

Strategic Risk Assurance Report 2017-18



LIKELIHOOD	Almost Certain	A								
	Likely	B			07	09	10			
	Possible	C			05	06	08	01	03	04
	Unlikely	D			12		02			
	Very Unlikely	E					11			
RISK RATING MATRIX			5	4	3	2	1			
			Minor	Moderate	Significant	Major	Extreme			
			IMPACT							

Report Version

07

Report Date

Oct-17

Period

Q2: 17-18



No	Strategic Risk - Description	Risk Owner	Current assessment of the risk		Risk Score - DoT			
			Likelihood	Impact	2016-17		2017-18	
					Q3	Q4	Q1	Q2
01	Failure to address the significant and ongoing financial pressures in a sustainable way and to enable service provision to reflect key strategic outcomes and be aligned with the associated budget envelopes.	Council Management Team	Possible	Major	◆	◆	◆	◆
02	Major incident or service disruption (including serious health protection threats) leading to delivery failure that significantly impairs or prevents the Council's ability to deliver key services and/or statutory functions	Service Director - Transactions & Universal Services	Unlikely	Major	◆	◆	◆	◆
03	Failure to safeguard vulnerable adults resulting in a preventable incident	Service Director - Housing, Adults & Communities	Possible	Extreme	◆	◆	◆	◆
04	Failure to safeguard children resulting in a preventable incident	Service Director - Children & Families	Possible	Extreme	◆	◆	◆	◆
05	Failure to meet our health and safety responsibilities	Health & Safety Board	Possible	Significant	◆	◆	◆	◆
06	Failure to ensure the City Council's information is held and protected in line with Information Governance policies and procedures	Service Director - Legal & Governance	Possible	Significant	◆	◆	◆	◆
07	The council is unable to respond appropriately or sufficient quickly to significant changes in service demand arising from changes in the welfare system	Service Director - Children & Families Service Director - Housing, Adults & Communities	Likely	Significant	-	-	NEW	◆
08	Delivery of services via 'alternative service delivery models' fails to deliver the required outcomes in terms of sustainability and cost effectiveness.	Strategy Hub Management Team	Possible	Significant	-	-	NEW	◆
09	Failure to ensure an effective and sustainable adult social care system	Service Director - Housing, Adults & Communities	Likely	Major	◆	◆	◆	◆
10	Failure to ensure an effective and sustainable children's social care system	Service Director - Children & Families	Likely	Major	◆	◆	◆	◆
11	Failure to undertake reasonable actions and /or to provide timely and appropriate communications to key stakeholders following the Grenfell Tower Fire.	Service Director - Housing, Adults & Communities	Very unlikely	Major	-	-	NEW	◆
12	The impact of organisational change and service redesign solutions, whilst delivering savings, create other unplanned for pressures and challenges	Organisational Design Board	Unlikely	Significant	-	-	NEW	◆

Risk Scoring and assessment criteria

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

LIKELIHOOD (Probability)	
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

IMPACT (Consequence)					
	5 - Minor	4 - Moderate	3 - Significant	2 - Major	1 - Extreme
Service delivery (key outcomes/ priorities)	<i>No noticeable effect</i>	<i>Some temporary disruption to a single service area/ delay in delivery of one of the council's key strategic outcomes or priorities</i>	<i>Regular disruption to one or more services/ a number of key strategic outcomes or priorities would be delayed or not delivered</i>	<i>Severe service disruption on a services level with many key strategic outcomes or priorities delayed or not delivered</i>	<i>Unable to deliver most key strategic outcomes or priorities / statutory duties not delivered</i>
Financial	<i>Loss or loss of income < £10k</i>	<i>Loss or loss of income £10k - £499k</i>	<i>Loss or loss of income £500k - £4.99m</i>	<i>Loss or loss of income £5m - £9.99m</i>	<i>Loss or loss of income >£10m</i>
Reputation	<i>Internal review</i>	<i>Internal scrutiny required to prevent escalation</i>	<i>Local media interest. Scrutiny by external committee or body</i>	<i>Intense public, and media scrutiny</i>	<i>Public Inquiry or adverse national media attention</i>

RISK No: SRR01	Last updated: 09/10/2017	OUTCOME	A sustainable council		
RISK DESCRIPTION [Budget Finance]			RISK SCORE	LIKELIHOOD	IMPACT
Failure to address the significant and ongoing financial pressures in a sustainable way and to enable service provision to reflect key strategic outcomes and be aligned with the associated budget envelopes.			CURRENT	C - Possible	2 - Major
RISK OWNER Council Management Team			Target 	D - Unlikely	2 - Major
PORTFOLIO(S) Finance					

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	2016-17				2017-18				MITIGATING ACTIONS / COMMENTS
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1. Assessment of the council's overall short, medium and longer term financial position	a • 'Medium Term Financial Strategy ('MTFS') 2016/17 - 2020/21 in place (agreed by Full Council in Feb 2016) • The 'financial model' subject to quarterly update and review.	2	1	1	1					<ul style="list-style-type: none"> • A further update of the MTFS was presented to Cabinet and Full Council in February 2017. It will be presented again in February 2018. • Any in-year changes reported as part of quarterly corporate monitoring to Cabinet • The updated model will reviewed in Nov 2018.
2. Identification and communication of significant in year budget variances and forthcoming pressures, and identify clear actions	b • Monitoring of capital (monthly) and revenue (monthly) budgets, reported to Council Management Team (monthly) and Cabinet (Quarterly). • 'Financial Scorecards' for CMT, each Service Director and each Portfolio. • Capital reported to the Capital Board on a	2	1	1	1					
	c • Action plans to address any significant in year budget variances are agreed with CMT with the progress of agreed actions reported to CMT monthly. • Where required there are 'intensive care' meetings with SLT. • The monitoring and review of significant budget variances is undertaken via the 'scorecards' which include whether an action plan to address the variance is in place and/or necessary.	2	1	1	1					



	<p>d</p> <ul style="list-style-type: none"> • Delivery of agreed in year budget savings reported to CMT on a monthly basis via a 'Savings Tracker'. • A summary is provided in the form of a 'RAG 	<table border="1"> <tr> <td style="background-color: yellow;">2</td> <td style="background-color: green;">1</td> <td style="background-color: green;">1</td> <td style="background-color: yellow;">2</td> </tr> </table>	2	1	1	2	<ul style="list-style-type: none"> • Assurance level reflects that 'RAG status' slide pack is to be reintroduced as part of monthly report to CMT. 												
2	1	1	2																
<p>3. Identification and delivery of new savings/income opportunities</p>	<p>e</p> <ul style="list-style-type: none"> • Process in place for all savings proposals to be captured and assessed at the earliest opportunity. • In year 'business as usual' savings are identified by service areas and are a part of the output from the new business planning process <p>g</p> <ul style="list-style-type: none"> • A review of the deliverable budget savings for 2018-19 is to be undertaken. This is reliant on service areas being able continue to put forward new and further savings/income opportunities. <p>h</p> <ul style="list-style-type: none"> • 2019-20 plan in place to deliver £8.6m of savings <p>i</p> <ul style="list-style-type: none"> • Savings plans for 2020-21 (£8.5m savings) to be ramped up in terms of development 	<table border="1"> <tr> <td style="background-color: yellow;">2</td> <td style="background-color: green;">1</td> <td style="background-color: green;">1</td> <td style="background-color: green;">1</td> </tr> <tr> <td style="background-color: yellow;">2</td> <td style="background-color: yellow;">2</td> <td style="background-color: yellow;">2</td> <td style="background-color: red;">3</td> </tr> <tr> <td style="background-color: red;">3</td> <td style="background-color: yellow;">2</td> <td style="background-color: yellow;">2</td> <td style="background-color: yellow;">2</td> </tr> <tr> <td style="background-color: red;">3</td> <td style="background-color: red;">3</td> <td style="background-color: yellow;">2</td> <td style="background-color: yellow;">2</td> </tr> </table>	2	1	1	1	2	2	2	3	3	2	2	2	3	3	2	2	<ul style="list-style-type: none"> • Savings plans in place and agreed with appropriate monitoring arrangements in place (as referred to in the above 'Sources of Assurance')
2	1	1	1																
2	2	2	3																
3	2	2	2																
3	3	2	2																
<p>4. Service budgets are profiled and aligned with agreed Council outcomes</p>	<p>j</p> <ul style="list-style-type: none"> • Budgets are aligned with council agreed outcomes and priorities (Outcome Based Budgeting) which form a key part of the budget 	<table border="1"> <tr> <td style="background-color: red;">3</td> <td style="background-color: yellow;">2</td> <td style="background-color: yellow;">2</td> <td style="background-color: yellow;">2</td> </tr> </table>	3	2	2	2	<ul style="list-style-type: none"> • Outcome Plans are being further refined to ensure that they are explicitly aligned with both key priorities and outcome plans. 												
3	2	2	2																
<p>5. Identification of services essential to the continued operation of the council, and alignment of services with the Council's agreed outcomes</p>	<p>k</p> <ul style="list-style-type: none"> • The new operating model is explicitly aligned with Council's agreed outcomes which, in turn, reflects essential and priority services. • Services will be however be kept under review to ensure that the Council continues to invest in, and pursue activity in line with, these and/or developing, outcomes. 	<table border="1"> <tr> <td style="background-color: yellow;">2</td> <td style="background-color: yellow;">2</td> <td style="background-color: yellow;">2</td> <td style="background-color: yellow;">2</td> </tr> </table>	2	2	2	2	<ul style="list-style-type: none"> • Phase 3 of the operating model restructure process is now being implemented and rolled out across service areas and will be complete by March 2018. • Phase 3 for Children and Families, Growth (Infrastructure and Planning) complete by end of October 2017. 												
2	2	2	2																

<p>6. Dedicated, suitably experienced and sufficient resource to lead, support, facilitate and oversee ongoing change related programmes and projects</p>	<p>l</p> <ul style="list-style-type: none"> • Programme Management Office (PMO) is responsible for managing major strategic change projects and programmes across the council. • The PMO is developing into a 'Centre of Excellence for Project, Programme, and Portfolio Management' (P3M) supported by specialism in Change Management. • Development of the PMO arose out of Phase 2 Organisational Design programme. 	<p>2 2 3 2</p>	<ul style="list-style-type: none"> • 100% pass rate on Association for Project Management (APM) training for team members. • Revised structure and target operating model going to Organisational Development board 02/10 • Temporary Project Support Officer resource recruitment in train.
<p>7. Strategic Service Partners involved with, or responsible for, delivery of change programmes and projects have the necessary skills and experience to support, identify and deliver sustainable savings or income generation opportunities</p>	<p>m</p> <ul style="list-style-type: none"> • The relationship with, and performance of, Strategic Service Delivery partners is managed via the relevant 'client team' or the Contract Management Team. • The Strategic LATCo Board, the relevant Cabinet Members together with strategic monitoring boards such as the Capital Board have a role in terms of overseeing and monitoring progress and performance. 	<p>3 2 2 2</p>	
<p>8. Progress and delivery of both the overall Programme and individual transformation projects regularly reported to a senior manager/member board with slippage or variances clearly identified and associated action plans to address.</p>	<p>n</p> <ul style="list-style-type: none"> • Progress and delivery of the overall programme and individual projects is in the first instance monitored via the Programme Boards and either the relevant Cabinet Member or the Strategic LATCo Board as appropriate. • Quarterly updates provided to OSMC which also receives additional detailed presentations on any projects of particular interest to Members from time to time. • Any transformation initiatives that are likely to call upon investment funding requirements are also subject to presentation and scrutiny at Capital Board 	<p>1 1 2 2</p>	<ul style="list-style-type: none"> • Standardised governance, reporting and processes being developed.
<p>9. Identification and assessment of high priority and other projects that are anticipated to deliver significant cashable benefit</p>	<p>o</p> <ul style="list-style-type: none"> • Opportunities for savings form an integral part of the new business planning and budget setting processes. 	<p>2 2 1 1</p>	

