# **South Ayrshire Council**

# Report by Chief Governance Officer to Cabinet of 23 April 2024

**Subject:** Strategic Risk Management

# 1. Purpose

1.1 The purpose of this report is to update Members on the reviewed Strategic Risk Register (Appendix 1) in line with the agreed reporting framework.

### 2. Recommendation

### 2.1 It is recommended that Cabinet:

- 2.1.1 considers the reviewed Strategic Risk Register (Appendix 1) updated by Chief Officers; and
- 2.1.2 notes the 14 key risks and endorses the work currently being undertaken or proposed by risk owners to mitigate these risks.

# 3. Background

- 3.1 The Strategic Risk Register is reported in accordance with the framework within the Corporate Risk Management Strategy.
- 3.2 The Strategic Risk Register was reported to the Audit and Governance Panel of 20 March 2024 for scrutiny. Panel members approved the recommendations on the report and requested future additional briefings on risk management.
- 3.3 Risk Management is also undertaken at Directorate level, within the Health and Social Care Partnership and by leads undertaking complex projects.

# 4. Proposals

4.1 The Strategic Risk Register has been reviewed by Chief Officers / Risk Owners and updates provided on progress against implementation of proposed risk mitigations. Risks are referenced against the themes of Governance, Protection and Resources. 14 Strategic Risks are being managed and these are listed as follows:

	Risk	Risk Rating	Theme
1.	Decision Making and Governance	8	Governance
2.	External Factors including Contingency Planning	10	Governance

	Risk	Risk Rating	Theme	
3.	Strategic Planning	8	Governance	
4.	Integrity	8	Governance	
5.	Internal Audit Actions	6	Governance	
6.	Child and Adult Protection	10	Protection	
7.	Public/ Employee Protection	10	Protection	
8.	Sustainable Development and Climate Change	12	Protection	
9.	Financial Inclusion	12	Protection	
10.	Ash Tree Die Back	10	Protection	
11.	Financial Constraints	16	Resources	
12.	Employee Absence	9	Resources	
13.	ICT – Digital Resilience, Protection and Capability	8	Resources	
14.	Management of Assets	6	Resources	

- 4.2 Full detail of strategic risk management arrangements is provided within the register (Appendix 1). Ownership is assigned to ensure there is clear accountability and responsibility in terms of risk management. The cause, potential effect, risk score and current mitigations are also recorded.
- 4.3 Unless considered 'ongoing' throughout the life of the risk register, proposed risk mitigations have a target completion date, and their progress is outlined by use of a percentage completion bar in the report. A status icon is also included which indicates whether or not the specific initiative is on target.
- 4.4 Members are requested to note that the Health and Social Care Partnership (HSCP) provide information on the risk management of Child and Adult Protection within the Council's Strategic Risk Register. HSCP also develop and report on wider Partnership risk issues within their own bespoke Strategic Risk Register which is presented to the HSCP Performance and Audit Panel on a 6 monthly basis for scrutiny. A link to the most recent HSCP risk register and related reports is provided on page 8 of Appendix 1.
- 4.5 It has also been considered appropriate in risk management terms to make reference to the Ayrshire Growth Deal (AGD). It is currently undergoing a scheduled mid-Programme Review exercise which is being taken forward by the regional Programme Management Office (PMO) and Lead Authority partners, in consultation with UK and Scottish Government grant funders. This is subject to AGD governance processes set out in the AGD Grant Offer agreement and AGD Governance document. The review is expected to conclude by summer 2024.
- 4.6 There are financial, legal and reputational risks to the Council in progressing development and delivery of AGD projects which are carefully monitored through regular review and monthly reporting via internal Council governance arrangements and those agreed by the regional AGD partners. As a result of commercial sensitivities relative to the Space and Aerospace projects information cannot be shared publicly.

- 4.7 There has been a risk rating increase for Sustainability and Climate Change. Previously 4 (critical) x 2 (possible) = 8 (medium). It has been felt appropriate to increase this to 4 (critical) x 3 (likely) = 12 (high). Slippage has occurred in terms of progress to achieve proposed mitigations. The development and implementation of a refreshed strategy has been hampered by both a rapidly changing national picture and staffing vacancies within the service with the responsibility for progressing this work.
- 4.8 Ongoing significant challenges around funding arrangements and budgeting have also resulted in a risk rating increase on the risk relating to Financial Constraints, previously 4 (critical) x 3 (likely) = 12 (high) but now 4 (critical) x 4 (very likely) = 16 (high). This is acknowledged to be caused by UK and Scottish Government reductions in funding over a number of years and the impact of inflation on the Council cost base. This is the highest rated risk on the current Strategic Risk Register and is being carefully monitored at Chief Officer level.
- 4.9 Members are also requested to note that Chief Officers regularly consider new or emerging risks and there is a process whereby significant operational risks, managed at directorate level, can be elevated to strategic level as required.
- 4.10 It is anticipated that Members will consider the strategic risk management arrangements outlined within this report and be assured that there is a robust system in place for identifying and managing those threats which could have a significant impact on the successful delivery of the Council's objectives.

# 5. Legal and Procurement Implications

- 5.1 The recommendations in this report are consistent with legal requirements.
- 5.2 There are no procurement implications arising from this report.

# 6. Financial Implications

6.1 There are no cost implications associated with the recommendations in this report.

### 7. Human Resources Implications

7.1 There are no human resource implications associated with the recommendations in this report.

### 8. Risk

### 8.1 Risk Implications of Adopting the Recommendations

8.1.1 Risks have been identified and assessed in line with the Council's Risk Management process. This report seeks to confirm that risk mitigation at Strategic level is ongoing and that risks are being managed in line with an agreed approach and methodology.

