South Ayrshire Council

**Report by Chief Governance Officer
to Audit and Governance Panel
of 4 September 2024**

Subject: Strategic Risk Management

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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 the Panel:**

      2.1.1   considers the reviewed Strategic Risk Register (Appendix 1) updated by Chief Officers; and

      2.1.2   notes the 15 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 and to Cabinet on 23 April 2024 for endorsement.

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. 15 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.	Transformation (New Risk)	9	Governance
7.	Child and Adult Protection	10	Protection
8.	Public/ Employee Protection	10	Protection
9.	Sustainable Development and Climate Change	12	Protection
10.	Financial Inclusion	12	Protection
11.	Ash Tree Die Back	10	Protection
12.	Financial Constraints	16	Resources
13.	Employee Absence	9	Resources
14.	ICT – Digital Resilience, Protection and Capability	8	Resources
15.	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 9 of Appendix 1.

4.5   It has also been considered appropriate to include a new risk in relation to Transformational change.   Current mitigations are in place and proposed mitigations have been identified with target timescales in order to further reduce the likelihood of risks occurring.

4.6   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.

4.7   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.
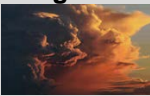
Background Papers None

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Date: 27 August 2024

SOUTH AYRSHIRE COUNCIL - STRATEGIC RISK REGISTER (Draft – July 2024) Appendix 1

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

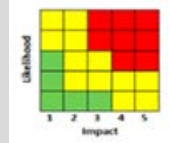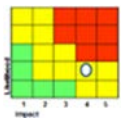| Governance	Protection	Resources
1.Decision Making and Governance **4 x 2 = 8** 	**7. Adult and Child Protection** **5 x 2 = 10** 	**12. Financial Constraints** **4 x 4 = 16**
2.External Factors including Contingency Planning 5 x 2 = 10 	**8. Public and Employee Protection 5 x 2 = 10** 	**13. Employee Absence 3 x 3 = 9**
3. Strategic Planning 4 x 2 = 8 	**9. Sustainable Development and Climate Change** **4 x 3 = 12** 	**14. ICT – Digital Resilience, Protection & Capability** **4 x 2 = 8**
4.Integrity 4 x 2 = 8 	**10. Financial Inclusion 4 x 3 = 12** 	**15. Management of Assets** **3 x 2 = 6**
5. Internal Audit Actions **3 x 2 = 6** **6. Transformation** **3 x 3 = 9**	**11. Grounds Maintenance - Ash Tree Die Back** **5 x 2 = 10** 	

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.

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Risk 1			Risk Title – Decision Making and Governance		Risk Theme - Governance	
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**	
Accountable – ELT Responsible - CLT Risk Owner – Chief Governance Officer	1. There is a risk that key decisions are taken on behalf of the Council which may contradict agreed Council Plan objectives or increase risk exposure to the organisation.	Updates to Government legislation and advice. Changes to political structure. Levels of scrutiny on information made available or provided.	Lack of compliance. Failure to meet statutory requirements. Poor best value audit. Financial Impact Reputational damage.	**4 x 2 = 8**	1. Members are supported by a range of training programmes to ensure effective Panel participation and good decision making. 2. Service Leads ensure there is full consultation with PFH's on Panel reports. 3. Webcasting/live broadcasting allows both hybrid meetings and public access. External public website has an area dedicated to this where meetings are live streamed, the future meeting schedule is visible and recordings of the meeting archive can be viewed. 4.Reports outline key headings on legal, procurement, financial, HR, risk, equalities and sustainable development 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 Members would benefit from further training on scrutiny and two training sessions were delivered on scrutiny of business cases by the 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. Members' briefings are available online and group officers encourage Members to access these, as well as maintaining records on uptake for future audit purposes. (June 2024)	▶	95% *No change*

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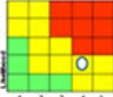
Risk 2   **Risk Title – External Factors including Contingency Planning**   **Risk Theme - Governance**