<p>10. Assessment of those services where increase in demand is anticipated together with identification of key risk indicators.</p>	<p>p • The development of outcome based budgets focuses on initiatives and changes to the services in order to reduce demand.</p>	2	2	2	2	<p>• <i>Outcome and business plans are being worked on and will feed into the February Budget report.</i></p>
<p>11. Opportunities for additional viable and sustainable income generating activities are identified and implemented</p>	<p>q • A 'Commercialisation Team' is being established with responsibility for both the identification and assessment of income generating activities.</p>	-	NEW	3	3	<p>• <i>SLT is currently considering the most appropriate 'target operating model'.</i></p>
<p>12. Service charges and fees are set at the appropriate level and all charges and fees from income generating services are collected. Payments to suppliers and other external third parties are made on time and therefore avoid additional interest payments or charges</p>	<p>r • A Commercial Strategy and Policy is being developed which will set out the key principles, main considerations and overall approach in terms of developing a pricing and charging structure</p>	-	NEW	2	2	<p>• <i>A Commercial Strategy has been drafted and is currently being considered by SLT.</i></p>
	<p>s • There is a robust invoicing and income collection process in place.</p>	-	NEW	1	2	<p>• <i>End Q2 figures:</i> • <i>Income collection £56m against annual target of £85m;</i> • <i>Average day sales outstanding (days) 100 against target of 90;</i> • <i>Debt more than 12 months old 13% (against target of 25%), £238k written off.</i></p>
	<p>t • Payments stats / information on overdue invoices issued by Accounts Payable and Client Monies Team to CMT through the MOP.</p>	-	NEW	2	2	<p>• <i>Position as of Sept 17 is 96% within the stated payment terms (avg terms = 20 days).</i> • <i>New data will be available as of end of October through the supplier portal. It is expected to see a drop in figures due to all non agreso invoices being included.</i></p>
<p>13. There is clear and effective leadership in terms of the will and commitment of leaders to recognise, embrace and deliver sustainable organisational and service delivery change.</p>	<p>u • There is strong and clear focus by CMT, Cabinet, TIB and overall support from service management in respect of the need to secure both the required annual savings and for the council to benefit from the wider organisational change. There is also regular engagement and discussion with opposition</p>	2	1	1	1	

<p>14. Understanding of future staffing levels and required attributes and skill set which is then reflected in individual staff development and organisational workforce planning arrangements</p>	<ul style="list-style-type: none"> • New Performance Management Framework agreed which is intended to ensure that all staff are working to deliver the Council Strategy and other key strategies which are then translated into outcome plans, service based business plans and individual and/or team objectives. <ul style="list-style-type: none"> • Workforce Strategy and Plan, approved by Full Council in 2016, will seek to address issues around the need for more a formal, robust and consistent approach to succession planning, for key posts and/or a spread of skills to avoid over reliance on any particular individual. 	-	NEW	2	2	<ul style="list-style-type: none"> • A revised Annual Performance review framework is in place and has been rolled out across the Council for 2017 appraisals. This includes performance contracts for all staff and goals and targets for quarterly review for the year ahead and "golden thread" links to council outcomes and behaviours. • The Workforce Strategy is being implemented through a comprehensive HR and OD work plan with governance through an HR Org Dev Board. • The Org Design Board established confirmed principles for future change and this are being applied for all restructures and supported by HR Advisory service. • Workforce plan data collection now in place to help inform planning; apprentice programme in place.
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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 and is delivering the required outcomes.</p>	<p>There is evidence of a sound process or framework in place however there are some inconsistencies or gaps. Effective delivery of required outcomes may not always be consistent</p>	<p>Evidence of inconsistent application and/or critical weakness(es) within the process, framework or activity. The delivery of required outcomes is inconsistent and/or unreliable.</p>	<p>There is no, or insufficient, evidence of an appropriate policy, framework or activity. Required outcomes are not being delivered.</p>

RISK No: SRR02		Last updated: 04/10/2017	OUTCOME	A sustainable council		
RISK DESCRIPTION [Business Continuity / Emergency Planning]				RISK SCORE	LIKELIHOOD	IMPACT
Major incident or service disruption (including serious health protection threats) leading to delivery failure that significantly impairs or prevents the Council's ability to deliver key services and/or statutory functions.				CURRENT	D - Unlikely	2 - Major
RISK OWNER Mitch Sanders				Target 	D - Unlikely	2 - Major
PORTFOLIO(S) Environment & Transport						

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	2016-17				2017-18				MITIGATING ACTIONS / COMMENTS
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1. Business Continuity Plans are in place for key service areas that are tested and reviewed on a periodic basis.	a	<ul style="list-style-type: none"> Corporate BC Plan and 12 Service BC Plans are in place. This follows development with management teams in 2015. The alerting mechanism within the Corporate BC Plan was last successfully tested in March 2016. 	2	2	2	2	2	2	2	<ul style="list-style-type: none"> 7 of the 10 planned reviews of Service BC plans and testing, using the new BC Plan Exercise Toolkit, were completed by end Q2 2017. Programme pushed back to December 2017 target due to incident response demands on EP team (primarily move-to-critical and post-Grenfell recovery) Expectation is 'Substantial Assurance' when the workshops have been completed and plans updated in September 17.
	b	<ul style="list-style-type: none"> Any significant learning point arising from dealing with live incidents and test exercises are reported to the Emergency Planning & Business Continuity ("EPBC") Management Board 	1	1	1	1	1	1	1	<ul style="list-style-type: none"> Several services have activated their BC plan in response to disruption, including IT disruption and associated alerting. The current round of exercise will also be used to raise awareness amongst staff.
2. Range of Emergency Response plans in place to address or respond to legal or statutory obligations.	c	<ul style="list-style-type: none"> Full range of emergency response plans are in place [and published on Sharepoint] with periodic reports from the Emergency Planning and Business Continuity Manager to EPBC Management Board regarding the status of the plans. The SCC Pandemic Influenza Plan, SCC Oil and Chemical Pollution Plan, SCC Rest Centre Plan and joint-SCC and PCC REPPIR plan have been reviewed and updated. 	1	1	1	1	1	1	1	<ul style="list-style-type: none"> All plans are current and aligned with good practice however work is underway to align SCC and PCC's suite of plans to enable better efficiency when maintaining, training and exercising. The Heatwave and Coldweather plans have been updated on this basis. LRF Pandemic framework updated and STAC plan reviewed. Plan being developed for the emerging threat of vector borne diseases transmitted via non native Mosquito

	<p>d</p> <ul style="list-style-type: none"> • Corporate or joint exercises undertaken with other agencies on a periodic basis with the outcome reported to the EPBC Management Board, Southampton Joint Health Protection Forum & Hampshire & Isle of Wight Local Resilience Forum (HIOW LRF). • Exercises in 2016: Rest Centre exercise involving SCC's Emergency Support Team / Exercise Polemos: the multi-agency response to an active shooter incident / Exercise Golden Fox : a demonstration of the tactical response to a nuclear emergency as per the Reactor Emergency Plan / Exercise Aceso : a large-scale multi-agency exercise focussed on pandemic influenza. • Exercises in 2017: Contingency communications exercises the tested facilities at City Depot / Exercise Winner : Multi-agency operational exercise focussed on interoperability at a major aviation incident / Exercise Diesel : SCC Emergency Control Centre exercise resulting in improvements in control centre arrangements. 	<table border="1"> <tr> <td style="background-color: #76b82a; color: white; text-align: center;">1</td> <td style="background-color: #76b82a; color: white; text-align: center;">1</td> <td style="background-color: #76b82a; color: white; text-align: center;">1</td> <td style="background-color: #76b82a; color: white; text-align: center;">1</td> </tr> </table>	1	1	1	1	<ul style="list-style-type: none"> • Forthcoming exercises are HIOW LRF LIVEX scheduled for October 2017 and FOXWATER January 2018
1	1	1	1				
<p>3. An adequate number of suitable officers have been trained, with arrangements to ensure that they are available, to undertake roles required during the council's response to an emergency</p>	<p>e</p> <ul style="list-style-type: none"> • Adequate numbers of suitable officers in place to undertake Duty Gold role on Emergency Duty Rota. The rota arrangements are well tested and have been in place since Nov 2013. • The Local Resilience Forum holds 2 Strategic Coordinating Group training sessions a year as part of its training programme and all rota participants at this level are required to attend. • All officers employed under the Chief Officers' contract are contractually required to participate in the emergency rota and have all received 1:1 training on their role. 	<table border="1"> <tr> <td style="background-color: #76b82a; color: white; text-align: center;">1</td> <td style="background-color: #76b82a; color: white; text-align: center;">1</td> <td style="background-color: #76b82a; color: white; text-align: center;">1</td> <td style="background-color: #76b82a; color: white; text-align: center;">1</td> </tr> </table>	1	1	1	1	<ul style="list-style-type: none"> • Two officers attended the 2016 multi-agency Strategic Coordinating Group training sessions hosted by the Local Resilience forum and two have attended the 2017 sessions to date. • Ongoing with sessions scheduled for this month, October and November 2017
1	1	1	1				

	<p>f</p> <ul style="list-style-type: none"> Adequate numbers of suitable officers in place to undertake Duty Silver role on Emergency Duty Rota. All have received 1:1 training on their role. The Local Resilience Forum holds 2 Tactical Coordinating Group training sessions a year as part of its training programme and all rota participants at this level are required to attend. 	2	1	1	1	<ul style="list-style-type: none"> Two officers attended the 2017 multi-agency Tactical Coordinating Group training sessions hosted by the Local Resilience forum to date. Ongoing with sessions scheduled for this month, October and November 2017
	<p>g</p> <ul style="list-style-type: none"> Adequate numbers of suitable officers in place to undertake Duty Bronze role on Emergency Duty Rota All officers have received suitable training and equipment to undertake the role. These arrangements have been tested during the response to several live incidents (c.4/year). 	1	1	1	1	
	<p>h</p> <ul style="list-style-type: none"> Adequate numbers of suitable officers in place and available to undertake Emergency Planning Duty Officer role on Emergency Duty Rota All have received suitable training and equipment to undertake the role. These arrangements have been tested during the response to many live incidents (c.60/pa). 	1	1	1	1	<ul style="list-style-type: none"> A new joint Emergency Planning Duty Officer ('JEPDO') cadre of six experienced EP officers from SCC and PCC went live on 1st July 2017. JEPDO has successfully dealt with 10 incident responses since.



<p>4. The risk of significant flooding within the city and its potential impact is identified with appropriate physical controls and associated response plans in place that are reviewed and tested periodically.</p>	<p>i</p> <ul style="list-style-type: none"> • HIOW LRForum has a comprehensive Multi-Agency Flood Plan ('MAFP') in place detailing the arrangements in response to a significant flood incident. The plan is due for review in May 2018. • The Southampton-specific information within the MAFP (part 3) is owned by SCC. • Southampton Joint Flood Management Board (JFMB) in place and includes key stakeholders including SCC, Southern Water, Environment Agency, ABP and Network Rail. • JFMB meets prior to winter to highlight needs for management over the winter months, and in spring to learn from incident/issues from the winter months. • Planning applications for development (existing and new) are reviewed to meet a number of criteria and policy to ensure that development is appropriate and does not put people or property at unnecessary risk. • Flood incidents reported to and/or picked up by the SCC Flood Risk Management Team and investigated where deemed necessary. This recording has improved over the last 4 years with information on 2000+ floods ranging from blocked gullies to major/internal flooding. • Flood risk reductions schemes in place in specific locations to reduce impact of tidal flooding to residential properties together with flood action group and flood plan. 	-	-	NEW	2	<ul style="list-style-type: none"> • Surface water flooding is currently being monitored through the Surface Water Hotspot study to collate information that can be used to develop future schemes for implementation to areas identified at risk of surface water flooding. • Joint work involving partners including Balfour Beatty and Southern Water is ongoing to identify areas where flooding can be resolved with 'quick fixes' or where a longer term plan is required is currently ongoing. A list of 22 hotspot areas identified is currently being worked through • Implementation of property level protection underway to 27 residential properties identified as at significant risk. This is in addition to 14 previously protected in 2015. • Flood Plan for St Denys will be updated and tested on completion of current project end of 2017, early 2018. • The SCC Flood Risk Management Team is being reviewed with the aim of a new structure being in place by end Q4 17-18.
<p>5. IT Disaster Recovery Plan that covers IT hardware resilience and applications / systems that support key services and is tested periodically, with the plan itself subject to periodic reviews to ensure that it remains aligned with business need.</p>	<p>j</p> <ul style="list-style-type: none"> • IT Disaster Recovery Plan in place that covers 8 key applications as agreed by the Council Management Team. • A full technical test of DR was completed in Apr 16. A full invocation test was completed in Nov 16 with all applications except one (Cold Harbour - Domiciliary care) being made available within the 72 hour restoration period. 	3	2	2	2	<ul style="list-style-type: none"> • A further test is being considered for Autumn 2017

	<p>k</p> <ul style="list-style-type: none"> The list of automatically recovered systems included in the IT Disaster Recovery Plan needs to be reviewed to ensure that it remains aligned with the business need. <p>l</p> <ul style="list-style-type: none"> Regular reports from IT (Client and Capita) on planning for incidents as well as feedback on learning points following major incidents. 	-	-	NEW	3	<ul style="list-style-type: none"> Agreed that a review of the list of automatically recovered IT systems should be urgently undertaken and will be progressed via the Service Director - Digital and Business Operations. Current list of DR applications is as follows: Corporate SQL / Exchange / Outlook / Cold Harbour – Domiciliary Care / PARIS – Health and Social Care / Port Health – (CNS & SCC) / HMIS – Housing Northgate iWorld Housing / Academy (Revenues, B-Rates & Benefits) / AD Domain Services / Asbestos Reporting System / Community Alarm System.
<p>6. Appropriate controls are in place to manage the risk of a cyber security incident and/or to respond in an appropriate manner</p>	<p>m</p> <ul style="list-style-type: none"> 'Defence in Depth' principle is used terms of minimising the risk of a cyber security attack with multi-layer firewalls and Intrusion Prevention system. Web filtering protects users from malicious sites with malware scanning with a web firewall to protect council web applications and malware detection in end points. There is also email filtering with ability to examine attachments and URLs in a sandbox environment to assess the risk. A cyber security incident would be managed in accordance with the procedure set out in the corporate business continuity plan. The plan activation would be initiated by IT, who would contact the emergency planning duty officer, who would brief the duty director and chief executive and convene an extraordinary CMT meeting (plus relevant technical experts) to review the situation and direct the SCC response. 	-	-	NEW	2	<ul style="list-style-type: none"> Where possible these controls are up to date and quarterly tasks are raised within the IT Service Management Tool. New threats would be identified and assessed via the scans (at least quarterly) carried out against public-facing infrastructure. Similar scans are carried out on the internal network to identify any new threats. Annual scans/assessments of both internal and external infrastructure is undertaken by a 3rd party company for the council's PSN/PCI requirements. Any issues are reported to the security team and incidents/tasks raised in Service Manager/V-Fire. In the event of successful cyber attack, whilst there is a not a formal Security Incident process in place, the Councils standard Major Incident process (fire, flooding, major network outage etc..) would be followed. There is a need to test the corporate (business continuity) response by way of table top exercise. This will be arranged after the service level table top exercises (on a loss of systems scenario) are complete (End Q3). This may lead to a 'cyber attack' section being added to the corporate BCP. This would be guided by IT and CMT.