# 8.2 Risk Implications of Rejecting the Recommendations

8.2.1 Rejecting the recommendations may give rise to external criticism, breach of statute or legal challenge.

# 9. Equalities

9.1 The proposals in this report allow scrutiny of performance. The report does not involve proposals for policies, strategies, procedures, processes, financial decisions and activities (including service delivery), both new and at review, that affect the Council's communities and employees, therefore an equality impact assessment is not required.

# 10. Sustainable Development Implications

10.1 Considering Strategic Environmental Assessment (SEA) - This report does not propose or seek approval for a plan, policy, programme or strategy or document otherwise described which could be considered to constitute a plan, programme, policy or strategy.

# 11. Options Appraisal

11.1 An options appraisal has not been carried out in relation to the subject matter of this report.

### 12. Link to Council Plan

12.1 The matters referred to in this report contribute to the delivery of all Council strategic objectives.

### 13. Results of Consultation

13.1 Consultation has taken place with Councillor Martin Dowey, Portfolio Holder for Corporate and Strategic, and the contents of this report reflect any feedback provided.

# 14. Next Steps for Decision Tracking

14.1 If the recommendations above are approved by Members, the Chief Governance Officer will ensure that all necessary steps are taken to ensure full implementation of the decision within the following timescales, with the completion status reported to the Cabinet in the 'Council and Cabinet Decision Log' at each of its meetings until such time as the decision is fully implemented:

Implementation	Due date	Managed by
Adopt recommended approach to Strategic Risk Management	30 April 2024	Service Lead – Risk and Safety

Background Papers Report to Audit and Governance Panel of 20 March 2024

**Strategic Risk Management** 

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Date: 11 April 2024

The following risks of strategic significance have been identified by Chief Officers in line with the themes of Governance, Protection and Resources.

Governance	Protection	Resources
1.Decision Making and Governance  4 x 2 = 8	6. Adult and Child Protection  5 x 2 = 10	11. Financial Constraints  4 x 4 = 16
2.External Factors including Contingency Planning 5 x 2 = 10	7. Public and Employee Protection 5 x 2 = 10	12. Employee Absence 3 x 3 = 9
3. Strategic Planning 4 x 2 = 8	8. Sustainable Development and Climate Change  4 x 3 = 12	13. ICT – Digital Resilience, Protection & Capability  4 x 2 = 8
4.Integrity 4 x 2 = 8	9. Financial Inclusion 4 x 3 = 12  Poverty	14. Management of Assets  3 x 2 = 6
5. Internal Audit Actions 3 x 2 = 6	10. Grounds Maintenance - Ash Tree Die Back  5 x 2 = 10	Risk Rating Impact v Likelihood  1 Minor  1 Unikely  2 Moderate  2 Possible  3 Major  3 Likely  4 Critical  4 Very Likely  5 Catastrophics  5 Limpact  6 Impact

Input is provided by Risk Owners identified at Strategic level to ensure clear responsibility in terms of their management. Detail is provided on risk mitigations – both current and proposed. Target dates are recorded in respect of the achievement of the proposed mitigations, unless agreed as 'ongoing'. The successful mitigation of these risks will support the delivery of the Council Plan.



#### Risk 1 Risk Title – Decision Making and Governance **Risk Theme - Governance Potential Effect Current Mitigations** Ownership **Potential Risk** Cause **Risk Score** Accountable -1. There is a risk that key Updates to Lack of compliance. 1. Members are supported by a range of training programmes to ensure effective Panel participation and good ELT decisions are taken on Government behalf of the Council which decision making. legislation and Failure to meet 2. Service Leads ensure there is full consultation with PFH's Responsible may contradict agreed advice. statutory CLT Council Plan objectives or on Panel reports. requirements. increase risk exposure to 3. Webcasting/live broadcasting allows both hybrid meetings Changes to political $4 \times 2 = 8$ the organisation. and public access. External public website has an area structure. Poor best value audit. dedicated to this where meetings are live streamed, the Risk Owner future meeting schedule is visible and recordings of the Head of Legal Levels of scrutiny on Financial Impact and meeting archive can be viewed. information made 4. Reports outline key headings on legal, procurement, Regulatory available or provided. Reputational damage. financial, HR, risk, equalities and sustainable development Services implications of decision making. 5. The new Council Plan is complete and approved, as are the associated Service Plans across all Directorates. (Cross reference - Risk 3 - Strategic Planning). **Proposed Mitigations (with dates)** Status **Progress Bar** 1. Members are supported to deliver good decision making through training and briefings. Officers in conjunction with Members felt that 95% Members would benefit from further training on scrutiny and two training sessions were delivered on scrutiny of business cases by the Increased from 90% Improvement Service. Both new and more experienced Members of the Service and Performance and Audit and Governance Panels felt this improved their understanding of scrutiny. A & G Panel also undertook a self-assessment and officers are implementing the recommendations identified by the Panel. Specific recommendations were previously made for one-to-one meetings with Members to assess training needs and produce an individualised plan. These take place by request from Members utilising the Improvement Service's Political Skills Self- Assessment tool and this allows Members to consider particular areas that they would benefit from training on. Further steps are being taken by the leads of Democratic Governance and Organisational Development to analyse this process and to fine tune the personal development process for Members.

