

# Strategic Risk Assurance Report



Report Version: 8

Report Date:

5th December 2013

Period:

Q3 - Dec 2013

LIKELIHOOD	Very High	A						
	High	B			14	02		
	Significant	C			05 08	03	09 11 12	10 07
	Low	D			06 13			
	Very Low	E						
	Almost impossible	F						
RISK RATING MATRIX			5	4	3	2	1	
			Negligible	Marginal	Significant	Critical	Catastrophic	
			IMPACT					

No	Strategic Risk - Description
01	<b>CLOSED</b> [see Version Control page for information].
02	Failure to address the ongoing significant financial pressures (£60m in the next three years) in a sustainable way and to enable service provision to be on a proactive rather than reactive basis
03	The council is unable to manage the tension between customer demand/expectations and the need to implement service reductions in a way that does not create pressures in other areas.
04	<b>CLOSED</b> - merged with a reworded SRR03 [see Version Control page for information]
05	Major incident or service disruption leading to delivery failure that significantly impairs or prevents the Council's ability to deliver key services and/or statutory functions
06	Potential for community tensions
07	Maintaining a robust safeguarding people culture across the People Directorate
08	Reduced capacity, resilience and spread of skills to be flexible, responsive and to deliver services, priorities and support organisational change
09	The need for close strategic and collective alignment of the Cabinet Member and Council Management Team Group to take forward and implement key decisions
10	Failure to comply with the revised health and safety systems that are now in place to manage risks or any future legislative requirements in relation to health and safety.
11	Lack of leadership and management capacity and capability, supported by necessary changes in practice to achieve the necessary transformation.
12	Failure to achieve the necessary changes in management practices, IT, and how accommodation is used will prevent delivery of the flexible working agenda.
13	Failure to ensure the City Council's information is held and protected in line with Information Governance polices and procedures, leading to a fine from the Information Commissioners Office (ICO)
14	The processes in place to safeguard the sensitive and personal information that the Directorate holds regarding Clients/Residents does not meet legislative requirements and/or best practice guidance leading to misuse/data breaches/data loss and potential monetary fines from the Information Commissioners Office

# Risk Scoring and assessment criteria

<b>LIKELIHOOD</b>	Very High	A					
	High	B					
	Significant	C					
	Low	D					
	Very Low	E					
	Almost impossible	F					
<b>RISK RATING MATRIX</b>			5	4	3	2	1
			Negligible	Marginal	Significant	Critical	Catastrophic
			<b>IMPACT</b>				

<b>LIKELIHOOD (Probability)</b>	
<b>A - Very High</b>	Highly likely to occur
<b>B - High</b>	Will probably occur
<b>C - Significant</b>	Might occur
<b>D - Low</b>	Could occur but unlikely
<b>E - Very Low</b>	May only occur in exceptional circumstances
<b>F - Almost impossible</b>	Highly unlikely to occur

<b>IMPACT (Consequence)</b>					
	5 - Negligible	4 - Marginal	3 - Significant	2- Critical	1- Catastrophic
<b>Service delivery / key priorities</b>	No noticeable effect	Some temporary disruption to a single service area/ delay in delivery of one of the council's objectives	Regular disruption to one or more services/ a number of corporate objectives would be delayed or not delivered	Severe service disruption on a directorate level / many corporate priorities delayed or not delivered	Unable to deliver most priorities / statutory duties not delivered
<b>Financial Impact</b>	Loss or loss of income < £10k	Loss or loss of income £10k < £500k	Loss or loss of income £500k < £5m	Loss or loss of income £5m < £10m	Loss or loss of income >£10m
<b>Reputation</b>	Internal review	Internal scrutiny required to prevent escalation	Local media interest. Scrutiny by external committee or body	Intense public, and media scrutiny	Public Inquiry or adverse national media attention

**RISK No:** SRR02

Version No: 8

Last updated: 05/12/2013

**KEY STRATEGIC RISK AREA** Budget/Finance

**RISK DESCRIPTION**

Failure to address the ongoing significant financial pressures (£60m in the next three years) in a sustainable way and to enable service provision to be on a proactive rather than reactive basis.