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – ELT Responsible - CLT Risk Owner – Chief Governance Officer	There is a risk that a range of external factors out with the 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. Factors imposed upon the Council such as legislative change, Government policy change, cost-of-living crisis, implications of Brexit, Ukraine, political change nationally or locally. Unanticipated updates to Government legislation and advice.	Requirement to re-allocate resources, failure to deliver services to an acceptable level or drive desired improvements. Restrictions on budget, reputational damage.	 **5 x 2 = 10**	1. Continued Horizon scanning to anticipate and respond to risks – four main 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 Team (ACCT) supports the Ayrshire Local Resilience Partnership (ALRP). Chief Executive attends Strategic ALRP. 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 emergency input to major incidents. 7. Staffing and resourcing arrangements are in place to support those individuals and families arriving in South Ayrshire from Ukraine. 8. *Cross reference to mitigations at Risk 9 – Financial Inclusion.*

Proposed Mitigations (with dates)	Status	Progress Bar
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)	▶	*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).	▶	*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)	⚙	0%

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Risk 3			Risk Title – Strategic Planning		Risk Theme - Governance	
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**	
Accountable – ELT

Responsible - CLT

Risk Owner – Service Lead – Policy and Performance | 1. 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.

2. 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 defined priorities is in place, as are the individual Service Plans. Governance is included and underpinned by the enhanced requirement for performance measures and targets.
2.Plans have been developed by each Council Service Lead to take account of future operational delivery models. These include workforce planning considerations.
3.Delivering Good Governance framework and reporting in place.
4. Robust financial governance, linked to the Council Plan and priorities, is in place.
5.The Future Operating Model has been implemented and the Council is now operating its new ways of working. | |

Proposed Mitigations (with dates)	**Status**	**Progress Bar**
1. Council Plan actions were reported to the Service and Partnerships Panel over 2023/24 as part of the Council Plan 23-28 Performance Management Framework. New Council Plan and Service Improvement actions have been developed by all services as part of the 24/25 performance reporting. Performance against the Council Plan and other KPIs are also subject of an annual report to Council. (next due date TBC)	▶	*Ongoing*
2. Quarterly budget monitoring continues and is reported by Financial Services in order to measure impact. (ongoing)	▶	*Ongoing*
3. Service Planning session took place with service leads in Feb 24 and new service planning guidance was made available to support planning and improvement. Service planning sessions were delivered and new Council Plan and Service Improvement plan actions have been uploaded to pentana.	▶	100% *Increased from 75%*

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Risk 4	Risk Title – Integrity				Risk Theme - Governance
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**
Accountable – ELT Responsible - CLT Risk Owner – Chief Governance Officer	1. There is a risk that the integrity of the Council is breached through a 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 scrutiny.	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.	4 x 2 = 8	1. Current policies / encryption / firewalls, specifically mandatory online Data Protection training, robust processes for reporting and dealing with data breaches. 2. Adherence to the Records Management Plan that has been agreed with the Keeper and is being implemented. 3. Standing Orders relating to Contracts and to Meetings, Scheme of Delegation, Financial Regulations, Council Procurement Policy. 4. SAC Code of Conduct, range of HR, H&S, Fleet policies, employee vetting processes. 5. Fraud Officers, Fidelity Guarantee Insurance Policy and National Fraud Initiative. 6. Internal Audit activity. 7. Establishment of Integrity Group / management of Integrity Group Risks. 8. Additional Communications with Staff and Public with advice re Cyber Crime and Fraud. 9. CCTV governance is set out in established policy. Duty Holders in relevant premises are responsible for compliance with GDPR as it relates to CCTV.

Proposed Mitigations (with dates)	Status	Progress Bar
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).		*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)		*Ongoing*

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Risk 5			Risk Title – Internal Audit Actions			Risk Theme - Governance
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**	
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.	Staffing resources. Competing Service priorities. Delays in implementation of corporate or service specific systems.	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 on an annual basis. There is also a mid-year review and approval is sought from Audit and Governance Panel for any changes. 2. Follow up Audits are undertaken for all 'red' reports as well as a sample of 'amber' reports, where resources permit. These include testing to confirm the service has evidence to support the completion of internal audit actions. 3. Progress against actions is included in Internal Audit update reports the Audit and Governance Panel.	

