

CORPORATE RISK PROFILE

Risk Likelihood	Risk Impact
1 = Unlikely	1 = Minor
2 = Possible	2 = Moderate
3 = Likely	3 = Significant
4 = Almost Certain	4 = Critical

4	3	2	1
3	2	1	
2	1		
1			
1	2	3	4
Negative Impact			

Original score (Dec 2016)
Impact Likelihood Rating

Target score
Impact Likelihood Rating

Current score
Impact Likelihood Rating

ID	Risk Areas	Risk Description	Cause	Impact	Current Controls	Impact Likelihood Rating	Impact Likelihood Rating	Mitigating Actions	Source of Assurance	Impact Likelihood Rating
R01	Commissioning	Commissioning decisions are not based on appropriate intelligence	Appropriate intelligence is not gathered, e.g. performance data is incomplete, is out of date, or is not appropriately analysed or assessed to determine the needs of the community. Do not engage with the appropriate sectors of the community / market	Ineffective use of limited resources. Customers outcomes are not achieved resulting in more expensive interventions being required.	JSNA Community engagement arrangements	4 2 8	4 1 4	Identify intelligence required and potential sources to inform decisions. Develop engagement plans to gather the required information Analyse the information and use the results to inform the commissioning decisions, using the intelligence team	Governance questionnaire Internal Audit	4 2 8
R02		Most appropriate and cost effective commissioning option to meet identified needs and achieve commissioning priorities and outcomes is not chosen	Failure to identify and evaluate all the possible commissioning options of delivering services taking into account the resources available. Failure to build or shape capacity in 'market' and cooperative working eg partnerships to enable effective service options to be place to help achieve commissioning priorities and outcomes. Inadequate options appraisal process Lack of resource or expertise	Commissioning priorities and objectives are not achieved so community needs not being met. Ineffective use of limited resources.	Procurement and Commissioning Guidance	4 2 8	4 1 4	Options appraisal undertaken on service design following assessment of customer needs Appropriate procedure followed to commission the preferred option, eg, procurement, service re-design	Cabinet reports Governance questionnaire Internal Audit	4 2 8
R03		Commissioning assessment process is not undertaken on a timely or regular basis.	Inadequate resources Insufficient forward planning for contracted services	Changes in need of community are not identified promptly Inappropriate use of limited resources Community's real needs are not met Existing contracts extended where it may not be the optimal solution		4 2 8	3 1 3	Review of performance to ensure service delivery model is delivering outcomes Commissioning Cycle to include planned review date either linked to outcome or contract timescales	Governance questionnaire Internal Audit	4 2 8
R04	Strategic Planning	The priorities set out in the Corporate Plan do not align with the defined needs of the community	Corporate planning process does not adequately reflect the views of the community. Various sections of the community are not engaged	Fail to contribute to the welfare and future prosperity of our communities	COG JLT Corporate Planning Process	4 2 8	4 1 4	Corporate Plan driven by required outcomes and commissioning activity. Refresh of the JSNA to be undertaken	Risk and Assurance Team Internal Audit	4 1 4