**RISK OWNER**

Dawn Baxendale

**RISK SCORE**

Initial	B2
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<b>CURRENT</b>	<b>B2</b>
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Target	C3
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<b>LIKELIHOOD</b>	<b>IMPACT</b>
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High	Critical
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**EXPECTED KEY CONTROLS**

1. Medium Term (3 year) priority led financial plan which is subject to periodic review.

2. Significant redesign and transformation that will help manage demand and reduce costs in the future.

3. External funding opportunities identified together with any ongoing revenue costs quantified.

4. High spending low performing services identified (comparator/benchmark).

5. Identification and communication of significant in year budget variances and forthcoming pressures.

**SOURCE(S) OF ASSURANCE**

Medium Term Financial Plan to be agreed by the Council in 2014.  
Regular monitoring by Overview and Scrutiny Management Committee.

Transformation programme plan with projected cost reduction, supported by robust programme and project management being developed.  
Quarterly monitoring of the transformation programme will be implemented. Transformation and Improvement Board in place.

Effective mechanism in place to identify and seek external funding opportunities.  
Monitoring of spend and achievements or outcomes, approved income targets and service external funding.

Part of performance management framework and its monitoring mechanism.

Regular monitoring of capital and revenue budgets, reported to Council Management Team and Cabinet.  
Significant pressures identified through regular monitoring of budgets and work plans and the estimates process reported to CMT and Cabinet.

**ASSURANCE LEVEL**

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3

2

4

3

2

3

3

2

2

6. Review of existing significant commercial partnership working arrangements.

Following a review of the Capita contract, an extension of 5 years to 2022 was approved by Full Council and Cabinet on the 20th Nov 13. The new arrangements come into effect in December 2013. The key drivers of the negotiation process were the need to achieve flexibility and realise savings. The savings are "baked" into the new contract and will be realised on commencement of the revised contract.

Revised Governance arrangements have been developed and agreed as part of the new Capita contract.

2

2

1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
There is clear evidence of a robust and effective process, framework or activity that is operating effectively.	There is evidence of a sound process or framework in place however there are some inconsistencies or gaps	Evidence of inconsistent application and/or critical weakness(es) within the policy, framework or activity	There is no, or insufficient, evidence of an appropriate policy, framework or activity.

**RISK No:** SRR03

Version No: 8

Last updated: 05/12/2013

**KEY STRATEGIC RISK AREA**

Capacity / Workforce Planning

RISK DESCRIPTION	EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL
<p>The council is unable to manage the tension between customer demand/expectation and the need to implement service reductions /new service delivery methods in a way that does not create pressures in other service areas.</p>	<p>1. Management of customer expectation – re communication of current and future budget pressures.</p>	<p>Ongoing communication and consultation programme to raise awareness of council priorities and challenges.</p> <p>Budget consultation exercise and evidence that the feedback has informed the final decisions.</p>	<p>3</p> <p>2</p>
	<p>2. Identification of 'areas / key drivers' where increase in demand is anticipated.</p>	<p>Southampton Profile is updated regularly to reflect any changes and will inform Council Plan refresh in July 2014.</p> <p>Service 'Blueprints' updated annually to reflect changes.</p>	<p>2</p> <p>2</p>
	<p>3. Alternative service delivery options identified and understood (Digital by design approach to service delivery)</p>	<p>Monitoring take up of digital communication channels and ensuring that those who do not have access still get necessary services by analysis (evidence from customer feedback and 'Stay Connected')</p>	<p>3</p>
	<p>4. Identification of services that customers see as a priority and/or of significant value (inc options for charging).</p>	<p>Approval and implementation of updated Council Plan in July 2013 and Transformation Strategy underpinned by Medium Term Financial Plan.</p> <p>City Survey in Summer 2014 and customer feedback (including complaints) on service standards.</p>	<p>3</p> <p>3</p>
	<p>5. Robust and comprehensive impact assessment on all service reduction which includes identification of any consequential impact on other services or stakeholders and / or any significant unintended consequences.</p>	<p>Impact assessment and feedback from other service areas and partners.</p> <p>Risk management / mitigating actions identified and implementation monitored by the Council Management Team.</p>	<p>2</p> <p>2</p>
	<p>6. Identify and cost for the provision of minimum statutory duties / services.</p>	<p>Transformation Strategy and Action Plan including annual Service Blueprint updates.</p>	<p>3</p>

RISK OWNER	
Dawn Baxendale	
RISK SCORE	
Initial	C2
<b>CURRENT</b>	<b>C2</b>
Target	D3
LIKELIHOOD	IMPACT
Significant	Critical

7. Awareness and communication of services where clients are able to get information on services (council and other providers).

