Agenda Item 5

Referral from Audit Committee – Corporate Risk Management Update

Title: **Referral from Audit Committee – Corporate Risk Management Update**

Meeting: **Executive**

Date: **8 October 2019**

Submitted by: **Director of Corporate and Housing Services**

1.   Purpose of Report

1.1   This report presents the Corporate Risk Management Update report considered by the Audit Committee at its meeting of 16 September 2019 for consideration.

2.   Recommendation

2.1   It is recommended that the Executive considers and approves the Corporate Risk Register.

3.   Background

3.1   At its meeting of 16 September 2019 the Audit Committee agreed to refer the Corporate Risk Management Update to the Executive for consideration and approval. The report referred by the Audit Committee is provided as an appendix to this report.

4.   Consultation

4.1   No consultation was carried out on this report.

5.   Implications

        Financial
5.1   There are no financial implications arising from the report recommendations.

        Resources
5.2   There are no resource implications arising from the report recommendations.

        Legal
5.3   There are no legal implications arising from the report recommendations.

        Risk
5.4   There are no risk implications arising from the report recommendations.

        Equalities
5.5   There are no equalities implications arising from the report recommendations.

Sustainability/Environmental Impact

5.6   No sustainability assessment has been completed as part of compiling the report.

6.   Conclusions

6.1   The Audit Committee agreed to refer the Corporate Risk Management Update to the Executive for approval.

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Director of Corporate & Housing Services

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Date: 24 September 2019

Appendices:
Appendix 1 - Report to the Audit Committee 'Corporate Risk Management Update' – 16 September 2019

List of Background Papers:
No papers were relied on in the preparation of this report in terms of the Local Government (Scotland) Act 1973.

Falkirk Council

Title: **Corporate Risk Management Update**

Meeting: **Audit Committee**

Date: **16 September 2019**

Submitted By: **Director of Corporate and Housing Services**

1. Purpose of Report

1.1 This report provides an update on the Corporate Risk Register (CRR) and progress with embedding Corporate Risk Management (CRM) arrangements.

2. Recommendations

2.1 It is recommended that the Committee considers the CRM Update and:

    (1) notes the Risk and Assurance Dashboard (at Appendix 1);

    (2) notes the Corporate Risk Register (at Appendix 2);

    (3) seeks additional assurance, where necessary, on the Council's framework of risk management, governance, and control; and

    (4) refers this report to the Executive, for consideration and approval of the Corporate Risk Register.

3. Background

3.1 In April 2019, in line with the CRM Policy and Framework, the Audit Committee received an update on CRM arrangements and noted:

- progress with embedding CRM arrangements;

- the Corporate Risk Register (CRR); and

- that a Members' Risk Workshop / Training will be arranged.

3.2 The Audit Committee is responsible for reviewing and seeking assurance on the Council's framework of risk management, governance, and control.

3.3 The role of the Executive is to review and agree the Corporate Risk Register (at Appendix 2), and to horizon scan for new and emerging risks.

4.   Considerations

4.1   Since April 2019, Services have been undertaking a range of actions to embed risk management. A summary of progress is at Appendix 1. This confirms that good progress has been made in most areas.

4.2   In addition:

- a revised Annual Assurance Statement process was introduced in early 2019. This needs to be monitored more effectively in some Services.

- all Governance Groups have completed a self-assessment of their effectiveness, other than the Integrity / CONTEST Steering Group, which will assess its effectiveness after it reviews its remit in September 2019;

- Services have included meaningful consequences, controls, and lessons learnt in the CRR (at Appendix 2); and

- risk management has been embedded within the Council of the Future Programme, via a Risk Strategy and Programme Risk Register. The risk register is being reviewed to reflect wave 2 of the change programme.

4.3   The CRM Team and CRM Group will continue to work with Services to improve and embed CRM arrangements.

4.4   A Members' Risk Management Workshop was held in August 2019. Further training and development to support Members will be provided as and when required.

5.   Consultation

5.1   Members of Corporate Management Team (CMT) have been consulted.

6.   Implications

Financial

6.1   There are no direct financial implications arising from this report.

Resources

6.2   There are no direct resource implications arising from this report.

Legal

6.3   There are no direct legal implications arising from this report.

Risk

6.4   The key risk is failure to effectively identify, assess, mitigate, and report on the risks to delivering outcomes.

Equalities

6.5   An Equality and Poverty Impact Assessment (EPIA) was not required for this report.

Sustainability / Environmental Impact

6.6   An Environmental Impact Assessment (EIA) was not required for this report.

7.   Conclusions

7.1   Work continues to be undertaken to embed risk management arrangements across the Council, and the CRM Team and CRM Group will continue to work with Services to improve and embed CRM arrangements.

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Director of Corporate & Housing Services

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Date: 20 August 2019

List of Background Papers: None

Risk Management and Assurance Dashboard

Table 1: Risk Management Assurance

	Children's Services	Corporate and Housing Services	Development Services	Social Work Adult Services
Service Assurance Statements (SAS)	🟨 ⬇	✔	✔	🟨 ⬇
SMTs review SAS quarterly – including new and emerging risks.	More robust Service Assurance Statements were introduced in early 2019, but Services need to evidence better ongoing monitoring of these.			
Risk Register details	✔ ⬆	✔	✔	🟨
The description of risks, controls, and review mechanisms are clear and reflect other Committee papers and plans.	Most risks now have clearer risk descriptions. Services need to ensure that risks are consistent with Committee reports.			
Risk Mitigation Actions / Plans	🟨 ⬆	✔ ⬆	✔ ⬆	🟨 ⬆
Measureable Risk Actions (or PIs) are in place and mapped to risks on Pentana.	Significant progress made. Measureable actions or plans identified for most risks. This will help to provide better assurance and integrate risk and performance reviews. More work is needed to roll out Pentana within Children's and Social Work Adult Services.			
Risk Management Training	✔	✔	✔	🟨
E-learning has been completed by target groups, and training identified.	CHS & DS & Schools: CRM e-learning has been rolled out at Team Leader and above. SWAS: e-learning and SSSC Risk Resource to be rolled out to Team Managers in 2019.			

Table 2: Governance Group Assurance

No.	Code	Name	Status	Last Review
1	CPF	Corporate Partnership Forum	✔	Q2 2019
2	CPRWG	Capital Planning and Review Working Group	✔	Q2 2019
3	CPSB	Community Planning Strategic Board (roles being reviewed in light of the self-assessment in early 2019– proposals are being drafted in Q3 2019)	🟨	Q3 2019
4	CAMG	Corporate Asset Management Group (Cyclical reviews of all asset classes are now implemented)	✔ ⬆	Q2 2019
5	CRMG	Corporate Risk Management Group	✔	Q2 2019
6	CSG	Corporate Sustainability Group	✔	Q2 2019
7	COTFB	Council of the Future Board	✔	Q2 2019
8	EoS RRP	East of Scotland Regional Resilience Partnership	✔	Q2 2018
9	FFP	Fairer Falkirk Partnership	✔	Q2 2019
10	IMWG	Information Management Working Group	🟨	Q2 2019
11	ICSG	Integrity / CONTEST Steering Group (The Group will review its remit during Q3 2019)	✖	Q3 2018
12	PB	Procurement Board	✔	Q2 2019
13	PPCJ COSG	Public Protection and Community Justice Chief Officers' Strategy Group	✔	Q1 2019
14	SMG	Safety Management Group (The Group will meet in Q3 2019 and will agree plans and PIs)	🟨	New
15	SHG	Strategic Housing Group	✔	Q2 2018
16	SWIS PB	Social Work Information System Program Board	✔	Q3 2018

Table 3: Operational Risk Management Assurance

Corporate Risk		Service Risk Rating			
Risk Category	Current Risk Rating	Children's Services	Corporate and Housing Services	Development Services	Social Work Adult Services
High Corporate Risks					
Equalities	High	Low	High	Medium	Medium
	Key Issues / Actions	Work is required to assess the extent to which this is embedded across Services. Internal Audit review is planned for 2019/20.			
HR Management and Workforce Planning	High	High	High	High	Medium
	Key Issues / Actions	Business Plans and Worforce Development Plans need to be reviewed / finalised by all Services. Recruitment is a challenge in CS and SWAS. Absence is a challenge in DS 'Craft' staff.			
Information Assets (ICT/Governance)	High	Medium	High	Medium	Medium
	Key Issues / Actions	N/A			
Resilience: Emergency. Planning and Business Continuity	High	Medium	High	Medium	Medium
	Key Issues / Actions	Increased to High in Q2 2019 as BCP reviews are still to be completed in most Services. Internal Audit review is planned for 2019/20.			
Medium Corporate Risks					
Asset Management	Medium	Medium	Medium	Medium	Medium
	Key Issues / Actions	N/A			
Financial Controls	Medium	Medium	Medium	Medium	Medium
	Key Issues / Actions	All Service Directors have provided an annual declaration to confirm that financial controls are being complied with in Services. The rating is also consistent with most audits.			
Fraud, CONTEST, and Serious Organised Crime	Medium	Medium	High	Medium	Medium
	Key Issues / Actions	Work is ongoing to assess the role of the Integrity / CONTEST Steering Group.			
Health and Safety	Medium	High	Medium	Medium	Medium
	Key Issues / Actions	Service H&S Audits and PIs are to be introduced in 2019/20 which will help monitor this risk.			
Procurement	Medium	Medium	Medium	Medium	Medium
	Key Issues / Actions	N/A			
Sustainability / Climate Change	Medium	Low	Medium	Medium	Medium
	Key Issues / Actions	Climate Change Targets are to be developed as part of 2019 Climate Change Declaration. We will re-assess Services' progress and likelihood of meeting targets at that stage.			