<p>7. 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>	n	<ul style="list-style-type: none"> All key commercial contracts have Strategic Boards (involving both Members and CMT) with the more minor/less risky contracts having quarterly contract monitoring meetings. Strategic meetings and operational / contract management meetings and governance take place as specified in the contracts. 	1	1	1	1	<ul style="list-style-type: none"> Meetings take place as per contract specifications
	o	<ul style="list-style-type: none"> In respect of key commercial contracts a process is in place which is designed to ascertain the current financial standing of key partner organisations on a cyclical basis. This is used as a tool to assess and mitigate risks to the council. The process, which is run on an annual basis (unless significant mid-term issues are identified), 'rates' each organisation according to the risks to the Council and will be reviewed at Strategic Board level 	1	1	1	1	<ul style="list-style-type: none"> The process was last rerun in Q4 16-17. Not due until Q4 17-18. Capita financial standing being more actively monitored
	p	<ul style="list-style-type: none"> All social care contracts have a Contracts Officer assigned to manage the monitoring and review processes, with Commissioners taking ultimate responsibility for the overall management of contracts. The ICU has dashboard for contract monitoring which provides an overview of each contract which enables new contract monitoring processes to be consistently applied enabling more efficient monitoring and management of contracted services. Where a provider holds multiple contracts for care and support services, these are normally allocated to a single commissioning lead to enable strategic oversight of key suppliers and market share-related risks. 	2	2	2	2	<ul style="list-style-type: none"> Terms of inclusion for residential and nursing homes in the city have been updated and adopted by all local providers; programme of work ongoing to get the new terms signed by out of area providers used by the LA as well.

8. Robust and resilient arrangements are in place to support the SCC Public Health response to a serious health protection threat	q	<ul style="list-style-type: none"> • SCC Public Health would provide a timely and appropriate response in the event of a serious health protection threat. • The Science and Technical Advice Cell ("STAC") plan, managed and owned by Public Health England ("PHE") would assess the resources that might be required and how this would be provided. 	2	2	2	2	<ul style="list-style-type: none"> • <i>HLOW LRF STAC plan was updated June 2017. Training is provided September 2017.</i>
	r	<ul style="list-style-type: none"> • A response plan, in the form of The Local Health Resilience Partnership "Health Protection Incident and Outbreak Plan" is in place (published in August 2015 and links to other partners/agencies [refresh due in 2018]). 	2	2	2	2	<ul style="list-style-type: none"> • <i>A local Standard Operating Procedure was developed in Q4 2016/17 to increase SCC's resilience in response and communications.</i> • <i>This new Standard Operating Procedure increases resilience and consistency in the sharing of this information by standardising distribution lists and inclusion of a 24hr Duty Officer resource.</i>
	s	<ul style="list-style-type: none"> • Local and National level public health surveillance is led by PHE. • SCC Public Health team works locally and nationally with PHE on understanding the level of threat from existing and new types of emergency. 	2	2	2	2	

1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
<i>There is clear evidence of a robust and effective process, framework or activity that is operating effectively and is delivering the required outcomes.</i>	<i>There is evidence of a sound process or framework in place however there are some inconsistencies or gaps. Effective delivery of required outcomes may not always be consistent and/or reliable.</i>	<i>Evidence of inconsistent application and/or critical weakness(es) within the process, framework or activity. The delivery of required outcomes is inconsistent and/or unreliable.</i>	<i>There is no, or insufficient, evidence of an appropriate policy, framework or activity. Required outcomes are not being delivered.</i>

RISK No: SRR03		Last updated: 20/10/2017	OUTCOME	People live safe, healthy, independent lives		
RISK DESCRIPTION [Safeguarding]				RISK SCORE	LIKELIHOOD	IMPACT
Failure to safeguarding vulnerable adults resulting in a preventable incident				CURRENT	C - Possible	1- Extreme
RISK OWNER				Target 	C - Possible	1- Extreme
Paul Juan						
PORTFOLIO(S)			Housing and Adult Care			

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	2016-17		2017-18		MITIGATING ACTIONS / COMMENTS
		Q3	Q4	Q1	Q2	
		ASSURANCE LEVEL				
1. Robust Safeguarding Policy aligned with good practice and including clearly defined roles and responsibilities which is subject to regular review.	a	2	2	1	1	
	b	2	2	2	2	<ul style="list-style-type: none"> The Chair has conducted a review of the Southampton LSAB taking into account the findings of a peer review and noting that there was no substantive response to the peer review report by the previous chair. This review has been completed and delivery of an action plan is being overseen by a task and finish group reporting to the LSAB Independent Chair.



	<p>c • Content of SCCs Strategic Risk in respect of 'safeguarding' to be shared with the LSAB</p>		NEW			
<p>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.</p>	<p>d • Safeguarding Training forms part of the corporate training offer which includes targeted and mandatory elements with all new social workers required to undertake mandatory training and assessed for competency.</p> <ul style="list-style-type: none"> • The Principal Social Worker for Adults is the lead on training. • There are close working relationships with the CCG's Quality Assurance team on joint safeguarding activity . with both organisations working closely with the Care Quality Commission • The Adult Safeguarding Team Manager regularly attend ADASS training days to ensure that SCC remains compliant. • The ASC team have rolled out a comprehensive training programme for all social care staff in adults which covers core competencies. This has been rolled out to our other professions including Occupational Therapy and our partners such as Solent and University Hospitals of Southampton. This approach has been adopted by the LSAB with the same approach to training sponsored for all relevant professionals with a significant adult safeguarding role in the city. 	2	2	2	2	<ul style="list-style-type: none"> • <i>The Principal Social Worker for Adults is new in post</i> • <i>The learning pathways have been developed with learning and development needs picked up as part of the new Annual Performance Review process</i>

<p>3. Early assessment and planning in place for responding to safeguarding concerns across Adult's Social Care.</p>	<ul style="list-style-type: none"> • Safeguarding Adults Team oversees all individual safeguarding situations and has strong links with Integrated Commissioning Unit quality team which oversees the quality of all provider organisations. • Additional resources have been invested in Investigation officers providing greater capacity to review safeguarding issues across all sectors of the provider market place. The team has been able to retain staff with the required skills, knowledge and experience and this is effective. • An Internal Audit 'Safeguarding Adults' review in May 16 concluded that only 'Limited Assurance' could be given however all actions were implemented by Q4 - 16/17. 	<table border="1"> <tr> <td style="background-color: red; color: white; text-align: center;">3</td> <td style="background-color: red; color: white; text-align: center;">3</td> <td style="background-color: yellow; text-align: center;">2</td> <td style="background-color: yellow; text-align: center;">2</td> </tr> </table>	3	3	2	2	<ul style="list-style-type: none"> • <i>The actions arising out of the thematic audit of Making Safeguarding Personal, which was undertaken at the request of the LSAB, are being progressed via a sub group of the LSAB chaired by the Interim Lead for Safeguarding Adults.</i> • <i>Progress in respect of the action plan is reported to the LSAB on a quarterly basis.</i>
3	3	2	2				

<p>4. Safeguarding concerns identified by and reported to the Council are reviewed and communicated as appropriate both internally and with other agencies including those arising from SCC provided services.</p>	<p>f</p> <ul style="list-style-type: none"> • Safeguarding Adults reporting and investigation process involves all appropriate agencies. • Safeguarding Adults team to continue to develop its focus of working with other organisations across the City to improve and develop safeguarding practice. • Provider services Safeguarding List is maintained and available to all partner agencies. This is subject to external assessment by the LSAB monitoring and evaluation sub group and periodic audits. • Safeguarding is a key area at joint management board for the integrated reablement service. This ensures the Community Independence Team and Urgent Response Service routinely make referrals. 	<p>2</p>	<p>2</p>	<p>3</p>	<p>3</p>	<ul style="list-style-type: none"> • <i>The ASC team has reviewed all of the current Pathways that can be used for individuals and professionals to access care and support in the City including the services that are currently being integrated with Solent Health Care Trust as part of the Rehabilitation and Reablement project and the re-designed Single Point of Access Service (SPA) (this work is ongoing and scheduled for implementation in 2017/18 Q3.</i> • <i>A critical weakness is the level of confidence in the partnership arrangements with Southern Health over mental health services in terms of routine safeguarding referrals being made. This is however being addressed through a new Partnership Board which is overseeing implementation of a revised s.75 partnership agreement between the council and Southern Health.</i> • <i>Following this action to review the partnership arrangements and safeguarding approach, locums have been appointed to cover vacant posts pending finalisation of an updated s.75 partnership agreement.</i>
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<p>5. Robust assessment of current and future staffing requirement with a contingency arrangement in place in respect of unforeseen pressures or staff shortages.</p>	<p>g</p> <ul style="list-style-type: none"> Restructure of Adult Social Care teams as part of the phase 3 reorganisation is based on assessment of current and future need, to manage future staff reductions and to further develop partnership working with other organisations and develop broader resilience 	<p>3 2 3 3</p>	<ul style="list-style-type: none"> Sufficient resources are in place to prioritise urgent work and to maintain review performance however, waiting time for assessments has increased in some areas. This is to be addressed via the phase 3. organisational restructure with the formal consultation period commencing on 9th October 17. The mobile version of the Paris case management system is unstable and so has not yet enabled full realisation of savings associated with the Digital Transformation programme. This is being addressed through a system upgrade which is underway. The new in house review team is making progress in terms of the improved productivity that is needed in order to deliver a sustainable review programme.
<p>6. Deprivation of Liberty Safeguards ('DoLS') applications are completed promptly and processed in accordance with statutory timescales including those cases needing renewal of a deprivation of liberty</p>	<p>h</p> <ul style="list-style-type: none"> Additional resource has been moved in to the team from the DoLS grant and a risk based approach is used to prioritise DoLS applications. The DoLS programme is delivering in accordance with the risk based plan and this is overseen by the Service Lead, Safeguarding with reports to the LSAB. Performance is included on the Adult Social Care monthly scorecard, which is reported at CMB and AHC management team. 	<p>3 3 3 3</p>	<ul style="list-style-type: none"> Although performance is improving, DoLS applications are sometimes not being authorised within stated timescales (seven days for an urgent application and 21 days for a standard application). Revisions to the DoLS policy are being made to take account of the Law Commission's draft Bill.
	<p>i</p> <ul style="list-style-type: none"> Once allocated and assessed, the process followed for individual cases complies with the DoLS requirements. DoLS applications are checked and monitored with service managers then checking the quality and ensuring they are compliant. Best Interest Assessors (BIAs) receive extensive training and quality assurance mechanisms are in place. 	<p>2 1 1 1</p>	

1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
<p><i>There is clear evidence of a robust and effective process, framework or activity that is operating effectively and is delivering the required outcomes.</i></p>	<p><i>There is evidence of a sound process or framework in place however there are some inconsistencies or gaps. Effective delivery of required outcomes may not always be consistent and/or reliable.</i></p>	<p><i>Evidence of inconsistent application and/or critical weakness(es) within the process, framework or activity. The delivery of required outcomes is inconsistent and/or unreliable.</i></p>	<p><i>There is no, or insufficient, evidence of an appropriate policy, framework or activity. Required outcomes are not being delivered.</i></p>