R05		Strategic plans are not adequately communicated on a timely basis to relevant Council officers and external partners responsible for delivering plans	Lack of timetable re corporate / service planning Lack of communication plan	Lack of delivery of plans by those partners/services responsible	COG JLT Corporate Planning Process	4 3 12	4 2 8	Once approved the Corporate Plan is communicated appropriately within the Council and with Stakeholders	Risk and Assurance Team Internal Audit	4 2 8
R06	Service / Business Planning	The service planning process does not deliver all the actions to achieve the Corporate priorities	Service Planning process does not identify all the actions required to achieve corporate priorities Individuals/service responsibility for delivery of strategic planning actions not identified or communicated Strategic planning process not completed prior to service planning.	Fail to contribute to the welfare and future prosperity of our communities		3 3 9	3 2 6	Service Planning process is driven by the Corporate Plan	Internal Audit	3 2 6
R07		Service/business plans are not communicated to relevant officer responsible for delivering plan task.	Lack of communication plan	Delay in or lack of delivery of business plan tasks.		4 2 8	4 1 4	Business plans are communicated to the relevant officers involved in delivering the plan	Governance questionnaire Internal Audit	4 2 8
R08	Service Delivery Arrangements	The level of services delivered by the council do not meet customer expectations	Lack of financial resources to invest in changing arrangements Lack of benchmarking to identify service development opportunities Lack of management time to consider delivery improvements Capability issues	Required outcomes for customers not achieved Reputational damage Wasted resources	Business Planning Process Performance management arrangements Transformation Programme	4 3 12	4 1 4	Performance in relation to the delivery of outcomes is regularly monitored	Corporate Performance management Internal Audit	4 2 8
R09		Service delivery arrangements are not resilient	Lack of tested business continuity and disaster recovery plans	Required outcomes for customers not achieved Reputational damage Wasted resources	Corporate business continuity arrangements	4 3 12	4 2 8	Business continuity plans are in place and are tested for critical services	Business Continuity Officer Internal Audit	4 2 8
R10	Performance Management	Performance management arrangements do not identify if all priorities are being achieved	Meaningful performance indicators are not identified in relation to all priorities / outcomes	Unable to establish if outcomes are being achieved	Performance management framework Performance reviews	4 2 8	4 1 4	Clear performance measures are in place to identify if outcomes are being delivered	Governance questionnaire Corporate Performance management Internal Audit	4 1 4
R11		No or inappropriate performance targets are set to define acceptable performance	Lack of knowledge as to realistic targets	Unable to understand if performance levels are acceptable		3 3 9	3 2 6	Targets should be set for all performance measures (where appropriate to do so) to clarify acceptable levels of performance	Governance questionnaire Corporate Performance management Internal Audit	3 2 6

