Strategic Risk Assurance Report 2015-16

SOUTHAMPTON CITY COUNCIL

Report Version
03

Report Date
Oct-15

Period
End Q2 : 2015-16

RISK RATING MATRIX

LIKELIHOOD

Almost Certain	A
Likely	B
Possible	C
Unlikely	D
Very Unlikely	E

5	4	3	2	1
Minor	Moderate	Significant	Major	Extreme

IMPACT

Matrix plots: 04, 05 (B/Significant), 01 (B/Major), 08, 09 (B/Major), 02 (C/Significant), 06, 07 (C/Significant), 03a (C/Extreme), 03b (C/Extreme)

No	Strategic Risk - Description	Risk Owner	Current assessment of the risk — Likelihood	Impact	Risk Score - DoT 2014-15 Q3	Q4	15-16 Q1	Q2
01	Failure to address the significant and ongoing financial pressures in a sustainable way and to enable service provision to be on a proactive rather than reactive basis	Council Management Team	Likely	Major	⟷	⟷	⟷	⟷
02	Major incident or service disruption leading to delivery failure that significantly impairs or prevents the Council's ability to deliver key services and/or statutory functions	Director, Place	Possible	Significant	⟷	⟷	⟷	⟷
03a	Failure to safeguard vulnerable adults	Head of Adult Services	Possible	Extreme	⟷	⟷	⟷	⟷
03b	Failure to safeguard children	Head of Children & Family Services	Possible	Extreme	⟷	⟷	⟷	⟷
04	Failure to meet our health and safety responsibilities	Head of Strategic HR	Likely	Significant	⟷	⟷	⟷	⟷
05	Failure to ensure the City Council's information is held and protected in line with Information Governance polices and procedures	Head of Legal & Democratic Services	Likely	Significant	⟷	⟷	⟷	⟷
06	The council is unable to quantify the financial impact on both vulnerable individuals and key council services arising from implementation of welfare reforms	Assistant Chief Executive	Possible	Significant	⟷	⟷	⟷	⟷
07	The contractual arrangements, in respect of those council services commissioned from and delivered by external organisations/partners, are not sufficiently flexible to respond to the council's changing service requirements	Transformation Implementation Director	Possible	Significant	⟷	⟷	⟷	⟷
08	Failure to ensure a financially sustainable adult social care system	Head of Adult Social Services	Likely	Major	-	-	-	NEW
09	Failure to ensure a financially sustainable children's social care system	Head of Children & Families	Likely	Major	-	-	-	NEW

Risk Scoring and assessment criteria

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

LIKELIHOOD (left vertical axis) **IMPACT** (bottom axis)

LIKELIHOOD (Probability)		
A - Almost Certain > 95%		Highly likely to occur
B - Likely	↑	Will probably occur
C - Possible 50%		Might occur
D - Unlikely	↓	Could occur but unlikely
E - Very Unlikely < 5%		May only occur in exceptional circumstances

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

RISK No: SRR01	Last updated: 07/10/2015	KEY STRATEGIC RISK AREA	Budget/Finance

RISK DESCRIPTION

Failure to address the significant and ongoing financial pressures in a sustainable way and to enable service provision to be on a proactive rather than reactive basis.

RISK SCORE	LIKELIHOOD	IMPACT
CURRENT	B - Likely	2 - Major
Target	TBA	TBA

RISK OWNER

Council Management Team

	14-15		15-16		
	Q3	Q4	Q1	Q2	

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL				MITIGATING ACTIONS / COMMENTS
1. Assessment of the council's overall short, medium and longer term financial position	Medium Term Financial Strategy ('MTFS') 2015/16 - 2019/20 in place. Agreed by Full Council in Feb 2015 and subject to quarterly review.	3	3	2	2	*The strategy was reviewed and presented to CMT post budget and will be quarterly thereafter.*
	Regular monitoring by Overview and Scrutiny Management Committee ('OSMC') together with quarterly review by CMT	2	2	2	2	*MTFS will form part of the November budget report.*
2. Identification and communication of significant in year budget variances and forthcoming pressures, and identify clear actions	Monitoring of capital (quarterly) and revenue (monthly) budgets, reported to Council Management Team and Cabinet (Quarterly).	2	2	2	2	*New report format in place with the focus on 'reporting any problem' together with 'actions to address'* **[NOTE: additional Source(s) of Assurance included in Q2]**
	Significant pressures identified through regular monitoring of budgets and work plans and the estimates process reported to CMT and Cabinet.	2	2	2	2	
	Action plans to address any significant in year budget variances are agreed with CMT with the progress / status of the agreed actions reported to CMT on a monthly basis	-	-	-	2	
	Delivery of agreed in year budget savings reported to CMT on a monthly basis.	-	-	-	2	

3. Identification and delivery of new savings/income opportunities for 2016-17 onwards	Process in place for all savings proposals to be captured and assessed at the earliest opportunity	-	-	-	**2**	
	Delivery of £39m saving in 2016-17	-	-	-	**3**	*The current gap stands at £16.9M and potentially this gap will not be closed until post settlement. If this is the case any savings that are subject to consultation will only be a part year effect at best and the Council's low level of reserves will need to be utilised. If savings of £16.9M cannot be identified in this time period any non recurrent funding utilised to close the budget gap will add to pressures in future years and have an impact on the CFO's robustness statement.*
	Delivery of £60m cumulative saving in 2017-18	-	-	-	**3**	
	Delivery of £77m cumulative saving in 2018-19	-	-	-	**3**	
	Delivery of £90m cumulative saving in 2019-20	-	-	-	**3**	
4. Profile and baseline individual service budgets to council outcomes (including identification of high spending and/or low performing services)	Budgets to be recast and aligned with council agreed outcomes and priorities (Outcome Based Budgeting).	-	-	-	**3**	*Three key outcomes agreed by CMT and Cabinet and being further developed. Work is being undertaken to align budgets to blueprint activity. The implementation of Outcome Based Budgeting will enable delivery of outcome based savings targets* **[NOTE: Source(s) of assurance recast in Q2]**
5. Identification of services essential to the continued operation of the council, and alignment of services with the Council's agreed outcomes	As part of the detailed design and implementation of the new operating model, service delivery and associated structures will be realigned behind the priorities of the council's agreed outcomes. Thereafter, services will be kept under review to ensure the Council continues to invest in and pursue activity in line with these, and/or developing, outcomes.	-	-	-	**2**	*A number of key outcomes have been identified. Further discussion is required between CMT and Cabinet to agree the top (three) priorities.*