Ongoing communications to increase awareness and understanding of the Transformation Plan for services delivered by the People Directorate in partnership with other agencies.

**3**

1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
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**RISK No:** SRR05

Version No: 8

Last updated: 05/12/2013

**KEY STRATEGIC RISK AREA**

Business Continuity /  
Emergency Planning

RISK DESCRIPTION	EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL
<p><b>Major incident or service disruption leading to delivery failure that significantly impairs or prevents the Council's ability to deliver key services and/or statutory functions.</b></p>	<p>1. Business Continuity Plans are in place for key service areas and are tested periodically.</p>	<p>Reports of Emergency Planning and Business Continuity Manager to Emergency Planning and Business Continuity ("EP &amp; BC") Management Board which are minuted and action plans approved.</p> <p>Report to EP &amp; BC Management Board of learning from dealing with live incidents and test exercises.</p>	<p>2</p>
<p><b>RISK OWNER</b></p>	<p>2. Range of Emergency Response plans in place to address or respond to legal or statutory obligations.</p>	<p>Report of Emergency Planning and Business Continuity Manager to EP &amp; BC Management Board.</p> <p>Report of outcome of any corporate, or exercise with other agencies, to EP &amp; BC Management Board, Southampton Joint Health Protection Forum &amp; HIOW Local Resilience Forum.</p>	<p>2</p>
<p>Stuart Love</p>	<p>3. IT Disaster Recovery Plan that covers IT hardware resilience and applications/systems that support key services and is tested periodically.</p>	<p>Regular reports from IT (Client and Capita) on planning for incidents as well as feedback on learning points following major incidents.</p> <p>Report to EP &amp; BC Management Board of learning from dealing with live incidents and test exercises.</p> <p>IT Disaster Recovery Plan in place that covers the 8 key applications as agreed by the Council Management Team. The IT DR Plan is tested annually in conjunction with Capita and users. A report is then prepared for the Head of IT to confirm that all systems were available in a disaster environment. An action plan is also produced to ensure the process continues to evolve.</p>	<p>2</p>
<p><b>RISK SCORE</b></p>	<p>4. A process to monitor both the performance and financial standing of key suppliers [including both significant commercial partners and other suppliers of key services e.g. joint commissioning of social care services].</p>	<p>All Providers are required to provide evidence of Business Continuity Plans as part of the tender and contract award process. Significant issues such as winter and heat wave planning are communicated to providers. Contract monitoring is in place and quality audits undertaken at least annually.</p>	<p>3</p>
<p>Initial C3</p>			
<p><b>CURRENT</b> C3</p>			
<p>Target D3</p>			
<p><b>LIKELIHOOD</b> Significant</p>			
<p><b>IMPACT</b> Significant</p>			

	All key commercial contracts (Capita, Highways and Street Lighting, Skills and Learning programmes) have Strategic Boards (involving both Members and CMT). Each contract is subject to an internal audit review (on average every 18 months).	2
	Reports from Contract Management team to EP & BC Management Board.	2

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**RISK No:** SRR06

Version No: 8

Last updated: 05/12/2013

**KEY STRATEGIC RISK AREA** Community Tension

RISK DESCRIPTION	EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL
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**Potential for community tensions.**

1. SCC's role in managing the 'likelihood and impact' of community tension unrest clearly identified, understood and articulated together with the roles and responsibilities of other agencies.

Some information in place regarding responses from Council Services such as Community Safety, Housing and other agencies should tensions arise.

4

**RISK OWNER**

Suki Sitaram

**RISK SCORE**

Initial	D3
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<b>CURRENT</b>	<b>D3</b>
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Target	E4
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LIKELIHOOD	IMPACT
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Low	Significant
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2. Cross council mechanism to monitor community tensions with key indicators in respect of community tension / unrest.

Use of Community Task Co-ordinating Groups (CTCGs) to monitor community tensions with key indicators in respect of community tension / unrest.

3

Information and feedback about community tensions from various sources including external stakeholders and front line services.

3

3. Arrangement in place to gauge both the level of community tension / unrest and to identify the potential 'triggers'.

Safe City Partnership, Connect and Council through the Community Safety operational team.

3

CTCG trigger for direct council intervention / action.

3

4. Employees are aware of their responsibilities to report any issues.

Communication or briefing targeted at appropriate front line staff / customer facing services when issues arise.

