

REPORT TO: Audit and Governance Committee

MEETING DATE: 17 September 2013

BY: Depute Chief Executive – Partnership and Services for Communities

SUBJECT: Policy and Partnerships Risk Register

1 PURPOSE

- 1.1 To present to the Audit and Governance Committee the Policy and Partnerships Risk Register (Appendix 1) for discussion, comment and noting.
- 1.2 The Policy and Partnerships Risk Register has been developed in keeping with the Council's Risk Management Strategy and is a live document which is reviewed and refreshed on a regular basis, led by the Policy and Partnerships Local Risk Working Group (LRWG).
- 1.3 The Policy and Partnerships Register presented shows only High and Very High Risks as the Council's Risk Strategy defines these risks as those which should be subject to closer scrutiny by the Audit and Governance Committee.

2 RECOMMENDATIONS

- 2.1 It is recommended that the Audit and Governance Committee notes the content of the Policy and Partnerships Risk Register.
- 2.2 In doing so, the Audit and Governance Committee is asked to:
 - note that the relevant risks have been identified following appropriate consultation with all risk contacts;
 - recognise that while this report has been compiled by the Risk Officer, the Risk Register has been compiled by the Policy and Partnerships LRWG and the Head of Policy and Partnerships has lead responsibility;
 - note that the significance of each risk is appropriate to the current nature of the risk;
 - note that the total profile of the Policy and Partnerships risk can be borne by the Council at this time in relation to the Council's appetite for risk; and,
 - recognise that, although the risks presented are those requiring close monitoring and scrutiny throughout 2013/14, many are in fact longer term risks for Policy and Partnerships and are likely to be a feature of the risk register over a number of years.

3 BACKGROUND

- 3.1 The Council's Risk Management Strategy was established following Audit Scotland's 2008/09 review of the Council when it was recommended that: "The implementation of the risk management framework be expedited and target dates established".
- 3.2 Responsibility for Risk Management sits within the Corporate Policy and Improvement unit. The Emergency Planning and Risk Manager, supported by a Risk Officer, has implemented the current Risk Management Strategy and set up both an overarching Corporate Risk Management Group (CRMG) together with LRWGs in service areas.
- 3.3 The LRWGs meet on a regular basis to discuss their Risk Register which is also included as a topic in team meetings. They also feed information to the CRMG; this Group is fundamental to the delivery of risk management throughout the Council and ensures that risk management remains high on the corporate agenda.
- 3.4 All LRWG's were revised following the Senior Management and Service restructure of 2012 resulting in eight Risk Registers/Groups being reduced to seven.
- 3.5 A copy of the risk matrix used to calculate the level of risk is attached as Appendix 2.

4 POLICY IMPLICATIONS

- 4.1 In discussing and noting the Policy and Partnerships Risk Register the Committee will be affirming the process of embedding risk management principles across the Council in support of the Risk Management Strategy.

5 EQUALITIES IMPACT ASSESSMENT

- 5.1 This report is not applicable to the well being of equalities groups and an Equalities Impact Assessment is not required.

6 RESOURCE IMPLICATIONS

- 6.1 Financial – It is the consideration of the Policy and Partnerships LRWG that recurring costs associated with the measures in place for each risk are proportionate to the level of risk. The financial requirements to support the Policy and Partnerships Risk Register for 2013/14 should be met within the proposed budget allocations for 2013/14. Any unplanned and unbudgeted costs that arise in relation to any of the risks identified will be subject to review by the Council Management Team.
- 6.2 Personnel – There are no immediate implications.
- 6.3 Other – Effective implementation of this register will require the support and commitment of the Risk Owners identified within the register.

