

# Strategic Risk Assurance Report 2014-15



Report Version: 06

Report Date:

30th November 2014

Period:

Q3

<b>LIKELIHOOD</b>	Almost Certain	A					
	Likely	B			04 05	01	
	Possible	C			02 06 08	03	
	Unlikely	D					
	Very Unlikely	E					
<b>RISK RATING MATRIX</b>			<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
			Minor	Moderate	Significant	Major	Extreme
			<b>IMPACT</b>				

No	Strategic Risk - Description
01	Failure to address the significant and ongoing financial pressures in a sustainable way and to enable service provision to be on a proactive rather than reactive basis
02	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
03	Failure to maintain a robust safeguarding culture across the council
04	Failure to meet our health and safety responsibilities
05	Failure to ensure the City Council's information is held and protected in line with Information Governance policies and procedures
06	The council is unable to quantify the financial impact on both vulnerable individuals and key council services arising from implementation of welfare reforms
07	<i>Financial penalties as a result of a failure to meet obligations regarding climate change and sustainability</i>
08	The contractual arrangements, in respect of those council services commissioned from and delivered by external organisations/partners, are not sufficiently flexible to respond to the council's changing service requirements

# Risk Scoring and assessment criteria

<b>LIKELIHOOD</b>	Almost Certain	A					
	Likely	B					
	Possible	C					
	Unlikely	D					
	Very Unlikely	E					
<b>RISK RATING MATRIX</b>			<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
			Minor	Moderate	Significant	Major	Extreme
			<b>IMPACT</b>				

<b>LIKELIHOOD (Probability)</b>	
A - Almost Certain > 95%	Highly likely to occur
B - Likely	Will probably occur
C - Possible 50%	Might occur
D - Unlikely	Could occur but unlikely
E - Very Unlikely < 5%	May only occur in exceptional circumstances

<b>IMPACT (Consequence)</b>					
	<b>5 - Minor</b>	<b>4 - Moderate</b>	<b>3 - Significant</b>	<b>2 - Major</b>	<b>1 - Extreme</b>
<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:** SRR01

Version No: 06

Last updated: 08/10/2014

**KEY STRATEGIC RISK AREA**

**Budget/Finance**

**RISK DESCRIPTION**

**Failure to address the significant and ongoing financial pressures in a sustainable way and to enable service provision to be on a proactive rather than reactive basis.**

**RISK OWNER**

Council Management Team

**RISK SCORE**

Initial	B2
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<b>CURRENT</b>	<b>B2</b>
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Target	TBA
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<b>LIKELIHOOD</b>	<b>IMPACT</b>
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Likely	Major
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**EXPECTED KEY CONTROLS**

**Financial**

1. Assessment of the council's overall short, medium and longer term financial position

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

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

4. Profile and baseline of individual service costs (including identification of high spending and/or low performing services and cost for the provision of minimum statutory duties / services).

**SOURCE(S) OF ASSURANCE**

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

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.

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.  
Work undertaken in respect of the 'Target Operating Model' for the council will inform the future approach and strategy.

**13-14      14-15**

**ASSURANCE LEVEL**

Q4	Q1	Q2	Q3	Comment Q3
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3	3	3	3	
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2	2	2	2	
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2	2	2	2	
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2	2	2	2	
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2	2	2	2	Strategy Board now in place - part of remit includes overseeing external funding opportunities.
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3	3	3	3	
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3	3	3	3	
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2	2	2	2	
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**Transformation**