4

1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
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**RISK No:** SRR07

Version No: 8

Last updated: 05/12/2013

**KEY STRATEGIC RISK AREA**

Safeguarding

**RISK DESCRIPTION**

**Maintaining a robust safeguarding people culture across the People Directorate.**

**EXPECTED KEY CONTROLS**

1. Robust Safeguarding Policy aligned with good practice and including clearly defined roles and responsibilities which is subject to regular review.

**SOURCE(S) OF ASSURANCE**

Safeguarding Adults (Multiagency Policy published May 2013).

Safeguarding Policy for Children including publication of threshold document which will inform early help and Children's Social Care statutory services.

Southampton Safeguarding Adults Board in place.

Southampton Local Safeguarding Children Board ("LSCB") in place along with a LSCB Business Plan that outlines priority areas and associated actions to be taken by the LSCB in 2013/14.

**ASSURANCE LEVEL**

2

3

2

3

**RISK OWNER**

Alison Elliott

**RISK SCORE**

Initial D3

**CURRENT C2**

Target D3

**LIKELIHOOD IMPACT**

Significant Critical

2. Communication and training to ensure that all relevant staff and other key partners fully understand the Safeguarding legislation and procedures that underpin this.

Range of safeguarding modular training available to staff from all agencies which is monitored by the relevant boards.

Multi-agency Safeguarding Working Groups in place that underpin the work of the Safeguarding Boards.

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2

3. Early assessment and planning in place for safeguarding concerns across Children's and Adult's Social Care.

Multi-Agency Safeguarding Hub ("MASH") in place and operating for Children's Social Care by April 2014. Single assessment currently in place.

Safeguarding in Provider Settings Team in place. Safeguarding Adults team planned to oversee all individual safeguarding situations from April 2014. Strong links with Integrated Commissioning Unit quality team which is overseeing the quality of all provider organisations.

3

3

4. Safeguarding concerns identified by and reported to the Council are reviewed and communicated as appropriate both internally and with other agencies.

Safeguarding Adults reporting and investigation process involves all appropriate agencies. Provider services safeguarding list is maintained and available to all partner agencies.

2

	The MASH will bring together staff from the council and key agencies to further improve the early identification of safeguarding concerns.	2
5. Robust assessment of current and future staffing requirement with a contingency arrangement in place in respect of unforeseen pressures or staff shortages.	Adult Social Care remodelling is based on assessment of current and future need and to manage future staff reductions.	3
	Children's Transformation Improvement Plans, informed by OFSTED requirements, are in place and being overseen by workstreams reporting to the Transformation and Improvement Board.	3

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**RISK No:** SRR08

Version No: 8

Last updated: 05/12/2013

**KEY STRATEGIC RISK AREA**

Capacity / Workforce  
Planning

**RISK DESCRIPTION**

**Reduced capacity, resilience and spread of skills to be flexible, responsive and to deliver services, priorities and support organisational change.**

**EXPECTED KEY CONTROLS**

1. Workforce Strategy re succession planning, staff development, flexible workforce etc.  
Identification of future business needs / skills.

**SOURCE(S) OF ASSURANCE**

There is currently a lack of an agreed plan and an associated lack of resources. Both are under review.

Status of actions will be reported to the Transformation and Improvement Board and the Council Management Team ("CMT").

The operating model for HR is currently being reviewed to improve delivery of the Workforce Strategy and related workstreams.

Establishing and resourcing the Workforce Strategy and related workstreams is underway.

**ASSURANCE LEVEL**

4

3

3

3

**RISK OWNER**

Mark Heath

**RISK SCORE**

Initial C3

**CURRENT C3**

Target C3

**LIKELIHOOD IMPACT**

**Significant Significant**

2. Identified workstreams with progress reviewed and challenged by board/senior management.

Progress reports to CMT.

Each workstream will have its own Project Board and progress on the overall implementation will be reported to the Transformation and Improvement Board.

3

3

4. Effective workforce relations with the unions.

Union meetings and business covered in these regular meetings to be more systematic.

Communication / sharing of information and documentation reflects genuine consultation approach.

3

2

5. Effective workforce relations with staff

Management Development and Performance Management are proposed in Workforce Strategy.

Discussions on staff engagement plans have commenced between HR, Communications and the Unions.

