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**RISK MANAGEMENT POLICY**

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| **APPROVED** | 29 NOVEMBER 2022 |
| Date of Next Review | 28 November 2025 |

**1. INTRODUCTION**

1. Kingsridge Cleddans Housing Association requires to take a comprehensive cognisance of potential risks facing the Association and to develop appropriate policies, procedures, and controls to mitigate our exposure to risk.

**Regulatory standard 4:**

**The Governing body bases its decisions on good quality information and advice and identifies and mitigates risks to the organisation’s purpose.**

**Guidance 4.3:**

**The Governing body identifies risks that might prevent it from achieving the RSL’s purpose and has effective strategies and systems for risk management and mitigation, internal control, and audit.**

1.2 The concept of risk management, or more appropriately, the management of risk, is to minimise the possibility of an event happening which shall result in loss, damage, or injury.

1.3 Insurance and risk management should not be confused. Insurance involves the transfer of risk in return for a financial payment while the management of risk is intended to minimise the chance of damage, loss or injury occurring in the first instance, whether or not insurance is in place.

1.4 All activities within the Association, and the Association as a whole, shall be exposed to specific risks and the primary purpose of this policy is to detail steps taken, or to be taken in order to reduce the level of risk.

**2. SCOPE OF POLICY**

2.1 The purpose of this document is to identify the risks to which the Association is exposed and to outline and assess the controls in place in order to minimise the risk of events arising, which could result in loss, damage, or injury.

2.2 The assessments will be reviewed annually to assess if systems and controls are adequate and determine if improvements are required.

2.3 Key risks which require continuous assessment will be reported quarterly at the Management Committee Meeting.

2.4 Risk areas will cover all areas of our business and will be compartmentalised in functional areas.

* Governance
* Housing Management
* Maintenance
* Financial Management

All Management Committee and staff members shall be issued with a copy of the policy statement.

**3. APPLICATION OF POLICY**

In applying the policy the Association will take account of the risk management techniques outlined below:

**4.** **RISK MANAGEMENT TECHNIQUES**

4.1 **PLANNING AND FORECASTING**

4.1a The techniques of business planning, budgeting and cashflow forecasting are some examples of this technique in action and can assist in highlighting future potential difficulties. With appropriate action these future problems may be capable of being ameliorated.

4.1b The Association has a robust Business Plan in place taking account of current and future budget forecasting. Forecasting in the medium term i.e. to 5 years and long term i.e. to 30 years.

4.1c The Association reviews and renews its budget on an annual basis by doing so we take account of all the relevant factors which would affect the running of the Association over the following year.

4.2 **INSURANCE**

In return for a premium the risk can be passed to someone else.

Cover against fire, flood and storm damage to properties and office accommodation can be obtained relatively cheaply thereby avoiding potentially disastrous consequences for the Association.

Insurance can also be arranged in respect of business interruptions, theft, public liability, personal accident, and employer’s liability.

Checks on contractor’s and consultant’s insurance cover will be carried out regularly to ensure that the appropriate insurances are in place.

**4.3 SPREADING RISK**

An example of spreading risk relates to the employment of contractors by using a number of contractors rather than one all trades contractor. There are risks associated with using one all trades contractor for the Association especially in the current climate, whereby the contractor could fail creating problems for the Association, financially, regulatory, and reputationally.

**4.4** **SENSITIVITY ANALYSIS**

This technique is concerned at looking at various "what if" scenarios and its purpose

is to explore the impact on your plans of a change in one or more of the

assumptions made. e.g. What if changes in any assumptions resulted in an

increase in expenditure of between £25k - £50k.

**4.5 RESPONSIBILITY AND DELEGATION**

Risks will arise at all levels within the organisation but Management Committee

Members or the Director cannot be expected to take all decisions. It is essential

therefore that there are clear policies and procedures in place for the guidance of

those who are exercising responsibility under delegated authority e.g. cheque

approvals, repair checks, tender procedures etc.

**4.6** **TAKING ADVICE**

By taking appropriate external advice risks can be reduced where such advice is

covered by indemnity insurance, e.g. Use of Auditors and Accountants for financial management, or the use of Solicitors for legal issues.

**4.7** **QUALITY OF MANAGEMENT**

With implementation of policy decisions being delegated to staff it is essential that quality staff are employed and retained.

Equally if there is dissatisfaction with staff then this must be addressed.

While in some situations risk could be totally avoided it is likely that this would be at a cost. It is important, therefore, in applying the policy that a proper balance is reached.