Page Break

for future audit purposes. (June 2024)

Members' briefings are available online and group officers encourage Members to access these, as well as maintaining records on uptake



#### Risk Title - External Factors including Contingency Planning Risk 2

**Risk Theme - Governance** 

Accountable – ELT  Responsible Council's control such as pandemic, Brexit, Ukraine, cost of living crisis, inflation, industrial action, disruptive weather or other, may adversely impact on ability to fulfil Council objectives and deliver critical services.  Adverse incidents or Civil Emergencies.  Requirement to re-allocate resources, failure to deliver services to an acceptable level or offire desired improvements. Restrictions on budget, reputational damage.  Adverse incidents or Civil Emergencies.  Requirement to re-allocate resources, failure to deliver services to an acceptable level or offire desired improvements. Restrictions on budget, reputational damage.  1. Continued Horizon scanning to anticipate and respond to risks – four mair civil contingencies risks identified for Ayrshire.  2. Watching brief and continual discussion on funding requirements for any unanticipated emergencies.  3. Dissemination of information to Officers and Members around CoSLA and Chartered Institute of Public Finance and Accounting (CIPFA) briefings.  4. The Ayrshire Civil Contingencies risks identified for Ayrshire.  2. Watching brief and continual discussion on funding requirements for any unanticipated emergencies.  3. Dissemination of information to Officers and Members around CoSLA and Chartered Institute of Public Finance and Accounting (CIPFA) briefings.  4. The Ayrshire Civil Contingencies risks identified for Ayrshire.  2. Watching brief and continual discussion on funding requirements for any unanticipated emergencies.  3. Dissemination of information to Officers and Members around CoSLA and Chartered Institute of Public Finance and Accounting (CIPFA) briefings.  5. The level of interaction between Health / Councils and partners has increased and allows for more efficient collaboration in emergency planning. The HSCP Risk and Resilience Forum is well established.  6. 24/7 on call service in place via Civil Contingencies for response and assistance in coordinating the Council and responsion for responsion provided in

### Proposed Mitigations (with dates)

- 1. Practitioner Ayrshire Local Resilience Partnership (ALRP) and Strategic Ayrshire Local Resilience Partnership meet with required frequency to co-ordinate individual responses from all agencies to major incidents or adverse events. Ayrshire wide Tactical Groups are established where circumstances dictate. Additionally, the Ayrshire ALRP identifies and manages 4 concurrent civil contingencies risks to support an Ayrshire response. These are 1. Pandemic or Emerging Infectious Diseases, 2. Marauding Terrorist Attack, 3. Disruptive Weather and 4. National Electricity Transmission System (NETS) Failure (Power Resilience/Black Start) (ongoing)
- 2. Risk and Safety Team and the Ayrshire Civil Contingencies Team continue to support SAC civil contingency and business continuity arrangements. SAC Civil Contingencies Response Plan is reviewed annually and Council Incident Officer training has been rolled out to key Chief Officers, operational Service Leads and Coordinators. Council Managers undertake a rolling review of Service Business Continuity Plans on a 6 monthly basis. Civil Contingencies exercises to test plans continue to be developed and rolled out (ongoing).
- 3. The Council is anticipating new legislation (Martyn's Law) governing public safety at events. A business case has been prepared outlining the preliminary indicative resourcing required to demonstrate compliance. Future work in this regard will also allow for the establishment of a bespoke South Ayrshire Council Safety Advisory Group. (target date TBC)

Ongoing

Ongoing



Risk 3			Risk TI	neme - Governance		
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current N	litigations
Accountable – ELT  Responsible - CLT  Risk Owner – Service Lead – Policy and Performance	There is a risk that the Council fails to fulfil agreed strategic objectives in light of the cost-of-living crisis, staffing, budgetary or external pressures and therefore current service, financial and resource planning is not aligned.      There is an associated risk that corporate and service targets and performance measures may be adversely impacted.	Recent pressures may have contributed to delays in Corporate and Directorate Planning processes.	Failure to deliver on Corporate and Directorate Plans or achieve priority outcomes.  Failure to meet expectations of the public, partners, service users, local businesses.  Reputational damage	4 x 2 = 8	1.Existing Council Plan with clearly define priorities is in place, as are the individual Service Plans. Governance is included an underpinned by the enhanced requirement performance measures and targets.  2.Plans have been developed by each Council Plan and priorities, is in place.  4. Robust financial governance, linked to council Plan and priorities, is in place.  5.The Future Operating Model has been implemented and the Council is now oper its new ways of working.	
-	igations (with dates)				Status	Progress Bar
1. Council Plan actions are reported to the Service and Partnerships Panel over 2023/24 as part of the Council Plan 23-28 Performance Management Framework. Performance against the Council Plan is also subject to an annual report to Council. (next due June 2024)						Ongoing
2. Quarte	erly budget monitoring continues and is report	act. (ongoing)		Ongoing		
	e Planning session taking place with service lavailable to support planning and improveme			e will be		75% New