6. Dedicated, suitably experienced and sufficient resource to lead, support, facilitate and oversee both the overall Transformation Programme and the individual projects	The SCC Transformation Team has been drawn from officers from across the council, led by a Transformation Director and supported by a Strategic Partner (PwC).	-	-	-	**3**	*The aim is to build and develop the transformation capability within the organisation with the expectation that, over time, the balance of capability and capacity to lead the overall programme and individual projects will shift from interim and external resource to internal capability.* [***NOTE: Key Control and associated Source(s) of Assurance revised and recast in Q2]***
7. Delivery Partner who provides the necessary expertise, experience and additional capacity in terms of both delivery of projects and identification and delivery of new and sustainable savings or income generation opportunities	PwC are the council's strategic transformation partner for the programme following an extensive procurement process to test necessary expertise, experience and capacity. The requirements of the delivery partner were defined within the Strategic Transformation Partner Invitation to Tender with expertise, experience and capacity established as part of the pre and post tender clarification.	-	-	-	**3**	*There will be on-going management of the partner to ensure delivery of projects, savings and income generation opportunities.* *The challenge will be to align the utilisation of internal and partner capability, capacity and ambition effectively to deliver as a strategic change programme and savings.* ***[NOTE: Key Control and associated Source(s) of Assurance revised and recast in Q2]***
8. Progress and delivery of both the overall Programme and individual transformation projects regularly reported to a senior manager /member board with slippage or variances clearly identified and associated action plans to address.	Progress and delivery of the overall Programme and individual projects is in the first instance monitored at Transformation Director and Portfolio Lead level, and thereafter by CMT and a Transformation Improvement Board ('TIB')led by Cabinet Members. CMT and TIB review the validity and achievability of projects and provide approval (or not) to projects. A Benefits & Commercial Governance Group led by the Transformation Director, CFO and PwC Partner Lead reviews the validity of potential project savings before being presented to CMT and TIB.	-	-	-	**1**	*[NOTE: Source of Assurance revised and recast in Q2].*

9. Identification and assessment of high priority and other projects that are anticipated to deliver significant cashable benefit	An initial wave of initiatives focussed on cashable benefit for 2016/17 have been progressed. Further opportunities will be pulled together into programmes and reviewed with CMT, before being discussed and approved by TIB.	-	-	-	**3**	*The identification and assessment of high priorities for future years will need to be aligned within a co-ordinated programme, particularly as those decisions will be more related to strategic and transformation choices than operational service decisions.* ***[NOTE: Key Control and associated Source(s) of Assurance revised and recast in Q2***
10. Assessment of those services where increase in demand is anticipated together with identification of key risk indicators.	A Social Care business case will reflect predicted increases in demand for Adults and Children's Services. However there is a need to understand cost and demand drivers and how these are being addressed.	-	-	-	**3**	*The Project Team are focusing upon developing an operating model for improved management of demand, complexity and duration and integration through a mixed economy.* ***[NOTE: Source of Assurance revised and recast in Q2]***
11. Service charges and fees are set at the appropriate level and all charges and fees from income generating services are collected	Work is progressing through the Service Cost Recovery programme, the recommendations validated through service manager and finance engagement	-	-	-	**1**	*Work is on-going to look at further areas of opportunity for increased fees and charges. This activity also links into (a separate) Commercialisation workstream.* ***[NOTE: Key Control and associated Source(s) of Assurance revised and recast in Q2]***
12. Opportunities for additional viable and sustainable income generating activities are identified and implemented	The identification and assessment of income generating activities forms part of one of the Transformation Programme workstreams.	-	-	-	**3**	*The commercialisation workstream has developed a framework for assessing the income generating activities and opportunities.* ***[NOTE: Key Control and associated Source(s) of Assurance revised and recast in Q2]***
13. There is clear and effective leadership in terms of the will and commitment of leaders to recognise, embrace and deliver sustainable organisational and service delivery change.	There is a strong and clear focus by CMT and Cabinet on cashable benefit and overall support from service management.	-	-	-	**3**	*TIB recognition that the pace of change needs to be rapid in order to secure both the required annual savings and for the council to benefit from the wider organisational change.* ***[NOTE: Key Control and associated Source(s) of Assurance revised and recast in Q2]***

14. Understanding of future staffing levels and required attributes and skill set which is then reflected in individual staff development and organisational workforce planning arrangements	Future staffing levels and required skills will be considered through the development of the new operating model detailed design.	-	-	-	**3**	*This detailed design will build on initial thinking on the levels of contribution and competency requirements.* **[NOTE: Key Control and associated Source(s) of Assurance revised and recast in Q2]**
15. Staff and unions recognise and embrace the need for change including the need for a more flexible and mobile workforce and are provided with the necessary tools, support and infrastructure to deliver	Regular briefing of staff through direct and indirect communication (PULSE, CEO newsletter, Leadership Group etc) Specific Transformation Consultation meetings with Unions on fortnightly basis Attendance of Unions at TIB as a standing item on agenda Investment in Perform (Service Excellence) as a behavioural / cultural change methodology to underpin performance improvement and sustainable restructuring	-	-	-	**2**	*'Digital' programme (specifically Digital Employee) will focus investment on the tools and infrastructure required to support behaviour change across the workforce* **[NOTE: Key Control and associated Source(s) of Assurance revised and recast in Q2]**

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

RISK No: SRR02	Last updated: 07/10/2015	KEY STRATEGIC RISK AREA	Business Continuity / Emergency Planning

RISK DESCRIPTION

Major incident or service disruption leading to delivery failure that significantly impairs or prevents the Council's ability to deliver key services and/or statutory functions.