Appendix 3

Assurance											
	1st Line	2nd Line								3rd Line	
Overall Assurance	Management Assurance	Law and Governance	Financial Resources	Programmes and Projects	Performance	ICT	HR and OD	Business Continuity	Risk and Assurance	Internal audit	External Assurance
Commissioning	X								X	X	
	X		X						X	X	X
	X								X	X	
Strategic Planning	X				X				X	X	
	X				X				X	X	
Service / Business Planning					X					X	X
	X									X	X
Service Delivery Arrangements	X				X				X	X	
	X							X		X	
Performance Management	X				X					X	
	X				X				X	X	

	Risk Areas	Risk Description	Cause	Impact	Current Controls	Impact Likelihood Rating	Impact Likelihood Rating	Mitigating Actions	Source of Assurance	Impact Likelihood Rating	Overall Assurance	Management Assurance	Law and Governance	Financial Resources	Programmes and Projects	Performance	ICT	HR and OD	Business Continuity	Risk and Assurance	Internal audit	External Assurance	
R12		Management fail to take prompt effective action in response to performance results reported or fails to follow up to ensure remedial action is effective	Lack of time to consider performance Performance information not accurate, timely or understood Management not held to account for performance Lack of resource or control to make necessary changes	No or delay in action taken to improve service which may have major impact on customers Poor reputation for Council	Corporate Performance management Performance Clinics	3	3	9	3	1	3	Management review Performance information on a regular basis and take appropriate action to rectify unacceptable performance	Corporate Performance management arrangements Internal Audit	3	1	3						X	
R13	Partnership / Integrated Working	Partner(s) do not perform their planned tasks as intended to deliver partnership objectives Objectives and priorities of Council and other partner(s) conflict/not aligned	Reducing resources forces partners to concentrate on their own priorities at the expense of partnership priorities Lack of communication of plans between partners Lack of partnership performance monitoring	Unable to achieve City/council priorities and support communities	Partnership Boards Economic Educational, Health & Wellbeing	4	3	12	4	2	8	Performance management arrangements include a review of the achievement of outcomes where partners have some responsibility for delivery	Corporate Performance management Internal Audit	4	3	12	Partnership / Integrated Working				X	X	X
R14		Lack of understanding by each partner as to objectives, and nature of partnership (e.g. responsibilities, if applicable, sharing of profits, costs or losses, dispute resolution, governance, decision making, planning, risk sharing)	Lack of formal comprehensive written partnership agreement	Resources wasted on dispute resolution or clarify arrangements. Delay in delivery of plans and outcomes for community		4	3	12	4	2	8	Partnership agreement in place with each partners setting out the expectations of each party and the required reporting arrangements	Governance questionnaire Internal Audit	4	3	12						X	
R15	Procurement	The product or service procured does not deliver the intended outcomes	Poor specification Lack of understanding what is needed by commissioner Poor communication between commissioner and procurement Inadequate evaluation process	Fail to obtain value for money Objectives/outcomes are not achieved Most appropriate commissioning options are not obtained	Commissioning process Procurement Procedure Rules	3	1	3	3	1	3	The Council's procurement procedures are followed and good procurement practice is undertaken	Internal Audit Governance Questionnaire Risk and Assurance	3	1	3	Procurement				X	X	
R16		Procurement breaches legal and Council requirements.	Lack of procurement procedure rules and training Lack of knowledge of legal/Council requirements Failure to adhere to requirements (deliberate, e.g. corruption or accidental)	Legal/financial penalties Challenge, delays in award Loss of reputation	PPRs in place Procurement have skilled staff CP support council officers	2	1	2	2	1	2	Commissioners engage with Corporate procurement in enough time to undertake an appropriate and legal procurement process	Internal Audit	2	1	2				X	X		
R17		Value for money not obtained	Lack of competition Corruption Inappropriate specification Poor procurement planning Goods/services used not subject to competitive process	Poor quality of goods/services and customer service Pay higher prices - waste of scarce resources		3	2	6	3	1	3	Commissioners engage with Corporate procurement in enough time to undertake an appropriate and legal procurement process	Internal Audit	3	2	6						X	