3

4

1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
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**RISK No:** SRR09

Version No: 8

Last updated: 05/12/2013

**KEY STRATEGIC RISK AREA**

Partnership Working

RISK DESCRIPTION	EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL
<p>The need for close strategic and collective alignment of the Cabinet Member and Council Management Team Group to take forward and implement key decisions.</p>	1. Clear and agreed 'strategic vision'.	Agreed Medium Term priorities are reflected in the Council Plan approved in July 2013.	<b>2</b>
	2. Joint CMT / Cabinet Member meetings to formulate, review, consider the 'strategic vision'.	<p>Monthly joint meetings to consider progress and issues.</p> <p>LGA facilitator to enable group development.</p>	<b>2</b>
	3. Clear decision log and monitoring of the implementation of key decisions	Developing as a team, with a one council approach and demonstration of changing behaviours.	<b>3</b>
<b>RISK OWNER</b>			
Dawn Baxendale			
<b>RISK SCORE</b>			
Initial	C3		
<b>CURRENT</b>	<b>C3</b>		
Target	C3		
<b>LIKELIHOOD</b>	<b>IMPACT</b>		
Significant	Significant		

1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
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**RISK No:** SRR10

Version No: 8

Last updated: 05/12/2013

**KEY STRATEGIC RISK AREA**

Health and Safety

**RISK DESCRIPTION**

**Failure to comply with the revised health and safety systems that are now in place to manage risks or any future legislative requirements in relation to health and safety.**

**EXPECTED KEY CONTROLS**

1. Periodic exceptions report identifying the areas of non compliance.

2. Robust Health and Safety culture is in place.

3. Escalation process and/or sanctions in the event of continued non compliance.

**SOURCE(S) OF ASSURANCE**

Exceptions identified via Info Exchange. A monthly report is received from Capita H&S. This will be developed further once Info Exchange is fully rolled out.

Exception report are sent to the Head of Property and Procurement who then presents a quarterly report to the Council Management Team ("CMT") on H&S.

Relaunch of the H&S management structure, new soon to be launched training packages, new H&S Committee and Board. Commitment for H&S Manager to attend CMT on a quarterly basis, new steering group on 'Wellbeing in the Workplace', new H&S databases.

Job descriptions for managers to be reviewed to make them more accountable in terms of their responsibilities for actioning and enforcing H&S actions.

Any non-compliance is escalated to CMT on an 'as and when' basis. The H&S Manager attends Directorate Management Teams and can raise issues directly with senior management.

In schools, non-compliance is escalated to the Children Services Team and the respective headteacher. Reports show that H&S audits have been carried out on the schools.

**ASSURANCE LEVEL**

2

2

2

3

2

2

**RISK OWNER**

Mark Heath

**RISK SCORE**

Initial B2

**CURRENT C2**

Target D2

**LIKELIHOOD IMPACT**

Significant Critical

4. Senior manager oversight in terms of compliance.

Governance arrangements are in place and comprise the H&S Committee which involves the Trade Unions and the reformed H&S Board (from Nov 13) which involves H&S (both client and Capita) and the key Heads of Service as regards H&S.

Non compliance is picked up through the Info Exchange reporting process and via the monitoring of e-learning packages.

JCGs highlight any issues or areas of non-compliance.

2

2

2

1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
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**RISK No:** SRR11

Version No: 8

Last updated: 05/12/2013

**KEY STRATEGIC RISK AREA** Change Management

RISK DESCRIPTION	EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL
<p><b>Lack of leadership and management capacity and capability, supported by necessary changes in practice and behaviour to achieve the necessary transformation.</b></p>	<p>1. Transformation strategy and plan (bringing together the different strands in directorates) is approved, understood, owned and implemented.</p>	<p>Transformation Strategy and Plan for a 'one council' programme of action is being developed. Ongoing communications to secure ownership and raise awareness.</p>	<p>4</p>
	<p>2. Key drivers and required output of the 'organisational change' understood and agreed.</p>	<p>HR Transformation Strategy and Plan being developed. Key deliverables / milestones identified and monitored by the Transformation and Improvement Board.</p>	<p>4 3</p>
	<p>3. Necessary skill set, in respect of those charged with leading or driving organisational change, identified.</p>	<p>HR Transformation Strategy and plan being developed. Skills needs and gaps are being identified and actions will be taken to address them.</p>	<p>4 4</p>
	<p>4. Type and level of resources required, in respect of those charged with leading, driving or supporting organisational change, identified.</p>	<p>Resource and capacity of those leading and supporting the Transformation Programme is assessed and actions taken. Plan to be agreed re resources and appropriate learning and development in order to progress and support the HR Transformation Strategy.</p>	<p>3 4</p>
	<p>5. Appropriate communications with staff, unions and other stakeholders so that the need for change is recognised, embraced and supported.</p>	<p>A range of communication tools are in place and are effective (staff survey and feedback). Use of YAMMA communication tool and hits on the intranet micro site.</p>	<p>3 3</p>