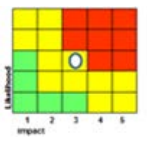| Proposed Mitigations (with dates)	Status	Progress Bar
1. Service Leads are required to attend Audit and Governance Panel to explain any 'red' reports, any overdue or outstanding actions from these and further explanation of requests for more than 2 extensions to due dates. They may be required to bring a formal report to Panel if deemed appropriate. (Ongoing)	▶	*Ongoing*
2. Through the dissemination of Audit reports, Service Leads are reminded to ensure relevant risk registers are updated to reflect risks highlighted in the Audit reports where required. Managers are required to record progress against implementation of all actions in Ideagen (Pentana) and this is the information that is included within the Internal Audit update reports to the AGP. (Ongoing)	▶	*Ongoing*

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Risk 6			Title – Transformation *NEW*		Risk Theme - Governance	
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**	
Accountable – CLT

Responsible – Director Communities & Transformation

Risk Owners – Director of Communities and Transformation, Assistant Director – Transformation, Service Lead - Transformation | There is a risk that the Council will fail to deliver its vision for transformation 'Shaping Our Future Council' set out in the four priority transformation areas (our workforce; our assets; our technology; our delivery model).

There is a risk the Council will fail to deliver the projects and programmes defined in the Transformation Portfolio.

There is a risk that staff will not engage with the Councils transformation requirements or develop 'change fatigue' | Lack of understanding from elected members and officers of the scope and breadth of change required to meet 'Shaping Our Future Council' aspirations.

Officers are not empowered to drive forward the required changes across the Council and services.

Services do not have capacity/ capability required to support and deliver the transformation agenda.

Staff and services are misinformed/ uninformed on the Councils transformation agenda and delivery activity. | The long-term financial sustainability of the Council cannot be achieved.

Transformation cannot be executed in a planned and managed way that delivers the best outcomes for the Council, staff, customers and stakeholders.

Instead of a joined up, strategic approach to transformation - 'salami slicing', service closure or cessation is adopted to meet financial pressures.

Transformation and change projects and programmes cannot be delivered due to lack of support from required Council services to take activity forward.

Transformation fails due to lack of elected member or staff buy in. | 3 x 3 = 9 | 1.Council approved 'Shaping Our Future Council' in March 2024 including 4 priority areas, new management structure and resourcing arrangements.
2.Transformation Board, Transformation Fund and Transformation Delivery group established.
3.Scheme of Delegation to be reviewed to consider powers and authority required to drive transformation agenda forward.
4.Transformation Service PMO established to manage and report on transformation activity.
5.Project governance, including business case template established with internal audit acting as 'critical friend'
6.Ongoing review and issue escalation where enabling or operational services are not able to provide capability to support delivery of transformation activities. | |

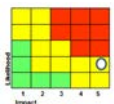| **Proposed Mitigations (with dates)**	**Status**	**% Progress**
1. Transformation Portfolio approval by Transformation Board. (August 2024)	▶	80%
2. Scheme of Delegation reviewed to reflect requirements to drive forward Transformation activity at officer level and necessary authority required for approvals (August 2024) – Assistant Director - Transformation	▶	100%
3. Finalise Transformation Communications Plan and roll out comms activity (September 2024) – Service Lead - Transformation	▶	40%
4. Finalise Transformation Reporting and Scrutiny Schedule and seek Cabinet approval (September 2024) – Service Lead – Transformation	▶	50%
5. Tier 1 Project Briefs presented to Transformation Board (August 2024) – Service Lead – Transformation	▶	80%
6. Business Cases presented to Transformation Board including investment requirements and proposed benefits (ongoing - various)	▶	*Ongoing*
7. Portfolio issue escalation to Chief Executive (ongoing - Director Communities and Transformation)	▶	*Ongoing*

Risk 7					Risk Title - Adult and Child Protection Risk Theme – Protection

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – ELT Responsible - CLT Risk Owner – Director of Health and Social Care and Chief Social Work Officer (CSWO).	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 demo-graphic 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 Oversight Group from a range of sources in order to ensure minimum standards are met across all commissioned services. 16. HSCP strategic and operational risk registers are complete and approved by HSCP Performance and Audit Committee. 17. New Adult Services structure fully implemented. 18 Learning reviews implemented in relation to ADP, Public Protection and Adult Social Work services.