RISK SCORE	LIKELIHOOD	IMPACT
CURRENT	C - Possible	3 - Significant
Target	C - Possible	3 - Significant

RISK OWNER | Mark Heath

	14-15		15-16	
	Q3	Q4	Q1	Q2

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL				MITIGATING ACTIONS / COMMENTS
1. Business Continuity Plans are in place for key service areas and are tested periodically.	Implementation of Business Continuity action plan arising from Internal Audit review.	3	3	3	3	*An internal audit report on BC planning concluded 'limited assurance'. An action plan is in place and being progressed.* *The SCC Business Continuity plan development is ongoing. The Emergency Planning Team are currently liaising with all of SCC Service's. The Emergency Planning Team are to complete a composite Business Continuity plan by December 2015.*
	Report to EP & BC Management Board of learning from dealing with live incidents and test exercises.	3	2	2	2	
2. Range of Emergency Response plans in place to address or respond to legal or statutory obligations.	Full range of emergency response plans are in place with periodic reports from the Emergency Planning and Business Continuity Manager to EP & BC Management Board regarding the status of the plans.	2	1	1	1	*The SCC Major Incident Plan has been reviewed, updated and published on Sharepoint.*
	Reporting of outcome of any corporate, or joint exercise with other agencies, to EP & BC Management Board, Southampton Joint Health Protection Forum & HIOW Local Resilience Forum.	2	1	1	1	*Exercise Foxwater January 2015 successfully demonstrated Major Incident Plan and Sotonsafe Plan.*

3. IT Disaster Recovery Plan that covers IT hardware resilience and applications / systems that support key services and is tested periodically.	IT Disaster Recovery Plan in place that covers 8 key applications as agreed by the Council Management Team. The IT DR Plan is tested annually in conjunction with Capita and users. A report is then prepared for the Head of IT to confirm that all systems were available in a disaster environment. An action plan is also produced to ensure the process continues to evolve.	2	2	2	2	Several ad-hoc disruptions to IT services have necessitated response work and subsequent debriefs have highlighted improvement actions, including emergency communication of IT problems to SCC management via use of SMS broadcasting. Once the business continuity plans have been developed then this will allow the SMS system to be tested.
	Regular reports from IT (Client and Capita) on planning for incidents as well as feedback on learning points following major incidents.	2	2	2	1	
4. A process to monitor both the performance and financial standing of key suppliers [including both significant commercial partners and other suppliers of key services e.g. joint commissioning of social care services].	All key commercial contracts (Capita, Highways and Street Lighting, Leisure and Sports contracts, Skills and Learning programmes) have Strategic Boards (involving both Members and CMT). Each contract is subject to an internal audit review (on average every 18 months). The more minor/less risky contracts (Guildhall, St Mary's Sports Hall and the wireless network concession all have quarterly contract monitoring meetings.	2	2	1	1	Strategic meetings and operational / contract management meetings and governance all take place as specified in the contracts. Internal audit reviews take place as per audit plans.
	In respect of key commercial contracts a process is being developed to ascertain the current financial standing of key partner organisations on a cyclical basis and to use this as a tool to assess and mitigate risks to the council.	-	3	1	1	A process to annually identify and review the financial standing of all key commercial partners is now in place and is operational. This 'rates' each organisation according to the risks to the Council and will be reviewed at Strategic Board level, with key risks which cannot be sufficiently mitigated being brought forward at CMT level.

	All social care contracts are included within a single register, and monitoring of contracts is formalised to ensure consistency both in monitoring and responses to outcomes. Terms of inclusion for residential and nursing homes in the city are being updated. Commissioner's responsibilities are clear in relation to specific contracts and a Contracts Officer is assigned to each contract to manage monitoring and review processes.	-	-	2	1	*The ICU has developed and implemented a dashboard for contract monitoring which provides an overview enabling any corrective action to be put in place.*

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RISK No: SRR03a	Last updated: 26/08/2015		KEY STRATEGIC RISK AREA	Safeguarding

RISK DESCRIPTION

Failure to safeguarding vulnerable adults

RISK SCORE	LIKELIHOOD	IMPACT
CURRENT	C - Possible	1- Extreme
Target	C - Possible	1- Extreme

RISK OWNER Mark Howell

	14-15		15-16	
	Q3	Q4	Q1	Q2

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL				MITIGATING ACTIONS / COMMENTS
1. Robust Safeguarding Policy aligned with good practice and including clearly defined roles and responsibilities which is subject to regular review.	Revised Multiagency Safeguarding Adults Policy published May 2015. This updates the previous 2013 policy as follows introduction of the Care Act 2014.	2	2	2	2	*Local Policy Practice Guidance being updated.*
	Safeguarding Adults Board in place. SCC participating in the Board's activities and meetings, and linking with partner organisations. Designated Adult Safeguarding Manager appointed.	2	2	2	2	*The activities and functions of the LSAB have been reviewed in an LGA Peer Review. The functions of the board were found to be Care Act Compliant. An action plan reflecting the recommendations of the review is under construction.*
2. Communication and training to ensure that all relevant staff and other key partners fully understand the Safeguarding legislation and procedures that underpin this. In addition, all staff understand what is expected of them in terms of when and how concerns should be reported.	Safeguarding Training forms part of the 2015-16 corporate training offer. A training needs analysis has been undertaken to determine both the content and format of the training. This includes targeted and mandatory elements. The programme is monitored by Capita and selected courses will be evaluated three months after the course, to access the impact on practice. All new social workers undertake mandatory training and are assessed for competency	3	3	2	2	*Training is now under the remit of the Workforce Development Manager (Practice Educator) who is able to monitor needs and take up. The Adult Safeguarding team is in place and working in line with the requirements of the Care Act. Close Working relationships have been established with the CCG's Quality Assurance team and join safeguarding activity continues. Both organisations work close with the CQC. The Adult Safeguarding Team Manager attends regularly ADASS training days to ensure that SSC remains compliant.*