<p>5. Transformation Strategy and Plan, underpinned by Medium Term Financial Plan, in place and approved with an agreed resource allocation, identified workstreams and agreed timescales and expected outcomes.</p>	<p>Agreed Transformation Strategy and Plan for a 'one council' programme of action in place approved by Cabinet on 15th July 2014</p> <p>Quarterly monitoring of the transformation programme will be implemented. Transformation and Improvement Board ("TIB") in place and has agreed revised governance arrangements as well as a framework to approve projects and monitor</p>	<table border="1"> <tr> <td>-</td> <td>-</td> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> <td>3</td> <td>2</td> </tr> </table>	-	-	2	2	3	3	3	2	<p>Quarterly monitoring now in place and the revised governance arrangements agreed.</p>
-	-	2	2								
3	3	3	2								
<p>6. 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.</p> <p>Plan to be agreed re resources and appropriate learning and development ("L&amp;D") in order to progress and support the HR Transformation Strategy.</p>	<table border="1"> <tr> <td>3</td> <td>3</td> <td>2</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> <td>3</td> <td>3</td> </tr> </table>	3	3	2	3	4	4	3	3	<p>3 heads of service and 7 managers had initially be assigned to support the team however the number of managers has since reduced.</p> <p>Resources agreed by TIB and meeting held with Capita to support L&amp;D transformation.</p>
3	3	2	3								
4	4	3	3								
<p>7. Progress and delivery of both the overall Transformation Plan and individual workstreams is monitored and, where necessary, challenged by a board/senior management.</p>	<p>Monthly Transformation and Improvement Board meetings, fortnightly CMT Transformation meetings and monthly Workstream Board meeting in place.</p> <p>Individual Workstream Boards with Director Sponsor and includes Head of Service and Cabinet Member.</p>	<table border="1"> <tr> <td>-</td> <td>-</td> <td>2</td> <td>2</td> </tr> <tr> <td>-</td> <td>-</td> <td>2</td> <td>2</td> </tr> </table>	-	-	2	2	-	-	2	2	<p>Governance Structure agreed by Cabinet and implemented</p>
-	-	2	2								
-	-	2	2								

**Service delivery / demand**

<p>8. Understanding and management of customer expectation including identification of services that customers see as a priority and/or of significant value (inc options for charging).</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>City Survey (ICM Research) being undertaken in April 2014 and customer feedback (including complaints) on service standards.</p>	<table border="1"> <tr> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>2</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>3</td> <td>1</td> <td>1</td> <td>1</td> </tr> </table>	3	3	3	3	2	1	1	1	3	1	1	1	
3	3	3	3												
2	1	1	1												
3	1	1	1												

9. Identification of 'areas / key drivers' where increase in demand is anticipated.	Southampton Profile is updated regularly to reflect any changes and will inform Council Plan refresh in July 14. Work undertaken in respect of the 'Target Operating Model' for the council will inform the future approach and strategy.	2 2 2 2 2 2 2 2	
10. Alternative service delivery options identified and understood.	Monitoring take up of digital communication channels and ensuring that those who do not have access still get necessary services. Evidence from customer feedback and 'Stay Connected'.	3 3 3 3	
11. Impact assessment on all service reduction to identify any consequential impact or significant unintended consequences.	Impact assessment and feedback from other service areas and partners.	2 1 1 2	The quality of the Impact Assessments undertaken is variable
<b>Workforce / skills</b>			
12. Effective relations and communications with both staff and unions to secure both understanding, support and acceptance of the need to adopt new ways of working that reflect current and future business need.	Union meetings and business covered in these regular meetings to be more systematic. Communication / sharing of information and documentation reflects genuine consultation approach. Discussions on staff engagement plans have commenced between HR, Communications and the Unions. HR Transformation Strategy and Plan being developed.	3 3 3 2 2 2 2 2 4 4 4 3 4 3 3 3	Agreed formal agenda for union meetings Results from Staff Engagement Survey bring worked through
13. An assessment of future staffing levels and the associated required skills set, that is aligned with the future business need including succession planning, staff development, flexible workforce etc.	Work undertaken in respect of the 'Target Operating Model' for the council, to be presented to Cabinet in December, will inform the future workforce strategy.	- - 3 3	

14. Policies and procedures are revised and redesigned in order to support the cultural change needed in order to facilitate the move to a more flexible and mobile workforce.

Current HR policies 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.

A range of IT initiatives, designed to enable new ways of working, are being worked including 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.

3	2	2	3	Implementation of the revised HR policies has been delayed pending the outcome of the union ballot on 'Pay and Allowances' which has yet to be held.
3	3	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.