R18	Relationship / Contract Management	Contracts do not deliver the required objectives/outcomes	Lack of clear contract/specification provisions in place to allow effective management of the contract Lack of appreciation of importance of contract management during the procurement process Lack of clarity of clear measures and standards required by commissioner in specification to allow for contract management post award	Fail to obtain value for money, i.e. pay too much or poor service obtained Objectives are not achieved Excessive resources used on dispute resolution	Contract management framework Corporate Procurement support to officers	4	3	12	4	2	8	The new Head of Contractual Relationships will improve the skills in this area and will ensure that appropriate contract management arrangements are in place for all key procurements undertaken by the Council	Governance questionnaire Internal Audit	4	3	12	Relationship / Contract Management	X			X	X	
R19	Legality	Council fails to act within its statutory powers	Lack of Constitution, Procedure rules and / or delegation scheme etc. Constitution, procedure rules, delegation scheme are not communicated or understood by officers Decision makers have lack of access to legal expertise Lack of awareness of officers as to their legal responsibilities Changes in law are not recognised and implemented	Councils actions are found to be ultra vires Financial penalties Legal challenge Loss of reputation Delay in delivery of outcomes	Constitution and Procedure Rules	3	1	3	3	1	3	Review of key decisions by Law and Governance	Law and Governance Governance questionnaire Internal Audit	3	1	3	Legality	X	X		X	X	
R20	Risk Management	Fail to identify and manage the major risks and opportunities to delivering priorities and plans	Risk Management process is not aligned with delivering priorities Management do not have resources for, or do not appreciate the importance of risk and opportunity management Risk appetite of the Council is not identified and communicated	Priorities are not achieved Loss of reputation Potential financial penalties	Risk management policy and strategy	3	2	6	3	1	3	The Council's strategic and corporate risks are identified, assessed and managed through COG and the Audit and Governance Committee Service Planning process to identify key risks	Risk and Assurance Team Audit and Governance Committee	3	2	6	Risk Management	X			X	X	
R21	Performance Reporting	Performance reporting fails to give a full and accurate picture of the progress in achieving corporate priorities and outcomes	Performance reporting does not address all priority issues Performance measures are inappropriate Performance targets not set to aid evaluation of performance Performance data reported is inaccurate, out of date, difficult to understand or incomplete Performance reporting not timely	Reporting does not identify if achievement of all priorities are on track or if interventions are required Appropriate remedial actions are delayed.	Corporate Performance Reporting Framework	3	1	3	3	1	3	Further developments to the reporting of performance in relation to the achievement of outcomes and priorities, including the use of an appropriate ICT solution.	Corporate performance management Internal Audit	3	1	3	Performance Reporting					X	
R22	Strategic Financial Planning / MTFS	Strategic financial plans do not align to Council priorities, objectives and direction as set out as part of the corporate plan	Corporate and financial planning processes are not coordinated to allow plans to be aligned. Financial planning process does not involve consultation with key decision makers in Council both councillors and officers.	Plans made which are not adequately resourced Failure to achieve plans and outcomes for community Council financial resources overstretched.		4	2	8	4	1	4	The Corporate Plan Delivery Plan will need to be refreshed / updated in line with the agreed budget	Head of Transformation Financial Resources	4	1	4	Strategic Financial Planning / MTFS			X	X	X	
R23		Strategic financial plans fail to take into account all critical factors likely to affect the Council's finances moving forward, e.g. changes in government funding streams, changes in amounts of funding, inflation, pay awards, potential liabilities, demand for services, current financial performance, level of financial reserves needed, planned projects etc.	Poor intelligence gathering or horizon scanning Lack of resources Lack of consultation/communication with senior officers	Decisions made with inaccurate information Plans made which are not adequately resourced Failure to achieve plans and outcomes for community Council financial resources overstretched		3	1	3	3	1	3	Appropriate consultation and intelligence gathering is undertaken in assessing the Council's short to medium term financial position	Financial Resources External Audit	3	1	3				X		X	X