	Range of safeguarding modular training available to staff from all agencies which is monitored by the relevant boards. Safeguarding Adults Training being updated to include Care Act changes and to reflect wider definitions of abuse.	3	3	2	2		
3. Early assessment and planning in place for safeguarding concerns across Adult's Social Care.	Safeguarding Adults team in place from April 2014 to oversee all individual safeguarding situations. Partial restructuring of team has taken place to enable Adult Services to better perform its duties to carry out enquiries within the Care Act. Strong links with Integrated Commissioning Unit quality team which is overseeing the quality of all provider organisations.	2	2	2	2		*The restructuring of the ASC Safeguarding team is now complete. Additional resources have been invested in Investigation officers which means that the team has more capacity available to it to review safeguarding issues across all sectors of the provider market place.*
4. Safeguarding concerns identified by and reported to the Council are reviewed and communicated as appropriate both internally and with other agencies.	Safeguarding Adults reporting and investigation process involves all appropriate agencies. Safeguarding Adults team to continue to develop its focus of working with other organisations across the City to improve and develop Safeguarding practice. Provider services safeguarding list is maintained and available to all partner agencies.	2	2	2	2		*The ASC team is reviewing all of the current Pathways which can be used for individuals and professionals to access care and support in the City. This includes the services which are currently being integrated with Solent Health Care Trust as part of the Rehabilitation and Reablement project and the re-designed Single Point of Access Service (SPA). Once this is complete (Target date for finalised project 31-12-15 any revised arrangements will be clearly communicated to all stakeholders and*
5. Robust assessment of current and future staffing requirement with a contingency arrangement in place in respect of unforeseen pressures or staff shortages.	Adult Social Care remodelling is based on assessment of current and future need and to manage future staff reductions and to further develop partnership working with other organisations and develop broader resilience.	3	3	3	3		*The structure of the teams is being finalised following the completion of reviews of Day Services and Replacement Care (also know as Respite Care), agreement by Cabinet over the future of the Rehabilitation and Reablement teams and the re-organisation of the social work teams themselves. The current volume of work is manageable, albeit with some current delays in the completion of reviews and the need to triage assessments, within existing resources. If the need arose to reduce these further new risks would be created.*

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RISK No: SRR03b	Last updated: 07/10/2015	KEY STRATEGIC RISK AREA	Safeguarding

RISK DESCRIPTION		RISK SCORE	LIKELIHOOD	IMPACT
Failure to safeguard children		CURRENT	C - Possible	1- Extreme
		Target	C - Possible	1- Extreme

RISK OWNER	Kim Drake

	14-15		15-16	
	Q3	Q4	Q1	**Q2**

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL				MITIGATING ACTIONS / COMMENTS
1. Robust Safeguarding Policy aligned with good practice and including clearly defined roles and responsibilities which is subject to regular review.	Safeguarding Policy for Children including publication of threshold document which informs early help and Children's Social Care statutory services.	3	3	2	2	*The Safeguarding Policy for Children is now fully embedded. The threshold document is used by all agencies when making and receiving referrals and managing step up and step down processes. An audit by Ingson in Nov/Dec 2014 established that the thresholds were correctly applied.*
	Southampton Local Safeguarding Children Board ("LSCB") in place along with a LSCB Business Plan that outlines priority areas and associated actions to be taken by the LSCB in 2015/16.	2	2	2	2	*The LSCB Business Plan was due to go before the Board in July 2015 but has been deferred until September 2015.*
2. Communication and training to ensure that all relevant staff and other key partners fully understand the Safeguarding legislation and procedures that underpin this. In addition, all staff understand what is expected of them in terms of when and how concerns should be reported.	Safeguarding Training forms part of the 2015-16 corporate training offer. A training needs analysis has been undertaken to determine both the content and format of the training. This includes targeted and mandatory elements. All new social workers undertake mandatory training and are assessed for competency	3	3	2	2	*Training is now under the remit of the Workforce Development Manager (Practice Educator) who is able to monitor needs and take up. The safeguarding training programme is monitored by Capita and selected courses will be evaluated three months after the course to access the impact on practice.*
	Range of safeguarding modular training available to staff from all agencies which is monitored by the LSCB.	3	3	2	2	
	Multi-agency Safeguarding Working Groups in place that underpin the work of the Safeguarding Boards.	2	2	2	2	

3. Early assessment and planning in place for safeguarding concerns across Children's and Adult's Social Care.	Multi-Agency Safeguarding Hub ("MASH") in place and operating for Children's and Families from April 2014. Single assessment in place.	2	2	2	2	Internal Audit gave adequate assurance of MASH activity. MASH dealing with a range of issues and identifying opportunities for preventative and target intervention alongside managing high risk Child Protection
4. Safeguarding concerns identified by and reported to the Council are reviewed and communicated as appropriate both internally and with other agencies.	The MASH brings together staff from the council and key agencies to further improve the early identification of safeguarding concerns.	2	2	2	2	MASH has been strengthened further to include more partners including Hampshire Fire and Rescue Service
5. Robust assessment of current and future staffing requirement with a contingency arrangement in place in respect of unforeseen pressures or staff shortages.	Children's Transformation Improvement Plans, informed by OFSTED requirements, are in place and being overseen by workstreams reporting to the Transformation and Improvement Board. The Board scrutinizes the improvement plans and acts as a critical friend.	3	3	3	3	There are significant challenges with regard to the recruitment and retention of staff. There is work ongoing internally to seek to address together with a new 'Model of Cooperation' that is being developed with other local authorities in relation to this common issue.
6. Safeguarding arrangements in place are benchmarked against published good practice with actions to address any significant gaps or weaknesses.	A self assessment against Ofsted requirement has been undertaken.	-	-	-	3	An 'Improvement Plan' is in place and there are weekly meetings chaired by the Chief Executive to oversee improvements.