Key

Table 1 and 2: Assurance Level		Table 3: Risk Rating		Change	
✖	No Assurance	High	There are significant risks and / or controls need developed / embedded.	🛈	More Info Needed
▯	Limited Assurance	Medium	There are risks, though controls are broadly effective / embedded.	⇧	Increased Assurance
✔	Substantial	Low	The are limited risks in a particular Service and / or controls are working.	⇩	Decreased Assurance

Corporate Risk Register

Table 1 – Summary of Risks

High Corporate Risks

Lead Service	Risk Title	Target Risk (if relevant)	Governance Group (GG, if relevant)	GG Assurance Level	Last Reviewed	Status
AS	Health and Social Care Integration.	Medium			01 Aug 2019	✅
CS	Public Protection (Adults and Children).	High	PPCJCOSG	✔	02 Aug 2019	✅
CHS	Compromised security, or inefficient use, of the Council's data and information asset.	Medium	IMWG	🟨	01 Aug 2019	✅
CHS	Cyber security incident compromises IT infrastructure, corporate application, social media channel, or data / information.	Medium	ITSG	❗	01 Aug 2019	✅
CHS	Failure to properly discharge equalities duties.	Medium			01 Aug 2019	✅
CHS	Failure to recognise, and act upon, the need for transformational change and continuous improvement.	Medium	COTFB	✔	18 Jul 2019	✅
CHS	Failure to undertake proper engagement and consultation with service users, stakeholders, and partners on the delivery of services.	Medium	CPSB	🟨	01 Aug 2019	✅
CHS	Failures in workforce planning, including absence, vacancy management, and succession planning.	Medium	CPF	✔	23 Jul 2019	✅
CHS	Insufficient funding to deliver services and deliver outcomes.	Medium			05 Aug 2019	✅
DS	Resilience: Business Continuity.	Medium			05 Jun 2019	✅
DS	Uncertainties surrounding Brexit.	Low			29 Jul 2019	✅
DS	Sustainability.	Medium	CSG	✔	28 Mar 2019	✅

Medium Corporate Risks

Lead Service	Risk Title	Target Risk (if relevant)	Governance Group (GG, if relevant)	GG Assurance Level	Last Reviewed	Status
CE	Failures in Leadership, Governance, and Decision Making.	Medium			18 Mar 2019	✅
CS	CONTEST, Integrity, and Serious Organised Crime.	Medium	ICSG	❌	30 Jul 2019	✅
CHS	Failure in Financial Management Control, or Assurance.	Medium	CPRWG	✔	05 Aug 2019	✅
CHS	Failure to monitor, measure, manage, and mitigate the impacts of Welfare Reform and Poverty.	Medium	FFP	✔	05 Aug 2019	✅
CHS	Failure to provide a safe environment for employees and visitors.	Medium	SMG	🟨	17 Jul 2019	✅
CHS	Procurement and Commissioning arrangements fail to secure best value, and demonstrate compliance with Council standards or legal requirements.	Medium	PB	✔	05 Aug 2019	✅
DS	Asset Management [Use, Condition, Suitability, Availability, and Reliability].	Medium	CAMG	✔	29 Jul 2019	✅
DS	Resilience: Emergency Planning.	Medium	EoS RRP	✔	07 May 2019	✅

High Service Risks

Lead Service	Risk Title	Target Risk (if relevant)	Governance Group (GG, if relevant)	GG Assurance Level	Last Reviewed	Status
CS	Closing the Gap in Attainment : risk of failure to deliver on the Education Plan - includes managing Pupil Equity Fund and Reforms.	Medium			05 Aug 2019	✅
CS	Criminal Justice Services.	Low			02 Aug 2019	✅
CS	Getting It Right For Every Child (GIRFEC).	Medium			05 Aug 2019	✅
CS	Seatbelts on School Transport (Scotland) Act 2017 - Implications for Falkirk Council.	Medium			30 Jul 2019	✅
CHS	Failure to adhere to current and emerging building regulations and standards relating to fire safety within housing.	Medium	SHG	✔	05 Aug 2019	✅

Medium Service Risks

Lead Service	Risk Title	Target Risk (if relevant)	Governance Group (GG, if relevant)	GG Assurance Level	Last Reviewed	Status
AS	Carers Act implementation.				01 Aug 2019	✅
AS	Self-Management / Independent Living (including Self-Directed Support).				01 Aug 2019	✅
CS	Failure to Deliver Scottish Government Early Years Expansion (by 2020).	Low			02 Aug 2019	✅
CS	Scottish Social Services Council (SSSC) Code of Conduct - Recent Changes.	Low			02 Aug 2019	✅
CS	Social Work Information System (SWIS) Replacement.	Low	SWIS PB	✔	02 Aug 2019	✅
CS	Social Work Resource challenges - Failure to meet the challenges set out in the Chief Social Work Officers' Annual Report.	Low	PPCJCOSG	✔	02 Aug 2019	✅
CS	Tackling Bureaucracy and Reducing Workload in Schools.	Low			05 Aug 2019	✅
CHS	Failure to meet the priorities set out within the Local Housing Strategy.	Medium	SHG	✔	19 Jun 2019	✅
DS	Cemeteries / Head Stones Safety – failure to implement improvement plan.	Low			14 Mar 2019	✅
DS	Investments - Failure to deliver projects / capital programs.				18 Jun 2019	✅
DS	Prohibitions and Loss of Licences - failure to fulfil duties as a Licence Holder.	Medium			18 Jun 2019	✅
DS	Regulatory Enforcement - failure to fulfil duties as a Regulatory Body.	Medium			18 Jun 2019	✅

Table 2: Details of High Corporate Risks

Adult Services

Risk Ref.	Risk Title			Current Risk	Target Risk / Date
COR_SWAS.03	Health and Social Care Integration			High	Medium
Ownership / Monitoring	Lead Officer	Governance Group (if Relevant)	Portfolio Holder		
	Head of Social Work Adult Services		Health and Social Care		

Risk Statement	The risk is that Adult Services fail to meet the commitments agreed by the IJB, as set out within the HSCP's Strategic Plan. The IJB maintains a Strategic Risk Register which assesses the risks to delivering their Strategic Plan. The risks include: **Delivery of Strategic Plan** 1 Funding and /or demographic pressures; 2 Governance arrangements; 3 Partnerships; 4 Capacity and infrastructure; 5 Directions. **Performance, Oversight & Quality Control** 6 Assurance; 7 Commissioning. **Specific High Level Risks** 8 Unscheduled Care; 9 Transition of Operational Management of NHS Services to Partnerships; 10 Brexit. A number of these risks are rated high, which reflects the level of change and uncertainty.
Worst Case Consequences	• Financial and Project: Budget overspends due to inability to effectively manage pressures. • Service failures. • Harm: serious harm (death / injury) and disadvantage / inequalities. • HR: significant issues, including stress absence / claims. • Reputation: national media interest and / or loss of confidence. • Service: opportunities to improve services, efficiencies, outcomes.
Controls / Mitigation	• The IJB's Strategic Risk Register outlines actions for each of the strategic risks above. • IJB Risk Strategy and governance framework.
How do we monitor that controls are working effectively?	• JB Strategic Risk Register is reviewed by Leadership Team and IJB Audit Committee quarterly. • HSCP Leadership Team and Integration Joint Board receive regular risk and performance updates. • Ongoing program of inspections, self-assessments, and audits.
What more can we do to reduce the risk?	• The IJB's Strategic Risk Register outlines actions for each of the strategic risks above. • IJB risk and governance arrangements are being improved. • HSCP management and locality structures are being improved. • Delivery Plans (including transformation projects) are being developed.
Lessons Learnt	Lessons Learnt will be considered as part of future HSCP Leadership Team risk reviews.
Latest Note / Review Date	The IJB Risk Management Strategy and Strategic Risk Register was reviewed in early 2019 and regular updates are provided to the Leadership Team and IJB Audit Committee. These updates also confirm that further improvements to risk management arrangements (e.g. review of operational risks of partners) will be considered once NHS FV appoint a risk management lead. 01 Aug 2019