7 BACKGROUND PAPERS

7.1 Appendix 1 – Policy and Partnerships Risk Register

7.2 Appendix 2 – Risk Matrix

AUTHOR'S NAME	Scott Kennedy
DESIGNATION	Risk Officer
CONTACT INFO	01620 827900
DATE	05 September 2013

Policy and Partnerships Risk Register

Date reviewed: 05 September 2013

Risk ID No.	Risk Description (Threat/Opportunity to achievement of business objective)	Risk Control Measures (currently in place)	Assessment of Current Risk			Planned Risk Control Measures	Assessment of Residual Risk [With proposed control measures]			Risk Owner	Timescale for Completion / Review Frequency	Single Outcome Agreement Outcome Number Link	Evidence held of Regular Review
			Likelihood (Probability)	Impact (Severity)	Risk Rating		Likelihood (Probability)	Impact (Severity)	Residual Risk Rating				
			L	I	L x I		L	I	L x I				
P&P 1	<p>Major failure of IT systems (inc Telephony)</p> <ul style="list-style-type: none"> • Unable to deliver services; • Data unable to be inputted onto databases; • Activation of Business Continuity plan including Tunstall divert; • Manual procedures for the Registration of Births, Deaths and Marriages. 	<p>Test business continuity plan and ensure realistic. Business continuity plan improved and developed based on lessons learned from test environment. Ensure software updated regularly Regular meetings with IT staff to ensure that they are aware of business needs. 3rd party provider support and BC plans held (Tunstall/FER/IRBS). Manual procedures in place to support service provision. Alternative backup solutions identified where possible - e.g. Tunstall divert, ARC 2nd server etc. Staff procedure up to date and staff trained and aware of outcomes and controls.</p>	3	4	12	3 rd Party BC plan talk through to be achieved by December 2013.	3	3	9	All Customer Service Managers	December 2013		
P&P 2	<p>Breach of Data Protection or other confidentiality requirements through the loss or wrongful transmission of information (including information stored electronically). This could occur through:</p> <ul style="list-style-type: none"> - private committee reports, minutes or constituent correspondence not being stored or disposed of appropriately; - loss of material during transit; - individuals not being aware of their responsibilities in respect of confidential material; - lack of appropriate facilities for storage or disposal of material; - unauthorised publication of photographs of children. <p>Effects could include:</p> <ul style="list-style-type: none"> - breach of relevant laws; - breach of duty of care; - harm to individuals; - legal action; - fines; - requirement to pay compensation; - adverse publicity; - damage to the Council's reputation. 	<p>Arrangements for secure filing and storage of confidential papers when not in use. Disposal of confidential waste separately from other papers. Internal mail and/or Council Contractor used to transport Private & Confidential materials. Council PCs and laptops don't accept unencrypted external storage devices. Committee documents dealing with sensitive personal information (e.g. criminal convictions) are now issued only in hard copy, not electronically. Checks on licensing sub-committee documents are made by a second clerk when documents are uploaded. Employees who post web content aware of Data Protection issues. Data Compliance Officer is carrying out programme of awareness raising. We ensure that printed materials are checked with Graphics department and published through Council Print Unit. We have a permissions procedure for use of photographs of children. We have access+10s restrictions in Aspireview so that employees can only see material relevant to their work. We have Newspaper Licensing and Copyright Licensing permissions in place which are renewed annually.</p>	3	4	12	Continual reviewing of arrangements. Maintaining staff awareness through team meetings and briefing sessions.	3	3	9	All managers	Review Annually		