1 - Substantial assurance	2 - Adequate assurance	3 - Limited assurance	4 - No assurance
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RISK No: SRR04	Last updated: 06/10/2015		KEY STRATEGIC RISK AREA	Health and Safety

RISK DESCRIPTION

Failure to meet our health and safety responsibilities

RISK SCORE	LIKELIHOOD	IMPACT
CURRENT	B - Likely	3 - Significant
Target	D - Unlikely	3 - Significant

RISK OWNER | **Mike Watts**

	14-15		15-16	
	Q3	Q4	Q1	Q2

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL				MITIGATING ACTIONS / COMMENTS
1. Roles, responsibilities and accountabilities of staff at all levels are defined and understood including the role of members	H&S Policy : Statement of Intent' signed by Directors as are the other key polices on the major H&S risks [Fire, Water Quality and Asbestos] - NOTE: Published documents state next review date as Sept 2013.	3	3	2	1	*The 'Statement of Intent' and other signed policies on Fire, Water Quality and Asbestos have been updated and are currently with legal for digital signatures. [NOTE: Source of assurance has been recast in Q2]*
	The standard job description for managers includes a responsibility "To ensure the Council is able to demonstrate compliance with all policies and procedures, and robust management of health and safety, equal opportunities, customer care, emergency and business continuity planning, security and work standards".	-	-	-	2	
	Governance arrangements comprise the H&S Committee (including the Trade Unions) and the H&S Board which involves H&S (both client and Capita) and the key Heads of Service as regards H&S.	2	2	2	1	
2. Appropriate guidance, training, policies and procedures are in place and in accessible format and are subject to periodic review.	All policies and procedures are published on the intranet and are readily accessible. Policies and procedures are updated at least annually or as changes come in, major changes are consulted on.	3	2	2	2	*There is increasing take up of the e-learning training offer.*

	Full suite of e-learning courses available as well as a range of bespoke courses primarily aimed at the higher risk activities (e.g. waste management, trades etc).	2	2	2	2	
3. Minimum level of knowledge and competency identified relevant to roles and responsibilities which is reflected in the H&S training that individuals' are required to undertake.	H&S training needs associated with a particular post are identified at the point of employment. Line manager responsibility to identify further and ongoing H&S training needs including refresher training.	-	2	3	2	*[NOTE: Source of assurance has been recast in Q2]*
	Update of required training (including refresher training) can be monitored by line managers via the Learning & Development Portal. Local training records also held within service areas.	-	2	3	3	*The Learning and Development portal is now fully functional. The intention is to implement service area H&S training matrices by 1st April 2016*
4. Senior manager oversight in terms of compliance with H&S responsibilities.	H&S report to CMT on a quarterly basis highlighting any areas of significant concern together with an end of year report .	2	2	2	1	
	Any non-compliance is escalated to CMT on an 'as and when' basis. SCC H&S Manager attends Directorate Management Teams (as required) and can raise issues directly with senior management.	3	2	2	2	*Escalation within the wider council works quite well as does the JCG items but within schools it is a weaker as the level of control that the council is able to exert is more limited.*
	H&S within schools is overseen by a designated H&S Officer with the majority of schools (86%) buying into the H&S SLA. In addition, all maintained schools have a basic H&S compliance audit which is repeated over the 3 year period. Concerns are escalated back to the school with serious concerns being escalated to H&SS team and H&S manager. There are no significant concerns at present.	-	-	-	2	*[NOTE: Source of assurance has been recast in Q2]*
	JCGs highlight any issues or areas of non-compliance.	3	3	2	2	

5. Contractors, and other service providers with whom the council (including individual schools) engages with, have robust H&S arrangements that are adhered to and reflect the council's approach to H&S.	A risk rating system is being devised by H&S as part of the 'Safe Working Procedure ('SWP') - Control of Contractors and Suppliers'.	-	-	-	3	*The risk rating system is intended to identify contracts where a closer oversight of H&S arrangements is deemed necessary (including those that fall within the sub £100k project). It is expected this will be used for all services commissioned or contracted out by SCC.* **[NOTE: New Key Control and associated Source(s) of**
	There is a joint initiative between Housing, Scientific Services, H&S team and the corporate H&S Manager whereby ad hoc visits are undertaken to void properties, and refurbishment jobs in other dwellings, to review on-site operational H&S arrangements. If commissioning and procurement of services expands and direct services provision declines this will need to be expanded accordingly across the councils contractors.	-	-	-	2	
6. The council's standard contract wording makes explicit reference to minimum H&S requirements and includes provision for SCC to undertake ad hoc or unannounced reviews of arrangements or on-site operations	Transformation project has contracting as one of its workstreams	-	-	-	3	*Workstream will encompass looking at where contract management is going to sit and closer control of contracts as per the proposed risk rating system contained in the rewritten SWP Control of Contractors and Suppliers.* **[NOTE: New Key Control and associated Source(s) of Assurance developed in Q2]**
	New SWP in respect of 'Control of Contractors and Suppliers' is being developed and will reflect minimum requirements regarding health and safety.	-	-	-	3	*When the new SWP is brought in it is expected that wording within contracts will have to be amended to reflect these new requirements across the board.*

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RISK No: SRR05	Last updated: 20/10/2015		KEY STRATEGIC RISK AREA	Information Governance

RISK DESCRIPTION
Failure to ensure the City Council's information is held and protected in line with Information Governance polices and procedures.

RISK SCORE	LIKELIHOOD	IMPACT
CURRENT	B - Likely	3 - Significant
Target	E - Very Unlikely	3 - Significant

RISK OWNER	Richard Ivory

	14-15		15-16	
	Q3	Q4	Q1	Q2

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL				MITIGATING ACTIONS / COMMENTS
1. A Strategic Information Governance Board is in place with agreed Terms of Reference, appropriate membership and reporting structure into a senior management team.	Terms of Reference are agreed by the Council Management Team and are reviewed annually.	-	1	1	1	*These are kept under review by the Head of Legal and Democratic Services.*
	The Information Governance Board ("IG Board") is Chaired by the Corporate Senior Information Risk Owner "SIRO" (Head of Legal and Democratic Services ('HLDS')since March 2015). The meetings are held every six weeks and are attended by the HLDS as CMT lead, the Corporate Solicitor, Head of IT, the Caldicott Guardian, the Records Management Officer and members of Business Support with IG roles.	-	1	2	2	*The reduced level of assurance reflects that it is not possible to maintain substantial assurance in the medium term as the SIRO structure has changed. The new SIROs, who are lower graded than the previous Directorate Business Development Managers (deleted as part of the Business Support Review), do not attend the IG Board or are part of policy development in this area. The new SIROs do not have the same role or authority to drive compliance within the directorates and an urgent review of the position is being undertaken by the HLDS. A properly defined SIRO role will need to be investigated to ensure there is a risk and compliance role/function that ensures the organisation is able to comply with the relevant*
	The Head of Legal reports to CMT each quarter on information governance, including breaches and training compliance.	-	1	2	2	*The previous SIROs reported and investigated breaches and these informed the CMT breach report. There has been a delay in breach investigation and reporting as this function settles into the new Business Support structure.*

