

Risk Management – implementation guidance: action target dates for planned controls

1. Introduction

- 1.1 The University has implemented the required use of target dates for planned controls within all risk registers. The aim of this is to retain focus on the implementation of actions identified to further control risk. This is particularly important for highly scored risks, and will be included within the narrative for key risks when reported to VCEG, Audit Committee and Council.
- 1.2 All University risk register facilitators have received updated versions of their registers, with a “Planned Action Target Date” field added. This is to be used with immediate effect where planned actions are recorded. This paper provides guidance on the use of the Planned Actions field and the new target date field.

2. Reviewing current risks with planned actions detailed

- 2.1 All risk registers have allocated planned actions against some registered risks. A controlled use of this field is required in order to assign target dates to specified actions. An example is provided at **figure 1** below, illustrating a use of the planned controls field that would need to be amended to allow the use of target dates. This example is a tailored extract from the risk register, using only fields that are relevant to demonstrate the process.

Figure 1 – planned controls requiring amendment to incorporate target date(s)

Risk Title	Current Controls	Planned Controls/Actions	Planned Target Date
Prevent related policy or procedure not followed, or statutory requirement not met, leading to breach. Potential enforcement action and reputational damage	<ul style="list-style-type: none"> • Process/policy monitored and reported to the Prevent Compliance Group (PCG), VCEG, Council and the OfS • Webpage has specific, transparent guidance for concerns with individuals, speakers and events, and accessing restricted materials. Communicated to staff and students • PCG review in year reporting, process scrutiny and gap analysis at quarterly meetings • Regular consultation with process owners for evidence gathering, gap analysis, and process improvement • All of the above is recorded within the Prevent Action Plan and Risk Assessment, with amendments and improvements documented • E&D assessment recorded from the outset, and for ongoing activity • PCG includes key University and external stakeholder membership • The University is networked in to regional and national Prevent partnership groups 	<ul style="list-style-type: none"> • Continued monitoring and reporting of full risk assessment and action plan, also reported annually to VCEG and Council • Review of existing internal training against Home Office Guidance with regard to concerns for individuals, to be completed March 2019 	

- 2.3 The activity highlighted in **red** within the “Planned Actions” section cannot have a target date applied, as it relates to the continuation of ongoing activity. It does not have an “end date” at which point the action can be considered complete, reducing the overall risk score. The activity highlighted in **green** within the Current Controls section is the activity that the (red) planned action relates to, therefore it does not need to be duplicated as a planned action.
- 2.4 The planned action highlighted in **blue** within the “planned actions” section will not in itself reduce the risk score, unless further actions are also taken. **Figure 2** below illustrates how the current controls, planned actions, and action target date should be applied.

Figure 2 – correctly applying planned actions and target dates

Risk Title	Current Controls	Planned Controls/Actions	Planned Target Date
Prevent related policy or procedure not followed, or statutory requirement not met, leading to breach. Potential enforcement action and reputational damage	<ul style="list-style-type: none"> • Process/policy monitored and reported to the Prevent Compliance Group (PCG), VCEG, Council and the OfS • Webpage has specific, transparent guidance for concerns with individuals, speakers and events, and accessing restricted materials. Communicated to staff and students • PCG review in year reporting, process scrutiny and gap analysis at quarterly meetings • Regular consultation with process owners for evidence gathering, gap analysis, and process improvement • All of the above is recorded within the Prevent Action Plan and Risk Assessment, with amendments and improvements documented • E&D assessment recorded from the outset, and for ongoing activity • PCG includes key University and external stakeholder membership • The University is networked in to regional and national Prevent partnership groups 	<ol style="list-style-type: none"> 1. Review of existing internal training against Home Office Guidance with regard to concerns for individuals 2. Update training modules where appropriate, and publish to LearnUpon 3. Arrange for all staff identified as required to complete the session(s) as mandatory, but who have not already done so to complete the new session(s) 4. First batch of refresher training to be rolled out to relevant staff 3 years from the original training roll out (September 2016) 	<ol style="list-style-type: none"> 1. March 2019 2. April 2019 3. May 2019 4. Sep 2019

3. Required Action

- 3.1 Please ensure that the planned actions within your risk registers are updated to include the steps required to implement, and target dates for completion. Consider whether currently registered planned actions are a duplication of the current controls in place – if this is the case, they can be removed from the planned actions section.
- 3.2 If you have any questions or feedback with regard to this guidance or any element of risk management, please contact Riskmanagement@exeter.ac.uk.