**5. RISK ASSESSMENT ANALYSIS**

**Likelihood of occurrence**

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| --- | --- | --- | --- |
| **High** | **7** | **8** | **9** |
| **Medium** | **4** | **5** | **6** |
| **Low** | **1** | **2** | **3** |

5.1 **Impact on Business**

Risk rating is low when: Risk area affects < 1% of cost/income

Or KPI’s not met

Or risk area attracts complaints

Risk rating is medium when: Risk area results in a loss of between £50k - £99k

Or risk could result in a Regulatory breach

Or risk failure could be reported in local press

Risk rating is high when: Risk area results in a loss > £100k

Or risk area could trigger a notifiable event

Or risk area could be reported in national press

5.2 When applying a risk factor rating to individual risk areas, we will take into account the existing controls in place to minimise risk and out track record in respect of managing identified risk areas.

5.3 Risks scoring 7 and above are the key risks to focus on (Red area)

Risks scoring 4 – 6 are areas we require to be aware of and monitor (Amber area)

Risks scoring 1 – 3 are low risk which do not require immediate action (Green area)

**6. SELF ASSESSMENT**

Self- assessment is an appraisal technique where you question your policies, procedures, and controls to determine if:

* We have a strategy to minimise and manage risks.
* We can demonstrate our effectiveness in managing risks that have materialised
* Our risk management process is integral to our forward planning process.
* We articulate clearly and prioritise levels of risk.
* Our approach to risk management takes into account the integrated nature of the services we deliver.
* Risk management is integral to our organisational culture.
* We report regularly on risk areas and assess and appraise risk areas.
* Do we have adequate insurance cover?
* Is our financial viability being properly managed, assessed and reviewed?

**7. RESPONSIBILITY FOR POLICY IMPLEMENTATION**

The Management Committee of the Association accepts overall responsibility for the implementation of this policy.

Day to day responsibility for policy implementation lies with the Director of the Association.

**8. REPORTING**

Any events arising which result or are likely to result in material loss, damage or injury must be reported to members, in writing, at the earliest opportunity.

The Management Committee will receive written reports in any area of risk management activity which results in any injury, loss, fraud, or claims/actions against the Association.

**9. MONITORING AND REVISION OF POLICY**

The Management Committee is responsible for monitoring the Risk Management Policy of the Association which shall be reviewed annually.

**RISK MAP**

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| **Governance** | **Risk rating** | **Housing Management** | **Risk rating** | **Maintenance** | **Risk rating** | **Financial Management** | **Risk rating** |
| 1. Committee control and corporate governance. 2. Improper advice and ignorance   of statutory requirements.   1. Attracting and retaining new committee members. 2. Scottish Housing Regulator assessment. 3. Ability to ensure business continuity. 4. Staff 5. Health and Safety. 6. Compliance with equal opportunities. 7. Failure to implement SPSO Model Complaints Handling Procedure. 8. ITC failure 9. Freedom of information. 10. Tenant dissatisfaction 11. Covid-19 | High  Low  High  Low  Low  Medium  Medium  Low  Low  Medium  Low  Low  Medium | 1. Rent Arrears 2. Inability to let properties 3. Allocations 4. Estate Management 5. Welfare Reform | Low  Low  Low  Low  Medium | 1. Asset Management 2. Injury to Tenants 3. Poor contractor performance 4. Management of gas safety 5. Procurement 6. Increasing costs | Medium  Low  Low  Low  Medium  Medium | 1. Ongoing financial viability. 2. Current and future pension liabilities. 3. Inadequate recording systems. 4. Expenditure exceeds budget. 5. Treasury Management. 6. The effect of the financial climate on our operations. | Low  Low  Medium  Medium  Low  Medium |

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| **Risk** | **Risk Score** | **Risk Rate** | **Potential Risks** | **Existing Controls** | **Update and Action to Mitigate**  **Risk** | **Risk Profile** |
| **Committee control and corporate governance.**  Lack of committee members.  Skill levels of committee members. | **8** | High | 1. Failure to act in the best interests of the Association and tenants and service users.      1. Lack of accountability. 2. Breach of ethical standards. 3. Poor committee/staff relations. 4. Failure to meet SHR standards. 5. Possibility of statutory interventions. 6. Failure to conduct the business of the Association. 7. Failure to assess risk. 8. Failure to have adequate planning and reporting processes in place. 9. Insufficient committee members and inquorate meetings. 10. Having an appropriate skills balance on the committee. | 1. Our rules. 2. Code of conduct. 3. Committee training plan. 4. Committee member handbook. 5. Business plan 6. Performance reporting. 7. Internal audit. 8. External audit and management letter. 9. Training needs analysis. 10. Performance management and reporting. 11. Policies and Procedures. 12. Committee meeting programme. 13. SHR returns and requirements. 14. Model entitlements, payments, and benefits policy. 15. Committee recruitment. 16. Committee membership information leaflet. 17. Governance Workplan. 18. Compliance with Regulatory standards of Governance and Financial Management. 19. Internal Audit on Governance will be carried out periodically. 20. Committee member job descriptions. 21. Annual appraisal | Training Needs Assessment was carried out in partnership with other Drumchapel RSL’s.  Training programme in  Place for 2022-24  We try to promote  recruitment of new  committee members  through new  tenant visits, poster in  public places newsletters and via our website  Balanced range of skills  and experience on  committee.  Currently have 7  unfilled vacancies on  management  committee.  Target in place to attract  4 new committee  members in 2023 | **High –**  failure to comply can have an adverse effect on our ability to conduct our business. |