Children's Services

Risk Ref.	Risk Title			Current Risk	Target Risk / Date
COR_CS_08	**Public Protection (Adults and Children)**			High	High
Ownership / Monitoring	**Lead Officer**	**Governance Group (if Relevant)**	**Portfolio Holder**		
	Chief Social Work Officer	Public Protection & Community Justice Chief Officers' Strategy Group	Public Protection		
Risk Statement	There is a risk of harm to vulnerable children and young people and adults if the Council fails to meet its statutory public protection duties. This includes Adult Support and Protection; Child Protection and both sex offenders and violent offenders (Criminal Justice Service users). In relation to Criminal Justice the risk is twofold (the protection of the community from the service user and the protection of the service user from the community). The delivery of Adult Support and Protection (ASP) service is also overseen by and accountable to the IJB (integration Joint Board). The risk in terms of children is twofold: • The need to keep children safe and avoid child deaths. • The reputational risk to the Council in this situation.				
Worst Case Consequences	• Death or serious harm to a child/young person or vulnerable adults. • Significant Case Reviews / Fatal Accident Enquiries / Court / Prosecution or other external legal interventions. • Potential compensation claims. • External criticism / intervention (e.g. Care Inspectorate or Criminal Justice Authority). • Reputational damage to the Council.				
Controls / Mitigation	• Current robust processes with partners regarding sharing of information (including protocols). • The following processes MAPPA / IRD's / CP and ASP Case Conferences / CP / ASP register integrated / Single shared assessment. • Governance Structure - including risk audit and performance monitoring are in plce (e.g. Child Protection Committee). • Robust training programme for all Council and partner agency staff regarding CP / ASP / MAPPA. • Awareness raising with the public. • Police run scheme for identification of sex offenders in local communities.				
How do we monitor that controls are working effectively?	• Public Protection Group and Sub-Groups. • Care Inspectorate. • Children's Commission. • Criminal Justice Authority.				
What more can we do to reduce the risk?	• Integrated Children's Services Plan. • Adult Protection Committee Improvement Plan. • Information Sharing Working Groups established to progress issues relating to sharing from Social Work, Police and Health. Review progress quarterly.				
Lessons Learnt					
Latest Note / Review Date	No change to assessment.				02 Aug 2019

Governance Groups (where relevant) - Self-Assessment	
Objectives	1. Child and Adult protection issues lead; 2. Develop strategies and action plans for Child and Adult protection, including Corporate Parenting, Adult Care, Protection, and MAPPA related strategies and plans; 3. Monitor and report on strategy and plans progress; 4. Ensure governance arrangements are fit for purpose; and 5. Align activities with key projects and multi-agency groups, including Self-directed support, integration of NHS, Community Care, and other services, and GIRFEC duties. **Associated Groups:** Alcohol & Drugs Partnership, MAPPA, Community Justice Partnership, Community Safety Partnership, Child Protection Committee, Adult Protection Committee, and Gender Based Violence. **External Members:** Chief Executive, NHS Forth Valley; and Chief Superintendent, Police Scotland.
Self-Assessment / Actions	a) How well does the Group monitor all aspects of the strategy / policy(s) The Public Protection Group Chief Officers Group (PPCOG) does not monitor a policy per se, but oversees the partnership's response to a number of priorities and activities within the public protection remit. The work of PPCOG is underpinned by a delivery plan that connects to SOLD and this is reviewed and reported to the CP Exec and Board on an annual basis. Actions: The annual delivery plan is to be reviewed, updated and refreshed to ensure it continues to be relevant. b) How well the strategy / policy(s) is embedded at a corporate level? The work of the PPCOG is well embedded in the partnership and its sub groups. Actions: The group is currently considering how it can use data to better effect to seek assurance from the various groups reporting in and to, in turn, provide assurance to the CPP Board and Executive. c) How well the strategy / policy(s) is embedded at a Service level? . Each element of the remit is taken forward appropriately by services. There are a number of areas where cross service working could be more effective and work over the next months will seek to address this. Actions: Some partnership groups are currently being reviewed, including MARAC, and PPCOG oversees this process. The links between PPCOG and service groups can be improved. d) How well the strategy / policy(s) is embedded at a Project / Partnership / Supplier level? The PPCOG is a clear part of the CP Partnership. Discussions are on going at the moment around public protection arrangements locally and at a Forth Valley level. Work is starting to understand the costs and benefits of future arrangements. Actions: Following work with colleagues across FV, recommendations will be made in the coming months as to the future arrangements for public protection. e) How well does the Corporate support function(s) help to embed and monitor the strategy / policy(s). The PPCOG is supported by a policy officer in PTI. **April 2019** The Assurance Level and Self-Assessment has been validated on the basis that Internal Audit carried out an audit of Public Protection arrangements in 2017/18 and this provided Substantial Assurance. Also, the Chief Social Work Officer and the Chairs of the Adults and Children's protection groups prepare bi-annual reports. A review of Forth Valley arrangements is planned in 2019/20 and the self-assessment will be reviewed after that.
Assurance Level / Date	Substantial Assurance 04-Mar-2019

Corporate & Housing Services

Risk Ref.	Risk Title			Current Risk	Target Risk / Date
COR_CHS_07	**Compromised security, or inefficient use, of the Council's data and information asset.**			High	Medium
Ownership / Monitoring	**Lead Officer**	**Governance Group (if Relevant)**	**Portfolio Holder**		
	Chief Governance Officer and Head of Policy, Technology & Improvement	Information Management Working Group	Resources		

Risk Statement	Failure to properly secure data and information may lead to failure in business continuity, data breach, legal recourse, and reputational damage. Equally, failure to maximise the value of the data and information asset may lead to disjointed and inefficient service delivery, storage of needless information and adverse impact on clients' experience of interacting with the Council. This risk includes the potential failure to comply with data protection legislation and deliver on the information objectives with the COTF Program and Corporate Plan. There are a number of closely related corporate risks, e.g. Cyber Security and SWIS Replacement.
Worst Case Consequences	• Significant data breach leading Information Commissioner's Office (ICO) investigation, fine, and reputational damage; • Loss/misuse of data that compromises people's safety; • Loss/misuse of personal information that compromises individuals' privacy; • Loss of confidence in Council; and ineffective / inefficient service delivery through failure to join up relevant information.
Controls / Mitigation	• Information Risk Management is recognised through clear governance structures – including roles of Senior Information Risk Officer, Data Protection Officer/Information Governance Manager and ongoing development of Information Asset Register (and concept of Information Asset Owners). • Information Management Working Group has clear remit in this area and meets every 2 months. • Information Governance and Security Policies are in place. • Data protection training regime in place and monitored. • Framework of policies including Acceptable Use Policy and Record Management Plan. • Planned future workstream as part of COTF Information project to further develop strategy and practice for appropriate sharing of information across Services and Partners. • Public Services Network (PSN) compliance. • Business continuity plans in place for key IT systems and records.
How do we monitor that controls are working effectively?	Information Governance: • CMT Annual Report - Freedom of Information & Data Protection Review. • Council of the Future Progress Reports ('Information Working For You' Project.). • Review and Lessons Learnt following all data breaches and FOI complaints. • Data breaches/complaints reported to ICO. • Self assessment by Services of compliance with Data Protection Policy. • Officer knowledge of subject area is tested via annual data protection training. Lessons learnt from internal and external data breaches are reviewed quarterly by the Information Management Working Group and shared by the Information Governance Manager in (a) annual training (b) Yammer posts and (c) INFORM newsletters.
What more can we do to reduce the risk?	Information Governance: • GDPR Follow-up Plan. • COTF Information Project Plan. • Information security policies to be updated.
Lessons Learnt	In 2018, over 70 **data breaches** or "near-misses" were reported, one of which was reported by us to the ICO given the volume and sensitivity of data disclosed. Almost all of the breaches resulted from personal data being disclosed due to administrative errors. One of the biggest challenges post-GDPR is to embed **"*data protection by privacy and design*"** into the Council's processes. Changes have been made to the Council's project management and procurement documentation to get officers thinking about data protection at an early stage. However, it remains a challenge to ensure data protection impact assessments (DPIAs) are in place for higher-risk projects and procurements.