Page break

Risk 4		Risk Title	LOYALTY -		Risk T	heme - G	overnance
Responsible - CLT Risk Owner – Head of Legal and Regulatory Services	range of failures such as Information / Asset Security, Cyber Crime, non- compliance with the General Data Protection Regulations (GDPR), CCTV Governance, Procurement Fraud, Contractual Failures, Vetting or Financial Irregularities.  2. There is a risk of failure to maintain sources of assurance and levels of	Existing Council Policy or systems may be ineffective or inconsistently implemented.  Lack of ownership, training or communication.  Difficulty to respond timeously to FOI and GDPR requests.  Additional levels of Cybercrime and Fraud because of external global events.	Reputational damage, financial loss, fines, prosecution, civil liability.	and the state of t	1. Current policies / encryption / mandatory online Data Protection processes for reporting and dealibreaches.  2. Adherence to the Records Mahas been agreed with the Keepe implemented.  3. Standing Orders relating to Commetings, Scheme of Delegation Regulations, Council Procuremed.  4. SAC Code of Conduct, range opolicies, employee vetting process. Fraud Officers, Fidelity Guarar and National Fraud Initiative.  6. Internal Audit activity.  7. Establishment of Integrity Groun Integrity Group Risks.  8. Additional Communications we with advice re Cyber Crime and February CCTV governance is set out in Duty Holders in relevant premise	rirewalls, so training, and with da nagement rand is be ntracts are, Financia at Policy. of HR, H& ses. atee Insurate In	robust ata  Plan that eing ad to I  S, Fleet ance Policy gement of and Public and policy.
	ations (with dates)	tearity Group, which monitor	s existing risks and	d identifies a	compliance with GDPR as it related	Status	Progress Bar Ongoing
1. The actions referred to above are progressed by an Integrity Group, which monitors existing risks and identifies any new and emerging risks for SAC. The Group monitors and develops appropriate mitigations. The Chief Executive chairs the group and officers responsible for each key heading report on the risks. Various Service Leads attend and report on their operational areas as they relate to integrity. (ongoing).  2. The reporting process of the risks from Integrity Group to Members has been reviewed. Reporting mechanisms include regular briefings from relevant Chief Officers or Service Leads on pertinent integrity matters to assist in Member awareness and further support good decision making. This is considered to be an ongoing mitigation through the life of the integrity group. (ongoing)							

Risk 5			Risk Title – Internal	Audit Actions	Risk	Theme - Gov	vernance	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current N	<b>litigations</b>		
Accountable - ELT  Responsible - CLT  Risk Owner - Chief Internal Auditor and Service Leads	There is a risk that actions identified by Internal Audit are not progressed within agreed timeframes and improvements to the control environment not achieved.  The position at 22/02/24 was as follows;  a/ 5 overdue actions.  b/. 13 actions due for completion in next 6 months – (cross ref IA Progress Report).  c/. Extension to due date requested for 3 actions, all agreed by IA, no 3 <sup>rd</sup> extensions requested.	Staffing resources  Delays in implementation of corporate systems eg. oracle fusion	Service Governance arrangements are compromised.  Depending on the significance of the outstanding action the Council may be exposed to risks relating to statutory compliance, public or employee safety, financial loss, reputational damage, legal challenge.	3 x 2 = 6	1 The Audit Plan is formulated or mid-year review and approval is Governance Panel for any change.  2. Follow up Audits are underta a sample of 'amber' reports, whe include testing to confirm the ser completion of internal audit action.  3. The Chief Internal Auditor is a dates' for actions.  4. Progress against actions is increports the Audit and Governance.	sought from Ages.  ken for all 'receive resources pivice has evidens.  ble to grant 2	d' reports as well as permit. These ence to support the extensions to 'due	
•	tigations (with dates)					Status	Progress Bar Ongoing	
these and fur	<ol> <li>Service Leads are required to attend Audit and Governance Panel to explain any 'red' reports, any overdue or outstanding actions from hese and further explanation of requests for more than 2 extensions to due dates. They may be required to bring a formal report to Panel f deemed appropriate. (Ongoing)</li> </ol>							
highlighted in	e dissemination of Audit reports, the Audit reports where required. tana) and this is the information the	Managers are req	uired to record progress	against implei	mentation of all actions in		Ongoing	

Page Break



# Risk 6 Risk Title - Adult and Child Protection Risk Theme – Protection

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Responsible - CLT  Risk Owner - Director of Health and Social Care	1.There are increased levels of hidden harm in our community as a result of a range of external factors leading to more complex family and adult needs.  2. There is a risk of failure to provide adequate protection and the necessary level of support to vulnerable adults and children.  3. There are additional risks facing the HSCP and these are being managed, monitored and reviewed via the HSCP Performance and Audit Panel. (link to latest reports – October 2023 – below).	Deprivation, cost of living crisis, changing demographic and challenges in the care sector.	Potential harm to clients and vulnerable service users.  Potential for litigation, financial loss or reputational damage.	5 x 2 = 10	1.There are quarterly Chief Officer Group (COG) meetings.  2.There are quarterly Public Protection subgroups (Child Protection; Adult Protection; Violence Against Women/Criminal Justice and Alcohol and Drugs Partnership) reporting into COG that are monitoring the operational context and responding in a coordinated way to issues.  3.HSCP Directorate Management Team meets regularly to provide leadership and oversight.  4. Established governance in place via Clinical and Care Governance, Social Work Governance and Adult Governance Groups.  5.APC and CPC meet regularly and review business plans  6.Multi Agency Public Protection Arrangements (MAPPA) including Management Oversight Group and Strategic Oversight Group) are in place and report quarterly to COG.  7.The Community Services Oversight Group supports in house and commissioned services and provides assurance on a range of issues to key local and national stakeholders.  8.Initial Referral Data (IRD) activity is now audited to provide scrutiny and assurance in relation to this key activity. There are now annual Child Protection 'Trend Analysis' produced for the CPC and COG to reflect on the changing culture in South Ayrshire towards Child Protection and to invite scrutiny of annual data.  9.Adult Support Protection Lead Officer engages first line managers in developing our response to vulnerable adults.  10.CSWO engages with operational staff in relation to complex cases in both adult and children's services where there are complex risk factors.  11. Care First implemented across all children and adult social work teams.  12. CPC/APC subgroup structure is now established and the Policy and Performance Subgroup is leading this review work and reports progress at each meeting  13. Governance on new policy and procedure is via CPC/APC through to COG.  14. Development of Practice Standards in Social Work is in progress to support the policy framework.  15. The quality assurance framework is operational providing triangulated information to the Community Services Ove