RISK No: SRR04		Last updated: 22/09/2017	OUTCOME	Children and young people get a good start in life		
RISK DESCRIPTION [Safeguarding]				RISK SCORE	LIKELIHOOD	IMPACT
Failure to safeguard children resulting in a preventable incident				CURRENT	C - Possible	1- Extreme
				Target 	C - Possible	1- Extreme
RISK OWNER	Hilary Brooks					
PORTFOLIO(S)	Children's Social Care					

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	2016-17				2017-18		MITIGATING ACTIONS / COMMENTS
		Q3	Q4	Q1	Q2	ASSURANCE LEVEL		
		1. Robust Safeguarding Policy aligned with good practice and including clearly defined roles and responsibilities which is subject to regular review.	a	<ul style="list-style-type: none"> Safeguarding Policy for Children in place Southampton Local Safeguarding Children Board ('LSCB') Policies & Procures Manual updated in June 2017 and subject to annual review . 		2	2	
	b	<ul style="list-style-type: none"> LSCB Business Plan outlines priority areas and associated actions to be taken by the LSCB for the period 2015-2018. The business plan sets out the inter agency priorities for safeguarding children and are monitored by the board of the LSCB The status of the actions identified in the plan are reported to the LSCB 		2	2	2	2	<ul style="list-style-type: none"> All actions in the LSCB Business plan are on track in terms of delivery
	c	<ul style="list-style-type: none"> Content of SCCs Strategic Risk in respect of 'safeguarding' to be shared with the LSCB 		-	-	-	NEW	

<p>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.</p>	<p>d</p> <ul style="list-style-type: none"> • All new social workers undertake mandatory training and are assessed for competency. • Level 3 Safeguarding Training programme is monitored and evaluated through the LSCB including attendance levels. • Level 2 Safeguarding Training is monitored and evaluated through the LSCB Training Sub Group. • Training is under the remit of the Workforce Development Manager (Practice Educator) who is able to monitor needs and take up. • Safeguarding Training forms part of the corporate training offer which includes targeted and mandatory elements. • QA oversight of the safeguarding training by the Service Manager and Principal Social Worker and the outcomes this has on service delivery. 	2	2	2	2	
<p>3. Safeguarding concerns identified by, and reported to, the Council are reviewed, communicated and escalated as appropriate both internally and with other agencies.</p>	<p>e</p> <ul style="list-style-type: none"> • Multi-Agency Safeguarding Hub ("MASH") in place which brings together, in one location, staff from the council and a range of other key agencies to further improve the early identification and response to safeguarding concerns. • MASH deals with a range of issues in respect of preventative and target intervention alongside managing high risk Child Protection. 	2	2	2	2	<ul style="list-style-type: none"> • <i>An independent external review of the MASH has been undertaken which focussed on demand management and the process in terms of how initial referrals are managed with the findings reported to the Children's' Improvement Board and the Transformation Board.</i> • <i>Reporting highlighted need to ensure that the most qualified staff managed the initial referrals. This has now been implimented and is having a positive impact on demand management.</i>

<p>4. The approach and arrangement in respect of 'Children's Safeguarding' is validated by external inspection agencies?</p>	<p>f</p> <ul style="list-style-type: none"> • Ofsted Inspections are undertaken in accordance with the 'Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers' . • All local authorities are inspected within a three-year period. In addition, ad hoc smaller, more focussed reviews may be undertaken. • Ofsted undertook a review of Special Educational Needs and Disability (SEND) in Jan 2017. The subsequent report issued by Ofsted was positive and did not include an action plan. 	<p>NEW</p> <p>2 2 2</p>	<ul style="list-style-type: none"> • A Peer review (undertaken by colleagues from other local authorities) is scheduled to be undertaken in November. This review is expected to focus on Quality Assurance and interaction with staff.
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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 and is delivering the required outcomes.</p>	<p>There is evidence of a sound process or framework in place however there are some inconsistencies or gaps. Effective delivery of required outcomes may not always be consistent and/or reliable.</p>	<p>Evidence of inconsistent application and/or critical weakness(es) within the process, framework or activity. The delivery of required outcomes is inconsistent and/or unreliable.</p>	<p>There is no, or insufficient, evidence of an appropriate policy, framework or activity. Required outcomes are not being delivered.</p>

RISK No: SRR05		Last updated 05/10/2017	OUTCOME	A sustainable council		
RISK DESCRIPTION [Health and Safety]				RISK SCORE	LIKELIHOOD	IMPACT
Failure to meet our health and safety responsibilities				CURRENT	C - Possible	3 - Significant
				Target 	D - Unlikely	3 - Significant
RISK OWNER	Health & Safety Board					
PORTFOLIO(S)	Leaders					



EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	2016-17				2017-18				MITIGATING ACTIONS / COMMENTS
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1. Roles, responsibilities and accountabilities of staff at all levels are defined and understood including the role of members	a	<ul style="list-style-type: none"> H&S Policy : Statement of Intent' signed by Directors as are the other key polices on the major H&S risks [Fire and Water Quality]. 				2	2	3	2	<ul style="list-style-type: none"> Following a discussion at the Asbestos Management Group the previous Asbestos Policy and associated 'Safe Working Procedure' is to be amalgamated into a single 'policy and arrangements' document.
	b	<ul style="list-style-type: none"> The standard job description for managers requires that "The post holder is required to be familiar with the Council's Health and Safety Policy and be aware of and observe any part of the policy related specifically to the duties and responsibilities of the post". H&S training needs are identified at the point of employment with line managers responsible for identifying further and ongoing H&S training needs including refresher training. 				2	1	1	1	<ul style="list-style-type: none"> Responsibilities in respect of H&S are reflected in the new Performance Contracts
	c	<ul style="list-style-type: none"> Governance arrangements comprise the H&S Board which involves H&S (both client and Capita) and the Joint Consultative Group ('JCG') meetings involving the unions and management with individual service areas. There is also a standalone Asbestos Management Group which is chaired by the Health, Safety and Wellbeing Manager. 				2	2	1	2	<ul style="list-style-type: none"> The role and remit of the H&S Board has been reviewed and formal 'terms of reference' for the Board have been agreed. Consideration is being given as to whether it is necessary to have a standalone H&S Committee and, if so, whether this role might be able to delivered via an existing forum. Water Quality Management Group being established

	<p>d</p> <ul style="list-style-type: none"> • Designated and trained Fire Wardens in place within Civic Centre. The fire evacuation procedure is managed through Civic Building Services and is tested twice annually. • Town Sergeants currently respond to first aid incidents for members of the public in the civic buildings. • The current Safe Working Procedure ('SWP') requires that local managers are responsible for the provision of first aiders in their service areas. 	<table border="1"> <tr> <td>-</td> <td>-</td> <td>NEW</td> <td>3</td> </tr> </table>	-	-	NEW	3	<ul style="list-style-type: none"> • A review of the adequacy, provision and co-ordination of first aiders within Civic Centre is currently being undertaken. • Any subsequent revisions to the arrangements will need to be reflected in the associated SWP 				
-	-	NEW	3								
<p>2. Appropriate health & safety guidance, training, policies and procedures are in place and in accessible format and are subject to periodic review.</p>	<p>e</p> <ul style="list-style-type: none"> • All policies and procedures are published on the intranet and are updated at least annually or as changes come in, major changes are consulted on. • All SWPs are reviewed every two years. <p>f</p> <ul style="list-style-type: none"> • Full suite of e-learning courses available as well as a range of bespoke courses primarily aimed at the higher risk activities (e.g. waste management, trades etc.). 	<table border="1"> <tr> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> </table>	1	1	1	1	2	2	2	2	<ul style="list-style-type: none"> • There is no central monitoring of take-up of the e-learning training however the Annual Performance Review processes is intended to incorporate a review of all training needs including H&S
1	1	1	1								
2	2	2	2								
<p>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.</p>	<p>g</p> <ul style="list-style-type: none"> • Update of required training (including refresher training) is able to be monitored by line managers via the Learning & Development Portal. • Local training records also held within service areas. <p>h</p> <ul style="list-style-type: none"> • Essential Health & Safety Management training is provided for all SCC managers and supervisors (this was originally via a H&S Management Academy Programme launched in May 2016) 	<table border="1"> <tr> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> </table>	3	3	3	3	3	3	3	3	<ul style="list-style-type: none"> • A Training Needs Analysis - 'Corporate Training Matrix' / 'Schools Training Matrix' is being developed. This tool is intended to aid managers in identifying what courses they or their staff need to attend. • The number of managers and supervisors successfully completing the H&S Management Academy programme in 2016 was lower than anticipated (circa 40%). • A revised and less rigid approach to the 'academy' format is being developed with approval to be sought in Q3.
3	3	3	3								
3	3	3	3								

4. Senior manager oversight in terms of compliance with H&S responsibilities.	i	<ul style="list-style-type: none"> H&S Board report to CMT on a quarterly basis highlighting any areas of significant concern together with an end of year report . 	1	1	2	2	<ul style="list-style-type: none"> The 'report' will be in the form of the 'Strategic Risk' that refers to H&S recognising that the content will need to be reviewed and adjusted to ensure that all key issues are adequately reflected. A revised self audit tool to be used by all service areas when available. HSS to undertake audits of the operational areas based on intelligence and time frame from last known audit.
	j	<ul style="list-style-type: none"> JCGs highlight any issues or areas of non-compliance as do the Union H&S Committee. 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. 	2	2	2	2	<ul style="list-style-type: none"> Escalation within the wider council is considered to be effective as does the JCG items. The position within schools is less robust as the level of control that the council is able to exert is more limited. The H&S Board will however be seeking an overview regarding the
	k	<ul style="list-style-type: none"> The majority of schools buy into the H&S SLA (11 Gold, 34 Silver, 7 Bronze). All maintained schools have a basic H&S compliance audit which is repeated over the 3 year period. Concerns are escalated back to the school with serious concerns being escalated to H&SS team and H&S manager. 	2	2	2	2	<ul style="list-style-type: none"> The roles and responsibilities for overseeing the arrangements in schools needs to be reviewed and formalised. The role is currently being shared between Capital Assets, Corporate H&S Manager and Capita H&S.
5. Contractors, and other service providers with whom the council (including individual schools) engages with, have robust H&S arrangements that are adhered to and reflect the council's approach to H&S.	l	<ul style="list-style-type: none"> A risk rating system is being devised by H&S as part of the 'Safe Working Procedure ('SWP') - Control of Contractors and Suppliers'. 	3	3	3	3	<ul style="list-style-type: none"> Consultation of revised SWP ends 30/09/17. Propose ratification of SWP via the H&S Board unless consultation feedback necessitates significant amendments.

<p>6. The council's standard contract wording makes explicit reference to minimum H&S requirements and includes provision for SCC to undertake ad hoc or unannounced reviews of arrangements or on-site operations</p>	<p>m</p> <ul style="list-style-type: none"> • New SWP in respect of 'Control of Contractors and Suppliers' is being developed and will reflect minimum requirements regarding health and safety. • In terms of enforcement/compliance the new SWP would fall within the definition of "Standards and Policies" and consequently a contractor would be bound to comply with it. 	<p>3 3 3 3</p>	<ul style="list-style-type: none"> • Consultation of revised SWP ends 30/09/17 • Legal Services has recommended that those relevant SWPs, that a contractor is bound to comply with, are specifically flagged within the contract documentation. This is being considered.
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1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
<p><i>There is clear evidence of a robust and effective process, framework or activity that is operating effectively and is delivering the required outcomes.</i></p>	<p><i>There is evidence of a sound process or framework in place however there are some inconsistencies or gaps. Effective delivery of required outcomes may not always be</i></p>	<p><i>Evidence of inconsistent application and/or critical weakness(es) within the process, framework or activity. The delivery of required outcomes is inconsistent and/or unreliable.</i></p>	<p><i>There is no, or insufficient, evidence of an appropriate policy, framework or activity. Required outcomes are not being delivered.</i></p>

RISK No: SRR06		Last updated: 13/09/2017	OUTCOME	A sustainable council		
RISK DESCRIPTION [Information Governance]				RISK SCORE	LIKELIHOOD	IMPACT
Failure to ensure the City Council's information is held and protected in line with Information Governance polices and procedures.				CURRENT	C - Possible	3 - Significant
RISK OWNER: Richard Ivory				Target 	E - Very Unlikely	3 - Significant
PORTFOLIO(S): Leaders						