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Risk 7			Risk Title - Adult and Child Protection (Continued…)		Risk Theme – Protection

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
					19. The Adult Protection Self Evaluation Improvement Plan is reviewed regularly and a review of the impact of actions implemented in response to the Adult Support and Protection Inspection. The establishment of our locality model has also brought with it the formation of multi agency forums to review and support intervention and support for those in our communities with multiple complex needs to promote early intervention and prevention.

Proposed Mitigations (with dates)	Status	Progress Bar
1.The ADP Is developing a framework in relation to risk around drug related deaths. Regular meetings have been established and we are working with Public Health Scotland and other agencies to share information / analyse trends and provide information to public and employees in regard to safety and harm reduction. We have a range of services such as naloxone, standards in relation to medical assisted treatment and through our Start team have established residential rehabilitation pathways to those we are assessed as ready (October 2024)	▶	100% *Increased from 90%*
2.The implementation of the transformational work within Children and Families which has been supported by the Council. Belmont family support has commenced and the implementation of Signs of Safety is progressing in partnership with the National Signs of Safety organisation. This model is being further developed with our Family First Model being rolled out across all secondary schools in South Ayrshire.	▶	90% *Increased from 85%*

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 - 6th August 2024 - 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.

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Risk 8		**Risk Title - Public and Employee Protection**			**Risk Theme – Protection**
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**
Accountable – ELT Responsible - CLT Risk Owners - Service Lead – Risk and Safety and Service Lead – Asset Management	1. There is a risk of failure to provide the agreed standards of protection to the Public and Council Employees in line Health and Safety Executive and Scottish Fire and Rescue Service legislation and guidance. 2. There is a risk that health & safety risk assessments in some areas may not currently identify adequate mitigations to safeguard employees / service users from hazards such as Violence and Aggression. 3. There is a risk that proposals by Scottish Fire and Rescue Service to reduce response to fire alarms will impact people safety and property protection.	Staffing resourcing pressures. Budget constraints across Services. Ambiguity around responsibilities or inconsistent application of policy	Accident, incident, injury or ill health to employees /service users. Prosecution and Civil litigation. Damage to Council's reputation. Financial impact of claims, increased premiums or fines.	**5 x 2 = 10**	1. Existing H&S Policies and procedures. H&S Guidance prepared and issued. Range of resources, information, links and training on H&S CORE page and Learn Pro platform. Sample H&S Risk Assessments developed for Service use. 2. Central H&S team undertake H&S Audits and Fire Risk Assessments (FRAs) over a 1,2 and 3-year rolling programme. Risk Assessment self-evaluation process rolled out. 3. The PDR process allows for identification of key H&S training requirements for all Council employees. 4. Risk Assessment Training & Support, plus Council Standard and a range of courses on Management of Actual or Potential Aggression, Dealing with Difficult Behaviour, De-escalation etc. 5. V&A measures across services including a range of security systems, Campus Police Officers, '2 to attend' protocols, panic buttons in offices, modifications to office design. 6. Review of causes of 'Unwanted Fire Alarm Signals' (UFAS) complete – processes in place to tackle via FRA programme. 7. Revised guidance has been issued along with new online training modules to reflect the changes implemented by SFRS on 1 July 2023.

Proposed Mitigations (with dates)	**Status**	**Progress Bar**
1. Review and refresh a range of health and safety policies, guidance, sample risk assessments and work procedures. Development of new online health and safety training modules for managers / employees. (December 2024)	▶	65% *Increased from 60%*
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 assessments – (Internal Audit Action). (Ongoing)	▶	*Ongoing*
5. In light of revised SFRS protocols Asset Management team has rolled out bespoke fire panel training to all Council Duty Holders. (June 2024)	▶	100% *Increased from 35%*

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Risk 9		Risk Title - Sustainable Development and Climate Change			Risk Theme - Protection	
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**	
Accountable – ELT Responsible – CLT Risk Owner/s; Service Leads – Policy and Performance, Asset Management (buildings) and Neighbourhood Services (for Fleet)	There is a risk of 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 just transition and a green recovery.	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**	1. Council approved Sustainable Development and Climate Change Strategy 2. Baseline data on Sustainable Development and Climate Change now assembled to allow future progress to be measured. 3. Proposals endorsed by the MOWG agreed at Cabinet and assigned for implementation. 4. Carbon budgeting in place. 5. Green recovery communications plan and climate literacy training plan in place. 6. Pan Ayrshire Energy Masterplan to be completed by 31st October 2024. 7. LHEES strategy to be developed. A LHEES officer was appointed in May 2024.	