Page Break

Diak 6	Dick Title Adult and Child Protection (Continued)	l Thoma	- Protection
Proposed Mitigations (with d		Status	110000000
	mework in relation to risk around drug related deaths. The Framework is being subsumed within the national drunting a residential rehabilitation pathway in South Ayrshire. (Gary Hoey) (31.03.2024)		90% No change
	ansformational work within Children and Families which has been supported by the Council. Belmont family he implementation of Signs of Safety is progressing in partnership with the National Signs of Safety organisation	<b>~</b>	100% Increased from 85%
	aluation Improvement Plan is reviewed regularly and a review of the impact of actions implemented in response ction Inspection (Oct-Dec 2021) (Gary Hoey) (March 2024)	~	Increased from 50%

Further explanation on progress to date in terms of implementation of the above mitigations can be found by cross-referencing to the Health and Social Care Strategic Risk Register Performance and Audit Committee - 3rd October 2023 - Health and Social Care Partnership (south-ayrshire.gov.uk) . Additional information is also provided within this document on a range of other risks being managed by the Partnership including; Climate Change & Sustainability, Communication and Reputation, External Factors including Contingency Planning, Financial Position, Good Governance, Strategic Planning and Business Resilience, ICT, Population, Premises, Provider Organisations, Service Quality, Workforce Protection and Workforce Capacity and Capability.

Page break

#### **Risk Title - Public and Employee Protection** Risk 7 Risk Theme - Protection Potential Effect Risk Score **Ownership Potential Risk** Cause **Current Mitigations** 1. Existing H&S Policies and procedures. H&S Guidance prepared and Accountable -1. There is a risk of failure to Staffing Accident, incident, injury issued. Range of resources, information, links and training on H&S ELT provide the agreed standards of resourcing protection to the Public and Council pressures. CORE page and Learn Pro platform. Sample H&S Risk Assessments or ill health to developed for Service use. Responsible -Employees in line Health and employees $5 \times 2 = 10$ 2. Central H&S team undertake H&S Audits and Fire Risk Assessments CLT Safety Executive and Scottish Fire Budaet /service users. (FRAs) over a 1,2 and 3-year rolling programme. Risk Assessment selfand Rescue Service legislation and constraints guidance. across Prosecution and evaluation process rolled out. 3. The PDR process allows for identification of key H&S training 2. There is a risk that health & Services. Civil litigation. Damage to requirements for all Council employees. Risk Owners safety risk assessments in some 4. Risk Assessment Training & Support, plus Council Standard and a Service Lead areas may not currently identify **Ambiguity** Council's adequate mitigations to safeguard Risk and around reputation. range of courses on Management of Actual or Potential Aggression, Safety and employees / service users from responsibilities Dealing with Difficult Behaviour, De-escalation etc. hazards such as Violence and or inconsistent | Financial impact 5. V&A measures across services including a range of security systems, Service Lead Campus Police Officers, '2 to attend' protocols, panic buttons in offices, Asset Aggression. application of of claims. 3. There is a risk that proposals by modifications to office design. Management policy increased 6. Review of causes of 'Unwanted Fire Alarm Signals' (UFAS) complete Scottish Fire and Rescue Service to premiums or - processes in place to tackle via FRA programme. reduce response to fire alarms will fines. 7. Revised guidance has been issued along with new online training impact people safety and property modules to reflect the changes implemented by SFRS on 1 July 2023. protection. Status | Progress Bar Proposed Mitigations (with dates) 1. Review and refresh a range of health and safety policies, guidance, sample risk assessments and work procedures. Development of new 6096 online health and safety training modules for managers / employees. (December 2024) Increased from 40% 2. Asset Management team continue to review and action, based on risk priority, compliance and/or property related issues raised through Fire Risk Assessments, Health and Safety Audits and Vacant Property Inspections. (ongoing). **Ongoing** 3. All duty holders / building managers monitoring and updating outstanding H&S actions via Pentana (ongoing) **Ongoing** 4. Continue to utilise self-evaluation method to ensure all Services have identified significant hazards and fully developed their H&S risk **Ongoing** assessments – (Internal Audit Action). (Ongoing) 5. In light of revised SFRS protocols Asset Management team is rolling out bespoke fire panel training to all Council Duty Holders. (June

Page Break

2024)