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	2016-17		2017-18		MITIGATING ACTIONS / COMMENTS				
		Q3	Q4	Q1	Q2					
		ASSURANCE LEVEL								
1. A Strategic Information Governance Board is in place with agreed terms of reference, appropriate membership and reporting structure into a senior management team.	a	<ul style="list-style-type: none"> Information Governance Board ("IGB") in place with terms of reference agreed by the Council Management Team ('CMT') in July 2016 and kept under review by the Service Director - Legal and Governance ('SDLG'). SDLG reports annually to the Governance Committee and quarterly to CMT on information governance, including breaches and training compliance. 				1	1	1	1	<ul style="list-style-type: none"> IGB agreed on 11th Sept 2017 to set up a monthly GDPR Sub Group to more closely manage the changes needed to ensure compliance by May 2018.
	b	<ul style="list-style-type: none"> IGB Chaired by the Corporate Senior Information Risk Owner "SIRO" (SDLG). IGB meetings are held every six weeks and attended by the SDLG as CMT lead, the Senior Solicitor (Corporate), [IT Strategy Manager], the Caldicott Guardian, the Senior Records Officer, Information Lawyer (Data Protection Officer), Service Lead - Risk, Insurance, Assurance & Audit and the Service Lead - Customer & Employee Experience. 				2	2	2	2	


	<p>c</p> <ul style="list-style-type: none"> • A corporate SIRO is in place with Information Asset Owners (Service Directors) trained and in place across the Council. • IAOs are accountable to both IGB and CMT for information governance compliance within their areas and are required to submit evidence of compliance on a quarterly basis to the IGB. Non-compliance will be reported to CMT. 	<table border="1"> <tr> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> </table>	2	2	2	2	<ul style="list-style-type: none"> • <i>There was a 95% return rate (100% in the previous quarters) from IAOs in respect of completed 'IG Compliance Checklists'.</i>
2	2	2	2				
<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>d</p> <ul style="list-style-type: none"> • IG Framework in place (adopted by the IGB in October 2014). • All Information Asset Owners together with Information Asset Administrators have been trained in respect of the their responsibilities. • The Data Protection Officer has met with all Information Administrators. 	<table border="1"> <tr> <td>3</td> <td>2</td> <td>2</td> <td>2</td> </tr> </table>	3	2	2	2	
3	2	2	2				
	<p>e</p> <ul style="list-style-type: none"> • An overarching IG policy in place under which all relevant polices fit. • A control list is in place and all policies due for review are tabled at each IGB as a standing agenda item. 	<table border="1"> <tr> <td>1</td> <td>1</td> <td>1</td> <td>2</td> </tr> </table>	1	1	1	2	<ul style="list-style-type: none"> • <i>There are x3 IT based policies that are due for review (July 2017) and have yet to be completed.</i>
1	1	1	2				
	<p>f</p> <ul style="list-style-type: none"> • There is an Information Asset Register ('IAR') in place with Heads of Service being the appointed 'Information Asset Owners'. • IAOs are tasked with responsibility for keeping their service area information updated and asked to account for compliance for their areas of responsibility on a quarterly basis to IGB. 	<table border="1"> <tr> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> </table>	2	2	2	2	<ul style="list-style-type: none"> • <i>When meeting with the Information Asset Administrators, the Data Protection Officer has sought their input and overview of each service area entry in the IAR.</i> • <i>Ensuring its accuracy and completeness is a rolling programme and is the overall responsibility for each Information Asset Owner</i>
2	2	2	2				

	<p>g</p> <ul style="list-style-type: none"> • A published Retention Schedule is in place which is comprehensive and up to date. • Compliance with the retention schedule is captured in the quarterly checklists that are required to be completed by the IAOs. 	2	2	2	2	<ul style="list-style-type: none"> • <i>The compliance returns would indicate that although IAOs are aware of the requirement to review and dispose or retain records compliance is not consistent across all areas and further work is required to embed regular reviews into business as usual work.</i> • <i>There is awareness in respect of the challenges around disposal of electronic records and Capita IT are exploring the opportunities / costs in respect of data held in five key corporate systems.</i>
	<p>h</p> <ul style="list-style-type: none"> • Actions arising from Information Commissioners Office review of the council's Information Governance arrangements (Jan 2016) have been actioned and/or given proper consideration. 	2	2	2	2	<ul style="list-style-type: none"> • <i>The remaining significant action relates to the appointment of an IT/IG lead in line with the PSN certification requirements. As referred to above this appointment is imminent and this will then allow us to report full compliance with the action plan.</i>
	<p>i</p> <ul style="list-style-type: none"> • Privacy Impact Assessments (PIA) are in place for all new projects or policies. • Consideration of the need to conduct a PIA forms part of the decision making report template and at Gateway 1 in the project management template. • The requirement to complete PIAs forms part of the IAO quarterly checklist. 	2	2	2	2	<ul style="list-style-type: none"> • <i>It is taking time for the need for PIAs to embed into the Council's culture but greater engagement is being seen however there are pockets of non-compliance. Making staff aware of the critical importance of mandatory PIAs (or DPIAs as they are now to be known as in line with GDPR terminology) forms part of the GDPR programme of work.</i> • <i>There has been an increase in the recorded number of DPIAs since the last quarter.</i>
<p>3. The organisation ensures that its staff and those working on its' behalf are adequately trained in all aspects of IG.</p>	<p>j</p> <ul style="list-style-type: none"> • Training in Data Protection and Freedom of Information is mandatory for all staff and is provided through e-learning and other appropriate methods including use of training videos via YouTube in order to provide basic training for colleagues without easy access to IT. 	2	2	3	2	<ul style="list-style-type: none"> • <i>The current overall compliance rate stands at 85% overall and reflects an improved position.</i> • <i>The Learning & Development team are exploring ways of improving the compliance rate, including merging both mandatory DPA and FOI modules and ultimately, once we have confidence in the accuracy of the recording of the completions, systems access restrictions (or terminations) will be introduced for those not complying.</i>

	<ul style="list-style-type: none"> • Data breaches feature on the IAO checklist • The Corporate Legal Team is responsible for investigation of potential breaches and for liaising with the service areas with the remediation plan post breach. • All investigations and monitoring of compliance of remediation plans is performed by the Data Protection Officer. 	<table border="1"> <tr> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> </table>	2	2	2	2	<ul style="list-style-type: none"> • <i>The recorded number of data breaches has been in decline over the last 6 quarters and is down 30.9% in comparison to last year.</i> 								
2	2	2	2												
<p>4. Information is shared within the organisation, with partners and clients according to the Law and other statutory guidance.</p>	<ul style="list-style-type: none"> • Information sharing protocols and operational agreements are in place, registered and reviewed. • A corporate register of Information Sharing Agreements is in place and subject to regular review • The quarterly checklist requires IAOs to ensure that all necessary agreements are in place 	<table border="1"> <tr> <td>2</td> <td>1</td> <td>1</td> <td>1</td> </tr> </table>	2	1	1	1	<ul style="list-style-type: none"> • <i>It is considered that the corporate register is as complete as it can be.</i> 								
2	1	1	1												
<p>5. Regulatory compliance is met.</p>	<ul style="list-style-type: none"> m • Public Sector Network compliance certificated. SCC is currently fully 'PSN' compliant. n • Department of Health IG Toolkit complete and returned within the prescribed annual deadlines noting that a verified IG Toolkit is necessary in order to enable the council to access data held by partners and for partners to access SCC information. The required compliance is Level is 2 (range is from 0-3). o • A nominated Caldicott Guardian is in place. • The Caldicott Guardian role is with the Service Director Children & Families and the Service Director Housing Adults and Communities and registration has been lodged with the Health and Social Care Information Centre. 	<table border="1"> <tr> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>3</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> </table>	1	1	1	1	3	2	1	1	1	1	1	1	<ul style="list-style-type: none"> • <i>This is reviewed annually, next review due April 2018</i> • <i>The Corporate Legal Team took control of the administration of the Toolkit on an interim basis.</i> • <i>The Toolkit was submitted before the deadline and a level 2 scoring of 83% compliance for 2016-17 was achieved (in comparison with 69% last year.)</i> • <i>Low level, informal training has been given but with more intensive training to follow.</i>
1	1	1	1												
3	2	1	1												
1	1	1	1												

<p>6. Appropriate arrangements are in place to ensure that the council is able to comply with the provisions of the new General Data Protection Regulation (GDPR) which comes into force in May 2018 noting that the GDPR:</p> <ul style="list-style-type: none"> • Replaces the current DP directive • Enshrines a single DP law across Europe • Gives enhanced rights for individuals • Imposes greater, new and more prescriptive obligations on those who process personal data • Imposes serious consequences for non-compliance 	p	<ul style="list-style-type: none"> • An 18 month rolling action plan has been developed by Legal and Governance 2016 noting however that this is not just a 'legal' project but will involve and require both engagement and action across the Council, not least from the Information Asset Owners and Information Asset Administrators. 	NEW	3	2	3	<ul style="list-style-type: none"> • Certain corporate tasks have been completed, such as re-wording of the Council's global privacy notice, contract clauses, DPIA template. • Leadership Group and the Asset Owners have also been briefed on the GDPR and implications for the Council. • The Data Protection Officer is now attending all Management teams to offer bespoke service area assistance and advice as to what must be done to ensure compliance. Some service areas are more engaged than others. All progress will be reported to CMT and any areas of concern will be flagged and targeted. • IAOs are required to regularly report on progress by way of the quarterly checklist and by introduction of a new monthly service by service template. • An IGB GDPR sub group is to be established to monitor progress of service areas between now and GDPR implementation.
	q	<ul style="list-style-type: none"> • GDPR awareness programme to be developed and delivered in order that the Council is fully prepared for immediate and full implementation on 25th May 2018. 	NEW	3	2	2	<ul style="list-style-type: none"> • As above. An all staff awareness programme is currently being worked on and rolled out. • Updated Staff Stuff pages have been rolled out Management teams have been briefed and asked to cascade message to all staff in service areas.

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 and is delivering the required outcomes.	There is evidence of a sound process or framework in place however there are some inconsistencies or gaps. Effective delivery of required outcomes may not always be consistent and/or reliable.	Evidence of inconsistent application and/or critical weakness(es) within the process, framework or activity. The delivery of required outcomes is inconsistent and/or unreliable.	There is no, or insufficient, evidence of an appropriate policy, framework or activity. Required outcomes are not being delivered.



RISK No: SRR07		Last updated: 17/10/2017	OUTCOME	A sustainable council		
RISK DESCRIPTION [Demand Management]				RISK SCORE	LIKELIHOOD	IMPACT
The council is unable to respond appropriately or sufficient quickly to significant changes in service demand arising from changes in the welfare system				CURRENT	Likely	Significant
RISK OWNER				Target	Possible	Significant
Hilary Brooks / Paul Juan						
PORTFOLIO(S)			Finance			

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	2016-17				2017-18				MITIGATING ACTIONS / COMMENTS
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1. <i>Appropriate business intelligence arrangements are in place to predict, track, identify and communicate significant changes in demand.</i>	a. <ul style="list-style-type: none"> Monitoring undertaken quarterly on the number of residents affected by each of the major reforms with quarterly statistics collated where available. Welfare Reform Monitoring Group in place and annual report on Local Impacts of Welfare Reforms produced. This is a city-wide, multi-agency group which works together to co-ordinate the local response to welfare change. 	-	-	NEW	2	-	-	NEW	2	<ul style="list-style-type: none"> Where information is available it is used to assess pressures. The DWP has confirmed funding for 2017/18 for Universal Credit, Core Funding, Discretionary Housing Payment (DHP), and New Burdens.
2. <i>The impact of anticipated changes in demand is reflected in both business planning and budgeting arrangements.</i>	b. <ul style="list-style-type: none"> The potential for significant changes in demand is reflected in 'Children & Families' and the 'Housing & Adults' business plans. Impact of changes that affect the HRA (in particular the 1% annual reduction in and Business Plan has been assessed and communicated to Councillor and CMT. The budget in 2016/17 catered for the 1% rent reduction for the first two years (2016/17 & 2017/18). 	-	-	NEW	2	-	-	NEW	2	<ul style="list-style-type: none"> The HRA budget has been to the Cabinet Member responsible for Housing, and has been to CMT and is going through the process now for approval. During the next year we will be looking at the following two years where the 1% rent reduction equates to a total of £7.4 million.