Proposed Mitigations (with dates)	Status	Progress Bar
1. Fully implement Climate Change Strategy (target date 2024, at which point strategy will be reviewed). Review to be pursued to ensure delivery of strategy outcomes in a changed landscape with increased national targets and new duties and supporting the new Local Outcome Improvement Plan (LOIP) being developed in 2024. (Revised to Dec 2024).	⚠️	50% *No change*
2. Review the means of 'cross cutting' the Strategy by embedding within Council policy making, as well as service planning. This is now going forward as part of the integrated impact assessment led by Performance, Policy and Community Planning with further climate literacy and service planning work required and likely to be included in the refreshed strategy. (Revised to Dec 2024).	⚠️	50% *No change*
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. Consultation has now been undertaken by Scottish Government on scope 3 reporting. We aim to build the outcomes into our forward pathway to be set out in refreshed strategy. (Revised to December 2024)	⚠️	30% *Increased from 20%*
4. A Net Zero Estate Strategy review was completed in November 2021. Following this a Net Zero Board group was established in 2022 to drive forward this agenda. The Board has 6 agreed workstreams (noted in Cabinet log) and progress is being against each of these in order that the Council can meet both its own and SG's commitment to 'net zero' in 2045 (ongoing to 2045)	▶️	*Ongoing*
5.Adopt fleet decarbonisation strategy in line with targets and duties alongside ULEV (Ultra Low Emission Vehicles) infrastructure for both fleet (SAC) and public charging (ARA). Current position on small SAC vehicles reflects a position where 60 of 80 are now electric. NS continue to implement charging points for staff access and are investigating a charging 'hub' at a location within the vicinity of County Buildings. Ongoing progress is captured as part of Service Plan Improvement Action for NS and forms part of Service Plan Performance Reports to Council.	▶️	50% *No change*

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Poverty

Risk 10			Risk Title – Financial Inclusion			Risk Theme – Protection

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – ELT Responsible - CLT Risk Owner - Assistant Director of Communities	There is a significant risk that the cost-of-living crisis, rising inflation and the current economic climate is having a detrimental impact on the local community, both public and employees.	Rising energy and food costs. Economic uncertainty. War in Ukraine.	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 week from 14 November 2022 Winter Heating Payments. Rent Freeze Bill - 'Protecting Tenants during Cost-of-Living Crisis Bill' temporary powers to protect tenants and landlords. Bridging Payments. Best Start Grants. 'One stop shop' website to help those struggling financially. National media campaign. Funding for Scottish Welfare Fund (Crisis Grants & Community Care Grants) and Discretionary Housing Payments **Measures in place at local level;** The Community Planning Partnership has a Financial Inclusion Strategic Delivery Group (SDP) who provide direction, identify any gaps in support and direct resources to areas of most need and demand. They consider themes linked to food, energy, money and community wellbeing. A range of Council services provide support to people most affected by the cost of living crisis. These include Thriving Communities, Housing Services, the Information and Advice Hub and Revenues and Benefits. Cabinet approved a report on 23 May 2023 Financial Inclusion - Cost of Living Crisis which outlined trends identified and the provision of current help available across all Council Services to support residents. There was also a Cabinet paper in January Food Pantries and then again in May Food Pantries that provided information on the food pantries and projects that SAC has funded. A Member Officer Working Group for the Cost-of-Living Crisis has been established to consider the activities being undertaken by the Council to mitigate the impact of the cost-of-living crisis

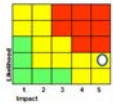| Proposed Mitigations (with dates)	Status	Progress Bar
On 23 May 2023, Cabinet approved the development of a Strategy and Action Plan to address the agenda on Financial Inclusion - Cost of Living Crisis. This work is aligned to the Member / Officer Working Group and reports to Cabinet £1.055m was identified to support Financial Inclusion projects. Service Leads have been asked to complete requests for funding and a report will be presented at Cabinet in March 2024 once proposals have been considered by the Members / Officers working group. (March 2024)	▶	75% *Increased from 50%*

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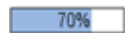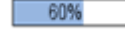
Risk 11			Risk Title - Ash Tree Dieback		Risk Theme - Protection	
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**	
Accountable – ELT

Responsible - CLT

Risk Owner – Assistant Director - Housing and Operations | There is a risk of injury / damage to SAC residents and infrastructure as a result of Ash Dieback – a disease proliferating through SAC woodland. Disease has been identified and is spreading. | Principle cause is the spread of Ash Dieback throughout South Ayrshire /Scotland.