	The Head of Legal and Democratic Services reports annually to the Governance Committee	-	1	1	1	*Last report June 2015 in respect of Data Protection.*
	SIRO role under urgent review	-	1	4	4	*Assurance level reduced from Q1 15-16 which reflects changes that came into force as part of the Business Support Review. See previous comments regarding new SIRO role. Information Governance - Framework Development is now a 'Transformation Project' in 3 phases with the final phase scheduled to conclude imminently. Depending on what is recommended, it is anticipated that improvements will be made by the end of Q3*
2. Information Governance ("IG") Framework is in place across the organisation which gives a structure for managing IG and ensures a level of assurance which enables the organisation to meet its regulatory requirements.	The IG Framework has been agreed and adopted.	-	3	3	3	*The IG Framework was adopted at the October 2014 IG Board however the roll out was impeded by changes in the SIRO role. IG Framework Development is now a Transformation project (details and timescales as above).*
	IG Policies are in place and available on the Intranet pages.	-	2	1	1	*There is now an overarching IG policy in place under which all relevant polices fit. A control list has now been devised and all policies due for review will be tabled at each IG Board. The control list will be a standing agenda item for all future IG Boards.*
	There is an Information Asset Register ("IAR") in place.	-	3	3	2	*Compliance is expected to improve by the end of Q2. Responsibility for completion of the IAR has now been taken out of the hands of the SIROs and will now be the responsibility of the Heads of Service. A campaign to ensure HoS complete the IAR for their areas is about to be launched and will be rolled out with the use of 'Snap Survey' and will track who has completed the Register and who has*

	A published Retention Schedule is in place and up to date.	-	2	2	2	A retention schedule is in place but there are inconsistencies in practice between what is held on paper and in electronic format. Compliance with all aspects of the schedule is not routinely monitored within Directorates for all information assets. Compliance is expected to improve by the end of Q2. A 'data protection staff awareness campaign' is about to be launched (duration 6-8 weeks) and this will be an element concentrated on.
	Internal Audit Report provides adequate assurance	-	2	2	2	The recent Internal Audit report gave limited assurance but the action plan requirements have been met and signed off. However, the audit did not fully encompass all areas of suggested compliance hence the current assurance score.
	Privacy Impact Assessments (PIA) are in place for all new projects or policies. NOTE: PIA are designed to identify and minimise the privacy risk of projects or polices which involve the use of personal data or any other activity that could have an impact on the privacy of individuals.	-	-	4	2	Consideration of the need to conduct a PIA is now built into the decision making report template and at Gateway 1 in the project management template. PIAs will also form part of the data protection staff awareness campaign due to launch imminently. Compliance is expected to improve by the end of
3. The organisation ensures that its staff and those working on its' behalf are adequately trained in all aspects of IG.	Staff training through e-learning and other appropriate methods is provided including use of training videos via You Tube in order to provide basic training for colleagues without easy access to IT.	-	2	3	2	HR are in the process of reducing down the mandatory e-learning modules to two rather than four. In addition You Tube access is available for those who have no easy access to IT. This will hopefully significantly increase the compliance rates. A dedicated Leadership Group will take place in Sept to focus on IG, breaches, best practice etc. End of Q2 is expected to see an improvement in compliance figures.
	Learning from data breaches is cascaded and embedded in practice.	-	2	3	3	Reported breaches remain at a constant level. Monitoring of completion of remediation report recommendations have been impeded by changes in role of SIRO - see above

Description	Measure					Commentary
4. Information is shared within the organisation, with partners and clients according to the Law and other statutory guidance.	Information sharing protocols and operational agreements are in place, registered and reviewed.	-	3	3	2	*There are a number of protocols in place however it is believed that information sharing is undertaken without the appropriate agreements in place. The corporate register is regularly reviewed to identify protocols but its content is only as good as service area's submissions. The intranet pages were recently revamped but there are still known gaps. A number of existing protocols need to be reviewed in light of wider organisational and transformation requirements. Information sharing will be an element of the DPA staff awareness campaign and it is anticipated that compliance levels will improve by the end of Q2.*
5. Regulatory compliance is met.	Public Sector Network compliance certificated	-	1	1	1	*SCC is currently fully 'PSN' compliant.*
	Completion of the Department of Health IG Toolkit within the prescribed annual deadlines. A verified IG Toolkit is order to enable the council to access data held by partners and for partners to access SCC information.	-	-	4	2	*Version 12 of the Tool kit was submitted in July and as was subsequently assessed as being satisfactory. IG Toolkit assessments are required to be published annually and officers are now working on Version 13.*
	IG Toolkit compliance achieved at required level (Level 2 - of levels 0 - 3)	-	2	4	2	*Level 2 achieved. The percentage score for SCC is currently 66%. The aim is however to meet Level 3 of the Toolkit and work up improvement plans where possible.*
	A nominated Caldicott Guardian is in place.	-	-	1	1	*Stephanie Ramsey (Director of Quality & Integration) is the Caldicott Guardian*

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RISK No: SRR06	Last updated: 07/10/2015	KEY STRATEGIC RISK AREA	Welfare Reform

RISK DESCRIPTION

The council is unable to quantify the financial impact on both vulnerable individuals and key council services arising from implementation of welfare reforms

RISK SCORE	LIKELIHOOD	IMPACT
CURRENT	C - Possible	3 - Significant
Target	C - Possible	3 - Significant