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| Health and Safety | 5 | Medium | 1. Failure of the Association to meet its requirements under H & S Legislation.   2. Threats of violence to staff.   1. Fire safety. 2. Electrical safety. 3. Injury to tenants. 4. Injury or death arising from omission to carry out annual gas checks and periodic electrical checks. 5. Use of display screen equipment. 6. Legionella risk. 7. Asbestos risk 8. Display screen equipment (DSE) | 1. EVH Health and Safety manual. 2. Risk assessments in place. 3. Controls in place to cover risks. 4. Gas servicing policy and procedures. 5. Stock condition surveys. 6. Annual maintenance plans. 7. Ad hoc inspections. 8. 5- year electrical inspection and testing. 9. Asbestos register. 10. Appropriate insurance cover in place. 11. Contractor’s Health and Safety policies. 12. Void electrical and gas checks. 13. Legionella risk assessment & testing | 1. Health and Safety audits  carried out every 2 years  through EVH.  2. H & S updates for  manual provided by  EVH.  3. Positive H &S audit carried out in 2021.  4. Asbestos awareness training for staff carried out  Nov’ ‘22  5. Legionella awareness training for staff Nov’ ‘22  6. DSE training for staff  Dec’ ‘22 | **Medium**  None of the potential risks have materialised but risk profile will remain medium due to possible affect a risk in this area could pose. |

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| **Risk** | | **Risk Score** | | **Risk Rate** | | **Potential Risks** | | **Existing Controls** | **Update and Action to Mitigate**  **Risk** | | **Risk Profile** | |
| Improper advice and ignorance of legal and statutory requirements. | | **3** | | Low | | 1. Inadequate insurance cover. 2. Failure to exercise proper financial control. 3. Business inefficiency. 4. Poor medium/long term planning. 5. Risk of claims/actions being raised against the Association. 6. Inability to continue operating as an RSL. 7. Failure to meet performance standards. 8. Failure to control maintenance contracts. 9. Deterioration of properties. 10. Failure to act in accordance with Statute, Regulation and/or Guidance 11. Failure to adequately assess and mitigate risks | | 1. Annual review of insurances. 2. Review of consultants/agents PI cover. 3. Review of contractors Public Liability Insurance. 4. Internal audit. 5. External audit. 6. Performance management reports and performance monitoring. 7. Monthly committee meetings. 8. Legal advice. 9. Regulatory framework. 10. Annual Assurance statements 11. Regular reviews of Policies and procedures | Committee training  Ongoing.  Membership and active participation with external agencies for best practice guidance e.g. SFHA & GWSF | | **Low**,  low level of engagement with SHR. | |
| **Risk** | **Risk Score** | | **Risk Rate** | | **Potential Risks** | | **Existing Controls** | | | **Update and Action to Mitigate**  **Risk** | | **Risk Profile** |
| Staff | **5** | | **Medium** | | 1. Low Morale. 2. Staff lacking necessary skills. 3. Poor service delivery. 4. Poor performance. 5. Difficulty in filling vacancies. 6. High levels of sickness. 7. Succession planning 8. Senior officer resignation/retiral | | 1. Job descriptions. 2. Employment contracts. 3. Conditions of service. 4. Training. 5. Performance monitoring and reporting. 6. Code of practice on recruitment and selection. 7. Networking opportunities via staff forums. 8. Code of conduct for staff. 9. Code of practice on sickness and absenteeism. 10. Access to temp staff if required via EVH | | | Sickness rate below target and performance  management reporting in place. 4.72% absence in 2021/22    Low turnover of staff in normal years although in 2022/23 New Director and Housing Assistant appointed equating to 40% staff turnover  . | | **Medium**  From low to medium due to unusual staff turnover during 2022/23 |