	Complaints about data protection matters (such as lack of transparency, and failure to properly deal with subject access requests) have increased, as have requests to put in place data sharing agreements with other data controllers (such as the Scottish Government) to formalise existing arrangements. The limited number of applications/decisions demonstrates that, in the main, the practical arrangements for dealing with FOI within the Council work well, and the legal advice given is reliable.	
Latest Note / Review Date	The Council has recently approved a new Information Security and Acceptable Use Policy. This new policy will be overseen by a newly formed cyber security group chaired by the Head of PTI. The first meeting of this group will take place in August and will include reviewing current security arrangements. A national assessment of local cyber security arrangements has also recently been published and will be reviewed by the group at its first meeting. We are in the process of establishing two cyber security posts to ensure our arrangements, processes and routines for ensuring security are appropriate and robust.	01 Aug 2019

Governance Groups (where relevant) - Self-Assessment

Objectives	1. Promote the effective management of all Council information in all formats throughout its lifecycle, to meet operational, legal and evidential requirements. 2. Support the Council in identifying and managing its information needs, risks and responsibilities. 3. Ensure an Information Management strategy is in place and overseen. 4. Ensure necessary plans and policies relevant to information management are in place and regularly reviewed (such as the Records Management Plan, the Information Security Policy (in conjunction with IT Security Group) and the Data Protection Policy). 5. Oversee the effective, secure and appropriate sharing of information by the Council. 6. Ensure an Information Risk Management policy and framework is in place and overseen; and ensure that this is embedded throughout the Council (to cover roles, responsibilities, training, information asset register, data protection impact assessments, data breach notification,). 7. Report on information management risks to the Corporate Risk Management Group. 8. Receive regular reports on information security risks/incidents/breaches from the Information Governance Manager (organisational) and the Technology and Infrastructure Manager (technical) and review these to ensure that action is taken to reduce both the occurrence and impact of such incidents in the future. 9. Work closely with the IT Security Group to promote Information Security throughout the Council. The IMWG does not have oversight of Cyber security, PSN compliance, or Office 365 planning and implementation. The Group is chaired by the Chief Governance Officer, and co-ordinated by the Information Governance Manager / Team. Whilst this corporate risk is jointly managed by the Chief Governance Officer and Head of PTI, the latter has no direct input into the agenda or work of the IMWG.
Self-Assessment / Actions	The IMWG was established in October 2017 and provides updates as required to CMT, CRMG and Members (via the Group and Senior Information Risk Officer), and the Group will implement appropriate audit processes. **PRIORITIES / ACTIONS:** The IMWG considers the following matters regularly: • Data breaches/complaints – quarterly • Data protection impact assessments – reviewed as required • Data protection training – completion rates and issues with OLLE • Relevant policies/plans - eg information security, records management, RIPSA • Progress on information/document management system (related to O365 - Microsoft Office Review)) The IMWG is currently looking at: • Plan for review of Business Classification Scheme • Use of CCTV across the Council • Use of warning markers across the Council (via sub-group) • Open data (via sub-group) The IMWG will need to review: • Information Management Strategy (possibly tied into O365) • Information Risk Management Strategy (building on information asset register) • Digital continuity and preservation **SELF-ASSESSMENT:** a) how effective is it at monitoring e.g. **all aspects of the strategy / policy(s) : Rating = 3: Limited** • Information security policies (including AUP) • Data protection policy • Records Management Plan and associated policies The Group has had oversight of GDPR action plan, and now the GDPR follow-up plan, and more recently the plan for

	review of the Business Classification Scheme (essential to the Records Management Plan). The Group has reviewed the updated Information Security Policy and Acceptable Use Policy. There is a need for the group to look at a wider Information Management Strategy (probably tied in with O365 project).
	The Information Governance Manager is developing a means of self-assessment by Services of compliance with the Data Protection Policy/GDPR, which will be subject to review by the IMWG in August 2019.
	There is no intention for the Group to have oversight of any information governance work plan or ICT work plan.
	b) how well the strategy / policy(s) is **embedded at a Corporate level? Rating = 3: Limited** • Data protection - limited as evidenced by data breaches, gaps in data protection training and limited number of completed data protection impact assessments • Information security – limited as no monitoring of compliance with those policies. • Records management – limited as Business Classification Scheme/retentions not being used/known (evidenced by personal data audit) but currently being reviewed part of Information project , and will then be used as basis of folder structure under O365 Information Governance Manager and Records Manager continue to advocate for O365 project to have full records management capabilities..
	c) how well the strategy / policy(s) is **embedded at a Service level? Rating = 3: Limited** (evidence / actions as above)
Assurance Level / Date	Limited Assurance — 31-May-2019

Risk Ref.	Risk Title			Current Risk	Target Risk / Date
COR_CHS_08	**Cyber security incident compromises IT infrastructure, corporate application, social media channel, or data / information.**			High	Medium
Ownership / Monitoring	**Lead Officer**	**Governance Group (if Relevant)**	**Portfolio Holder**		
	Head of Policy, Technology & Improvement	IT Steering Group	Leader of the Council		
Risk Statement	A targeted cyber attack may impact on the availability, integrity and confidentiality of Council systems and data / information, with associated impact on service delivery and financial loss.				
Worst Case Consequences	• A "Denial of Service" attack could prevent access to IT Systems and the Internet without losing data. • Significant data breach, leading to personal harm and / or ICO investigation, fine, and reputational damage. • loss of data that compromises peoples safety. • loss of personal information that compromises individuals; and • significant impact on stakeholders' ability to interact electronically with the Council and Loss of confidence in Council.				
Controls / Mitigation	• Annual Public Services Network Accreditation – including independent Health Check. • Annual Cyber Essentials Accreditation. • Network Security, including firewalls, network segregation and penetration testing. • National Cyber Security Centre Active Defence Measures – Webcheck real time monitoring on our internet facing systems Other "Defence in Depth" measures such as antivirus and end point protection software and end user training.				
How do we monitor that controls are working effectively?	• Achieving PSN accreditation which requires remediating any vulnerabilities found in the independent Health Check. • Achieving Cyber Essentials accreditation which is a pass or fail accreditation. • Lack of Data/Information breach. • Immunity to cybersecurity incidents which affects others Monitoring of our protection systems e.g. Symantec Endpoint Protection.				
What more can we do to reduce the risk?	• PSN Accreditation Improvement Plan (and monitoring by the IMWG). • Continued participation in IT Security groups such as the Scottish Local Authority IT Security Group. • Continued awareness of National and International Security Incident reports through CHisP (Certified Health Informatics Systems Professional) and CERT (Network Certification Body). • Continued testing of our BCPs in conjunction with our colleagues in Emergency Planning Services to review their ICT systems and confirm which are critical ('Hot Systems') i.e. those needing recovered as a priority during any interruption. This will allow the ICT to develop appropriate recovery plans.				
Lessons Learnt	• Continuous review of internal and external cyber security incidents, and appropriate response (reinforcing staff awareness and technical security). • Business continuity risks relating to a loss of power failure at Municipal Buildings have been tested and the emergency generator provided power to the building and IT systems during this time.				
Latest Note / Review Date	We have recently had external assessment of the vulnerabilities of our network etc in advance of seeking PSN compliance and are seeking to address any issues identified. This includes reviewing weak passwords and potentially locking accounts where security does not conform to agreed standards. The Council has recently approved a new information security and acceptable use policy. this new policy will be overseen by a newly formed cyber security group chaired by the Head of PTI. The first meeting of this group will take place in August and will include reviewing current security arrangements. A national assessment of local cyber security arrangements has also recently been published and will be reviewed by the group at its first meeting. We are in the process of establishing two cyber security posts to ensure our arrangements, processes and routines for ensuring security are appropriate and robust.			01 Aug 2019	

Risk Ref.	Risk Title			Current Risk	Target Risk / Date
COR_CHS_05	**Failure to properly discharge equalities duties.**			High	Medium
Ownership / Monitoring	**Lead Officer**	**Governance Group (if Relevant)**	**Portfolio Holder**		
	Head of Policy, Technology & Improvement				
Risk Statement	Failure to comply with equalities duties may lead to disadvantage, poverty, inequality, or harm, and associated reputational, safety, legal, and financial implications.				
Worst Case Consequences	Challenge under Equalities Act and consequences of this.				
Controls / Mitigation	Duty to publish equalities information; Assessing and reviewing Policy; Considering award criteria and conditions in relation to public procurement; and materials published in an accessible manner.				
How do we monitor that controls are working effectively?					
What more can we do to reduce the risk?	Community Planning Partnership focus on equalities and fairness; and reports to CMT and Executive.				
Lessons Learnt	A report is prepared for CMT to review the achievement of our equality outcomes and the equality impact assessment process annually.				
Latest Note / Review Date	The Council published its latest mainstream report by end of April 2019. We are seeking to undertake a self assessment over the coming months to identify areas for improvement. This will complement training on equalities and human rights work we will be undertaking over the coming months with Members and senior officers.			01 Aug 2019	