RISK OWNER — Suki Sitaram

	14-15		15-16	
	Q3	Q4	Q1	Q2

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL				MITIGATING ACTIONS / COMMENTS
1. The scope and nature of the reforms is clearly understood.	Working with key partners to develop and co-ordinate implementation timetable and assess local impacts. Multi-agency 'Welfare Reforms Monitoring Group' in place to oversee local response.	-	2	2	2	*Future changes to welfare have recently been announced in the Summer Budget 2015 that will impact on across a range of residents, including those on in work benefits. It is difficult to predict the full consequences of implementation of key policy changes in Welfare Reform, Council Tax and Universal Credit (UC).*
2. The number and type of residents that are likely to be most significantly affected by the reforms is understood	Monitoring undertaken quarterly on the number of resident affected by each of the major reforms.	-	2	2	2	
	Annual report on Local Impacts of Welfare Reforms produced.	-	2	2	2	
3. Responses in place to reduce welfare dependency across the city and to assist both individuals and communities to be more resilient to welfare changes	Local Welfare Reform Action Plan in place. Information made available regarding changes to welfare benefits.	-	2	2	2	*Additional funding has been made available for advice for Disabled People for 2015/16 (£15K). Training programme is being delivered to SCC on Debt and Welfare Reform.*
	Advice and support available for finding work, updating skills and training, people back into work, budgeting, managing debt, borrowing money and welfare benefit advice.	-	2	2	2	

4. The potential impact of the reforms, in terms of both pressure on existing council services and council income, has been assessed and communicated?	Monitoring of financial impact undertaken. Evidence from pilot areas used to assist in assessing local impacts.	-	2	2	2	
	Exercise, with other stakeholder agencies including anti poverty services, Supporting People providers and advice services to identify additional service demand.	-	2	2	2	
	Additional capacity for Housing Income Team in preparation for the implementation of Universal Credit.	-	2	2	2	
	ADD - Impact of changes that affect the HRA and Business Plan assessed, understood and communicated	-	-	-	**TBA**	*TO BE POPULATED IN Q3*

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RISK No: SRR07	Last updated: 26/08/2015	KEY STRATEGIC RISK AREA	Commissioning

RISK DESCRIPTION

The contractual arrangements, in respect of those council services commissioned from and delivered by external organisations/partners, are not sufficiently flexible to respond to the council's changing service requirements

RISK SCORE	LIKELIHOOD	IMPACT
CURRENT	C - Possible	3 - Significant
Target	D - Unlikely	3 - Significant

RISK OWNER Stephen Giacchino

	14-15		15-16	
	Q3	Q4	Q1	Q2

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL				MITIGATING ACTIONS / COMMENTS
1. Understanding of all areas where services have been commissioned and/or may be commissioned in the future	Contract Management Head of Services heavily involved in the Transformation programme.	2	2	2	2	*Part of management system*
	Future contractual arrangements will form a integral part of the New Operating Model	-	-	-	2	*[NOTE: Source of assurance added in Q2]*
2. Dialogue with current suppliers regarding the need for flexibility including service reduction.	All contracts are delivering what is required of them and have change mechanisms built in to varying degrees.	2	2	2	2	*Contract Management leading a review of the cost, value for money and benefits of all major commercial contracts. The key contracts in scope are those with Capita, Balfour Beatty, SSE, DC Leisure, Live Nation, Solent University and Mytime Active. Capita Review under*
3. Where appropriate, there is standard contract wording to reflect the need for specifications and/or outputs to be able to be adjusted quickly and easily	Contract change notices and variation notices available to allow us to change the service needs as required. The ability to invoke contract changes exists and is proven to work.	2	2	2	2	*Partnerships working collaboratively with the council to implement change.*
4. The performance and financial standing of key suppliers is managed and reviewed throughout the duration of the contract	Procedures are in place to review the financial standing annually. Key performance indicators for all contracts are monitored monthly and review and escalation processes are in place.	2	2	2	2	*Governance in place*

| 5. The definition and criteria of a key supplier has been agreed which is then reflected in the level of scrunity and oversight required | Risk based approach to contract management | - | - | - | 2 | *[NOTE: Key Control and associated Source(s) of Assurance revised and recast in Q2]* |

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RISK No: SRR08	Last updated: 26/08/2015		KEY STRATEGIC RISK AREA	Budget/Finance

RISK DESCRIPTION
Failure to ensure a financially sustainable adult social care system
[NOTE: New Risk for Q2 2015-16]

RISK SCORE	LIKELIHOOD	IMPACT
CURRENT	**B - Likely**	**2 - Major**
Target	**C - Possible**	**2 - Major**

RISK OWNER	Mark Howell

	14-15		15-16	
	Q3	Q4	Q1	Q2

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL				MITIGATING ACTIONS / COMMENTS
1. Assessment of future service demand (and projected cost) together with an understanding of demand indicators or triggers	The City has a robust JSNA and system wide agreed Better Care Fund Plan (BCF) which contains a detailed review and interpretation of the demographics of the city.	-	-	-	**2**	*The Adult Social Care Finance team are currently developing new forms of analysis of demand trend.* **[NOTE: New Risk for Q2 2015-16]**
	Regular comparisons are made with our nearest neighbours via a CIPFA Benchmarking group.	-	-	-	**2**	*Although having achieved savings totalling £8m in the last two years, Adult Social Care will need to continue to find savings over the next three years if the council is to achieve its overall savings target.The majority of spend is on adult disability care services. This service or support is either purchased on behalf of older or physically disabled people or is given as a Direct Payment. Within this section the majority of spend was targeted towards older people. People with long term care needs or disability, people with learning disability, mental health service users, care leavers and the homeless are all affected by reductions in Council social care budgets*