Increased from 30%



# Risk 8 Risk Title - Sustainable Development and Climate Change

**Risk Theme - Protection** 

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Cu	Current Mitigations	
Accountable – ELT Responsible - CLT Risk Owner/s; Service Leads – Policy and Performance, Asset Management (buildings) and Neighbourhood Services (for Fleet)	failure to meet climate change duties, reduce emissions and support the community to adapt and mitigate risks in relation to climate change. Risk of failure to ensure a	Services do not necessarily recognise the role they need to play, lack of input and accountability by services leaving key areas inadequately addressed. Decisions and infrastructure while meeting short term goals are currently not fit for the future. Actions in place are currently not fully coordinated across services.	Reduction in emissions not achieved to 1.5 degrees scenario therefore accelerating the pace of climate change. United Nations Sustainable Development Goals not adequately addressed. South Ayrshire may not be resilient. Effect may be further detriment to those already disadvantaged, increasing inequalities and exacerbating deprivation. Communities may be unprepared for a low carbon future.	4 x 3 = 12	assembled to measured. 3. Proposals eagreed at Calimplementation 4. Carbon but 5. Green reco	and Clima ata on Sus and Clima allow futu endorsed l binet and a on. dgeting in	stainable ate Change now re progress to be by the MOWG assigned for
Proposed Mitigations (with dates)							Progress Bar
delivery of strategy	outcomes in a changed		oint strategy will be reviewed). Review to onal targets and new duties and supporting).			_	No change
forward as part of th	ne integrated impact ass	essment led by Performance,	Council policy making, as well as service pleolicy and Community Planning with furtheolitrategy. (Revised to Dec 2024).				Increased from 30%
decision on this has	3.Investigation of scope 3 accounting methodologies for Council procurement emissions to develop existing carbon budgeting process. A final decision on this has been deferred pending the outcome of national research which may influence the course of action. Forward pathway now likely to be set out in refreshed strategy. (Revised to December 2024)						
drive forward this ag	A Net Zero Estate Strategy review was completed in November 2021. Following this a Net Zero Board group was established in 2022 to ve forward this agenda. The Board has 6 agreed workstreams (noted in Cabinet log) and progress is being against each of these in order at the Council can meet both its own and SG's commitment to 'net zero' in 2045 (ongoing to 2045)						
(SAC) and public chimplement charging	narging (ARA). Current p points for staff access a	osition on small SAC vehicles and are investigating a chargin	side ULEV (Ultra Low Emission Vehicles) reflects a position where 60 of 80 are now g 'hub' at a location within the vicinity of Cond forms part of Service Plan Performance	electric. NS ounty Buildin	continue to gs. Ongoing		Increased from 20%

Risk 9				Risk	Poverty  Title – Financial Inclusion	Risk	t Theme –	Protection
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mit	tigations		
Accountable – ELT  Responsible - CLT  Risk Owner - Assistant Director of Strategic Change and Communities		food costs. Economic	Specific low- income groups are hardest hit.  Current crisis is bringing unaccustomed hardships to groups who have previously managed financially.  Impact on lowest paid Council staff.	4 x 3 = 12	Measures in place at National level; Withdrawal of the National Insurance increase.  Measures in place at Scottish Government level Increasing the Scottish Child Payment to £25 per Winter Heating Payments. Rent Freeze Bill - 'Protecting Tenants during Cost-of-Living Cris and landlords. Bridging Payments. Best Start Gran 'One stop shop' website to help those struggling fi Funding for Scottish Welfare Fund (Crisis Grants & Housing Payments  Measures in place at local level; The Community Planning Partnership has a Finan who provide direction, identify any gaps in support and demand. They consider themes linked to food  A range of Council services provide support to per crisis. These include Thriving Communities, Housi and Revenues and Benefits.  Cabinet approved a report on 23 May 2023 Finance outlined trends identified and the provision of curre to support residents.  There was also a Cabinet paper in January Food Pantries that provided information on the food part A Member Officer Working Group for the Cost-of-Ithe activities being undertaken by the Council to me	sis Bill' temporary parts. nancially. National Community Care acial Inclusion Stratt and direct resourced, energy, money acople most affecteding Services, the Inclusion - Costent help available acontries and projects  Living Crisis has besits Bill' temporary.	media cam Grants) an egic Delive ces to areas and commu by the cost aformation a t of Living Cacross all C again in Ma that SAC h	rotect tenants apaign. ad Discretionary  ry Group (SDP) s of most need nity wellbeing.  of living and Advice Hub  Crisis which ouncil Services  y Food as funded.
Proposed Miti	gations (with d	ates)			, , , , , , , , , , , , , , , , , , , ,	<u> </u>	Status	Progress Bar
Living Crisis. T Inclusion proje	his work is align cts. Service Lea	ed to the Me ds have beer	mber / Officer Wor n asked to comple	rking Group a te requests f	ction Plan to address the agenda on Financial Included and reports to Cabinet £1.055m was identified to superfunding and a report will be presented at Cabine group. (March 2024)	upport Financial		Increased from 50%

Risk 10			Risk Title - Ash Tree Dieback	Risk	Theme	- Protection
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Curre	ent Mitigations
– ELT	of injury / damage to	Principle cause is the spread of Ash Dieback throughout South Ayrshire /Scotland.	Potential for fatality / injury to residents / employees. Potential for damage to property, listed structures, headstones, power / phone lines. Potential of falling Ash trees/limbs on roads/pavements/ footpaths within public open space and schools and associated obstruction to roads.  Increased liability to Council in respect of above potential incidents.	5 x 2 = 10	lands n Neighb Service comme 2.Com	
Risk Owner  - Assistant Director - Housing and Operations	Ash Dieback – a disease proliferating through SAC woodland. Disease has	Neighbourhood Services is currently not resourced to manage the extent of Ash Die Back.	Financial pressure in terms of significant increased expenditure to mitigate risk including costs for replanting, cost of recruiting skilled operatives. Availability of skilled operatives likely to be restricted by market demand - this is a national problem.  Potential for increased flooding risks for changes in waterways eg. banking failures due to tree failure. Loss of Ecosystems- air quality, biodiversity loss, increases in noise levels adjacent to roads, loss of visual screens.		and reg have be 3.An A has bee and ap Cabine an insp prograr	gular meetings een set up. Ash Dieback Plan en developed proved by t. This includes
			Increased liability and insurance premiums for residents due to property risks.  Risk to European protected species (roosts/ food source). Loss of biodiversity of species dependant on Ash.		implem 4.Year almost	nentation.  1 delivery of plan complete. Yearly exceeded.
Proposed M	itigations (with	dates)		St	atus	Progress Bar
the SAC Ash	I. SAC is collaborating with recognised arboricultural bodies on managing this disease. A communication plan is being developed to reflect he SAC Ash Dieback plan. Proposed text is with the Tree Council and the Forestry Commission for review and will form the basis of standard text to be used by a number of authorities. Awaiting feedback on this. Communications team involved. (May 2024).					
	2. Funding for Year 2 of Ash Dieback Plan approved by Cabinet in January 2024, commences April 2024-March2025. A second survey to					

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Not due to start

determine rate of progression will be undertaken this year and is due for completion in November 2024.