Risk Ref.	Risk Title			Current Risk	Target Risk / Date
COR_CHS_02	**Failure to recognise, and act upon, the need for transformational change and continuous improvement.**			High	Medium
Ownership / Monitoring	**Lead Officer**	**Governance Group (if Relevant)**	**Portfolio Holder**		
	Head of HR & Business Transformation	Council of the Future Board	Leader of the Council		
Risk Statement	The Council fails to plan for, and implement, appropriate transformational change, leading to missed opportunity and failure to deliver the right services, to the right people, in the right way, and within budget.				
Worst Case Consequences	Failure to deliver the planned programme of Council of the Future work and to achieve the required savings in the required timescales, leading to: • absence of required skills or expertise to deliver services; • service failure (including delivery of statutory services); and • external intervention in the running of the Council.				
Controls / Mitigation	• COTF Board in place (comprising elected Members and Chief Officers); • Programme of COTF work agreed and being progressed; • Change Manager and Project Management Office team appointed to ensure good practice and drive pace of change; and • Framework for COTF reporting, timelines, outcomes, and benefits developed and subject to constant review. The framework was reviewed and approved by the COTF Board in August.				
How do we monitor that controls are working effectively?	• Reports on projects and reviews submitted to, and scrutinised by, the Council of the Future Board, CMT, and Executive; • Audit Committee monitors the effectiveness of COTF Risk Strategy / program governance; • Change implemented, savings achieved, and performance improved, in line with agreed outcomes; • The Programme Management Office (PMO) have 1:1 reviews with Program Managers and attend Service Change Boards to ensure that robust project assessments / documentation are in place; • Monthly project reports form the basis of Performance Panel reports for each Service's COTF service plan updates.				
What more can we do to reduce the risk?	• The Board will review the Program Risk Register at 6 monthly intervals (or by exception); • Project lead officers will monitor project risks, as part of project management arrangements; • Oversight and scrutiny by CMT, Audit Committee, Executive, Council, and external audit; • Internal audit of processes and controls; and • Reviewing the change programme through Council of the Future proposals.				
Lessons Learnt	Consideration has been given to best practice, lessons learned by other Councils, feedback from Audit Scotland, and programmes in place elsewhere.				
Latest Note / Review Date	No change at present and risk register for COTF is currently being updated				18 Jul 2019
Governance Groups (where relevant) - Self-Assessment					
Objectives	The COTF Risk Strategy outlines the following responsibilities for oversight of Program / Project risks: • COTF Board is responsible for identifying and scrutinising COTF programme risks, providing risk reports to Members, and monitoring the effectiveness of the COTF Risk and Opportunities Management Strategy; and • Project Managers / Lead Officers are responsible for assessing project risks and opportunities, and ensuring that the COTF Risk and Opportunities Management Strategy is applied effectively. The COTF Risk Strategy also sets out the following success measures: • successful delivery of COTF objectives, outcomes, and savings; • a clearer understanding of the risks (uncertainties) and potential consequences; • clear, agreed, and measureable actions to mitigate risks / maximise benefits; • well informed decisions - fewer unexpected problems and adverse incidents; and • successful outcomes from external scrutiny, e.g. audits and best value reviews.				
Self-Assessment / Actions	The outcomes of the COTF governance review were reported to the COTF Board on 06 August 2018. This resulted in a refreshed governance framework being agreed with roll out due for completion February 2019. This has included:				

	• Consultation with Trades Unions on employee involvement in the change programme and creation of COTF Change Groups. • Creating a new suite of project reporting templates and rolling these out to project managers & sponsors. • Embedding a refreshed Elected Member arrangement for the COTF Board. • Refreshing the Workforce of the Future Board. • Setting principles for the prioritisation of projects. August 2018.
Assurance Level / Date	Substantial Assurance · 14-Jan-2019

Risk Ref.	Risk Title			Current Risk	Target Risk / Date
COR_CHS_09	**Failure to undertake proper engagement and consultation with service users, stakeholders, and partners on the delivery of services.**			High	Medium
Ownership / Monitoring	**Lead Officer**	**Governance Group (if Relevant)**	**Portfolio Holder**		
	Head of Policy, Technology & Improvement	Community Planning Strategic Board and Participation Group	Leader of the Council		
Risk Statement	Failure to appropriately engage and consult with service users, stakeholders, and partners on the design and delivery of Council services could lead to flawed decision making, services that do not meet people's needs, poorly targeted expenditure, and adverse impact on communities or individuals.				
Worst Case Consequences	Uninformed (or un-evidenced) decision making; resources not allocated to meet need; and failure to deliver statutory obligations.				
Controls / Mitigation	The risk are mitigated by having robust and transparent consultation and decision-making processes and by the Scrutiny Committee monitoring the following strategies and action plans: SOLD, Locality Planning and the participation strategy. The participation strategy was subject to a review by Scrutiny Panel in 2015 and is currently being refreshed. Engagement and consultation is embedded within decision-making, including consideration of the risks and impact on the Council and other stakeholders within all committee reports. There is a corporate participation group which meets two-monthly, as well as a user group for the Citizen Space online consultation tool. These measures may not prevent risks but should reduce the likelihood of a breakdown in stakeholder relationships and provide a more defensible position if there is a legal challenge. Actively responding to the requirements of the Community Empowerment Act 2015; active and responsive Citizen's Panel; Participation Strategy and supporting guidance and processes; and development of a locality planning model and priorities. Strategy for Community Engagement 2019-2024.				
How do we monitor that controls are working effectively?	The Participation Strategy was approved by Scrutiny Committee and has subsequently been subject to a Scrutiny Panel. Regular reports are brought to the Committee to enable it to monitor its implementation. It is due to be renewed later this year and internal and external engagement on the new strategy is underway. A risk and governance framework is in place at both Council and Community Planning Partnership (CPP) levels. The Community Planning Partnership Leadership Board are accountable for the effectiveness of the partnership performance, risk and governance arrangements. The SOLD plan summarises the governance arrangements including delivery groups and partners' roles. The Scrutiny Committee receives regular 6-monthly CPP updates and is responsible for scrutinising these risks. This includes updates on Locality Planning and Community Empowerment. The Audit Committee receives regular 6-monthly corporate risk updates and is responsible for scrutinising the risks to the Council. As part of this, the lead officer updates the corporate risk and provides CRMG with an annual self-assessment on the effectiveness of the Community Planning Leadership Board. Audit Scotland has also undertaken reviews on Community Planning Partnerships.				
What more can we do to reduce the risk?	Procurement of Citizen Space, a bespoke online consultation and engagement platform.				
Lessons Learnt	Community Planning Audits – outcomes from audits of Falkirk and other Councils.				
Latest Note / Review Date	A work stream under Council of the future has been established to ensure we are appropriately engaging with our communities. The enabled communities' board will link with our participation group to ensure we are achieving the Councils priorities and minimising risk in this area appropriately. This area of work will be scrutinised further as we move forward with the enabled communities workstream			01 Aug 2019	