	<p>c</p> <ul style="list-style-type: none"> Exercise, with other stakeholder agencies including anti-poverty services, Supporting People providers and advice services to identify additional service demand. 	-	-	NEW	2	<ul style="list-style-type: none"> Additional and ongoing funding of up to £185K per annum allocated for local welfare support. Evidence of increased demand on implementation of universal credit full service. SCC funding to voluntary sector including advice services is moving from grants to contracts. Welfare Reform Monitoring Group continues to work with agencies to identify pressure points and gaps in current provision. Additional funding provided from DWP for Universal Credit for 2017/18 for Assisted Digital and Personal Budgeting Support.. This has been used to increase the level of advice support
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<p>3. Resources are able to be deployed /redeployed to meet service delivery pressures</p>	<p>d</p> <ul style="list-style-type: none"> Systems are in place to respond to in-year increases in demand. There are also arrange of interventions and measures in place intended to manage future demand including 'edge of care services', early help and early years. Additional capacity is in place for the Housing Income Team in preparation for the implementation of Universal Credit in order to support tenants noting and recognising that under Universal Credit gross benefits will be paid direct to tenants (thereby 	-	-	NEW	2	<ul style="list-style-type: none"> 7 new FTE have been secured to cover the new collection activities needed to recover debts from the 11,000 tenants who previously received their benefits net of rent (£40M per annum paid direct to SCC – no collection required and no cost incurred) The number of Social Rented Sector notifications is twice the level predicted so to minimise the impact on available resource, some automation options are currently being explored.
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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 and is delivering the required outcomes.</p>	<p>There is evidence of a sound process or framework in place however there are some inconsistencies or gaps. Effective delivery of required outcomes may not always be consistent and/or reliable.</p>	<p>Evidence of inconsistent application and/or critical weakness(es) within the process, framework or activity. The delivery of required outcomes is inconsistent and/or unreliable.</p>	<p>There is no, or insufficient, evidence of an appropriate policy, framework or activity. Required outcomes are not being delivered.</p>

RISK No: SRR08		Last updated: 19/09/2017	OUTCOME	A sustainable council		
RISK DESCRIPTION [Alternative Service Delivery Models]				RISK SCORE	LIKELIHOOD	IMPACT
Delivery of services via 'alternative service delivery models' fails to deliver the required outcomes in terms of sustainability and cost effectiveness.				CURRENT	C - Possible	3 - Significant
RISK OWNER: Strategy Hub Management Team				Target 	D - Unlikely	4- Moderate
PORTFOLIO(S): Finance						

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	2016-17		2017-18		MITIGATING ACTIONS / COMMENTS
		Q3	Q4	Q1	Q2	
		ASSURANCE LEVEL				
1. Clear and robust process in place in respect of the consideration and approval of all alternative service delivery proposals	a. <ul style="list-style-type: none"> All alternative service delivery proposals commence through CMT before going to Strategy and Commissioning Board, then through CMB and then to Council . Assurances are through relevant meeting notes. 	-	-	NEW	1	
2. All proposals include financial, legal and risk considerations which have been developed, reviewed and signed off by the relevant areas.	b. <ul style="list-style-type: none"> Formal decision making report template in place via modgov system. System requires that all reports are subject to sign-off from finance and legal before a report progresses. 	-	-	NEW	3	<ul style="list-style-type: none"> For reports generated outside of the modgov system there is not a robust process in terms of sign-off. There is currently inconsistent use of the new 'risk management implications' section within the corporate report template.
3. Where required or appropriate, consultation with key stakeholders has been undertaken with the output being used to shape the service delivery proposal or model.	c. <ul style="list-style-type: none"> All alternative service delivery proposals are progressed through Finance, Legal and also the Communications team to ensure that any need for consultation has been considered. 	-	-	NEW	2	<ul style="list-style-type: none"> Appropriate programme management office pathways have recently been developed in order to ensure that stakeholders are consulted, and that financial and legal risks have been considered.

4. Robust governance arrangements are in place in terms of how the arrangement is monitored in terms of delivery of outcomes, performance, cost etc.	<p>d</p> <ul style="list-style-type: none"> Governance will be through having a Service Director for the alternative delivery model on CMT. Outcomes may be monitored through the key performance indicators and reports to the 	-	-	-	NEW	<ul style="list-style-type: none"> Governance arrangements and associated processes and procedures are currently being developed in respect of the LATCo. These arrangements are intended to form a model for future 'alternative service delivery' proposals.
5. The role of service delivery partners is clearly defined together with the basis on which payment is predicated.	<p>e</p> <ul style="list-style-type: none"> Assurance would be through contractual arrangement and / or Memorandum of Understanding 	-	-	-	NEW	
6. Contractual arrangements include sufficient scope to cater for either significant changes in demand and/or the type of service required going forward including extending or exiting the arrangement	<p>f</p> <ul style="list-style-type: none"> Assurance would be through contractual arrangement and / or Memorandum of Understanding 	-	-	-	NEW	
7. Where a service is to be delivered by a third party, any Council residual statutory or legal responsibilities are defined and understood.	<p>g</p> <ul style="list-style-type: none"> Assurance would be through contractual arrangement and / or Memorandum of Understanding 	-	-	-	NEW	
8. There is an appropriate process for review of the contractual agreements and the partnerships	<p>h</p> <ul style="list-style-type: none"> Periodic reviews in the performance and outcomes of the contract areas, and through break clauses in the formal contracts. 	-	-	-	NEW	

1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
<p><i>There is clear evidence of a robust and effective process, framework or activity that is operating effectively and is delivering the required outcomes.</i></p>	<p><i>There is evidence of a sound process or framework in place however there are some inconsistencies or gaps. Effective delivery of required outcomes may not always be consistent and/or</i></p>	<p><i>Evidence of inconsistent application and/or critical weakness(es) within the process, framework or activity. The delivery of required outcomes is inconsistent and/or unreliable.</i></p>	<p><i>There is no, or insufficient, evidence of an appropriate policy, framework or activity. Required outcomes are not being delivered.</i></p>

RISK No: SRR09		Last updated: 23/10/2017	OUTCOME	People live safe, healthy, independent lives		
RISK DESCRIPTION [Budget/Finance/Service Delivery]				RISK SCORE	LIKELIHOOD	IMPACT
Failure to ensure an effective and sustainable adult social care system				CURRENT	B - Likely	2 - Major
				Target 	C - Possible	2 - Major
RISK OWNER	Paul Juan					
PORTFOLIO(S)	Housing and Adult Care					

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL				MITIGATING ACTIONS / COMMENTS
		2016-17 Q3	2016-17 Q4	2017-18 Q1	2017-18 Q2	
1. Assessment of future service demand (and projected cost) together with an understanding of demand indicators or triggers	<p>a</p> <ul style="list-style-type: none"> 'Joint Strategic Needs Assessment' for the city is in place An agreed Better Care Fund Plan (BCF) is in place which contains a detailed review and interpretation of the demographics of the city. <p>b</p> <ul style="list-style-type: none"> Regular comparisons are made with our nearest neighbours via a CIPFA Benchmarking group with any significant or unexplained variances reviewed as necessary The council is also now participating in ADASS national and regional comparator groups. 	2	2	2	2	<ul style="list-style-type: none"> A public health analyst has updated the model and an update of the JSNA is underway The model is being used to support budget monitoring and forecasting during weekly "intensive care" budget meetings.
2. Appropriate range of preventative / early intervention actions to seek to manage and/or reduce future demand	<p>c</p> <ul style="list-style-type: none"> A Better Care Fund local plan has been developed by the Council and Southampton City Clinical Commissioning Group ("CCG") as a part of the Better Care Fund. The Plan focusses on prevention and early intervention and building on the role of individuals in their own health and wellbeing. There is a detailed Assurance Framework for the Better Care fund and within it, it has reference to the risk, key controls in place and progress in managing and mitigating identified risks. 	2	2	2	2	<ul style="list-style-type: none"> There is a Better Care fund monthly budget review meeting between SCC and the CCG at CFO level with reports on progress with each of the schemes. The assurance framework is reported monthly to the CCG and Council. The plan has recently been revised to incorporate the Improved Better Care Fund (IBCF) with reports to Commissioning Partnership Board and Integration Board.



	<p>d • Southampton Information Directory ("SID") has been developed which provides information and support for adults and those that are caring for them. The SID signposts a wide range of support and self help options that are available.</p>	-	3	3	3	<ul style="list-style-type: none"> • The system is not regularly updated and the Council Management Team and Integrated Commissioning Unit have an action plan to address this. • Additional resources have been invested from the IBCF to update this key system.
	<p>e • Integrated Health and Social Care Rehabilitation / Reablement Service for the city, designed to help people maintain or regain their ability and confidence to live at home, commenced in June 2016.</p> <ul style="list-style-type: none"> • Effectiveness of this service is overseen by the Integration Board. • Board recommended changes to the Partnership Management Board and monitoring arrangements which were implemented in 2017/18 Q1 and are providing additional assurance 	2	2	3	3	<ul style="list-style-type: none"> • The Integration Board will be requested to give an opinion on the effectiveness of this service in Q4 17-18 , which will identified issues or provide additional assurance.
	<p>f • An 'integrated person centred care work programme' is in place with one of the main areas of focus being on 'prevention and early intervention'</p> <ul style="list-style-type: none"> • Principal Social Worker for Adults in post to support the programme 	-	2	3	3	<ul style="list-style-type: none"> • The effectiveness of this will be assessed by the newly formed Adult Social Care Transformation Board during Q4 17-18.
	<p>g • Independent Living Board in place who are responsible for overseeing the developing assistive technology and extra care housing provision (four Extra Care Housing complexes).</p>	2	2	3	3	<ul style="list-style-type: none"> • Independent Living Board scheduled to agree a strategy/commissioning approach in Q4 17-18 that will have mechanisms to provide the required assurance. • Weekly intensive care meetings include monitoring of the uptake of telecare installations which is behind trajectory and not able to evidence savings yet. A 'deep dive' exercise to look at telecare is to take place and this will result in detailed action plans being developed.

<p>3. Eligibility criteria that is clearly defined in terms of social care needs and health needs that is rigorously enforced</p>	<p>h</p> <ul style="list-style-type: none"> • The Care Act introduced a set of National Eligibility Criteria which all Local Authorities must adhere to when completing a new assessment of unmet need or a re-assessment of need. • All Care Management teams have received the necessary training with refresher courses available. • Paris assessments now enable practitioners to record their judgements against the eligibility criteria contained in the Care Act and associated guidance. 	<p>3 2 2 2</p>	<ul style="list-style-type: none"> • <i>Principal Social Worker (PSW) for Adults post recently appointed to. Part of work plan is to undertake a quality audit.</i>
<p>4. Robust processes and policies to ensure that both accurate and timely bills are issued to clients and that maximum client contributions are collected /recovered.</p>	<p>i</p> <ul style="list-style-type: none"> • The Care Act has introduced new opportunities for charging and full cost recovery. 	<p>2 3 3 3</p>	<ul style="list-style-type: none"> • <i>Significant progress has been made in Q3 to reconcile the Paris case management system with the Agresso financial management system and these two systems now work in terms of reconciliation of data.</i> • <i>Additional resource has been deployed in the Care Placement Service to improve the process and these arrangements have been extended until March 2018.</i> • <i>The Council's digital transformation programme is designing an end to end solution that will provide assurance that this risk is appropriately managed, but this will not now be implemented until later in 2017/18. Delivery of this programme has slipped and is being re-baselined. In the meantime, a policy change has been implemented and savings being achieved are monitored by ASC</i>
<p>5. Regular review and reassessment process to ensure that service provision meets clients needs</p>	<p>j</p> <ul style="list-style-type: none"> • A dedicated internal review team is in place. • Reviews are subject to quality assurance and the programme is overseen by the Improvement Board. 	<p>2 2 3 3</p>	<ul style="list-style-type: none"> • <i>The dedicated review team has completed 1,200 overdue reviews.</i> • <i>The transition to a Council team with a sustainable review model was completed in Q1 2017/18 and productivity levels are improving. Review performance is monitored at fortnightly Improvement Board meetings.</i>

<p>6. Direct Payments process with required controls to ensure the correct amounts are paid according to an individual's assessed social care needs and financial assessment</p>	<p>k • There is an accountable CMT lead and clear process and procedures which are followed by all involved in the customer journey.</p>	<table border="1"> <tr> <td>-</td> <td>-</td> <td>4</td> <td>3</td> <td> <ul style="list-style-type: none"> • Internal audit report published on 14 June 2017 gave an opinion of "no assurance". • Management action plan endorsed by SLT is being implemented and will, in the opinion of internal audit, serve to mitigate risk and provide required assurance. • At the time of writing, no actions are overdue for completion. • Progress was reported to Governance Committee on 24 July 2017. Progress against the action plan is monitored at monthly intensive care meetings and the Programme Management Office (PMO) is supporting. Several workshops for stakeholders have been held to fundamentally redesign the process, including a Members' workshop on 2 October 2017. </td> </tr> </table>	-	-	4	3	<ul style="list-style-type: none"> • Internal audit report published on 14 June 2017 gave an opinion of "no assurance". • Management action plan endorsed by SLT is being implemented and will, in the opinion of internal audit, serve to mitigate risk and provide required assurance. • At the time of writing, no actions are overdue for completion. • Progress was reported to Governance Committee on 24 July 2017. Progress against the action plan is monitored at monthly intensive care meetings and the Programme Management Office (PMO) is supporting. Several workshops for stakeholders have been held to fundamentally redesign the process, including a Members' workshop on 2 October 2017.
-	-	4	3	<ul style="list-style-type: none"> • Internal audit report published on 14 June 2017 gave an opinion of "no assurance". • Management action plan endorsed by SLT is being implemented and will, in the opinion of internal audit, serve to mitigate risk and provide required assurance. • At the time of writing, no actions are overdue for completion. • Progress was reported to Governance Committee on 24 July 2017. Progress against the action plan is monitored at monthly intensive care meetings and the Programme Management Office (PMO) is supporting. Several workshops for stakeholders have been held to fundamentally redesign the process, including a Members' workshop on 2 October 2017. 			
<p>7. Robust and regular budget monitoring and review process including review and challenge re third party service provider costs</p>	<p>l • Robust process in place across all ASC teams comprising a three stage process which runs monthly in conjunction with colleagues from the Finance and the Integrated Commissioning Unit. • A challenge and review panel meets every week and every new package of care requested is scrutinised by a Service Manager before a placement and cost are agreed.</p>	<table border="1"> <tr> <td>1</td> <td>2</td> <td>2</td> <td>2</td> <td> <ul style="list-style-type: none"> • The panel has been extended to consider all requests for funded packages of care as part of an "intensive care" management approach. This has been extended in 2017/18 and is being expanded to include adult mental health teams. </td> </tr> </table>	1	2	2	2	<ul style="list-style-type: none"> • The panel has been extended to consider all requests for funded packages of care as part of an "intensive care" management approach. This has been extended in 2017/18 and is being expanded to include adult mental health teams.
1	2	2	2	<ul style="list-style-type: none"> • The panel has been extended to consider all requests for funded packages of care as part of an "intensive care" management approach. This has been extended in 2017/18 and is being expanded to include adult mental health teams. 			