**RISK No:** SRR02

Version No: 06 Last updated: 26/11/2014

**KEY STRATEGIC RISK AREA**

Business Continuity / Emergency Planning

13-14 14-15

ASSURANCE LEVEL				Comment Q3
Q4	Q1	Q2	Q3	
2	3	3	3	A recent internal audit report on business continuity planning concluded 'limited assurance'. An action plan is in place and being progressed, however its successful implementation will depend upon BC work being incorporated into new organisational change (e.g. Business Support project) and an officer in each Directorate being tasked with taking BC forward.
-	-	-	3	
2	3	3	2	

2	2	2	1	New plans have been developed to address our new Public Health responsibilities. Existing plans and procedures have been well tested, debriefed and improved.
2	2	2	1	

**RISK DESCRIPTION**

**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.**

**EXPECTED KEY CONTROLS**

1. Business Continuity Plans are in place for key service areas and are tested periodically.

**SOURCE(S) OF ASSURANCE**

Reports of Emergency Planning and Business Continuity Manager to Emergency Planning and Business Continuity ("EP & BC") Management Board which are minuted and action plans approved.

Implementation of Business Continuity action plan arising from Internal Audit review.

Report to EP & BC Management Board of learning from dealing with live incidents and test exercises.

**RISK OWNER**

Stuart Love

**RISK SCORE**

Initial C3

**CURRENT C3**

Target C3

**LIKELIHOOD IMPACT**

Possible Significant

2. Range of Emergency Response plans in place to address or respond to legal or statutory obligations.

Full range of emergency response plans are in place with periodic reports from the Emergency Planning and Business Continuity Manager to EP & BC Management Board regarding the status of the plans.

Reporting of outcome of any corporate, or joint exercise with other agencies, to EP & BC Management Board, Southampton Joint Health Protection Forum & HIOW Local Resilience Forum.

<p>3. IT Disaster Recovery Plan that covers IT hardware resilience and applications / systems that support key services and is tested periodically.</p>	<p>IT Disaster Recovery Plan in place that covers 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>	2	2	2	2	<p>Several ad-hoc disruptions to IT services have necessitated response work and subsequent debriefs have highlighted improvement actions, including emergency communication of IT problems to SCC management via use of SMS broadcasting. These are under way.</p>
	<p>Report to EP &amp; BC Management Board of learning from dealing with live incidents and test exercises.</p>	2	2	2	2	
	<p>Regular reports from IT (Client and Capita) on planning for incidents as well as feedback on learning points following major incidents.</p>	2	2	2	2	
<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 key commercial contracts (Capita, Highways and Street Lighting, Leisure and Sports contracts, 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). The more minor/less risky contracts (Guildhall, St Mary's Sports Hall and the wireless network concession all have quarterly contract monitoring meetings.</p>	2	2	2	2	<p>It is anticipated that this process will be in place and operational before the end of the 2014-15 Financial Year.</p>
	<p>In respect of key commercial contracts a process is being developed to ascertain the current financial standing of key partner organisations on a cyclical basis and to use this as a tool to assess and mitigate risks to the council.</p>	-	-	-	3	



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*Note: 'Source of assurance' to be extended to include the key suppliers of social care services e.g. residential and domicilliary care.*

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*Appropriate wording to articulate the current position is being developed in consultation with the council's Integrated Commissioning Unit.*

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: 06

Last updated: 02/10/2014

**KEY STRATEGIC RISK AREA** Safeguarding

**RISK DESCRIPTION**

**Failure to maintain a robust safeguarding culture across the council.**

**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 informs 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 2014/15.

