit actions arising from the Cyber Security audit remain have passed their deadline but are being kept open to ensure full assurance on the position. progress and are reported in Item 6 -Internal Audit Actions Update. The Internal Audit team continues to monitor delivery through regular updates from action owners.

Action 3702: Processes in place and being followed, evidence of this has been attached to the risk register. Action to be closed at the end of June once confirmation process is still being adhered to.

Action 3703: MFA and Single Sign-On has been implemented. Some applications locked down by IP so only accessible using Council provided devices. Action to be closed end of May

3.1.5 CORP0012 Staffing – The Council continues to make good progress in delivering its Workforce Strategy, with 34 actions completed, 11 in progress, and 2 yet to start. A comprehensive Wellbeing action plan is currently in draft to encompass the actions that have already been delivered to ensure they are embedded into BAU work. This action plan will also support the HR Team's aim of reducing sickness absence across the Council and supporting staff to be able to remain in work. This is on track to be moved to BAU in August.

3.1.6 CORP0016 Transformation – Since the previous Committee report, Officers have successfully addressed most of the internal audit actions, primarily through introduction of strengthened project governance and updated processes. Building on these improvements, a refreshed management approach is being rolled out to further enhance oversight and drive more effective service delivery. Regular monitoring remains in place to ensure these enhancements are fully integrated and continue to deliver tangible results.

3.1.7 CORP0017 Safeguarding – The Council continues to make positive progress in safeguarding training compliance; actions were taken to ensure the core safeguarding courses were completed by the end of April. Management action was taken to highlight staff that had not completed the modules within the deadline, and further action followed to ensure this was then completed. HR advises that all staff due to complete training have done so with only those on long term absence due to sickness or maternity leave, or post vacancies, remaining outstanding. The Safeguarding Board will continue to receive quarterly reports on completion of safeguarding training on a rolling basis so that the necessary management actions can be taken where compliance is an issue.

Democratic Services have sourced new training for Members, to be rolled out as part of the Member's training programme and this includes a new module that relates to safeguarding. Compliance with completion of this training will also be monitored, reflecting the Council's continued focus on strengthening safeguarding awareness and accountability across services and Members.

3.1.8 CORP0018 Equality, Diversity and Inclusion (EDI) – The new EDI Group meets quarterly with members of the group taking ownership for leading different activities. Successful outcomes continue to be delivered such as a sign language awareness course, increased accessible parking at HDC sites to support with the Hybrid working policy and a review of the exit interview questionnaire to ensure it captures meaningful feedback on EDI.

3.1.9 CORP0019 Local Government Reorganisation (LGR) – Officers are actively advancing actions stemming from the comprehensive review of risks linked to LGR. The LGR risk register remains fully integrated within ongoing risk management processes, ensuring that all 12 identified risks are assigned to designated owners and regularly reviewed according to established schedules. This systematic approach promotes accountability and supports consistent monitoring of progress.

4. IMPLICATIONS OF THE DECISION

4.1 Implications on Resources

4.1.1 Risk Management is now provided by the Risk Team.

5. RISK MANAGEMENT

5.1 The draft Risk Management Strategy and Policy have been reviewed and updated by the new Risk Manager and will progress through the appropriate governance process before being presented to this Committee for consideration and approval.

5.2 Comprehensive Risk Management Training is being developed to support the previous training of the 4Risk system, which will continue to be rolled out across service areas to support consistent logging of risks. This will support improved consolidation and analysis of risk data, helping to ensure that principal risks are identified, monitored and managed effectively

6. LIST OF APPENDICES

Appendix 1 - Corporate Risk Register Summary

Appendix 2 - Risk Heat Maps