Risk 11			Risk Til	tle – Financia	I Constraints	Risk Tl	neme – Resources
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigati	ons	
Accountable - ELT  Responsible - CLT  Risk Owner - Head of Finance, ICT and Procurement	risk that current, planned or expected levels of service cannot be delivered.	UK and Scottish Government reductions in funding over a number of years.  Impact of inflation on Council cost base.	Failure to deliver key services or meet change in service demands.	4 x 4 = 16	1. Annual 2023/24 budget prepared and approached 2. Maintain pressure on Scottish Government reflect Local Authority needs through participa 3. Updated five year Medium Term Financial F November 2023 4. Annual Treasury Management Strategy pre March 2023. Details credit and counterparty ri 2024. 5. Treasury Management Practices (TMP's) ure Treasury risk such as credit and counterparty management, interest rate risk management amanagement. 6. £2.5m Inflation reserve established in Februimpact during 2023-24	to agree sett tion in CoSL Plan approve pared and apsk. Next updedated annurisk manage and exchange	elements which A groups. d by Cabinet in exproved by Council ate due in March ally to reflect ment, liquidity risk e rate risk
Proposed M	itigations (with d	ates)	1		-	Status	Progress Bar
		through discussions via Cvernment (ongoing).	CoSLA, Directors of F	inance and So	lace to ensure required funding continues to		Ongoing
2. Rolling annual update of new five-year Medium Term Financial Plan to be implemented (next update due November 2024)						Increased from 50%	
3. Assess the impact/outcomes from the new deal between Local Government and the Scottish Government signed in June 2023 (Verity House Agreement) and the associated new Fiscal Framework is being developed. (March 2024).						Increased from 0%	
4. Seek Council agreement of a programme of future activity as part of the 2024-25 budget proposals to commence immediately following approval of the budget in order to address the significant budget gaps expected in the medium term (timescale TBC)						Not due to start	

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		ABSENT							
Risk 12	Risk 12 Risk Title – Employee Absence Risk Theme - Resources								
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Currer	nt Mitigations			
Accountable – ELT  Responsible - CLT  Risk Owner – Chief HR Adviser	1. There is a risk that employee absence levels fall below the standards which can be sustained by the organisation.  2. There is a risk that the cost of staff absence significantly increases the financial risk and budgetary constraints already impacting on the achievement of Council objectives.  In 2020/21 – for LGE - the direct 'cost of absence' was £3,851,547 (50% more than 2019/20 when the cost of absence was £2,550,800. In 2021/22 – for Teachers - the direct 'cost of absence' was £1,224.774 (71% more than 2020/21 when absence cost was £714,310)  In 2022/23 – overall absence levels decreased by 28% from 9.59 days in 21/22 to 7.25 days in 22/23. The overall cost of absence also decreased on the previous year by £492,964.  3. There is a risk that the impact of employee absence creates an unsustainable burden and significant extra pressure on colleagues at all levels who are required to assume additional workloads as a result.  4. There is a risk that employee absence has an adverse effect on workforce planning arrangements.	Psychological Musculoskeletal Respiratory  Impact of employee 'culture'  Further statistical information via	Additional risk to Service Users, gaps in Service delivery, slippage on achievement of targets.  Additional cost of temporary, agency, supply staff or other additional unbudgeted spend.  Adverse impact on health of 'attending' employees.	3 x 3 = 9	<ol> <li>Occupational</li> <li>Counselling S</li> <li>Cognitive Behave</li> <li>Physiotherapy</li> <li>Employee Se 'Access to Work initiative for non support &amp; sign p</li> </ol>	Services including vioural Therapies y Services  If-Referral Options to ' – fully funded -medical intervention, posting.  ible working and family cies.  anagers and entally Healthy			
Proposed Mi	tigations (with dates)				Status	Progress Bar			
mandatory tra	maximising attendance framework and related policies in conjunction was ining for managers in managing absence. This area of work has re-coron of Oracle Fusion. The Framework is currently being reviewed based 2024).	due to the		Increased from 20%					
and linked init	ence to work activity progressing via other services; Trauma Informed Ciatives, re-introduction of Employee Lifestyle Screening via Risk and S support employee experience. (March 2024).			Increased from 20%					
	unction with Trauma Informed Officer, is developing a Staff Wellbeing Senchmark wellbeing strategies (June 2024)	trategy. Research	is currently being ι	ındertaken in		Increased from 15%			