2. Appropriate range of preventative / early intervention actions to seek to manage and/or reduce future demand	The City's Better Care Fund sets out detailed proposals for integration of various Adult Care Services with the relevant Health care. The ethos of prevention and early care are an intrinsic part of those plans. In order to respond to that agenda Cabinet has agreed to integrate the council Rehabilitation and Reablement Service with Solent Health Care Trust and conducted a review of its Single Point of Access Service (SPA). Directly provided Day Services and Replacement Care Services have all been reviewed.	-	-	-	**2**	*Projects plans are being implemented and once in place and embedded they will help SCC and the whole of the Health and Social Care System manage demand more effectively. Ultimately however, the success of the system will inevitably mean that there will be more vulnerable older people who require assistance from the local authority.*
3. Eligibility criteria that is clearly defined in terms of social care needs and health needs that is rigorously enforced	The Care Act, which went live in April 2015 has introduced a set of National Eligibility Criteria which all Local Authorities must adhere to when completing a new assessment of unmet need or a re-assessment of need. This has been successfully implemented in Southampton. All Care Management teams have received the necessary training and refresher courses are available.	-	-	-	**3**	*Further work is still required in PARIS to make the electronic record more robust. This is scheduled to be completed in the Autumn and so the rating is currently considered to be a 3 as the final electronic solution requires input from both the internal and external PARIS teams.*
4. Robust processes and policies to ensure that both accurate and timely bills are issued to clients and that maximum client contributions are collected /recovered.	The Care Act has introduced new opportunities for charging and full cost recovery however detailed consultation is required with the public and other stakeholders before the new charging regime can be recommend to Cabinet.	-	-	-	**2?**	*A consultation programme has been developed in conjunction with the Communications Team and the final version of the consultation document is with Cabinet member of sign off. The consultation process is expected to start in Oct 15*
	ADD - Issues re robustness / level of assurance re Paris/Agresso interface and billing	-	-	-	**TBA**	**TO BE POPULATED IN Q3**
5. Regular review and reassessment process to ensure that service provision does not exceed clients needs	The restructuring of the ASC team has seen the establishment of a dedicated review team. The review of SCC Day and Replacement Care services conducted over the past 12 months has seen more that 260 assessments reviewed and brought up to date in line with the new National Eligibility Criteria prescribed in the Care Act.	-	-	-	**2**	

6. Robust and regular budget monitoring and review process including review and challenge re third party service provider costs	There is a robust process in place across all ASC teams. This is a three stage process which runs every month in conjunction with colleagues from the Finance team and, mission critically, the Integrated Commissioning Unit. A challenge and review panel meets every week and every new package of care requested is scrutinised by a Service Manager before a placement and cost are agreed.	-	-	-	1	
	ADD - Delivery of savings action plan to bring budget into line (to be populated)	-	-	-	TBA	TO BE POPULATED IN Q3

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RISK No: SRR09	Last updated: 07/10/2015	KEY STRATEGIC RISK AREA	Budget/Finance

RISK DESCRIPTION

Failure to ensure a financially sustainable children's social care system
[NOTE: New Risk for Q2 2015-16]

RISK SCORE	LIKELIHOOD	IMPACT
CURRENT	B - Likely	2 - Major
Target	C - Possible	2 - Major

RISK OWNER — **Kim Drake**

	14-15		15-16	
	Q3	Q4	Q1	Q2

EXPECTED KEY CONTROLS	SOURCE(S) OF ASSURANCE	ASSURANCE LEVEL				MITIGATING ACTIONS / COMMENTS
1. Assessment of current and future service demand (and projected cost) together with an understanding of the underlying demand triggers	Work is underway to gain further understanding of the rise in demand (looked after children).	-	-	-	3	*Internal and external multi-agency panels are looking at demand*
	Financial plan and projections (including the overspend in respect of 'looked after children') being developed.	-	-	-	3	*This exercise is being undertaken in consultation with Finance.*
2. Appropriate range of preventative / early intervention actions that seek to manage and/or reduce future interventions	Multi-agency work with partners such as public health, housing, education including 'Early Help' and 'Sure start'.	-	-	-	2	
	The capacity and resources to deliver a range of appropriate 'preventative/early intervention' services is being reviewed and changes implemented.	-	-	-	2	*Internal review with partner agencies is ongoing with the outcome expected to inform future scope and delivery of 'early year services'*
3. Intervention criteria that is aligned with good practice, clearly defined and communicated and applied on a consistent basis.	Document reviewed annually,threshold is criteria applied to all referrals. This document is part of the Local Safeguarding Children Board multi agency guidance.	-	-	-	2	
	The threshold criteria is applied effectively across all children's social care in order to ensure that children and families receive the services and to enable SCC to prioritise those in greatest need.	-	-	-	2	*The Quality Assurance mechanism and auditing reviews cases to identify that the threshold applied is in line with the policy*
	SCC intervention criteria is benchmarked against peer authorities	-	-	-	2	

4. The options available in respect of looked after children reflect both the need, range and quality of required outcomes and are aligned with the budget provision.	The outcomes available to looked after children are fostering, adoption or special guardianship order provided via a combination of in-house and external provision	-	-	-	2	
	In respect of the outcomes available to looked after children, the limited availability of in-house provision creates significant budget pressure.	-	-	-	3	*A plan is currently in place to address the bigger shortfall and overspend on placements budgets and to increase capacity in respect of in-house fostering services.*
5. Regular review and reassessment process to ensure that a placement is still appropriate.	Children in Care' panel in place that review cases and placements on a weekly basis.	-	-	-	2	

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Version Control

Version	NEW & EMERGING RISKS INCLUDING ANY SIGNIFICANT CHANGES	ACTION
1	**SRR3 - SAFEGUARDING** : Risk to be amended to refer separately to 'Adults' and 'Childrens' Safeguarding (two risks SRR3a & SRR3b)	AMEND
	NEW SRR8 - New risk re 'Sustainable Adults Social Care System'	ADD
	NEW SRR9 - New risk re 'Sustainable Childrens Social Care System'.	ADD
	EMERGING RISKS (to be reviewed and considered at end of Q2) - Commuity Tensions - Investment is School Property - Combined authority	NOTE
2	**SRR3a / 3b** - Potential impact should be assessed as 'extreme' (as opposed to major)	AMEND
	Definition of 'Assurance Levels' revised to make more explicit reference to delivery of outcomes	AMEND
	EMERGING RISKS (to be reviewed and considered at end of Q3) - Community Tensions - Investment is School Property - Combined authority	NOTE
	Comments' column to be amended to refer to 'Mitigating Actions/Controls'	AMEND