**ASSURANCE LEVEL**

13-14		14-15		Comment Q3
Q4	Q1	Q2	Q3	
2	2	2	2	Note: the Safeguarding Policy for Children is in place and has been positively received by Ofsted. The current assurance level reflects the need to ensure that the policy is fully embedded.
3	3	3	3	
2	2	2	2	
2	2	2	2	

RISK OWNER	
Alison Elliott	
RISK SCORE	
Initial	C2
<b>CURRENT</b>	<b>C2</b>
Target	C2
LIKELIHOOD	IMPACT
Possible	Major

2. Communication and training to ensure that all relevant staff and other key partners fully understand the Safeguarding legislation and procedures that underpin this. In addition, all staff understand what is expected of them in terms of when and how concerns should be reported.

Safeguarding Training is to form part of the 2014-15 corporate training offer. A training needs analysis has been undertaken to determine both the content and format of the training. This will include targeted and mandatory elements.  
 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.

-	-	3	3	
3	3	3	3	
2	2	2	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 and Families for April 2014. Single assessment currently in place.

3	3	2	2	
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	Safeguarding Adults team in place from April 2014 to oversee all individual safeguarding situations. Strong links with Integrated Commissioning Unit quality team which is overseeing the quality of all provider organisations.	3	3	2	2
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	2	2	2
	The MASH brings together staff from the council and key agencies to further improve the early identification of safeguarding concerns.	2	2	2	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	3	3	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	3	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.

**RISK No:** SRR04

Version No: 06

Last updated: 15/10/2014

**KEY STRATEGIC RISK AREA**

Health and Safety

**RISK DESCRIPTION**

**Failure to meet our health and safety responsibilities**

**EXPECTED KEY CONTROLS**

1. Roles, responsibilities and accountabilities of staff at all levels are defined and understood including the role of members

**SOURCE(S) OF ASSURANCE**

H&S Policy : Statement of Intent' signed by Directors as are the other key polices on the major H&S risks [Fire, Water Quality and Asbestos]. Published documents state next review date as Sept 2013.

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

Governance arrangements comprise the H&S Committee (including the Trade Unions) and the H&S Board which involves H&S (both client and Capita) and the key Heads of Service as regards H&S.

13-14 14-15

ASSURANCE LEVEL				Comment Q3
Q4	Q1	Q2	Q3	
-	-	3	3	The 'Statement of Intent' and other signed policies on Fire, Water Quality and Asbestos are being updated.
3	3	3	3	
3	2	2	2	

**RISK OWNER**

Mark Heath

**RISK SCORE**

Initial B2

**CURRENT B3**

Target D3

**LIKELIHOOD IMPACT**

Likely Significant

2. Appropriate guidance, training, policies and procedures are in place and in accessible format and are subject to periodic review.

All policies and procedures are published on the intranet and are readily accessible. Policies and procedures are updated at least annually or as changes come in, major changes are consulted on.

There is a full suite of e-learning courses as well as bespoke delivered courses available via learning and development.

-	3	3	2	There is increasing take up of the e-learning training offer.
-	2	2	2	

3. Minimum level of knowledge and competency identified relevant to roles and responsibilities which is reflected in the H&S training that individuals' are required to undertake.

H&S training needs analysis should be carried out for all staff (and/or staff groups) to ascertain what training they require to carry out their duties.

Update of required training (including refresher training) can be monitored by line managers via the Learning & Development Portal

-	3	3	3	The Learning and Development portal is now fully functional
-	3	3	2	

4. Senior manager oversight in terms of compliance with H&S responsibilities.

H&S report to CMT on a quarterly basis highlighting any areas of significant concern together with an end of year report .

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

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

JCGs highlight any issues or areas of non-compliance.

-	2	2	2	Escalation within the wider council works quite well as does the JCG items but within schools it is a weaker as the level of control that the council is able to exert is more limited.
2	3	3	2	
2	3	3	3	
2	3	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.

**RISK No:** SRR05

Version No: 05 Last updated: 09/07/2014

**KEY STRATEGIC RISK AREA**

Information Governance

**RISK DESCRIPTION**

**EXPECTED KEY CONTROLS**

**SOURCE(S) OF ASSURANCE**

**13-14 14-15**  
**ASSURANCE LEVEL**

Q4	Q1	Q2	Q3
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**Comment Q3**

**Failure to ensure the City Council's information is held and protected in line with Information Governance polices and procedures.**

1. Robust Information Governance Policy aligned with good practice and subject to regular review. Appropriate guidance and/or sources of information, advice or support available.