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| Allocations  . | **2** | Low | 1. Failure to comply with regulatory standards. 2. Failure to let houses. 3. Failure to adhere to statutory and/or regulatory guidance 4. Increasing void costs 5. Potential for improper lets to be made. 6. Failure to work in partnership with GCC | 1. Common Allocations Policy and Procedures. 2. Mutual Exchange Policy. 3. Maintaining open housing list. 4. Annual review of list. 5. Quarterly reporting to Management Committee detailing offers made, lets made, letting profile and changes to housing list. 6. Void re-let targets to minimise rent loss 7. Homeless protocol with GCC. 8. 2 members of staff involved in allocation process. 9. Maintaining accurate records and establishing audit trail. 10. Internal audit. 11. Model entitlements, payments, and benefits policy. | 1. DRUMCOG Common Allocation Policy in place with 2 other RSL partners   1. DRUMCOG Common online application form. 2. Membership and participation in GCC Local Letting Committee (LCC) and the LCC Monitoring Group in relation to homelessness and strategic planning | Low. |

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| **Risk** | **Risk Score** | **Risk Rate** | **Potential Risks** | **Existing Controls** | **Update and Action to Mitigate**  **Risk** | **Risk Profile** |
| Asset Management | **4** | **Medium** | 1. Poor information base on properties. 2. Stock condition. 3. Properties not meeting SHQS. 4. Failure to review stock condition on an ongoing basis. 5. Failure to link life cycle costs into medium/long term financial plans. 6. Failure to carry out planned maintenance at agreed intervals in order to protect our asset base. 7. Poor reactive repairs service. 8. Compliance with EESSH 2 9. Failure to upgrade smoke alarms to comply with new   legislation by February 2022. | 1. Planned maintenance programme. 2. Stock condition surveys at regular intervals. 3. Whole life cycle costing plans in place which are regularly reviewed. 4. Cyclical and reactive maintenance carried out. 5. Contractor performance reviewed quarterly and reported to committee. 6. All our stock is SHQS compliant. 7. All our stock meets EESSH standards. Strategy to be put in place for meeting EESSH 2 standards when further guidance issued 8. Periodic electrical installation inspections carried   Out every 5 years on a rolling basis. | Stock condition survey  completed in 2021 and  planned maintenance  costs fed into our 5 year  financial return to SHR  and also into our long  term budget assumptions.  New  Integrated smoke/heat  Alarms and CO alarms  Have been installed in all  Properties.  High levels of customer  Satisfaction with reactive  Maintenance service  Recorded 98.13%  EPC’s in place for all our  Stock. | Medium.  Will remain as medium as any risk materialising could have an adverse effect on budget and cash flow. |

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| Current and future pension liabilities | **3** | **Low** | 1. Cash flow insufficient to meet past deficit. 2. Changing Government. 3. Increasing contributions. 4. Increasing National Insurance. 5. Investment fund value unstable but increasing. 6. SHR scrutiny of decisions. | | 1. Only 1 member of staff in SHAPS pension scheme with Defined Contributions, 2 members in private pension and 2 no pension membership. 2. Five- year plan includes deficit payments and shows a surplus. 3. Our scheme deficit at April 2021 was £18,126.84p   Estimated employer debt at withdrawal is £306,139  At 30th September 2020. The next scheme valuation will be March 2023. | 1. Pension deficit repaid. | | **Low** |
| **Risk** | **Risk Score** | **Risk Rate** | **Potential Risks** | **Existing Controls** | | **Update and Action to Mitigate**  **Risk** | **Risk Profile** | |
| Expenditure exceeds budget. | **3** | Low | 1. SHR intervention.   1. Money not available for future planned maintenance. 2. Requirement to borrow to make up funds. 3. Ability to meet pension payments. 4. Suspension of minor reactive repairs. 5. Reduced re-let standards. | 1. Realistic budgets are set which enable outcomes to   be achieved within amounts specified.   1. Budgets based on financial forecasts. 2. Budgets reviewed on an annual basis. 3. Committee receive quarterly management accounts which detail budget variances and any action required. | | Budgetary control and ongoing monitoring is central to our ethos, and we strive to exercise strict financial control without adversely affecting service levels.  Financial forecasts of 5 and 30 years reviewed annually taking account of macro-economic conditions and budget amended accordingly.  The Association has made an operating surplus in every year of operation.  Risk profile will remain low due to our track record in this area.  The Association is debt free with no security being held on our properties. | **Low** | |