Neighbourhood Services is currently not resourced to manage the extent of Ash Die Back. | 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.

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.

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. | **5 x 2 = 10** | 1.Survey of trees within lands managed by Neighbourhood Services has commenced. 2.Communication with ARA has taken place and regular meetings have been set up. 3.An Ash Dieback Plan has been developed and approved by Cabinet. This includes an inspection programme and cost projections for full implementation. 4.Year 1 delivery of plan almost complete. Yearly target exceeded. | |

Proposed Mitigations (with dates)	**Status**	**Progress Bar**
1. SAC is collaborating with recognised arboricultural bodies on managing this disease. A communication plan is being developed to reflect the 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).	▶	70% *Increased from 60%*
2.Funding for Year 2 of Ash Dieback Plan approved by Cabinet in January 2024, commences April 2024-March2025. Service are now 60% through the second survey and felling, removal or crown reduction works are ongoing, works due for completion in November 2024.	▶	60%

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Risk 12			Risk Title – Financial Constraints			Risk Theme – Resources
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**	
Accountable – ELT Responsible - CLT Risk Owner – Chief Financial Officer	1. There is a 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 2024/25 budget prepared and approved in February 2024. 2. Council agreed 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. 3. £5m Transformation Fund established in February 2024 as part of the budget setting process. With a Transformation team being set up within the newly established Communities and Transformation Directorate in March 2024 to oversee change activity throughout the Council. 4. Maintain pressure on Scottish Government to agree settlements which reflect Local Authority needs through participation in CoSLA groups. 5. Updated five year Medium Term Financial Plan approved by Cabinet in November 2023 6. Annual Treasury Management Strategy prepared and approved by Council February 2024. Details credit and counterparty risk. Next update due in March 2025 7. Treasury Management Practices (TMP's) updated annually to reflect Treasury risk such as credit and counterparty risk management, liquidity risk management, interest rate risk management and exchange rate risk management.	

Proposed Mitigations (with dates)	Status	Progress Bar
1. Lobby Scottish Government through discussions via CoSLA, Directors of Finance and Solace to ensure required funding continues to be made available to Local Government (ongoing).	▶	*Ongoing*
2. Rolling annual update of new five-year Medium Term Financial Plan to be implemented (next update due November 2024)	▶	65% *Increased from 60%*
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. (Ongoing)	▶	30% *Increased from 20%*

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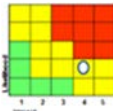
Risk 13		Risk Title – Employee Absence				Risk Theme - Resources	
Ownership	**Potential Risk**		**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**	
Accountable – ELT Responsible - CLT Risk Owner – Chief HR Officer	1. There is a risk that employee absence levels fall below the standards 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 from 9.59 days in 21/22 to 9.56 days in 22/23. The overall cost of absence also decreased on the previous year. 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.		Key reasons reported for employee absence; Psychological Musculoskeletal Respiratory Impact of employee 'culture' Further statistical information via report to S&P	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**	1. Maximising Attendance Framework 2. Occupational Health Support 3. Counselling Services including Cognitive Behavioural Therapies 4. Physiotherapy Services 5. Employee Self-Referral Options to 'Access to Work' – fully funded initiative for non-medical intervention, support & sign posting. 6. Range of flexible working and family friendly HR policies. 7. Access for managers and employees to Mentally Healthy Workplace training online.	
Proposed Mitigations (with dates)						**Status**	**Progress Bar**
1. Review of maximising attendance framework and related policies in conjunction with Service leads and TU colleagues. Roll out mandatory training for managers in managing absence. This area of work has re-commenced as it had been put on hold due to the implementation of Oracle Fusion. The Framework is currently being reviewed based on the feedback provided from services and trade unions. (March 2025).						▶	35% *Increased from 35%*
2.Ongoing work activity progressing via other services; Trauma Informed Officer rolling out Mental Health First Aid training and linked initiatives, re-introduction of Employee Lifestyle Screening via Risk and Safety, Workforce Planning Strategy with managers' toolkit should support employee experience. (March 2025).						▶	30% *Increased from 30%*
3.HR, in conjunction with Trauma Informed Officer, is developing a Staff Wellbeing Strategy. Research is currently being undertaken in this area to benchmark wellbeing strategies (March 2025)						▶	20% *Increased from 20%*