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R37	Health and Safety	Council officers do not fully understand H&S roles and responsibilities	1) Roles and responsibilities not clearly documented and/or communicated effectively 2) Loss of knowledge from organisational change and staff churn. 3) Ineffective training and awareness programme 4) Lack of easy access to relevant documents on the Hub	1) Lack of ownership and accountability for H&S 2) Inconsistent approach to the management of H&S issues across directorates, divisions and teams. 3) Reduced compliance with quality standards and best practice. 4) Inability to adequately prevent incidents occurring. 5) Inadequate documentation and controls leading to injury and death.	1) Corporate Health and Safety Team	4	3	12	3	2	6	1) H&S Strategy/Policy to be reviewed/revised to include: - Clear description of the council's legal responsibilities - Roles and Responsibilities of Corp. H&S Team, CoG, Directorates, HoS, Managers, Premises Mgrs., officers. - Responsibilities for compliance and reporting requirements. - How awareness will be raised and maintained. - How the Policy will be implemented 2) Review/develop arrangements to effectively coordinate and oversee H&S Training programme across the council 3) H&S responsibilities to be included in leaver handover arrangements	Head of HR and OD Internal Audit	4	3	12	Health and Safety								X	X	X	
R38		The council's key H&S risks are not identified, understood or agreed	1) Lack of effective coordinated corporate approach to the identification of H&S risks. 2) Lack of awareness or prioritisation of H&S across Chief officers, managers and operational colleagues. 3) Lack of clear responsibilities of premises managers, landlords and leaseholders	1) Key H&S risks not effectively managed leading to injury or death of the public, staff, suppliers or partners. 2) H&S legal duties not fulfilled and/or demonstrated 3) Reduced oversight and accountability at strategic and operational levels across the council leading to uninformed decision making. 4) None compliance with quality standards. 5) Litigation and adverse PR.	1) Corporate Health and Safety Team	4	3	12	3	2	6	1) Establish corporate approach for the effective identification of key corporate H&S risks across the council 2) H&S risk register to developed and communicated across senior officers together with clear roles and responsibilities for the ongoing management and delivery of agreed actions.	Head of HR and OD Internal Audit	4	3	12											X	
R39		Appropriate action plans are not developed and agreed to manage the council's key H&S risks	1) Lack of joined up corporate approach to the management of H&S risks 2) Lack of effective process to develop clear and robust action plans to establish relevant controls and officer ownership.	1) Effective controls not established and/or operated appropriately. 2) Inconsistent and disjointed approach across the council to the management of shared risks leading to confusion and mismanagement of control systems.	1) Corporate Health and Safety Team 2) Health and Safety Audits	4	3	12	3	2	6	1) Review effectiveness of H&S Management System and agree any areas for development. 2) Establish corporate governance arrangements to develop and agree risk action plans, and oversee the H&S agenda, including (but not limited to): - Maintenance of H&S Policy - Maintenance programme - Testing plan - Building security - Employee protection - Monitoring and reporting of delivery of action plans and effectiveness of existing controls - H&S Training delivery	Head of HR and OD Internal Audit	4	3	12											X	
R40		Strategic approach to incident management does not adequately inform decision making	1) Lack of understanding of responsibilities and accountability for incident response. 2) Non-compliance with incident reporting arrangements 3) Limited trend analysis and learning lessons from incidents 4) Availability of quality data/information to inform effective reporting to CoG	1) Ineffective decision making. 2) Implementation of inappropriate controls. 3) Existing controls not reviewed and revised in response to learning from incidents becoming out-of-date and ineffective. 4) Avoidable repetition of incidents.	1) Corporate Health and Safety Team 2) Annual Health and Safety Report	3	3	9	3	1	3	1) Monitor compliance with incident reporting arrangements and address any areas for development. 2) Establish arrangements to provide assurance that controls have been reviewed following organisational/staffing changes or incidents. 3) Arrangements to be developed to ensure lessons are learned from incidents. 4) Trend analysis to be complete to inform regular reporting to CoG.	Head of HR and OD Internal Audit	3	3	9										X		
R41	ICT Infrastructure	The ICT infrastructure is not fit for purpose (i.e. not meet needs of Council, not reliable, too expensive)	Reducing resources impacts upon the ability to maintain a stable infrastructure Lack of funds to maintain/upgrade infrastructure Lack of understanding of importance of role of ICT in delivering more efficient and effective services Lack of understanding of extent of reliance on ICT Lack of expertise and time to understand Council IT needs and to design and implement appropriate solution Lack of planning Fragmented and numerous IT systems used by Council historically Lack of communication between management and ICT of Council needs and how ICT support	Disruption to service provision impacting on delivery of priorities Waste of financial resources due to excessive cost Less efficient and effective service delivery Loss of productivity	ICT development plan	4	2	8	4	1	4	The ICT strategy is clearly aligned to the priorities of the Council and the direction of travel for the provision of Council Services	ICT Internal Audit Business continuity officer	3	2	6	ICT Infrastructure	X					X		X	X	X	