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| **Risk** | **Risk Score** | **Risk Rate** | **Potential Risks** | **Existing Controls** | **Update and Action to Mitigate**  **Risk** | **Risk Profile** |
| Management of gas safety | **5** | Medium | 1. Not having current CP12 certificates in place within 12 months of previous inspection date. 2. Breach of gas safety regulations. 3. Death or injury caused by faulty appliance(s). | 1. Gas safety inspection procedures.  2. Quality control measures in place.  3. Weekly gas service reports are issued by  Contractor for monitoring purposes.   1. Quarterly reports to management committee. 2. No gas fires in Association properties which would increase the risk of carbon monoxide poisoning. 3. All our properties benefit from combi boilers with balanced flues. 4. All properties have CO detectors as standard | Early contact, and servicing is on a 10- month cycle to allow for problematic access.  External gas meters are capped in properties where there is a persistent no access problem.  Performance for 2021/22 was 100%.completed  Will remain medium risk as it is a key business area and will be reviewed if performance is sustained. | Medium. |

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| **Risk** | **Risk Score** | **Risk Rate** | **Potential Risks** | **Existing Controls** | **Update and Action to Mitigate**  **Risk** | **Risk Profile** |
| Inadequate recording systems. | **4** | Medium | 1. Information not provided timeously to committee or SHR. 2. Provision of incorrect information. 3. Decisions based on inaccurate information. 4. Breakdown of IT systems. 5. Delay in recording transactions. 6. Headings in the budget are not meaningful. | 1. Use of experienced staff and agents.   1. Annual audit. 2. Regulatory standards. 3. Reporting requirements to SHR and committee. 4. Financial regulations and procedures. 5. Hardware and software contracts in place. 6. SHR Returns. 7. Procedures to record all transactions. 8. Quarterly management accounts. 9. Budget setting process. 10. Governance framework. 11. Governance workplan. 12. Internal Audit | Appropriate systems and procedures in place.  All returns made timeously.  Quarterly accounts highlight any budget variations.  We have not experienced any significant problems in any of the potential risk areas, but risk rating will remain as medium as any failure could trigger a regulatory breach and therefore a notifiable event with the SHR. | **Medium**. |

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| **Risk** | **Risk Score** | **Risk Rate** | **Potential Risks** | **Existing Controls** | **Update and Action to Mitigate**  **Risk** | **Risk Profile** |
| Injury to tenants | **2** | **Low** | 1. Injury or death arising from any act, omission, or failure on the part of the Association. 2. Possibility of any claims/actions against the Association. | 1. Maintenance Policy.  2. Regular reactive maintenance.   1. Stock condition surveys every 3 years. 2. Programmed property inspections. 3. Contractor PI insurance. 4. Annual servicing and inspection of gas appliances with CP12 certificate issued. 5. Periodic electrical inspections every 5 years with all properties inspected being certificated. 6. Asbestos register in place. 7. Legionella risk assessments and legionella testing. | External Health and Safety audit carried out every 2 years.  Weekly estate management inspections carried out to pick up on problems and potential common repair hazards.  No claims or actions raised against us and therefore record risk rating as low. | **Low** |

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| Interest rate fluctuations | **2** | **Low** | 1. The Association is debt free and will not be  affected by interest rate fluctuations for loans  2. Low return on investments due to low interest rates | The October CPI rate will be used as a baseline figure when considering annual rent increase proposals. | Shop around for best low risk investment | **Low** |

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| **Risk** | **Risk Score** | **Risk Rate** | **Potential Risks** | **Existing Controls** | **Update and Action to Mitigate**  **Risk** | **Risk Profile** |
| Ongoing financial viability | **3** | **Low** | 1. Inability to remain in existence. 2. SHR intervention. 3. Damage to the Association. 4. Inability to meet future maintenance requirements. 5. Compulsory transfer of engagements. 6. Ability to raise finance against assets. 7. Poor decision making by governing body. 8. Pension liability. 9. Excessive staff and administration costs. | 1. Annual and medium-term budgets in place.   1. Quarterly monitoring of annual budget projections. 2. Quarterly management accounts. 3. Finance regulations. 4. Annual audit. 5. Regulatory standards. 6. Adequate reserves. 7. The Association is debt free. 8. Cash flow projections incorporating sensitivity analysis. 9. SHR returns and 5-year plan. 10. Review of pension provision. | Our 5-year plan identifies continued positive cash balances.  Our financial comparability ratios are within the top quartile or national median.  We can demonstrate good financial management.  Our 5-year budget 2021/22 projects an average surplus of £365k per annum with cash balance at year 5 projected at £2.627m | **Low**.  .  Projected  Cash balance at 31/3/21 is  £1.68m |