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P&P 3	<p>Insufficient resources and resources not aligned to business current and future objectives leading to an:</p> <ul style="list-style-type: none"> Inability to sustain service in the short, medium, long term – long term staff absences Inability to develop service and staff i.e. skills/knowledge Inability to meet stakeholder and customer demand Legislative changes without matches resources i.e. Tell us Once/Welfare Reform Ineffective Knowledge management 	<p>Business planning and highlighting of resource requirements. Shared services with Midlothian realising a level of income potential. Current processes reviewed in line with added value outcomes. PDR meetings to maximise performance. Sickness absence monitoring and absence management and counselling. Locum posts now identified within Local Area Offices. Closure monitoring on RIVO in relation to staff experiences/stress. Analyse performance data routinely and thoroughly and use date for planning. Improved Induction Process for new staff. Staff training on CSPQ. Incidents report on RIVO and risk assessment completed. Professional Registration Qualification offered to all staff. Clear PI's identified across team. Knowledge' software deployed within key areas. Software fit for purpose and staff trained to extract, interpret and apply knowledge. PRD used effectively and Training underway. Current income streams reviewed and increased in line with inflation.</p>	4	3	12	<p>Explore further business opportunities to maximise use of resources and achieve income potential. Encourage back office stakeholders to improve processes to achieve added value. Improve performance reporting and analysis. Consider sustainability, WorkSmart options - resulting reduction in non staff costs. Consider future knowledge and skills through business planning and pull into PRD. Address stress Audit outcomes through HGIOC. Consider business resource needs throughout F2F service ensuring adequate resource to meet needs of training and staff development from changing service. Welfare Reform and Tell Us Once. Monitor and evaluate the uptake and usage of 'Knowledge' software Consider further roll out of software and skills required to extract, interpret and apply.</p>	3	3	9	All Customer Service Managers	Face to Face Review due to complete Sept 2013 PRD to be revised 11/13 – 03/14		<ul style="list-style-type: none"> Review of Customer Service - Service Plan for 2013/2014 Face to Face Service Review – November 2012 - September 2013 PRD's carried out for all staff November 2012 – March 2013 and associated action plan carried out thereafter Registration income charges increased from 01/04/13
P&P 4	<p>A failure to administer security and control of visitors could result in:</p> <ul style="list-style-type: none"> Breach of security Theft Malicious damage Threat to staff safety 	<p>Signing in/out procedures for visitors/contractors in existence in main buildings. Employees are clear of procedures and requirements to sign in/out visitors and contractors. Restrictions on permissions on staff ID cards on a building by building basis. Parking permits for ELC staff and visitor permits (JMH). Use of security protected data sticks. Passwords on PC's, telephones and laptops.</p>	3	4	12	<p>Review current procedures to gauge effectiveness and refresh.</p>	2	4	8	All Customer Service Managers	December 2013		
P&P 5	<p>Failure to implement adequate H&S controls and to comply with H&S legislation could result in poor performance, diminution of service and could also result in injury to employees or the public leading to possible insurance claims and reputational damage to the Council.</p>	<p>Safety policy and training in place and accessible to all employees. Management arrangements & procedures and specialist staff also in place.</p>	3	4	12	<p>The ELC H&S Safety Management System is in operation and controls are monitored through cross departmental auditing, inspections and RIVO data analysis to identify control and risk issues. Reporting quarterly to Cmtte ensures scrutiny by management and trades unions.</p> <p>Review performance and feedback, refresh and update guidance and training as required. Take performance mgmt and / or disciplinary proceedings forward where individual non-compliance occurs.</p>	2	3	6	Corporate Health & Safety Advisor	Under Continual Review.		

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P&P 6	Occupational Health - failure to adequately monitor and manage the health surveillance regime could lead to intervention from the H&S Executive.	Occupational Health and Physiotherapy partner contractors operate to specification set by Council.	4	3	12	Monitor the use of health surveillance in those areas requiring this. Monitor contract performance and standards compliance, hold monthly contractor review meetings	2	3	6	Corporate Health & Safety Advisor HR Performance & Business Support Manager	Under Continual Review.		
P&P 7	Inadequate Risk assessment resulting in ELC being unaware of risks and exposing employees and the public to dangers or systems/procedures causing ill health. This in turn could lead to increased sickness absence within the Council and possible impacts to service delivery.	Independent checks carried out by internal H&S Safety Management System and the audit regime within it. RIVO is being used to store risk assessments within some areas but is not being used consistently.	3	4	12	Comply with the ELC H&S Safety Management System, reporting quarterly to the BOD/CMT and annually to the Chief Executive. Provide cross-departmental audit results according to the audit programme. Risk assessments consistently recorded on Rivo with findings shared with employees.	2	3	6	Corporate Health & Safety Advisor	Under Continual Review.		
P&P 8	Health & Safety governance is not consistent across all services in terms of: <ul style="list-style-type: none"> The policies/practices in place Performance monitoring Statutory compliance This leaves the Council more open to accidents, incidents and litigation and makes any audits around these challenging.	Health & Safety Policy, Guidance and Approved Guidelines in place.	3	4	12	Revised H&S Policy, Management Arrangements and procedures being developed. Performance monitoring framework being developed in-line with new Management arrangements. KPI's identified for CMT to monitor H&S Performance against, including monitoring statutory compliance.	2	3	6	Corporate Health & Safety Advisor	Under Continual Review.		
P&P 9	A fire, flood or theft at any one of our buildings could result in the loss or damage to our irreplaceable heritage assets e.g. archives, museum objects, paintings and/or all other assets held within these premises.	Service disaster plans for Museums and Archives. Emergency planning procedures in place and regularly tested. Staff training relating to fire drills and security procedures. The new archive store at the John Gray Centre was designed to be fire resistant for a long period of time. Alarm systems and CCTV systems in place for some museums and libraries. Business continuity planning exercises. An inventory has been completed on the Councils paintings which has allowed recording of values, locations and conservation needs and is in accordance with the Councils Museums Collections Policy. Accreditation governing the quality of care for collections and museum buildings received from the Museums Association.	2	5	10	Incorporating the correct fire and security systems in any new builds. Seek to maintain regular accreditation from the Museums Association subject to ongoing process of renewal.	2	5	10	Cultural Services Manager PO Libraries PO Arts PO Museums	As and when new builds become operational.	11, 14	Business continuity plan records