1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
<p>There is clear evidence of a robust and effective process, framework or activity that is operating effectively.</p>	<p>There is evidence of a sound process or framework in place however there are some inconsistencies or gaps</p>	<p>Evidence of inconsistent application and/or critical weakness(es) within the policy, framework or activity</p>	<p>There is no, or insufficient, evidence of an appropriate policy, framework or activity.</p>

**RISK No:** SRR12

Version No: 8

Last updated: 05/12/2013

**KEY STRATEGIC RISK AREA**

Change Management

RISK DESCRIPTION	EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL																
<p>Failure to achieve the necessary changes in management practices, IT, and how accommodation is used will prevent delivery of the flexible working agenda.</p>	<p>1. Clear ownership and accountability in terms of delivery of the required outcomes.</p>	<p>Working Environment Transformation (WET) Programme is in place (chaired by the Director of Corporate Services) and meets monthly.</p> <p>Project Sponsor and Programme Manager in place and 'theme leads' appointed for Accommodation, IT and HR.</p> <p>Terms of Reference for the Board have been finalised.</p> <p>Agree Risk Register for the Project is in place.</p>	<p>3</p> <p>3</p> <p>3</p> <p>3</p>																
<table border="1"> <tr> <th colspan="2">RISK OWNER</th> </tr> <tr> <td colspan="2">Mark Heath</td> </tr> <tr> <th colspan="2">RISK SCORE</th> </tr> <tr> <td>Initial</td> <td>C3</td> </tr> <tr> <th>CURRENT</th> <td>C3</td> </tr> <tr> <td>Target</td> <td>D2</td> </tr> <tr> <th>LIKELIHOOD</th> <th>IMPACT</th> </tr> <tr> <td>Significant</td> <td>Significant</td> </tr> </table>	RISK OWNER		Mark Heath		RISK SCORE		Initial	C3	CURRENT	C3	Target	D2	LIKELIHOOD	IMPACT	Significant	Significant	<p>2. The required outcomes and timescales agreed between all of the key stakeholders with any immovable deadlines clearly identified.</p>	<p>All key stakeholders are involved in the Project Board and the associated Project Team.</p> <p>Detailed project plans are being drafted for consideration for interdependencies and funding.</p>	<p>3</p> <p>3</p>
RISK OWNER																			
Mark Heath																			
RISK SCORE																			
Initial	C3																		
CURRENT	C3																		
Target	D2																		
LIKELIHOOD	IMPACT																		
Significant	Significant																		
	<p>3. Project plans agreed and in place with periodic progress reports to those charged with delivery of the required outcomes including an escalation process.</p>	<p>A project plan is maintained by the Programme Manager and is reviewed at the Board each fortnight.</p> <p>The WET Board will escalate any issue to the Transformation and Improvement Board as and when necessary.</p>	<p>3</p> <p>3</p>																
	<p>4. Mobile / flexible working options are deliverable, reflect the current and future business need and have staff, management and union support.</p>	<p>Current HR policies are being revised to support the cultural change needed to facilitate the move to increased mobile and flexible working. The policies are Smart Spaces - Smarter Working, Clear Desk - Clear Screen, Work Life Balance. Will be considered by CMT in Dec 2013.</p> <p>A range of IT initiatives currently being worked on which are designed to enable the new ways of working to take effect. These include the introduction of wireless technology, roaming profiles, laptops being wireless enabled with 3G is in place, all tablets wireless or 3G and the introduction of the Bring Your Own Device scheme.</p>	<p>3</p> <p>3</p>																

1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
There is clear evidence of a robust and effective process, framework or activity that is operating effectively.	There is evidence of a sound process or framework in place however there are some inconsistencies or gaps	Evidence of inconsistent application and/or critical weakness(es) within the policy, framework or activity	There is no, or insufficient, evidence of an appropriate policy, framework or activity.