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.  
All relevant polices and guidance are on the intranet under the Information Governance page.

1	1	1	-
1	1	1	-
1	1	1	-

**SEE NEW SRR05**

**RISK OWNER**

Mark Heath

2. Directorates implement the Information Governance Framework put in place.

Directorates have internal processes in place with regard to how information is held and managed, which are robust and regularly reviewed.  
Directorates implement remedial actions identified as a result of any data breaches.

3	3	3	-
3	3	3	-

**RISK SCORE**

Initial	B3
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<b>CURRENT</b>	<b>B3</b>
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Target	D3
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<b>LIKELIHOOD</b>	<b>IMPACT</b>
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Likely	Significant
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3. Process to monitor or review both understanding/compliance.

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.  
Information Governance e-learning (including Data Protection, Freedom of Information and Protecting Information) mandatory for all staff and new employees  
Statistics re take up of the compulsory e-learning to be collated, discussed with the SIROs, shared with Directors and as part of IG reporting, CMT will have oversight.

2	2	2	-
3	3	3	-
3	3	3	-

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

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.

1	1	1	-
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	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	1	1	-
	Breach log and reporting procedure in place. Reporting form is being refreshed and relaunched [ <i>timescale??</i> ]	1	2	2	-
	The SIROs meet each quarter with the senior solicitor and ICO to discuss DP/FOI compliance, quality and DP breaches.	2	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:** SRR05

Version No:6 Last updated: 21/11/14

**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 polices and procedures.**

**RISK OWNER**

Mark Heath

**RISK SCORE**

Initial	D3
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<b>CURRENT</b>	<b>B3</b>
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Target	E3
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<b>LIKELIHOOD</b>	<b>IMPACT</b>
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High	Significant
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**EXPECTED KEY CONTROLS**

1. A Strategic Information Governance Board is in place with agreed Terms of Reference, appropriate membership and reporting structure into a senior management team.

**SOURCE(S) OF ASSURANCE**

Terms of Reference are agreed by the Council Management Team and are reviewed annually.

The Information Governance Board ("IG Board") is Chaired by the Corporate Senior Information Risk Owner "SIRO" (Director for Corporate Services). The meetings are held every six weeks and are attended by the three directorate SIRO's, the Corporate Solicitor, Head of IT, and the Records Management Officer.

The Head of Legal reports to CMT each quarter on breaches.

13-14		14-15		Comments Q3
Q4	Q1	Q2	Q3	
-	-	-	1	
-	-	-	1	The level of assurance will change by the end of Q4. It will not be possible to maintain substantial assurance in the medium term as the current SIRO structure will change as part of Business Support Review. From the new Job Descriptions the new SIRO's will not attend the IG Board or be part of policy development in this area. Depending on the appointees it could take up to 9 months before the new SIRO's are able to demonstrate a satisfactory level of competence in this area due to the increased level of training and experience needed.
-	-	-	1	The current SIRO's report and investigate breaches and these inform the CMT breach report. There may be a delay in breach investigation and reporting as this function settles into the new Business Support structure.



	<p>The Head of Legal Services reports annually to the Governance Committee and the Overview Scrutiny Management Committee.</p>	<p>- - - 1</p>	<p>It is likely that the assurance level will reduce by the end of Q4 as it is still not clear how the work of the SIRO's will feed into the IG Board.</p>
	<p>Each directorate currently has a SIRO at Senior Officer level who is responsible for IG compliance and assurance.</p>	<p>- - - 1</p>	<p>It is likely that the assurance level will reduce by the end of Q4 as the current SIRO structure will cease when new arrangements come into force as part of the Business Support Review. There will be a period where it is likely that IG performance levels will drop as the new SIRO's will need training in this area and they will initially be concerned with setting up a new service. Concern has been expressed that, in the proposed changes, the grade of the SIRO's will be reduced and will not be able to operate at the same level of influence and authority as they currently do.</p>