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Risk 14			Risk Title – ICT Digital Resilience, Protection and Capability			Risk Theme - 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, cyber-attack, 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**		1. Resilient infrastructure in place with dual data centres, duplicated network communication paths, internet links, and server hardware. 2. External contracts established with service providers for technical support and expertise across critical technologies. 3. SAC Data Centre's services will be migrated to cloud data centres, with the first phase completed in April 2023. 4. A bespoke ICT Risk Register in place, which is subject to review as part of standard operating practice. 5. The Integrity Group meets regularly to consider cyber security issues and develop further mitigations as required. 6. Compliance standards established as part of technology and process governance framework. 7. Service BC plans include some level of 'manual work around' for resilience in respect of ICT failure. Updates to all BC plans are requested on a 6 monthly basis. 8. ICT Asset Management function established to ensure currency of technology assets is maintained. Additional capacity created. Rolling replacement plans are now in place for technology towers.

Proposed Mitigations (with dates)	**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)	▶	95% *No change*
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.	▶	80%
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 the workplan for 2024. (target date March 2025).	⚙	0% *No change*

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Risk 15		Risk Title – Management of Assets			Risk Theme – Resources	
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**	
Accountable – ELT Responsible - CLT Risk Owner – Service Leads – Asset Management and Professional Design Services	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. 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.	Decisions re asset rationalisation, delays on asset disposal, staff placing logistics. Inflation Cost of Living Crisis	Impact on efficient recovery of Council services. Failure to deliver Asset Management Plan. Project delay or additional costs. Adverse incidents and compliance failure. Damage to Council's reputation.	 **3 x 2 = 6**	1. The Transforming the Estate project is underway and has superseded the former Asset Management Plan. 2. Professional Design Services continue to monitor construction costs and contractor's ability to progress and deliver works.	

Proposed Mitigations (with dates)	**Status**	**Progress Bar**
1. The Asset Management Plan (AMP) has been superseded by the 'Transforming Our Estate' Project. The proposed approach to the rationalisation of Council assets was approved by Cabinet on 23 May 2023. It has been agreed to note the strategic recommendations following conclusion of an external consultant's review and undertake further work to review the proposals for each asset type and validate cashable benefits and costs for the Council. A Transformation Board has been set up in May 2024 and is headed up by Louise Reid, Assistant Director – Transformation. The Transformation Programme will be reported to the transform board,	▶	40% *Increased from 30%*
2. The new Capital Plan was approved by 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 issues required to be highlighted and any adjustments to be requested.	▶	*Ongoing*

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Risk No. x			Risk Title - xxxxx		Risk Theme – Resources / Protection / Governance	
Ownership	**Potential Risk**	**Cause**	**Potential Effect**	**Risk Score**	**Current Mitigations**	
Who is accountable and responsible for managing the risk?	What could go wrong?	What may have caused this risk?	Possible outcomes or adverse effects?	3 x 3 = 9	What is already in place to manage the risk?	
S	**A**	**M**		**P**	**L**	**E**

Proposed Mitigations (with dates)	Status	Progress Bar
1. What is planned to mitigate the risk further? (and when it is due to be completed) <enter date>	▶	33% *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

Risk Themes		
Governance	Protection	Resources
Risk Rating		

Impact		x	Likelihood	
1	Minor		1	Unlikely
2	Moderate		2	Possible
3	Major		3	Likely
4	Critical		4	Very Likely
5	Catastrophic		5	Almost Certain

Fig 2

Fig 3	Status
✔	Completed
▶	On Target
⚠	Not on target – some concerns
⬤	Not on target – major concerns
⚙	Not yet started

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