	Governance Groups (where relevant) - Self-Assessment
Objectives	**Community Planning Strategic Board** **Strategic Aims:** 1. Sets the strategic direction of the Falkirk Community Planning Partnership (CPP); 2. Ensures that the CPP fulfils relevant statutory requirements; 3. Ensures that the strategic vision for the area, and the partnership's strategic priorities and local outcomes are realised; and 4. Promotes effective partnership working across the CPP. **Objectives:** • Approves the Strategic Outcomes & Local Delivery Plan Achievement of strategic priorities and local outcomes • Scrutiny and challenge on the progress of attainment of strategic priorities and local outcomes • Scrutiny and challenge of locality planning Approves the CPP's strategies & plans • Approves the CPP's approach on locality planning Secures continuous improvement in local partnership working • Ensures the appropriate alignment of partnership resources with strategic priorities and local outcomes • Scrutinises, challenges and supports agencies, delivery groups to achieve agreed outcomes and priorities **External Members:** Falkirk Council (Chair), Police Scotland, the Scottish Fire & Rescue Service, NHS Forth Valley, Forth Valley College, CVS Falkirk and District, the Scottish Government. **Participation Group** The remit of the group is external engagement with communities – specifically the involvement of communities in Council decision making. The Group's key actions are: • To implement and monitor progress on the Strategy for Community Engagement 2019-2024; • To share what community engagement work we are doing and share the results and learning from that work; • To work together on community engagement projects so that we can avoid duplication and "consultation fatigue" within communities; • To share best practice; • Address training needs; • To keep everyone informed of what is happening at a strategic level.
Self-Assessment / Actions	**Participation Group** The Group was added to the schedule of Governance Groups in 2019 and a self-assessment will be requested in 2019/20. **Community Planning Strategic Board** 1. The Strategic Board meets 6 times per year. Core to its business is the scrutiny of Community Planning delivery groups. These groups have responsibility for delivering on strategic priorities and local outcomes. Scrutiny is achieved through the submission of progress and performance reports every 6 months. These reports include an assessment of challenges and risks. The Board also receives regular progress reports on locality planning and any relevant improvements it has requested to improve partnership working; 2. The Board is advised of new legislative or national requirements by relevant senior officers from across the CPP. This includes an assessment of the implications arising from these requirements for the Falkirk CPP; ; 3. The Falkirk CPP is scrutinised in meeting its statutory obligations by Audit Scotland. This and self assessment is used to inform and develop the partnership's improvement programme; and 4. The Board has an agreed development plan to ensure that the knowledge of its members remains relevant and up to date. We have just completed an independently facilitated self assessment led by the Improvement Service, the strengths and areas for improvement from which are being collated for a report to go to the Community Planning Executive Group later this month. The assessment involved Strategic Board and Exec Group members. Any additional risks emerging from the self assessment will be entered onto Pentana, as will relevant improvement actions. **April 2019:** Additional information has been requested on each of the actions outlined in the previous self-assessment. This will allow the assurance level and self-assessment to be validated and progress reviewed. **Additional assurance is required in relation to:** • Governance and Reporting Structure (in particular, the role of Council's Executive needs reviewed on the Corporate Risk Register); and • Delivery Groups' plans, risk registers, and progress & performance reports. The assurance rating has been reduced to Limited Assurance until we receive the information above (or other relevant assurance).
Assurance Level / Date	Limited Assurance — 01-May-2019

Risk Ref.	Risk Title			Current Risk	Target Risk / Date
COR_CHS_06	**Failures in workforce planning, including absence, vacancy management, and succession planning.**			High	Medium
Ownership / Monitoring	**Lead Officer**	**Governance Group (if Relevant)**	**Portfolio Holder**		
	Head of HR & Business Transformation	Corporate Partnership Forum	Resources		

Risk Statement	Failures in workforce planning adversely and significantly impact on the quality and consistency of service delivery, and compromise on-going availability of services. There is also a risk that the Council fails to agree and implement a modern and flexible package of terms and conditions, and to undertake effective consultation with employees and trades' unions. This risk is closely linked to the following additional, but separate, corporate risks: equalities, health and safety, early years expansion, and SSSC Code of Conduct.
Worst Case Consequences	• Failure to deliver services, including statutory services; • more staff employed than required and / or staff with the wrong skill set; • no clear plan to achieve savings that impact on staff; and • Industrial relations / staff satisfaction issues (impacting on recruitment, retention, performance and employee relations.
Controls / Mitigation	• Workforce Strategy agreed by Members, and monitoring of implementation by Human Resources; • Workforce Planning Framework in place and being implemented across Services; • Workforce Plans being developed across all Services and Council wide plan drafted. • Workforce Plans are an integral part of Strategic Planning, including Service Planning / Budgets; • HR support Services in developing and reviewing their workforce plans; • Trades' Union are pro-actively involved in change, including consultation on terms and conditions and workforce issues; • Managers receive the information and support needed to manage performance, e.g. absence; • Employee engagement is undertaken and acted upon, e.g. staff satisfaction survey / Action Plans; • HR and Organisation Development Policies are effective and consistently implemented; and • A range of training and development opportunities are available to improve skills / performance.
How do we monitor that controls are working effectively?	• Update reports on workforce changes presented to, and considered by, CMT; • Absence and turnover reports submitted to Joint Consultative Committee; • Consistency of approach to workforce planning across all Services. • HR Policy and Procedure Audits, and Exit Interviews; • Employee Satisfaction results are evaluated, and Action Plans are implemented and monitored; • Workforce Planning reviews, including critical friend, audit, and peer review; • Best practice reviews including ILM, and Healthy Working Lives audits; • Oversight of HR risks by staff / JCC and SBF's (but this consultation framework s under review); and Equalities / Equal Pay issues are monitored as part of the Equalities Mainstreaming process.
What more can we do to reduce the risk?	Ensuring workforce plans form part of day to day workforce considerations, budget strategy and change programme. Progress the key COTF projects and Service Plan actions outlined below. Improve areas identified in Policy and Procedures reviews, e.g. exit interviews. Review the current JCC framework and Implement new partnership arrangements/framework to improve employee and industrial relations.
Lessons Learnt	Research of best practice undertaken to develop the workforce strategy and the workforce planning framework.
Latest Note / Review Date	The Council workforce plan will be reviewed every 3 years with specific workforce project plans developed for relevant areas of the 5 year business plan. This will ensure workforce changes are planned and managed in line with the Councils Transformation programme. Succession planning is inherent in this and is part of a refreshed OD plan. Discussions with Trade Unions are progressing on a workforce package to match the ambitious Council of the Future change programme. Absence: CMT has considered a report and agreed a number of actions to address absence management which are being progressed including procurement of a nurse contact pilot scheme. A wellbeing strategy is also being prepared to address the results of the wellbeing survey and improve the health and wellbeing of our workforce. Reports on absence continue to be discussed with Trade Unions. A further staff survey to understand the views of our employees is scheduled for Autumn 2019.

Governance Groups (where relevant) - Self-Assessment	
Objectives	The role of the Corporate Partnership Forum is: • To provide a method for consultation to take place at a corporate level between the Council and its employees. • To provide a mechanism for Council wide staffing issues and concerns to be raised and discussed; difficulties explored and resolved and for shared routes forward to be agreed. • To ensure proposals focus on the Council's vision of being an innovative, responsive, trusted and ambitious organisation. Further details are provided within the **Partnership Agreement**, approved by Council in June 2018.
Self-Assessment / Actions	a) how well the Group monitor all aspects of the strategy / policy(s) Assurance Level: Substantial Status / Progress: Quarterly meetings in place. All workforce and health & safety policies which are submitted to the Executive, are considered by this group prior to submission. Group also has the ability to raise issues at the meetings, to ensure any risks are addressed. Minutes of the groups are kept and actions flowing from the meetings are followed up at the following meeting to ensure they are complete. Where it is considered appropriate, Trade Unions can escalate matters to the Tripartite, which meets quarterly. Additional Actions: None at this stage. b) how well the strategy / policy(s) is embedded at a Corporate level? Assurance Level: Substantial Status / Progress: This group is led corporately, and actions which flow from this are submitted to the Executive and/or taken back to Directors/other appropriate officers to ensure issues and risks are addressed. Additional Actions: None at this stage. c) how well the strategy / policy(s) is embedded at a Service level? Assurance Level: Limited Status / Progress: Services do implement corporate policies and agreements. They also respond constructively to issues and risks raised by the CPF. Additional Actions: There is a requirement for Services to further engage with members of the CPF at a service based level, to ensure risk/issues are identified locally and addressed without the need for them to be raised through the CPF. d) how well the strategy / policy(s) is embedded at a Project / Partnership / Supplier level? Assurance Level: Limited Status / Progress: There is some engagement with members of the CPF through COTF projects. There is also involvement of members of the CPF in COTF engagement activities. In moving to the partnership approach, work is being done to ensure more local engagement and facilitate more informal resolution at an early stage. Additional Actions: Work is being done to ensure members of the CPF are involved in workforce related COTF projects either as a result of being a member of the project group, or through a linked Change Group. Once this is embedded, further consideration will be given to how this can be progressed. e) How well does the Corporate support function(s) help to embed and monitor the strategy / policy(s) Assurance Level: Substantial Status / Progress: Corporate support function (HR) leads to CPF. Input from other support functions is provided as and when required. Additional Actions: None at this stage.
Assurance Level / Date	Substantial Assurance 01-May-2019

Risk Ref.	Risk Title			Current Risk	Target Risk / Date
COR_CHS_04	**Insufficient funding to deliver services and deliver outcomes.**			High	Medium
Ownership / Monitoring	**Lead Officer**	**Governance Group (if Relevant)**	**Portfolio Holder**		
	Chief Finance Officer		Leader of the Council		