<p>2. Information Governance ("IG") Framework is in place across the organisation which gives a structure for managing IG and ensures a level of assurance which enables the organisation to meet its regulatory requirements.</p>	<p>The IG Framework has been agreed and adopted.</p>	<p>- - - 3</p>	<p>The framework was adopted at the October IG Board but is not properly rolled out.</p>
	<p>IG Policies are in place and available on the re-vamped Intranet pages. There is now an overarching IG policy in place under which all relevant polices fit.</p>	<p>- - - 2</p>	<p>The policies are in place but need to be reviewed and updated.</p>

	<p>There is an Information Asset Register in place.</p>	-	-	-	3	<p>Each Directorate has been asked by its SIRO to complete and review the register. The register is in need of a review to ensure that all systems used within the Council care captured. It then needs to be completely reviewed with regard to the information it should hold. Progress is likely to be impeded as a result of the Business Support Review.</p>
	<p>A published Retention Schedule is in place and up to date.</p>	-	-	-	2	<p>The retention schedule framework is in place but there are inconsistencies in practice between what is held on paper and in electronic format. Compliance with all aspects of the schedule is not routinely monitored within Directorates for all information assets. Many staff are not aware of its existence.</p>
	<p>Internal Audit Report provides adequate assurance</p>	-	-	-	2	<p>The recent Internal Audit report gave limited assurance but the action plan requirements have been met and signed off. However, the audit did not fully encompass all areas of suggested compliance hence the current assurance score.</p>

3. The organisation ensures that its staff and those working on its behalf are adequately trained in all aspects of IG.	Staff training through e-learning and other appropriate methods is provided.	-	-	-	2	There have been technical issues with the e-learning which have prevented accurate reporting on compliance. Whilst a report has now been developed which can monitor staff completion rates for all modules, this does not take into account temporary or interim staff or areas where there is no computer access requirement for the role. Compliance is patchy within the Directorates despite reminders but there is little motivation for staff to complete it when technical issues prevent them from passing the different modules.
	Learning from data breaches is cascaded and embedded in practice.	-	-	-	2	Whilst remediation reports are prepared on completion of each breach investigation, it is difficult to monitor whether follow up actions are taken and there is no measurable way of determining that IG compliance improves as a result of a breach and the lessons learned from it. Breach statistics have improved however and it is hoped that this is as a result of staff undertaking the mandatory training.

<p>4. Information is shared within the organisation, with partners and clients according to the Law and other statutory guidance.</p>	<p>Information sharing protocols and operational agreements are in place, registered and reviewed.</p>	<p>-</p> <p>-</p> <p>-</p>	<p>3</p>	<p>There are a number of protocols in place but it is believed that information sharing on a variety of levels and for differing purposes is undertaken without the appropriate agreements in place. The corporate register is regularly reviewed to identify protocols but its content is only as good as service area's submissions. The intranet pages were recently revamped but there are still known gaps. A number of existing protocols need to be reviewed in light of wider organisational and transformation requirements.</p>
<p>5. Regulatory compliance is met.</p>	<p>Annual Governance Statement needs to reflect the status of the IG assurance statement</p> <p>Public Sector Network compliance certificated</p>	<p>-</p> <p>-</p> <p>-</p> <p>-</p>	<p>2</p> <p>1</p>	<p>There is a requirement for enhancements to be made to the Annual Governance Statement process to reflect IG compliance in order to meet the requirements of the IG statement of Compliance V12 for Local Authorities</p> <p>SCC is currently 'PSN' compliant.</p>

	Information Governance statement of compliance achieved at required level	-	-	-	2	Version 11 was achieved at level 2 but there were gaps in evidence that have not been addressed. Version 12 is now published and SCC has converted to the Local Authority model but Leadership of this return is still to be identified due to the change in SIRO's for the People Directorate. The assurance level for Q4 is likely to fall as the completion date for the return is 31-03-14.
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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:** SRR06