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P&P 10	Failure to implement a Safe Driving at Work (SDAW) Policy and Guidance to ensure that the Council meets current Health & Safety guidelines and the Corporate Manslaughter and Corporate Homicide Act 2007 could result in the Council facing a significant fine and/or legal action if a serious road accident were to take place involving any driving operation undertaken by employees or Elected Members using personal, Council or hired vehicles, as well as any volunteers, agency workers or other authorised parties driving Council fleet vehicles, in connection with Council business.	A SDAW Group was set up to create a SDAW Policy and a Guidance Manual which are currently being reviewed before being submitted for approval. Following this they will be implemented to ensure that safe driving principles are embedded across the Council.	2	5	10	<p>Implementation of Policy and Guidance.</p> <p>Continued meetings of the Safe Driving at Work Group and their continual review of Policy and Guidance.</p> <p>Council vehicles used in the course of Council activities are properly maintained and fit-for-purpose. All Council vehicles are maintained in accordance with the VOSA publication "Guide to Maintaining Roadworthiness". Employees are to submit on request their MOT certificate (VT20), for vehicles over 3 years old, for inspection to ensure Grey Fleet vehicles are properly maintained.</p> <p>Arrangements in place to ensure the reporting and recording of all accidents and incidents arising from work related driving.</p> <p>Arrangements in place to identify and implement remedial actions following road traffic accidents.</p>	2	3	6	SDAW Group	October 2013		
P&P 11	<p>Loss or damage due to fire, explosion, storm, flood, malicious damage, loss of utility supply</p> <ul style="list-style-type: none"> Inability to access office accommodation, equipment, data Damage to equipment Inability to retrieve data Serious injury to staff/members of public 	<p>Business continuity planning - including alternative premises identified.</p> <p>Regular testing of Business continuity planning, including Tunstall divert for Contact Centre.</p> <p>Equipment, maintenance contracts kept up to date and in good working order.</p> <p>Regular fire drills carried out, H&S workplace inspections and Risk Assessments.</p> <p>Staff trained in aspects relating to good working practices and Business Continuity.</p>	2	5	10	<p>Set work plan of future BC exercises and include in Business plan.</p> <p>Audit whether discussions on staff meeting Agenda.</p> <p>Review training records.</p>	2	3	6	All Customer Service Managers	Ongoing but reviewed constantly		