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| Poor contractor performance | 3 | **Low** | 1. Failure to comply with Regulatory Standards. 2. Delivery of poor-quality service. 3. Failure to meet reactive maintenance targets. 4. Tenant dissatisfaction. | 1. Maintenance Policy. 2. Annual and quarterly review of contractor performance 3. Removal from list for poor performance 4. Quarterly reports to Management Committee 5. Pre and Post inspections 6. Code of Conduct for Maintenance Contractors 7. Close liaison with contractors 8. Re-let standards 9. Use of small-scale contractors for reactive maintenance with low overhead costs | Compliance with Regulatory Standard  Our average response times to carry out emergency and non- emergency repairs are in the top quartile.  We receive high levels of tenant satisfaction responses from our customer service survey was 98% in 2022  Percentage of repairs completed right first time is in the top quartile. | **Low**. |

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| Treasury Management | **2** | **Low** | 1. Interest rates rising greater than expected within our cash flow projections. 2. Liquidity risk – lack of funds. 3. Cash flows poorly managed. 4. Mixed investment portfolio. 5. Recognised risk averse investment. | 1. Short/longer term deposits to maximise safe   interest return.  2. Quarterly management accounts.  3. SHR returns.   1. Annual audit. 2. Financial management policy and procedures. 3. Treasury Management policy. 4. Annual Treasury Management Report to committee. | Interest rates are currently increasing to 40 year high, however no loan debt exists, but positive for short term investments  Sensitivity analysis is applied to financial planning. | **Low**. |

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| Procurement | **4** | **Medium** | 1. Appointing unsuitable contractors. 2. Failure to check PI and Public Liability Insurance. 3. Failure to comply with Health and Safety. 4. Possibility of fraud in awarding tenders. 5. Exposing Association to risk of claims/actions raised by contractors. 6. Complacency from contractors. 7. Breaches of procurement legislation. | 1. Tender Procedures.  2. Procurement Policy  3. Contractor Insurance Policy and Procedures.  4. H & S Policy and contractors H & S Policy.  5. Policy on declaration of interests.  6. Committee present at tender openings.  7. Tender register.  8. Issuing standard condition of contracts.  9. Policy on CDM Regulations.  10. Code of Conduct for maintenance contractors.  11. References sought from other RSL’s.  12. Partnering arrangements in place for large scale  contracts, e.g. gas maintenance.  13. Quarterly and annual review of contractor  performance presented to committee. | Regular and ongoing review of contractor performance in place.  Cost monitoring is subject to ongoing appraisal to ensure value for money.  Contract costs benchmarked against previous contract costs and current market conditions | **Medium**. |

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| Failure to implement Model SPSO Model Complaints Handling Procedure | **2** | **Low** | 1. Procedure not compliant. 2. Complaints not recorded. 3. Reports not provided to committee and tenants. 4. Poor customer perception of service we deliver. 5. Possibility of SPSO involvement. 6. Possibility of complaints being upheld. | 1. Complaints procedure. 2. Staff training on complaints handling. 3. Tenant satisfaction survey and assessment. 4. Publicising complaints policy. 5. Reporting complaint outcomes to committee and tenants. 6. Complaints logged and recorded. | Model SPSO Complaints Policy and Procedure adopted and approved by Management Committee.  Tenant satisfaction surveys carried out every 3 years.  98% of tenants surveyed in 2022 survey were satisfied with the overall service they received from the Association. | **Low**. |

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| Compliance Equality and Diversity duty | **3** | **Low** | 1. Failure to meet Regulatory Standards. 2. Failure to comply with Legislation. 3. Discrimination against groups or individuals. 4. Possibility of damaging the reputation of the Association. | 1. Equality and Diversity Policy in place. 2. Association is a registered disability symbol user. 3. Member of Positive Action in Housing. 4. Member of Happy to Translate. 5. Systems of reporting and recording information. 6. The Association has agreed a strategy for ensuring compliance with the public sector equality duty in 2022. | Diversity training has been provided.  We are assessed annually for our disability symbol user accreditation.  Equality data collection underway 2022 | **Low**. |

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| The effect of the financial climate on our operations. | **5** | Medium | 1. Increasing interest rates. 2. Increasing inflation. 3. Recession. 4. Impact of Covid-19 recovery 5. Impact of Brexit resulting in increased labour and material costs. 6. Unaffordable rents. | 1. Annual rent review. 2. Annual budget. 3. Provision of welfare benefits advice to tenants. 4. Good treasury management. 5. Medium/long term financial planning. 6. Adequate reserves. 7. Cash reserves increasing over period of 5-year plan. 8. SHR Returns. 9. Quarterly reporting to committee. 10. Unencumbered assets. 11. No loan covenants in place. | Budgetary process.  SHR 5-year plan.  Review 5 year spending plans due to exceptional cost increases affecting principally component replacements of Kitchens and windows | **Medium**. |