	<p>m • Delivery of savings action plan to bring budget into line</p>	3	3	4	<ul style="list-style-type: none"> • Adult Social Care is subject to "intensive care" / Recovery Board meetings. • There is currently no assurance in the service's ability to achieve required savings in 2017/18 and an adverse variance of £5.56M is forecast for 2017/18. • Budget delivery plans are being urgently reviewed, quantities data is being collated to evidence savings achieved and forecast and the transformation plan is being re-written. • The service is subject to weekly "intensive care" meetings from 25 July 2017, chaired by the Chief Executive. • A comprehensive tracker is used to monitor performance and Cabinet Members for Finance and Housing and Adult Social Care attend the meetings on a monthly basis. • Risk is mitigated by additional £4.98M resources through Better Care Fund, approved by Full Council on 19 July 2017 and overseen by the Integration Board.
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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 and is delivering the required outcomes.</p>	<p>There is evidence of a sound process or framework in place however there are some inconsistencies or gaps. Effective delivery of required outcomes may not always be consistent and/or reliable</p>	<p>Evidence of inconsistent application and/or critical weakness(es) within the process, framework or activity. The delivery of required outcomes is inconsistent and/or unreliable.</p>	<p>There is no, or insufficient, evidence of an appropriate policy, framework or activity. Required outcomes are not being delivered.</p>

RISK No: SRR10		Last updated: 04/07/2017	OUTCOME	Children and young people get a good start in life		
RISK DESCRIPTION [Budget/Finance/Service Delivery]				RISK SCORE	LIKELIHOOD	IMPACT
Failure to ensure an effective and sustainable children's social care system				CURRENT	B - Likely	2 - Major
RISK OWNER: Hilary Brooks				Target 	C - Possible	2 - Major
PORTFOLIO(S): Children's Social Care						

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	2016-17		2017-18		MITIGATING ACTIONS / COMMENTS
		Q3	Q4	Q1	Q2	
1. Assessment of current and future service demand (and projected cost) together with an understanding of the underlying demand triggers	a	3	2	2	2	<ul style="list-style-type: none"> Actions taken following the work undertaken by the external independent consultant (Professor Thorpe) in terms of better managing the 'front door' demand are beginning to have a positive impact.
	b	3	3	2	2	<ul style="list-style-type: none"> 2016-17 spend was in line with the budget and 2017-18 forecast spend position on target.
2. Appropriate range of preventative / early intervention actions that seek to manage and/or reduce future interventions	c	2	2	2	2	
	d	2	2	2	2	<ul style="list-style-type: none"> Regular review process in place and effective in terms of both monitoring and managing capacity and resources.

3. Intervention criteria that is aligned with good practice, clearly defined and communicated and applied on a consistent basis.	e	<ul style="list-style-type: none"> Document reviewed annually by the LSCB with threshold criteria applied to all referrals. This document is part of the LSCB multi agency guidance. Support Guidance for Referrers - The Southampton 'Continuum of Need' which introduces four levels of intervention for the City. 	2	2	2	2	
	f	<ul style="list-style-type: none"> The threshold criteria is applied effectively across all children's social care in order to ensure that children and families receive the services and to enable SCC to prioritise those in greatest need. The Quality Assurance mechanism and auditing reviews cases to identify that the threshold applied consistently and is in line with the policy. 	2	2	2	2	
4. Robust assessment of current and future staffing requirement with a contingency arrangement in place in respect of unforeseen pressures or staff shortages.	g	<ul style="list-style-type: none"> Children's Transformation Improvement Plans, informed by OFSTED requirements, are in place and being overseen by workstreams reporting to the Transformation and Improvement Board. The Board scrutinizes the improvement plans, which span a 4 year period, and acts as a critical friend. 	3	3	3	3	<ul style="list-style-type: none"> Satisfactory progress is being made in terms of delivery of the Year 1 actions within the improvement plans. The position in respect of the recruitment and retention of staff has improved significantly with a reduction in the number of agency staff.
	h	<ul style="list-style-type: none"> A 'Memorandum of Co-operation' in place which is a regional agreement designed to reduce the instability caused by increased social worker turnover and the costs associated with employing excessive numbers of agency staff. It also sets out aspirations to work more closely together to increase the supply of children's social workers. 17 of the 19 local authorities in the region have pledged their support to this approach and the MoC is now operational. 	-	2	2	2	<ul style="list-style-type: none"> There is tangible evidence of the MOC making a difference in terms of less turnaround of agency staff which, in turn, has created greater stability in the workforce. There has been a significant reduction in the number of agency workers with recruitment managed via Hayes.

<p>5. Compliance with statutory guidance (Working together to safeguard children 2015)</p>	<p>i</p> <ul style="list-style-type: none"> • There is compliance with the statutory guidance together with associated performance management, staff supervision and escalation arrangements in place. • The Quality assurance framework, in particular the file audit process, provides evidence as to compliance with Working Together. 	<p>2 2 2 2</p>	
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<p>6. The options available in respect of vulnerable children reflect both the need, range and quality of required outcomes with an associated realistic and reasonable budget provision.</p>	<p>j</p> <ul style="list-style-type: none"> • The Council is part of the South Central framework for Independent Foster Care which is a regional consortium of local authorities that provides a collaborative approach to managing the Independent Fostering Agency (IFA) market. 	<p>3 3 3 2</p>	<ul style="list-style-type: none"> • In respect of the outcomes available to looked after children, the limited availability of in-house provision creates significant budget pressure. • There is continuing pressure on the Residential Budget in terms of placements and the ICU are looking at provision. • The recruitment plan for in-house foster carers has been refreshed with a view to increasing the number of in house carers however there has been a delay in the plan being started.
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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 and is delivering the required outcomes.</p>	<p>There is evidence of a sound process or framework in place however there are some inconsistencies or gaps. Effective delivery of required outcomes may not always be consistent and/or reliable.</p>	<p>Evidence of inconsistent application and/or critical weakness(es) within the process, framework or activity. The delivery of required outcomes is inconsistent and/or unreliable.</p>	<p>There is no, or insufficient, evidence of an appropriate policy, framework or activity. Required outcomes are not being delivered.</p>

<p>2. Relevant findings or any changes are communicated to residents or other key stakeholders. Where actions are required of residents or there are changes in responsibilities, actions or procedures these must be communicated effectively and validation received that these are understood.</p>	<p>f • Tower Block Task & Finish Group established in order to co-ordinate and direct the actions, response and communication with residents and other stakeholders. Group chaired by Chief Operating Officer and comprises officers from relevant areas and includes representation from HFRS.</p>	<table border="1"> <tr> <td>-</td> <td>-</td> <td>NEW</td> <td>2</td> <td> <p><i>Task & Finish Group has co-ordinated a range of actions taken including:</i></p> <ul style="list-style-type: none"> • <i>Tenant drop in sessions to provide update, information and reassurance;</i> • <i>Communication to tenants to provide update, information and reassurance; and</i> • <i>Internal communication to staff to provide update and information.</i> </td> </tr> </table>	-	-	NEW	2	<p><i>Task & Finish Group has co-ordinated a range of actions taken including:</i></p> <ul style="list-style-type: none"> • <i>Tenant drop in sessions to provide update, information and reassurance;</i> • <i>Communication to tenants to provide update, information and reassurance; and</i> • <i>Internal communication to staff to provide update and information.</i> 					
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<p>3. Review of building, construction and materials.</p> <ul style="list-style-type: none"> • Existing buildings checked, including the testing of existing cladding systems. • Construction and refurbishment contracts reviewed to establish type of cladding system used. • Any concerns around the cladding systems or fire risk assessments should be raised with your local Fire Service and the Department for Communities and Local Government (DCLG) to formulate guidance on future steps. 	<p>g • Checking on all external cladding on SCC housing stock and other high rise housing blocks in the city undertaken in conjunction with HFRS.</p>	<table border="1"> <tr> <td>-</td> <td>-</td> <td>NEW</td> <td>1</td> <td> <ul style="list-style-type: none"> • <i>Exercise completed no issues identified</i> • <i>Appropriate returns and communications with the Department for Communities and Local Government (DCLG) on cladding and related fire safety issues.</i> </td> </tr> </table>	-	-	NEW	1	<ul style="list-style-type: none"> • <i>Exercise completed no issues identified</i> • <i>Appropriate returns and communications with the Department for Communities and Local Government (DCLG) on cladding and related fire safety issues.</i> 					
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<p>4. Consider the role that passive and active fire protection measures have the building fire strategy.</p>	<p>h • Agreed programme to install sprinkler systems in council high rise housing blocks</p> <p>i • Fire stopping in tower blocks being reviewed as part of passive fire safety check programme.</p> <p>• Communication to contractors re importance of fire stopping?</p>	<table border="1"> <tr> <td>-</td> <td>-</td> <td>NEW</td> <td>2</td> <td> <ul style="list-style-type: none"> • <i>Sprinkler retrofit programme in place with installation works in progress.</i> • <i>Associated information and communication to relevant tenants including use of a sprinkler demonstration unit and a 'show flat with the installation in place'.</i> </td> </tr> <tr> <td>-</td> <td>-</td> <td>NEW</td> <td>2</td> <td> <ul style="list-style-type: none"> • <i>Letter issued to media communication companies re fire stopping.</i> • <i>Reference to the importance of fire stopping included in future works contracts .</i> </td> </tr> </table>	-	-	NEW	2	<ul style="list-style-type: none"> • <i>Sprinkler retrofit programme in place with installation works in progress.</i> • <i>Associated information and communication to relevant tenants including use of a sprinkler demonstration unit and a 'show flat with the installation in place'.</i> 	-	-	NEW	2	<ul style="list-style-type: none"> • <i>Letter issued to media communication companies re fire stopping.</i> • <i>Reference to the importance of fire stopping included in future works contracts .</i>
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	<p>j</p> <ul style="list-style-type: none"> • Management and maintenance of fire doors reviewed as part of passive fire safety check programme. • Monthly inspection of tower blocks undertaken which includes fire doors. 			NEW	3	<ul style="list-style-type: none"> • A programme to review and, where considered necessary, install new fire doors in high rise housing blocks is being undertaken. • Dialogue with leaseholders is required in order to ensure that all fire doors in a block are compliant.
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RISK No: SRR12		Last updated: 20/10/2017	OUTCOME	A sustainable council										
RISK DESCRIPTION [Budget Finance]				RISK SCORE	LIKELIHOOD	IMPACT								
The impact of organisational change and service redesign solutions, whilst delivering savings, create other unplanned for pressures and challenges				CURRENT	D - Unlikely	3 - Significant								
RISK OWNER: Organisational Design Board				Target 	D - Unlikely	3 - Significant								
PORTFOLIO(S): Leaders			<table border="1"> <tr> <td colspan="2">2016-17</td> <td colspan="2">2017-18</td> </tr> <tr> <td>Q3</td> <td>Q4</td> <td>Q1</td> <td>Q2</td> </tr> </table>				2016-17		2017-18		Q3	Q4	Q1	Q2
2016-17		2017-18												
Q3	Q4	Q1	Q2											

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL				MITIGATING ACTIONS / COMMENTS
1. Robust organisational and service redesign processes that includes appropriate prompts to ensure that proposals are sustainable in terms of delivery of savings whilst maintaining an appropriate level of customer service.	a <ul style="list-style-type: none"> Organisational Design ('OD') Board in place comprising SLT together with Service Director HR and OD Project Advisor - to oversee and approve any major change in line with the agreed Operating Model 'Design Principles' established for future change have been agreed and are in place. Lessons learned from previous restructures used to inform further transformation; key stakeholders review each restructure with the CSO and HR to determine any lessons to take forward for future plans. 	-	-	NEW	2	
2. Organisational and service redesign solutions are approved by a senior manager group that has organisation wide oversight.	b <ul style="list-style-type: none"> OD Board in place and established with organisation design principles agreed. Applied for all restructures and supported by HR Advisory service Section 188 document issued 	-	-	NEW	2	<ul style="list-style-type: none"> The organisation design principles are the criteria to be used by those designing services and teams to guide the development and evaluation of new structures.