Risk Statement	Budgetary, economic, or demographic pressures, and failure to properly manage and allocate resources to deal with these, mean that the Council is unable to deliver services and meet its statutory and other obligations. The key funding uncertainties and challenges over the medium term are: • Funding – including Local Government Financial Settlement, Brexit, and Business Rates; • Reserves: the ongoing use of reserves to fund Services is not sustainable; • Demographics: in particular, challenges on Pupil Teacher Ratios, Adult Services, and Welfare; and • Council of the Future Program (delivery of projects and realisation of savings). The following corporate risks need effective management in order to manage funding risks include: (abbreviated): Leadership, Change, Brexit, Social Care, Equalities, Poverty, and Financial Controls.
Worst Case Consequences	• The Council is unable (or unwilling) to take difficult decisions to live within its revenue budget; • service failure, resulting in inability to deliver statutory services; • threat to lives and significant negative impact on the wellbeing of citizens if services not delivered; • Statutory breaches, leading to Public Enquiry and / or legal action; and external intervention in the running of the Council.
Controls / Mitigation	• Medium term financial planning (MTFP), scenario modelling, and horizon scanning; • robust and inclusive budget preparation process (e.g. Member Budget Working Group and EPIAs); • ongoing budget monitoring by managers, and expert advice from Service Accountants; • gathering and considering network intelligence via, eg COSLA, CIPFA Directors of Finance Group; • aligning budgeting to strategic planning, COTF program, and strategies e.g. workforce and technology; • Members have agreed a provisional 3% Council Tax increase in 2019/20, which informs planning; • Improved budgeting, e.g. zero based, participatory, and review of funding of external organisations; implementing and enforcing Financial Regulations and other good practice guidance and processes.
How do we monitor that controls are working effectively?	• Statutory Section 95 Officer review role; • Oversight and scrutiny by CMT, Audit Committee, Executive, and Council; • External Audit of the Council's Financial Statements, and Best Value reviews; • Internal Audit of processes and controls; • Member Budget Working Group; and Oversight by partnership Boards, including Falkirk Community Trust and the Integration Joint Board.
What more can we do to reduce the risk?	
Lessons Learnt	Best Value reports highlight the need for leadership, medium and long-term financial planning, appropriate use of reserves, strategic planning, and change management. The Council have also learnt from budgeting best practice externally, e.g. zero based budgeting.
Latest Note / Review Date	Regular reports to Members. Budget report to Members 27 February 19. Member Budget Working Group now meeting for current budget cycle. 5 year Business Plans approved by Members in May 2019. 05 Aug 2019

Development Services

Risk Ref.	Risk Title			Current Risk	Target Risk / Date
COR_DS_05a	**Resilience: Business Continuity**			High	Medium
Ownership / Monitoring	**Lead Officer**	**Governance Group (if Relevant)**	**Portfolio Holder**		
	Director of Development Services		Public Protection		

Risk Statement	Effective Business Continuity Management (BCM) protects services, reputation, finances and people, and contributes to compliance with the Civil Contingencies Act (CCA), 2004. If business continuity arrangements are not effective, it could result in loss of people (due to e.g. pandemic flu); Council assets (due to e.g. severe weather or fire); and key suppliers or data (due to e.g. supplier closure and barriers to sharing information).
Worst Case Consequences	• harm (death / injury) to people; • damage to the economy (which could e.g. increase poverty / demand for Council Services); • failure to deliver service plans; • increased costs of operating (e.g. overtime, contractors & temporary premises); and • using inexperienced staff to maintain delivery of core services could be less efficient, reduce quality of service, and increase complaints and non-compliance with CCA legislation.
Controls / Mitigation	Business Continuity Management (BCM) Strategy is in place, supported by Business Continuity Plan (BCP) Templates and Guidance. BCPs are developed at a corporate, service and supplier level. This follows a review of critical services and a BIA (Business Impact Analysis). Specific controls to reduce the likelihood of interruptions include:- premises & asset maintenance & inspections; flu vaccinations for critical staff; complaints monitoring; procedures and rotas in place to ensure 24 emergency control service including MECS service; backup locations for ICT; and generators at Municipal Buildings to deal with power failure. A senior manager on call rota has been established for all Directors and Heads of Service to support Resilience Officers at the time of a major incident.
How do we monitor that controls are working effectively?	BCPs should be reviewed by SMTs, and Emergency Planning Team will co-ordinate exercises (at least annually).
What more can we do to reduce the risk?	• Service business continuity plans / continuity arrangements to be reviewed and tested, and Services to provide Annual debrief reports to CRMG following each exercise debrief (Original Date: Jan-2019 - extended to September 2019) • Children's Services BC Exercise – Complete 2019. Kirsty Wilsdon preparing report for CRMG. Presentations to schools programmed for Resilience Planning. • Adult Services BC Exercise planned for 23/10/19. NHS staff will be included in the Exercise. • Development Services BC Exercise planned for 11/10/19. • Corporate and Housing BC Exercise – Planned for November 2019 - TBC. • Falkirk Council continues to plan corporately in preparation for Severe Weather events and attend the multi agency group to discuss and implement a plan for the M80. FC submitted comments to draft plan led by Police Scotland.
Lessons Learnt	Each service to identify and share lessons from their annual debrief events. Lessons learnt from local and national events is embedded within the RRP and Service's Business Continuity planning and exercising activities.

Latest Note / Review Date	This risk was increased to high around May 2019 because most Services are still to complete their BC Reviews and Exercises, and then provide a lessons learnt report to CRMG.	05 Jun 2019

Risk Ref.	Risk Title			Current Risk	Target Risk / Date
COR_DS_01	**Uncertainties surrounding Brexit**			High	Low
Ownership / Monitoring	**Lead Officer**	**Governance Group (if Relevant)**	**Portfolio Holder**		
	Director of Development Services		Public Protection		

Risk Statement	The main risk is a No-Deal Scenario and the potential impact on the Council and local area – including supply chains, the economy, and interruptions / resilience planning. The outcome of the UK Parliament vote on Brexit could also trigger a vote of no confidence in the current government triggering a General Election. This is in addition to the 3 longer-term risks already included in the Corporate Risk Register: • EU funding of future projects (and the economic impact); • EU workers (in particular, seasonal workers); and • EU citizens employed by the Council (in particular, teaching and care staff, where there are already resource pressures). There is also some risk of changes to legislation, but this is considered low at this stage because most EU regulations are embedded within UK / Scottish Law. There are also a range of potential impacts on communities e.g. medical and business supplies.
Worst Case Consequences	• There is an interruption to essential supplies – including medical, food, and fuel supplies. • This could harm vulnerable people, the community, and the local economy. • Resources are further stretched / diverted from Corporate priorities; and • Failure to deliver Best Value services and make well-informed decisions.
Controls / Mitigation	• Falkirk Council is engaging with COSLA and other agencies re the impact of Brexit nationally. • Resilience: risks are being addressed by the Regional Resilience Partnership (RRP) and Scottish Government. Plans are being developed at a national level and customised locally. This includes plans to deal with potential issues with Health / Medical Supplies, Community Order, Food / Fuel Supplies, and Port Customs.
How do we monitor that controls are working effectively?	• Resilience: Well developed processes (and experiences) of consultation and resilience plan testing. • High level of attention being given to this risk nationally, regionally and locally. Council participating in workstreams at every level.
What more can we do to reduce the risk?	• EU Workers: HR: are working with Services to identify and support all affected employees, e.g. with citizenship applications. Services have been asked to help ensure that this work is progressed. • Resilience: The Scottish Government has produced a range of national guidance for specific sectors, and relevant sections (e.g. health) will be adapted locally in consultation with resilience partners. • Resilience Planning updates will be provided to Members via the Information Bulletin, as necessary. • All Services should continuously review the risks, develop mitigation / plans, and provide updates to CMT as necessary. Corporate response and reporting arrangements now in place.
Lessons Learnt	Drawn from other events with elements of similar outcomes.
Latest Note / Review Date	Brexit risks remain very fluid. SG updated their planning assumptions in Aug 2019, but these show little changes to previous versions. More information is needed from Scottish Government, especially in relation to Health & Social Care risks and recovery aspects of a no-deal (e.g. impact on economy and community). The likelihood of a no deal scenario and a general election at short notice have increased. Resilience plans are in place, but there is an increased risk in winter of a greater shortage of food storage capacity and multiple events e.g. pandemic flu and severe weather. NHS & Council Resilience Officers to follow up on IJB risks. Social Care BCP is a priority, e.g. clinical consumables. Business Continuity reviews are planned with all Services, but progress has been limited / delayed across a number of Services. Positive feedback received from External Audit re our planning v similar reviews of other Councils. The Director Of Development Services will provide updates to the Portfolio Holder (Resilience) and Members, as appropriate.	29 Aug 2019

Risk Ref.	Risk Title			Current Risk	Target Risk / Date
COR_DS_02	**Sustainability / Climate Change**			High	Medium
Ownership / Monitoring	**Lead Officer**	**Governance Group (if Relevant)**	**Portfolio Holder**		
	Head of Design, Roads, and Transport	Corporate Sustainability Group	Environment		