**RISK No:** SRR13

Version No: 8

Last updated: 19/11/2013

**KEY STRATEGIC RISK AREA**

Information Governance

**RISK DESCRIPTION**

**Failure to ensure the City Council's information is held and protected in line with Information Governance policies and procedures, leading to a fine from the Information Commissioners Office (ICO).**

**EXPECTED KEY CONTROLS**

1. Robust Information Governance Policy aligned with good practice and subject to regular review.

2. Communication/training to ensure that all relevant staff fully understand the Policy.

3. Process to monitor or review both understanding/compliance.

4. Breaches or potential breaches reported, collated and reviewed.

**SOURCE(S) OF ASSURANCE**

Freedom of Information ("FOI") and Data Protection ("DP") policies are in place and reviewed regularly.

A senior solicitor is the lead for Information Governance across the organisation and is supported by a Information Compliance Officer ("ICO"). Senior Information Risk Officers ("SIROs") are in place for each Directorate.

FOI & DP learning packages available on the intranet and promoted via the weekly bulletin however the take up of this training remains low.

Regulation of Investigatory Powers Act ("RIPA") Training: Annual mandatory training is provided for all authorising officers and ad hoc training for front line staff.

FOI and DP stats are reported quarterly by the SIROs to their Directorate Management Teams with an annual report submitted to the Governance Committee setting out the statistics for FOIs, DP, and RIPA activity.

Statistics re take up of the e-learning to be collated and discussed with the SIROs. Lack of resources prevents pro-active spot checks of current practices/update of training across all areas. This is a major task given the size of the organisation and the number of people that regularly handle data.

All breaches are investigated by a senior solicitor who produces a remediation report containing recommendations of good practice and sets out actions and target dates for completion which are followed up by the lead solicitor.

**ASSURANCE LEVEL**

1

1

3

1

2

3

1

**RISK OWNER**

Mark Heath

**RISK SCORE**

Initial D3

**CURRENT D3**

Target E3

**LIKELIHOOD IMPACT**

Low Significant

	The Council self reports significant breaches to the ICO and details of ICO findings are discussed at the quarterly joint meeting between the senior solicitor, the Information Compliance Officer and the SIROs.	1
	Breach log and reporting procedure in place. Reporting form is being refreshed and relaunched.	2
	The SIROs meet each quarter with the senior solicitor and ICO to discuss DP/FOI compliance, quality and DP breaches.	2
5. Appropriate guidance and/or sources of information, advice or support available.	All relevant polices and guidance are on the intranet under the Information Governance page.	2
	The lead senior solicitor will provide face to face training sessions if asked. This facility possibly needs to be publicised and the need to do the e-learning training made mandatory.	3

1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
There is clear evidence of a robust and effective process, framework or activity that is operating effectively.	There is evidence of a sound process or framework in place however there are some inconsistencies or gaps	Evidence of inconsistent application and/or critical weakness(es) within the policy, framework or activity	There is no, or insufficient, evidence of an appropriate policy, framework or activity.

**RISK No:** SRR14

Version No: 8

Last updated: 19/11/2013

**KEY STRATEGIC RISK AREA** Information Governance

**RISK DESCRIPTION**

The processes in place to safeguard the sensitive and personal information that the People Directorate holds regarding Clients/Residents does not meet legislative requirements and/or best practice guidance leading to misuse/data breaches/data loss and potential monetary fines from the Information Commissioners Office.

**RISK OWNER**

Alison Elliott

**RISK SCORE**

Initial	B3
<b>CURRENT</b>	<b>B3</b>
Target	D4
<b>LIKELIHOOD</b>	<b>IMPACT</b>
High	Significant

**NOTE:** This risk has been escalated from the People Directorate Risk Register (Nov13)

**EXPECTED KEY CONTROLS**

1. Information Governance Statement of Compliance approval is gained based on an honest self assessment of our current management standards.

2. Learning from data breaches is captured and utilised to improve processes and educate staff of their obligations under the Data Protection Act and related legislative and organisational requirements.

3. The organisation ensures that staff, partners and residents are offered the maximum opportunity to understand the legal, organisational and moral obligations there are associated with holding and processing sensitive personal data.

4. A Caldicott Guardian is appointed and an appropriate SIRO, Information Asset Owner hierarchy is in place to support the variety of interactions and activities involved in holding and processing sensitive personal data.

5. The appropriate Information Sharing Protocols, Data sharing agreements, Privacy notices, system access controls and consent to share are in place.

**SOURCE(S) OF ASSURANCE**

Completion of annual review and assurance level awarded by Health and Social Care Information Centre.