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Risk 13		Ris	sk Title – ICT Dig	ital Resiliend	ce, Protection and Capability	Risk Then	ne - Resources
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations		
Accountable - ELT  Responsible - CLT  Risk Owner/s – Service Leads - ICT	There is a risk that major or widespread ICT failure will adversely affect delivery of Council services. ICT failure risks include non-compliance, failure of business systems, cyberattack, and failure of ICT equipment.	Lack of corporate ICT planning in a robust and consistent manner. Cyber intrusion. Outdated / obsolete equipment and systems. The Business Continuity Plans of some Services may lack effective arrangements for ICT loss.	Inability to provide key services and recover quickly.  Reputational damage, financial loss, litigation.	4 x 2 = 8	<ol> <li>Resilient infrastructure in place with dual data centres communication paths, internet links, and server hardwa</li> <li>External contracts established with service providers expertise across critical technologies.</li> <li>SAC Data Centre's services will be migrated to cloud phase completed in April 2023.</li> <li>A bespoke ICT Risk Register in place, which is subjestandard operating practice.</li> <li>The Integrity Group meets regularly to consider cyberdevelop further mitigations as required.</li> <li>Compliance standards established as part of technologovernance framework.</li> <li>Service BC plans include some level of 'manual work respect of ICT failure. Updates to all BC plans are reques.</li> <li>ICT Asset Management function established to ensurassets is maintained. Additional capacity created. Rollin now in place for technology towers.</li> </ol>	re. for technic data cent ct to revie r security ogy and po a around' for ested on a re currence ing replace	cal support and tres, with the first w as part of issues and rocess or resilience in a 6 monthly basis. by of technology
Proposed M	itigations (with date	es)				Status	Progress Bar
1. Live services being moved to McCall's Avenue Data Centre, which has enterprise facilities management services, with County Buildings being used for resilience purposes. Work is 99% complete in terms of live services being moved from County Buildings to McCall's Avenue, with low volume items remaining which have longer term timelines. (August 2024)						Increased from 98% to 99%	
2. Works are underway to migrate services to a Cloud Data Centre with phase 1 completed in April 2023. Planning works for phase 2 have commenced and migration is scheduled to be completed by December 2024.					No change		
application	3. Reaccreditation process in progress for PSN. External health check complete and remedial actions being worked on prior to submission of application. Egress Defend and Protect fully operational. ICT will continue to work with a Cyber Security partner to assess and improve the overall security of the Council's ICT infrastructure as new threats and technologies emerge. (ongoing).						Ongoing
4. In light of services migrating to a cloud data centre, work is required with all services to redefine the ICT element of their Business Continuity Plans. Engagement from ICT will take place to define priority applications which align to future plans for application rationalisation/replacement based on off-premises data centre provision. This engagement has not occurred and requires to form part of							New

Page Break

the workplan for 2024. (target date March 2025).

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Risk 14	4 Risk Title – Management of Assets Risk Theme – Resources								
Ownership	Potential Risk	Cause	Potential Effect	Risk Score		<b>Current Mit</b>	igations		
Accountable – ELT Responsible - CLT	1.Delivery of the agenda linked to Transforming the Estate may be impacted by a range of factors which could delay any resulting financial gains.	rationalisation,		3 x 2 = 6	underway Asset Ma 2. Profes to monito	y and has sup- anagement Pla sional Design or construction	Services continue costs and		
Risk Owner – Service Leads – Asset Management and Professional Design Services	2. There is a risk of delay to projects within the General Services capital programme due to inflation of construction costs which could impact on deliverability of the programme.	Inflation  Cost of Living Crisis	additional costs. Adverse incidents and compliance failure. Damage to Council's reputation.		works.	or's ability to pr	ogress and deliver		
<b>Proposed Mitig</b>	ations (with dates)					Status	Progress Bar		
rationalisation of following conclusivalidate cashabl	. The Asset Management Plan (AMP) has been superseded by the 'Transforming Our Estate' Project. The proposed approach to the ationalisation of Council assets was approved by Cabinet on 23 May 2023. It has been agreed to note the strategic recommendations ollowing conclusion of an external consultant's review and undertake further work to review the proposals for each asset type and ralidate cashable benefits and costs for the Council. Progress is being made on the delivery of an outline work plan and a report outlining the achievements will be taken to Cabinet in June 2024.								
Quarterly Capita	2. A new Capital Plan will be taken to Council on 29 February, 2024, covering the twelve financial years 2024/25 through to 2035/36.  Quarterly Capital Monitoring Reports will be presented to Cabinet (August & October 2024, February & June 2025), and will include any assues required to be highlighted and any adjustments to be requested.						Ongoing		

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# SOUTH AYRSHIRE COUNCIL - STRATEGIC RISK REGISTER (draft - updated February 2024) Appendix 1 Guidance - Recording Risks

Risk No. x			Risk Title - xxxxx	Risk Then	ne – Resources / Prote	Resources / Protection / Governance		
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Curre	nt Mitigations		
		What may have caused this risk?	Possible outcomes or adverse effects?	3 x 3 = 9	What is already in place	ce to manage the risk?		
	S	A	M	P	L	E		
Proposed Mitigations (v	vith dates)	,	,		Status	Progress Bar		
1. What is plan	ned to mitigate the risk	further? (and when i	t is due to be completed) <er< td=""><td>nter date&gt;</td><td></td><td>Increased from?</td></er<>	nter date>		Increased from?		

A status icon (Figure 3) is displayed along with a calculation from Risk Owners on percentage completion of the mitigating actions.

This information is closely scrutinised by Chief Officers via CLT and Elected Members through the Audit and Governance Panel and Cabinet and this assists in determining decisions on reducing or increasing risk ratings utilising the matrix at Figure 1.

New risk identification is considered against a broad range of risk types and these are represented at Figure 2.

Risk types are cross-cutting and not considered in isolation.

Further explanation of SAC Council Risk Management Methodology is available within the Corporate Risk Management Strategy RM Strategy

Fig 1 Fig 2

	Risk Themes						
Governance			tec	Resources			
Risk Rating							
Impact			-	Likel	ihood		
1	Minor		1	Unli	kely		
2	Moderate		2	Possible			
3	Major		3	Like	ly		
4	Critical		4	Very Likely			
5	Catastrophic		5	Alm	ost Certain		



Fig 3	Status
<b>~</b>	Completed
	On Target
	Not on target – some concerns
	Not on target – major concerns
	Not yet started