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| **Risk** | | **Risk Score** | | **Risk Rate** | | **Potential Risks** | **Existing Controls** | | **Update and Action to Mitigate**  **Risk** | | | **Risk Profile** |
| Estate Management | | **1** | | **Low** | | 1. Deterioration of properties. 2. Vandalism. 3. Anti- social behaviour. 4. Reduction in demand due to anti- social behaviour. 5. Untidy gardens, properties, and common closes. 6. Untidy neighbourhood. 7. Untidy common areas. 8. Failure to protect investment. 9. Failure to comply with Regulatory Standards. 10. Tenant dissatisfaction. 11. Lack of tenant involvement. 12. Dog fouling. 13. Becoming a non-desirable area in which to live. | 1. Estate Management Policy and Estate management standards. 2. Tenancy Agreement. 3. Liaison with Police. 4. Information sharing protocol with Police. 5. New tenant visits. 6. Weekly estate inspections. 7. Newsletters. 8. Monthly performance reports. 9. Tenant satisfaction surveys. 10. Annual inspections. 11. Tenant consultation register. 12. Legal remedies. | | ARC requires reporting on anti -social behaviour and assessment of tenant satisfaction with management of the neighbourhood.  Annual garden competition to stimulate community pride.  Landscape maintenance contract in place.  Close cleaning contracts in place.  Weekly estate management inspections carried out.  System of programmed tenancy inspection visits in place.  98% of tenants expressed satisfaction with the landlord contribution to the management of the neighbourhood 2022 survey. | | | **Low**. |
| **Risk** | **Risk Score** | | **Risk Rate** | | **Potential Risks** | | **Existing Controls** | | | | **Update and Action to Mitigate**  **Risk** | **Risk Profile** |
| Inability to let properties | **2** | | **Low** | | 1. Increase in void rate. 2. Deterioration of area. 3. Loss of rental income. 4. Failure to meet void rent loss target. 5. Failure to meet re-let target. 6. Failure to comply with Regulatory Standards. 7. Unpopular property types. 8. Becoming a non- desirable area. 9. Increase in low demand properties. 10. Vandalism. 11. Tenant dissatisfaction. | | 1. Common Allocation Policy. 2. Void control procedures. 3. Internal transfer policy. 4. Section 5 referrals. 5. Maintain an open housing list. 6. Annual review of list. 7. Mutual Exchange Policy. 8. Quarterly reporting to committee. 9. Early inspection of voids. 10. Re-let standards. 11. Maintaining accurate records and establishing an audit trail. 12. Tenancy sustainment support. | | | | Healthy demand for newbuild properties.  In the top quartile for re-let times and void loss.  Low turnover of stock.  Low turnover of properties.  Good tenancy sustainment performance. 100% in 2022 | **Low**. |
| **Risk** | **Risk Score** | | **Risk Rate** | | **Potential Risks** | | | **Existing Controls** | | **Update and Action to Mitigate**  **Risk** | | **Risk Profile** |
| Ability to ensure business continuity in the event of disruption | 3 | | **Low** | | 1. Theft from office premises. 2. Fire damage to office. 3. Disruption of business. 4. Unauthorised access to office. 5. Risk of damage to equipment. 6. Risk of injury to staff. 7. Gas leak ignition. 8. Natural disaster 9. Pandemic | | | 1. Health and Safety Policy. 2. Installation of panic button linked to Police Station. 3. Controlled entry system to office. 4. Alarm system in place with password for deactivation. 5. Daily back up of computer systems. 6. Fire appliance checks in place. 7. Insurance cover in place. 8. Gas appliance servicing. 9. PAT testing in place. 10. Out of hours emergency cover in place. 11. Disaster recovery plan 12. 5- year electrical compliance testing 13. Remote working capability | | Appropriate systems in place to mitigate risk.  Emergency Christmas and New Year holiday plan in place.  Staff mobile numbers available should an emergency situation arise out with office hours.  Procedures in place to enable remote working if required.  Internal Audit held in 2020 to assess our effectiveness in responding to the pandemic | | **Low**. |

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| **Risk** | **Risk Score** | **Risk Rate** | **Potential Risks** | **Existing Controls** | **Update and Action to Mitigate**  **Risk** | **Risk Profile** |
| Rent Arrears | 3 | **Low** | 1. Failure to comply with Regulatory Standards. 2. Failure to control rent arrears and meet target. 3. Failure to generate sufficient income to cover costs. 4. Budgetary implications if arrears target not met. 5. Material losses to the Association. 6. Welfare Reform. 7. Macro-economic shock *(cost of living)* | 1. Arrears Policy and Procedure. 2. Quarterly reporting including analysis of debt. 3. Early response to arrears problems. 4. Liaison with GCC Financial Services. 5. Provision of Welfare Benefits Advice service. 6. Performance monitoring and reporting to committee. 7. New tenant visits. | Housing Officer is sharing arrears caseload with Housing Assistant. Emphasis is on early intervention. Arrears Management prioritised.  Tracing agencies used for FT arrears cases.  Gross arrears performance for 2021/22 was 3.44% and is showing a downward trend. | **Low**.  Risk area will remain medium as arrears are reducing. |