Senior Information Risk Officer ("SIRO") manages breaches in direct liaison with Corporate Legal Team. Report taken to Directorate Management Team quarterly.

Adult Social Care breaches are reported on Information Governance Statement of Compliance and Level 2 'Serious Incident Requiring Investigation' ("SIRI") are reported to the Information Commissioner.

E-learning modules are in place and undertaken by staff on an annual basis.

Staff with professional obligations understand their own codes of practice in relation to Information Governance.

Caldicott Guardian registered. SIRO in place and currently undertaking professional Information Governance qualification.

Information Asset Register is in place.

Documents in place, reviewed and up to date.

**ASSURANCE LEVEL**

2

2

2

3

2

2

3

3

1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
There is clear evidence of a robust and effective process, framework or activity that is operating effectively.	There is evidence of a sound process or framework in place however there are some inconsistencies or gaps	Evidence of inconsistent application and/or critical weakness(es) within the policy, framework or activity	There is no, or insufficient, evidence of an appropriate policy, framework or activity.

# Version Control

VERSION HISTORY						
Version No	Reviewed by	Review date		Version No	Reviewed by	Review date
Initial	Management Board of Directors	01/05/12		6	Council Management Team	13/09/13
1	Management Board of Directors	15/05/12		7	Council Management Team	19/11/13
2	Management Board of Directors	03/07/12				
3	Governance Committee	25/11/12				
4	Management Board of Directors	26/11/12				
5	Council Management Team	06/06/13				

## SIGNIFICANT CHANGES TO STRATEGIC RISK REGISTER

Version	RISK /COMMENTS	ACTION
V4 Review 26/11/12	The impact of national policies / trends on key service priorities or objectives is not identified or assessed sufficiently early	<b>Deleted:</b> Not a key risk.
	Failure to address the ongoing financial pressures in a sustainable way	<b>Reworded:</b> as per SRR02
	Maintaining a robust safeguarding culture whilst reducing capacity (Children) / Maintaining a robust safeguarding culture whilst reducing capacity (Adults).	<b>Deleted:</b> Risks deleted and replaced by SRR07
	The need for close strategic and collective alignment of the Cabinet Member Group and the Leadership Group to take forward and implement key decisions.	<b>Added:</b> New risk
	Delivery of the local authority's public health responsibilities (post April 2013) is not integrated or aligned with existing processes and procedures.	<b>Added:</b> New risk
V5 Review 06/06/13	Delivery of the local authority's public health responsibilities (post April 2013) is not integrated or aligned with existing processes and procedures. All mitigating actions delivered. (SRR01)	<b>Closed –</b>
	Failure to ensure effective systems are in place to manage health and safety risks. Risk reworded see SRR10.	<b>Closed -</b>
	Failure to comply with the revised health and safety systems that are now in place to manage risks (SRR10)	<b>Added:</b> New risk
	Leadership capacity/capability to drive change forward is not developed sufficiently to realise organisational change (SRR11)	<b>Added:</b> New risk
	Failure to achieve the necessary changes in management practices, IT, and how accommodation is used will prevent delivery of the flexible working agenda (SRR12)	<b>Added:</b> New risk
	Failure to ensure the City Council's information is held and protected in line with Information Governance policies and procedures, leading to a fine from the Information Commissioners Office (ICO). (SRR13)	<b>Added:</b> New risk
V6 Review 13/09/13	New Risk Assurance Reporting format agreed and to be adopted going forward.	<b>Reformatted risk report</b>
V7 Review 19/11/13	The council is unable to manage customer demand/expectations or maintain standards which impacts on both reputation and community engagement across the city (SRR03) & Service reductions may result in increased demand in other areas where current levels are unsustainable (SRR04) merged to create new risk (SRR03)	<b>Reworded:</b> as per SRR03



<p>The processes in place to safeguard the sensitive and personal information that the Directorate holds regarding Clients/Residents does not meet legislative requirements and/or best practice guidance leading to misuse/data breaches/data loss and potential monetary fines from the Information Commissioners Office. Escalated from the People Directorate Risk Register (SRR14)</p>	<p><b>Added:</b> New risk</p>
<p>Lack of leadership and management capacity and capability, supported by necessary changes in practice and behaviour to achieve the necessary transformation. <del>to drive change forward is not developed sufficiently to realise organisational change</del></p>	<p><b>Reworded:</b> as per <b>SRR11</b></p>