Risk Statement	The Scottish Government have declared a Climate Emergency and committed to "Net Zero" greenhouse gases by 2045. They require the Council to meet ambitious Carbon Reduction Targets in order to meet national targets. There is a risk that the Council fails to set sufficiently ambitious Carbon Reduction Targets, or deliver on those. The risks will be further detailed within a Climate Change and Adaptation Risk Register. CONTEXT: The Council has a statutory duty to reduce emissions from its activities, and to provide leadership in reducing emissions in our area amongst both communities and businesses. The regulatory environment is being strengthened by the Scottish Government, and this will include penalties and enforcement. These are long term targets but the Council need to start early and commit to sustained changes. According to the IPCC, global CO2 emissions will need to start declining well before 2030 to avoid an overshoot of global warming beyond 1.5 ºC. In their latest report (Oct 2018), the IPCC warned that there is only 11 years to act for global warming to be kept to a maximum of 1.5 ºC.
Worst Case Consequences	Climate Change is happening and consequences are being felt worldwide. In Scotland, more frequent severe weather events, drought, biodiversity loss are being experienced. Absence of rapid emissions reduction increases the risk of global warming and its consequences. The latest UK Climate Projections (2018) predict hotter and drier summers, milder and wetter winters, more likely and more severe coastal flooding & flash flooding, as well as sea level rise (up to 0.9 m in Edinburgh) if no action is being taken to reduce greenhouse gases. • The Council area includes vulnerable sites where flooding and severe weather events could harm citizen's welfare and their property. • Breach of climate change duties could result in reputational damage, legal action, penalties, and project delays / funding gaps. • Failure to adapt our organisation to a changing environment could result in great expense retrofitting building etc to meet climate impacts or achieving targets in quicker timelines. Failure to plan for and embed adaptive measures now could impact the viability of service delivery to residents and failure to meet organisational requirements.
Controls / Mitigation	Services have implemented a wide range of strategies and projects to mitigate climate change – these are set out within the Climate Change and Adaptation Risk Register. The Council have implemented a clear governance structure for monitoring and reporting progress, lead by the Corporate Sustainability Working Group (and aligned with the SOLD, Strategic Plan, and COTF Program). Sustainability should be an integral part of the SOLD and Service Business Plans and decision making.
How do we monitor that controls are working effectively?	The Council conducts an annual Climate Change Self-Assessment and has a statutory duty to produce an Annual Climate Change Declaration (setting out our ambitions and progress). This is reviewed by Internal Audit before being published on the Sustainable Scotland Network (SSN) website. Governance Groups have oversight of sustainability implications in their area – including asset management, Resilience, Community Planning, and the Council of the Future Program Board. Climate Change Adaptation and Sustainability should also be an integral part of Service Business Plan & Performance Reviews.
What more can we do to reduce the risk?	The Climate Change and Adaptation Risk Register makes a clear link to key projects and plans. In addition to reducing the risks, it is essential that the Council invests in adapting to the consequences of climate change.
Lessons Learnt	There is recent experience of organisations' Climate Change Declarations being scrutinised more closely by the Scottish Government, and more evidence being sought to support those declarations. A growing number of Local Authorities (to date, one third) are declaring a "Climate Emergency" accompanied by ambitious commitments.

	Also, some organisations have been denied funding for projects where they cannot demonstrate that the proposals are innovative and offer sufficient sustainability benefits (or because the work should be funded through routine revenue / capital spend).	
Latest Note / Review Date	The risk has been increased to High because there is a significant risk of the Council failing to set sufficiently ambitious climate change targets, or to deliver on those. The Energy & Climate Change Team are meeting with Services to agree targets and projects during Autumn 2019. Those will then be considered by the Corporate Sustainability Working Group and Members. It is anticipated that a more detailed report will be presented to Members, seeking their commitment to long-term targets. This will be aligned with the COTF Program and Business Plans. Further training will also be provided to Members. Whilst there has been a gradual improvement in annual climate change self-assessments, the revised national targets requires a step-change in planning and decision making.	02 Sept 2019
Governance Groups (where relevant) - Self-Assessment		
Objectives	1. Develop and monitor the implementation of corporate sustainability policies and targets related to, for example: waste reduction; energy efficiency; climate change adaptation; recycling; climate change action; 2. Share best practice amongst Services; and 3. Monitor emerging sustainability and climate change issues; and develop strategies and plans to meet duties.	
Self-Assessment / Actions	The 2019 CCAT (Climate Change Self Assessment has been completed and agree by the Corporate Sustainability Working Group. This will inform the Climate Change Declaration. As noted above, further work is being undertaken to assess risks, agree projects, and improve the Group's governance arrangements.	
Assurance Level / Date	Substantial Assurance	August 2019

Table 3: Risk Scoring Guidance

Risk Level	Risk Appetite / Approach	Scoring Matrix
High (Score 10-25)	High Risks may be either: • within the Council's risk appetite (meaning that the Lead Officer considers the current controls are proportionate **and effective**; or • above the Council's risk appetite (meaning that the Lead Officer considers that additional actions are necessary to reduce the risk (if the risk is above the risk appetite, the Corporate Risk Register should include a Target Risk Level and Actions)	
Medium (Score 7-9)	Medium risks are within Council's risk tolerance - meaning, controls / mitigation are proportionate **and effective** (actions are not essential, but may included in the Corporate Risk Register).	
Low (Score 1-6)	These do not need to be recorded on the Corporate Risk Register. Services should monitor these at an operational level and, if the risk increases, they should be added as High or Medium risks.	

LIKELIHOOD			IMPACT / CONSEQUENCE				
Impact		Score	Financial	Reputational	Harm to People or Assets	Interruption to Services to Projects	Audit/ Legal/ Compliance
1 Almost Impossible	Little evidence that the risk is likely to occur	**1 Negligible**	None or little budget impact; spend is within risk owner's authority	None, or little, media interest; impact is in public domain, but managed	None or very minor injury and / or damage	None or little disruption to one service, or project delay	No or little query from audit body / regulator; but no criticism or action required
2 Unlikely	Low chance of the risk occurring	**2 Minor**	Minimal budget impact; spend is within risk owner's authority	Local media interest and / or customer complaints	Minor injury and / or damage	Minor disruption to multiple services, or project delay	Action required; but unlikely to result in criticism and / or penalty
3 Possible	A reasonable chance of the risk occurring	**3 Moderate**	Manageable budget impact; spend exceeds risk owner's authority	Regional media interest and / or multiple complaints	Moderate injuries and / or damage	Some disruption to service, or project delay	Action required; and may result in criticism and / or penalty
4 Likely	A strong chance of the risk occurring	**4 Major**	Major impact, but within budgets	National media interest and / or serious loss of confidence	Major injury, death, and / or assets destroyed	Major service disruption, loss of multiple services, or project delay	Major legal action, penalty, and / or criticism
5 Almost Certain	Fairly certain that risk will / has occur, occurred	**5 Severe**	Extensive; spend exceeds available budgets	Sustained media interest, complaints, and / or loss of confidence	Multiple deaths and / or assets destroyed	Extended disruption or loss of service, or project delay	Severe penalty, criticism and / or legal action

Table 4: Risk Register Key

	Lead Service		Governance Groups		Review Status
AS	Adult Services	CPRWG	Capital Planning and Review Working Group	✅	Green: The risk has been reviewed within the last 4 months (120 days)
CE	Chief Executive	CJ PB	Criminal Justice Change Programme Board	❌	Red: The risk has not been reviewed within the last 4 months (120 days)
CS	Children's Services	CPSB & PG	Community Planning Strategic Board and Participation Group		
CHS	Corporate & Housing Services	CAMG	Corporate Asset Management Group		
DS	Development Services	CSG	Corporate Sustainability Group		
		CRMG	Corporate Risk Management Group		
		COTFB	Council of the Future Board		
Portfolio Holders		EoS RRP	East of Scotland Regional Resilience Partnership		**Action Status**
CLT	Culture, Leisure, and Tourism	FFP	Fairer Falkirk Partnership	✅	Green: The action is complete
ED	Economic Development	ICSG	Integrity / CONTEST Steering Group	▶	Green: Expected to meet current timescale
EDU	Education	IMWG	Information Management Working Group	🔺	Amber: The action is slightly behind target
ENV	Environment	PMG	Performance Management Group	⬣	Red: The action is significantly behind target (not expected to meet current timescale)
HSC	Health and Social Care	PB	Procurement Board		
HOU	Housing	PPCJ COSG	Public Protection and Community Justice Chief Officers' Strategy Group		
LEA	Leader of the Council	SWG	Safety at Work Group		
PP	Public Protection	SHG	Strategic Housing Group		
RES	Resources	SWIS PB	Social Work Information System Programme Board		