Version No: 06 Last updated: 31/10/2014

**KEY STRATEGIC RISK AREA** Welfare Reform

**RISK DESCRIPTION**

**EXPECTED KEY CONTROLS**

**SOURCE(S) OF ASSURANCE**

		13-14	14-15	Comment Q3	
		Q4	Q1		Q2
NA - NEW Risk Q1 14-15				Risk recognises that it is difficult to predict the full consequences of implementation of key policy changes in Welfare Reform, Council Tax and Universal Credit.	
		-	2		
		-	2		
				The timetable for local implementation of Universal Credit and ' Universal Support - Delivered Locally' has been brought forward.	
	-	2			

The council is unable to quantify the financial impact on both vulnerable individuals and key council services arising from implementation of welfare reforms

1. The scope and nature of the reforms is clearly understood.

Working with key partners to develop and co-ordinate implementation timetable and assess local impacts. Multi-agency 'Welfare Reforms Monitoring Group' in place to oversee local response.

RISK OWNER	
Suki Sitaram	
RISK SCORE	
Initial	C3
<b>CURRENT</b>	<b>C3</b>
Target	TBA
LIKELIHOOD	IMPACT
Possible	Significant

2. The number and type of residents that are likely to be most significantly affected by the reforms is understood

Monitoring undertaken quarterly on the number of resident affected by each of the major reforms.  
  
Annual report on Local Impacts of Welfare Reforms produced.

3. Responses in place to reduce welfare dependency across the city and to assist both individuals and communities to be more resilient to welfare changes

Local Welfare Reform Action Plan in place. Information made available regarding changes to welfare benefits.  
  
Advice and support available for finding work, updating skills and training, people back into work, budgeting, managing debt, borrowing money and welfare benefit advice.

4. The potential impact of the reforms, in terms of both pressure on existing council services and council income, has been assessed and communicated

Monitoring of financial impact undertaken. Evidence from pilot areas used to assist in assessing local impacts.

Exercise, with other stakeholder agencies including anti-poverty services, Supporting People providers and advice services to identify additional service demand.

Additional capacity for Housing Income Team in preparation for the implementation of Universal Credit.

	-	<b>2</b>	The impact of the introduction of Local Council Tax Reduction saw a fall of 0.4% in the annual collection rate for Council Tax.
	-	<b>2</b>	
	-	<b>2</b>	

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:** SRR08

Version No: 06

Last updated: 28/10/2014

**KEY STRATEGIC RISK AREA** Commissioning

**RISK DESCRIPTION**

**The contractual arrangements, in respect of those council services commissioned from and delivered by external organisations/partners, are not sufficiently flexible to respond to the council's changing service requirements**

**EXPECTED KEY CONTROLS**

1. Understanding of all areas where services have been commissioned and/or may be commissioned in the future

2. Dialogue with current and future suppliers regarding the next for flexibility including service reduction.

**SOURCE(S) OF ASSURANCE**

Contract Management Head of Services heavily involved in the Transformation programme.

Contract Management leading a review of the cost, value for money and benefits of all major commercial contracts. The key contracts in scope are those with Capita, Balfour Beatty, SSE, DC Leisure, Live Nation, Solent University and Mytime Active. All contracts are delivering what is required of them and have change mechanisms built in to varying degrees.

Contract change notices and variation notices available to allow us to change the service needs as required. The ability to invoke contract changes exists and is proven to work. Partnerships working collaboratively with the council to implement change.

Procedures are in place to review the financial standing annually. Key performance indicators for all contracts are monitored monthly and review and escalation processes are in place.

		13-14	14-15	Comment Q3
		ASSURANCE LEVEL		
Q4	Q1	Q2	Q3	
-	-	2	2	
-	-	2	2	
-	-	2	2	
-	-	2	2	

RISK OWNER	
Stuart Love	
RISK SCORE	
Initial	C3
<b>CURRENT</b>	<b>C3</b>
Target	D3
LIKELIHOOD	IMPACT
Possible	Significant

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.