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R42		ICT infrastructure is not resilient to 'disasters'	Lack of planning for disasters (prevent or respond to) No adequate business continuity/disaster recovery ICT infrastructure in place Lack of business continuity/disaster recovery plan which has been tested Key employees not briefed as to their disaster recovery responsibilities	Disruption to service provision impacting on delivery of priorities Loss of productivity Waste of financial resources due to excessive cost Less efficient and effective service delivery Loss of productivity		4	3	12	3	2	6	Disaster recovery plans clearly linked to the provision of critical services, regularly tested and the recovery timescales reflected in the business continuity plans for critical services	ICT Internal Audit Business continuity officer	4	2	8					X		X	X	X
R43	Cyber Security	The Council unnecessarily exposes itself to vulnerabilities & threats, both internal & external, (e.g. hacking, phishing, denial of service attack) as a result of its connection to the internet resulting in an increased exposure to the confidentiality, integrity & availability of systems & information	Lack of appreciation by management of threat/risks of cybercrime to Council's operations Low priority given to cybersecurity Lack of cybercrime prevention culture created (lack of cybersecurity policies and procedures (prevention and response), lack of ongoing employee training/awareness) Lack of monitoring of alerts/warnings, e.g. no Security & Incident & Event Management (SIEM) solution in place Lack of investment in existing infrastructure increases level of vulnerability PCIDSS vulnerability test results not actioned in suitable time scales Lack of resources Lack of understanding of what valuable data the Council holds	Loss of public trust, customer confidence, finance and reputational damage Fines / compensation Loss of systems or data loss Major business disruption.	Strategic Information Governance Group Operational Information Governance Group	4	3	12	4	2	8	A Cyber security Strategy is in place, including and threat assessment, development plan and response plan	ICT Internal Audit	4	2	8					X		X	X	
R44	Information Governance / Security	Council's data is not accurately protected	Information and data can be lost, stolen, exposed or corrupted through inadvertent human error and inherent weaknesses in existing information and data security arrangements. The Council is not aware of the data it holds or ensures that it is complete and accurate. Protection arrangements do not prevent unauthorised access and use of data.	Loss of public trust and reputational damage Fines / compensation	Strategic Information Governance Group Operational Information Governance Group	3	3	9	3	2	6	Council has appropriate information governance and security arrangements in place which are complied with throughout the organisation	Law and Governance Governance questionnaire Internal Audit	3	3	9		X	X				X	X	
R45	Business Continuity Management	The Council's business critical services cannot function in the event of an incident	Business Continuity Plans not up to date, reviewed or revised to reflect organisational, procedural and staff changes Business continuity plans are not tested appropriately	Services are unable to respond in adverse conditions	Corporate Business Continuity Group Business Continuity plans	4	3	12	4	2	8	Business continuity plans are reviewed and tested on a regular basis	Business Continuity Officer Internal Audit	4	2	8		X					X	X	X
R46		Lack of awareness of content of business continuity plans	Lack of effective communication strategy Lack of testing	Services are unable or slow to respond appropriately to disasters when occur affecting services to community, safety of individuals Loss of reputation		4	3	12	4	2	8	Relevant staff are made aware of the content of the business continuity plans and understand their role in implementing them	Business Continuity Officer Internal Audit Governance questionnaire	4	2	8		X					X		X
R47	Programme / Project Management	Programmes and projects fail to deliver the desired benefits and outcomes	Lack of agreed Project Management Standards Lack of Project Plans and Governance Lack of monitoring of achievement	Fail to obtain value for money. Programme and Project objectives are not achieved	Corporate Project /Programme management arrangements	3	2	6	3	1	3	The expected benefits of programmes and projects are clearly set out at the start and their achievement monitored throughout	Prohct Office Risk and Assurance Internal Audit	3	2	6		X	X				X	X	X
R48	Asset Management	Opportunities are not taken to maximise the use of assets (land and property). Assets are not fully utilised	Council does not 'sweat' its assets to obtain the maximum returns Fail to maintain property Changes in size and direction of Council and services it provides Lack of asset management planning Changes in how services delivered Changes in technology Assets become uneconomic to run Lack of investment in asset management planning Council unaware of assets it owns	Fail to increase council income. Fail to decrease costs	Asset Management plan	3	3	9	3	2	6	The use of Council assets are monitored on an ongoing basis, particularly in response to changing staffing levels and changing service delivery models	Internal Audit	3	3	9			X				X	X	
R49		Lack of appropriate maintenance of physical assets	Lack of resources Lack of planning Lack of monitoring or conditions of assets	Assets unable to be used so poor service to customers Waste of financial resources Lack of safety to the public or employees		4	3	12	4	2	8	Condition of assets to be monitored on an appropriate basis and maintenance scheduled as required	Internal Audit	4	3	12		X						X	
R50	Anti Fraud and Corruption	Council fails to prevent, detect and investigate acts of fraud and corruption	Relaxation of controls due to a reduction of resources Lack of antifraud culture created Lack of anti fraud and corruption procedures embedded into processes	Financial loss and loss of resources that could have spent on achieving priorities	Anti fraud and corruption policy	2	2	4	2	2	4	Managers are aware of the fraud risks within their area and maintain appropriate controls barring in mind changes to service delivery and staffing levels	Governance questionnaire Internal Audit	2	2	4		X						X	