<p>3. Organisational and service redesign proposals are developed in consultation with all key internal stakeholders.</p>	<p>c</p> <ul style="list-style-type: none"> • 'Restructure communication and engagement plans are standard; Cabinet Member and trade union briefing of proposals ; face to face staff briefings; one to one meetings; end proposals published • OD Board to be satisfied that key stakeholders have been appropriately identified and that the likelihood of a potential unintended consequence is minimised. This is helped by a new standard format for S188 and summary of affected posts and by the OD Board having the overview of all proposals for approval. • Papers to the OD Board need to include a section that identifies other services that may be impacted by the proposed changes; this is communicated via SLT to their managers and discussed with trade unions ahead of any proposals being approved. 	-	-	NEW	2	
<p>4. <i>The rationale for significant change is clearly communicated to all stakeholders</i></p>	<p>d</p> <ul style="list-style-type: none"> • All S188 documents are issued via face to face briefings for affected staff and trade union reps. • Documents are sent to Cabinet and Opposition Members and uploaded to intranet pages - including all presentation slides; • Affected staff are offered one to one meetings and HR Advisors support the whole process • Feedback is used to inform final proposals which are then communicated prior to implementation. 	-	-	NEW	2	

<p>5. <i>Proposals for digitisation or automation of aspects of service delivery are robust in terms of current and future costs.</i></p>	<p>e</p> <ul style="list-style-type: none"> • Technical solution proposed by Capita is agreed by Service Director. • Financial case including contingency provision is agreed by Finance, Service Director and CMT/SLT as appropriate. Funding is secured. • Project management is in place, allowing for procurement, consultation and implementation as required. • Project governance and reporting requirements are agreed by Service Director. 	-	-	NEW	2	
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1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
<p><i>There is clear evidence of a robust and effective process, framework or activity that is operating effectively and is delivering the required outcomes.</i></p>	<p><i>There is evidence of a sound process or framework in place however there are some inconsistencies or gaps. Effective delivery of required outcomes may not always be consistent and/or</i></p>	<p><i>Evidence of inconsistent application and/or critical weakness(es) within the process, framework or activity. The delivery of required outcomes is inconsistent and/or unreliable.</i></p>	<p><i>There is no, or insufficient, evidence of an appropriate policy, framework or activity. Required outcomes are not being delivered.</i></p>

RISK No: SRR08		Last updated: 18/07/2017	OUTCOME	A sustainable council		
RISK DESCRIPTION [Contract Management / Commissioning]				RISK SCORE	LIKELIHOOD	IMPACT
Service partners and/or suppliers may not be sufficiently flexible or aligned with the council's future service delivery requirements and operating model [STRATEGY HUB] : TO REDRAFT RISK TO REFER TO ALTERNATIVE SERVICE DELIVERY MODELS DELIVERING REQUIRED OUTCOMES IN TERMS OF COST, SERVICE AND SAVINGS].				CURRENT	C - Possible	3 - Significant
RISK OWNER				Target	D - Unlikely	3 - Significant
RISK OWNER		Rob Harwood				
PORTFOLIO(S)						



RISK CLOSED

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	2016-17				2017-18		MITIGATING ACTIONS / COMMENTS
		Q3	Q4	Q1	Q2	Q3	Q4	
1. Where appropriate, there is standard contract wording to reflect the need for specifications and/or outputs to be able to be adjusted quickly and easily	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.	1	1	1				<i>Standard Terms and Conditions used if appropriate. More major and complex contracts have bespoke Agreements which allow contract changes to be made, although it should be noted that the process for making contract changes is often neither 'quick' or 'easy'. The CCN process is working well and is invoked as and when contract changes are required.</i>
2. The performance of key partners is managed and reviewed throughout the duration of the contract	Performance indicators ("PIs") are in place for all key service partnerships and are monitored by the Supplier Experience Team on a monthly basis with a review and escalation process in place. The PI information would be used to inform the overall annual review of performance.	1	1	1				<i>Supplier performance frameworks for the Strategic contracts is monitored by the Supplier Performance team on a risk basis and reported through the appropriate governance structure. In addition at its meeting in June 2017 the Governance Committee agreed that it will now receive annual reports of the key partner contracts and undertake in depth analysis of core contracts such as the O2 Guildhall or a rolling basis.</i>

	<p>A range of information and market intelligence activities, both formal and informal, are undertaken in order to understand changes, developments or trends in the wider marketplace and to provide an assessment and understanding of the availability, cost, and quality of services in both the short and longer term. Intelligence is used to identify in gaps and pressures in the market and is used to develop commissioning intentions and/or BAU recovery plans as required.</p>	2	2	2	<p><i>Intelligence demonstrates that home care and nursing care for people with dementia are current areas of weakness/ pressure and action plans are in place to address these.</i></p>
	<p>Quality in domiciliary, residential and nursing care providers assured by programme of regular reviews undertaken by commissioning leads using contract KPIs and additional by the ICU quality team using CQC standardised criteria.</p>	2	2	2	<p><i>Contracts are subject to quarterly contract monitoring and formal review before contract expiry to determine future commissioning intentions. An action plan is in place to ensure sustainability in the local home care market.</i></p>
<p>3. The definition and criteria of a key service partner has been agreed and is reflected in the level of scrutiny and oversight required by either the ICU or the Contract Management Team</p>	<p>Risk based approach to contract management that reflects financial, service delivery and reputational exposure to SCC</p>	3	3	3	<p><i>This is being implemented (for non-ICU contracts) as part of the new Supplier Experience approach and the process to define and describe this has been completed as part of the SSP contract reset. Further sub-contract mechanisms are being finalised to categorise contracts as Strategic (managed by Supplier Experience), Key (managed by Capita with oversight from Supplier Experience) or Business As Usual (overseen by Capita and sampled by Supplier Experience). This process is well progressed and on schedule to complete on time (end of Q2 17-18)</i></p>

4. The scope, range and cost of services available in the market reflects, and is aligned with, the council's current and future service requirements and operating model	<p>Appropriate market making or alternative service delivery options are considered or undertaken where market capacity and/or resilience is limited. Market research is undertaken in order to assess and understand those commissioned services where there is either limited capacity or reliance on a limited number of suppliers.</p> <p>In addition, 'cost of care' research/benchmarking is undertaken annually in Q3 to ensure that inflationary pressures are accounted for when setting budgets for the coming year. The output is then used to inform development of the council's Market Position Statement ("MPS").</p>	2	2	2	<p><i>SCC published care home rates have been increased this year at a rate higher than inflation to account for the NMW increase. Additional supplier rate uplifts have been negotiated by exception using an open book accounting process. ICU working closely with Capital Assets to deliver plans for growing the local supply of Extra Care housing.</i></p>
	<p>MPS is published on the council's website and shared with key suppliers. The MPS acts as a statement of how both the council and the CCG are collectively seeking to shape the local health and social care market in a manner that is best suited to the needs of the local population and sustainable within the context of available resources.</p>	2	2	2	<p><i>MPS 2015-18 in place which ensures that the Council is compliant with its duties under The Care Act 2014. This requires local authorities to promote the diversity, quality and sustainability of local care services. A new MPS will be developed and published in 2018.</i></p>

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RISK No: SRR07		Last updated: 30/06/2017	OUTCOME	People live safe, healthy, independent lives		
RISK DESCRIPTION [Welfare Reform]				RISK SCORE	LIKELIHOOD	IMPACT
The council is unable to quantify the financial impact on both vulnerable individuals and key council services arising from implementation of welfare reforms [OPERATIONS HUB : TO REVIEW AND CONSIDER REPLACING WITH THIS RISK WITH A RISK AROUND 'DEMAND MANAGEMENT']				CURRENT	C - Possible	3 - Significant
				Target		C - Possible
RISK OWNER	Mike Harris					
PORTFOLIO(S)						

RISK CLOSED

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	2016-17		2017-18		MITIGATING ACTIONS / COMMENTS
		Q3	Q4	Q1	Q2	
		ASSURANCE LEVEL				
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.	3	3	3		<i>On 22 February 2017, Southampton became a Universal Credit Full Service area. This means many more claimants will now be UC. This affects people of working age on low income who make a new claim for benefit or have a change of circumstance. SCC have worked with DWP to train local frontline staff and have developed a range of communications to inform and assist residents affected. There have been some issues experienced locally with the implementation. A series of meetings have been set up to enable agencies to come together to identify and resolve issues. This will become the Universal Credit Working Group.</i>
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.	2	2	2		<i>Quarterly statistics continue to be collated. These statistics are starting to identify increased referrals to local food banks and increase demand for local welfare provision utility top-ups linked to Universal Credit claims. Future reforms - including proposals relating to Local Housing Allowance - and their potential impacts will continue to be monitored.</i>

	Annual report on Local Impacts of Welfare Reforms produced.	1	1	1	<i>Draft annual report is to be circulated, it concludes that it is the cumulative impact of reforms that undermines households' resilience, income is being squeezed by the cap on benefits combined with increases in costs - with some of the 'hardest hit' being larger families, lone parent families and households with a disabled person. Many face real barriers to work.</i>
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.	3	3	3	<i>The Welfare Reforms action plan and communications plan is currently being revised and is monitored by the Welfare Reform Management Group. Key area (17/18) is Universal Credit Full Service and the co-ordinating the use of discretionary support to mitigate the negative impacts on vulnerable households.</i>
	Advice and support available for finding work, updating skills and training, people back into work, budgeting, managing debt, borrowing money and welfare benefit advice.	2	3	3	<i>A Benefit Cap toolkit was developed for frontline staff supporting residents. A local agency has secured funding for support for benefit capped households and is taking referrals for bespoke support. SCC Homelessness Outreach and Family Engagement Workers have been working closely with Benefit Cap households and have been successful in assisting them. Of 352 closed referrals, 29% were assisted into work and 10% were assisted in claiming the correct benefits and no longer be affected by the cap.</i>
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.	2	3	3	<i>Where information is available it is used to assess pressures. Concern continues that Benefit Cap and UC will increase rent arrears (private rented and SCC) and increase risk of homelessness. The DWP has confirmed funding for 2017/18 for Universal Credit, Core Funding, Discretionary Housing Payment (DHP), and New Burdens.</i>

	Exercise, with other stakeholder agencies including anti-poverty services, Supporting People providers and advice services to identify additional service demand.	2	2	2	Additional and ongoing funding of up to £185K per annum allocated for local welfare support. SCC funding to voluntary sector including advice services is moving from grants to contracts. WMRG continues to work with agencies to identify pressure points and gaps in current provision. Additional funding provided from DWP for Universal Credit for 2017/18 for Assisted Digital and Personal Budgeting Support.
	Additional capacity is in place for the Housing Income Team in preparation for the implementation of Universal Credit in order to support tenants.	1	2	2	7 new FTE have been secured to cover the new collection activities needed to recover debts from the 11,000 tenants who previously received their benefits net of rent (£40M per annum paid direct to SCC – no collection required and no cost incurred) but under Universal Credit gross benefits will be paid direct to tenants (requiring prompt collection intervention if the rent is to be paid before they have spent it all). However, the number of SRS notifications is twice the level predicted so to minimise the impact on available resource, some automation options are currently
	Impact of changes that affect the HRA (in particular the 1% annual reduction in and Business Plan has been assessed and communicated to Councillor and CMT.	2	2	2	The HRA budget has been to the Cabinet Member responsible for Housing, and has been to CMT and is going through the process now for approval. The budget in 2016/17 catered for the 1% rent reduction for the first two years (2016/17 & 2017/18). During the next year we will be looking at the following two years where the 1% rent reduction equates to a total of £7.4 million.

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 and is delivering the required outcomes.	There is evidence of a sound process or framework in place however there are some inconsistencies or gaps. Effective delivery of required outcomes may not always be consistent and/or reliable	Evidence of inconsistent application and/or critical weakness(es) within the process, framework or activity. The delivery of required outcomes is inconsistent and/or unreliable.	There is no, or insufficient, evidence of an appropriate policy, framework or activity. Required outcomes are not being delivered.