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P&P 12	A failure in Community Response processes resulting in: <ul style="list-style-type: none"> Serious injury to customers Fatality of customers Loss in confidence by stakeholders/partners/customer Financial loss due to liability claims HSE involvement 	Staff recruited for key qualifications, skills & attributes. Continual training and staff development. Monitor performance and service provision e.g. call monitoring. Staff training aligned to good practice, industry standards and agreed service delivery levels. Solo Operating risk assessment and working procedure in place.	2	5	10	Maintain Solo Operating Risk Assessment. Maintain highly skilled staff base through continual review and assessment e.g. PRD's. Encourage inclusive communication with staff. Lessons learned report from incidents arising. Ongoing development with closer working between colleagues and stakeholders. Develop existing solo operating procedures further to align to Business Continuity Plan to ensure Service Delivery with only one member of staff on duty.	1	4	4	Contact Centre Manager	Ongoing but reviewed constantly	5	Community Response staff brief issued weekly. Regular one to one meetings between staff and Community Response Line-managers. Industry standards built into service plan. Service review and improvements on the back of received Corporate Feedback. Use of quarterly reporting to stakeholders to monitor staff performance and service standards. Annual review of Solo Operating Risk Assessment and working procedure.		
Original date produced (Version 1)		22nd June 2012										Risk Score	Overall Rating		
File Name		Policy and Partnerships Risk Register										20-25	Very High		
Original Author(s)		Scott Kennedy, Risk Officer										10-19	High		
Current Revision Author(s)		Scott Kennedy, Risk Officer										5-9	Medium		
Version		Date	Author(s)	Notes on Revisions										1-4	Low
1		22/06/2012	S Kennedy	Original Version - Combining parts of former CEO, Environment and Community Wellbeing Risk Registers											
2		19/11/2012	S Kennedy	Updated following update to Risk Strategy											
3		March – August 2013	S Kennedy	Health & Safety Risks added and Communications, Economic Development and Healthy Living Risks Reviewed Customer Services Risks updated and merged. Community Development and Cultural Services Risks updated.											
4		August 2013	S Kennedy	Corporate Policy & Improvement Risks and Health & Safety Risks updated.											

Appendix 2
East Lothian Council
Risk Matrix

Likelihood Description

Likelihood of Occurrence	Score	Description
Almost Certain	5	Will undoubtedly happen, possibly frequently >90% chance
Likely	4	Will probably happen, but not a persistent issue >70%
Possible	3	May happen occasionally 30-70%
Unlikely	2	Not expected to happen but is possible <30%
Remote	1	Very unlikely this will ever happen <10%

Impact Description

Impact of Occurrence	Score	Description						
		Impact on Service Objectives	Financial Impact	Impact on People	Impact on Time	Impact on Reputation	Impact on Property	Business Continuity
Catastrophic	5	Unable to function, inability to fulfil obligations.	Severe financial loss (>5% budget)	Single or Multiple fatality within council control, fatal accident enquiry.	Serious - in excess of 2 years to recover pre-event position.	Highly damaging, severe loss of public confidence, Scottish Government or Audit Scotland involved.	Loss of building, rebuilding required, temporary accommodation required.	Complete inability to provide service/system, prolonged downtime with no back-up in place.
Major	4	Significant impact on service provision.	Major financial loss (3-5% budget)	Number of extensive injuries (major permanent harm) to employees, service users or public.	Major - between 1 & 2 years to recover pre-event position.	Major adverse publicity (regional/national), major loss of confidence.	Significant part of building unusable for prolonged period of time, alternative accommodation required.	Significant impact on service provision or loss of service.
Moderate	3	Service objectives partially achievable.	Significant financial loss (2-3% budget)	Serious injury requiring medical treatment to employee, service user or public (semi-permanent harm up to 1yr), council liable.	Considerable - between 6 months and 1 year to recover pre-event position.	Some adverse local publicity, limited damage with legal implications, elected members become involved.	Loss of use of building for medium period, no alternative in place.	Security support and performance of service/system borderline.
Minor	2	Minor impact on service objectives.	Moderate financial loss (0.5-2% budget)	Lost time due to employee injury or small compensation claim from service user or public (First aid treatment required).	Some - between 2 and 6 months to recover.	Some public embarrassment, no damage to reputation or service users.	Marginal damage covered by insurance.	Reasonable back-up arrangements, minor downtime of service/system.
None	1	Minimal impact, no service disruption.	Minimal loss (0.5% budget)	Minor injury to employee, service user or public.	Minimal - Up to 2 months to recover.	Minor impact to council reputation of no interest to the press (Internal).	Minor disruption to building, alternative arrangements in place.	No operational difficulties, back-up support in place and security level acceptable.

Risk	Impact				
	None (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Remote (1)	1	2	3	4	5

Key

Risk	Low	Medium	High	Very High
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