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| **Risk** | **Risk Score** | **Risk Rate** | **Potential Risks** | **Existing Controls** | **Update and Action to Mitigate**  **Risk** | **Risk Profile** |
| Scottish Housing Regulator (SHR) assessment | **3** | **Low** | 1. Not meeting SHR regulatory requirements. 2. Not having information for SHR requests. 3. Failure to comply with legislation. 4. Statutory intervention by SHR. 5. Inability to continue as an RSL. 6. Poor performance within peer group and against national medians. | 1. Policies and procedures in place. 2. Advice from Financial Adviser. 3. ARC Return. 4. Business Plan 5. Performance monitoring. 6. Medium/long term financial planning. 7. Regulatory Standards. 8. Risk assessment. 9. Committee training plan. 10. Internal Audit on compliance with regulatory standards of Governance and Financial Management undertaken in 2022. Governance Framework and Governance workplan in place. 11. Submission of Annual Assurance Statement | Self- assessment and performance monitoring ongoing.  Risk rating will be reviewed if level of engagement with Regulator changes. | **Low**. |

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| **Risk** | **Risk Score** | **Risk Rate** | **Potential Risks** | **Existing Controls** | **Update and Action to Mitigate**  **Risk** | **Risk Profile** |
| Computer Failure | 5 | **Medium** | 1. Organisational disruption. 2. Disruption to service delivery. 3. Operational viability. 4. Loss of data. 5. Cyber fraud | 1. System backed up daily by our IT provider and data stored on cloud 2. Maintenance contract in place. 3. Review of support provision. 4. Staff training on cyber risks. | Cyber essentials accreditation  Passwords for all users | **Medium**. |

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| **Risk** | **Risk Score** | **Risk Rate** | **Potential Risks** | **Existing Controls** | **Update and Action to Mitigate**  **Risk** | **Risk Profile** |
| GDPR & FOI | **3** | **Low** | 1. Failure to respond to FOI requests within timescale. 2. GDPR breach. 3. ICO engagement and finds if not managed properly. | 1. External DPO in place and registered with the Information Commissioner   1. Training has been undertaken. 2. Quarterly GDPR & FOI reports presented to committee. 3. GDPR Policy and procedure & FOI Policy in place | Very low numbers of FOI Requests are received, and we are able to respond within timescales.  GDPR duty outsourced to specialist RGDP, DPO Trish McKnight | **Low**. |

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| **Risk** | **Risk Score** | **Risk Rate** | **Potential Risks** | **Existing Controls** | **Update and Action to Mitigate**  **Risk** | **Risk Profile** |
| Tenant Dissatisfaction | **2** | **Low** | 1. Organisation reputation. 2. Service provision. 3. SPSO compensation payments. 4. Could trigger a notifiable event. | 1. Complaints Policy. 2. Staff training. 3. Service levels. 4. Tenant satisfaction surveys. 5. Tenant Handbook. 6. Website update. 7. Newsletters. 8. Customer service targets. 9. Tenant consultation register | Customer satisfaction survey carried out every 3 years, most recently 2022  Demonstrates high level of customer satisfaction.  Tenant choice options for component replacement contracts e.g. kitchen replacement | **Low**. |

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| **Risk** | **Risk Score** | **Risk Rate** | **Potential Risks** | **Existing Controls** | **Update and Action to Mitigate**  **Risk** | **Risk Profile** |
| Covid – 19 | **7** | **Medium** | 1. Failure to provide services 2. Health and Safety implications for staff, tenants, and contractors. 3. Organisation reputation. 4. Financial impact. 5. Committee ability to govern effectively without physical meetings. | 1. Office operating normally at present, working from home will be the default position if there are any future restrictions placed by UKG or SG. 2. Communicate with tenants via website and letters. 3. Covid risk assessment for staff/contractors. 4. Remote committee meetings held. 5. Remote annual audit. | Staff laptops purchased.  Call divert system will be put in place.  Information will be posted on website.  Information letters would be sent.  Internal audit to assess our effectiveness in responding to pandemic was carried out 2021  Covid-19 reports to SHR if required in the future  Notifiable event to SHR if and when necessary, in accordance with the relevant guidance | **Medium**.  Office re-opened in August with appropriate risk assessment in place the office is currently operating normally. |