

North Yorkshire County Council

Audit Committee

28 June 2021

Internal Control Matters for the Central Services Directorate

Report of the Corporate Director – Strategic Resources

1.0 Purpose of the report

- 1.1 To provide an update to Members of issues and progress against governance related areas identified within Central Services (CS) Directorate.
- 1.2 To provide details of the latest Risk Register for the CS Directorate.

2.0 Background

- 2.1 The Audit Committee is required to assess the quality and effectiveness of the corporate governance arrangements operating within the County Council. In relation to the CS Directorate, the Committee receives assurance through the work of internal audit (detailed in a separate report to the Committee), details of the areas of improvement in the Annual Governance Statement (AGS), together with the Directorate Risk Register.

3.0 Directorate update

3.1 Covid-19

- 3.1.1 Covid-19 continues to have a significant impact on all walks of life, this update covers the involvement of the Directorate only at a high level. Naturally, there is a lot of activity beyond this frame which cannot be covered through this report.
- 3.1.2 A key issue throughout the pandemic has been the access vulnerable people have to basic necessities, particularly those who were clinically vulnerable and advised to self-isolate (“shielding”) and those who had to self-isolate following a positive test or when requested to do so by NHS Test and Trace. The Stronger Communities team has continued to support the 23 Community Support Organisations it rapidly commissioned at the start of the pandemic to coordinate community led activity in localities. The CSOs have worked with mutual aid groups, volunteers and district councils for essentials such as shopping, prescription delivery; pet walking and befriending services amongst others. The Local Assistance Fund was also extended to support the most vulnerable people. Other County Council services were also coordinated through this approach to enhance the community approach. The collaborative approach has been well received and has been extremely effective. Consideration is now being given to retaining and optimising the opportunities of the CSOs in a way that is sustainable over the longer term.
- 3.1.3 The Customer Service Centre has continued to play a key role in keeping members of the public informed throughout the period. The team continue to provide updates on how to access NYCC services, e.g. schools, transport, HWRCs, etc... as well as general public information. More broadly the Council uses a variety of channels, e.g. telephone, website, social media, to ensure messages are clear and timely.
- 3.1.4 Since January 2020 the NYCC Resilience and Emergencies Team (RET) has been involved in national, regional and local co-ordination and response to Covid-19. The

NYCC RET, as secretariat for the North Yorkshire Local Resilience Forum (NYLRF), has co-ordinated the strategic, tactical and operational multi-agency incident response across the county.

- 3.1.5 At the start of the pandemic it was evident that aspects of NYCC's supply chain would struggle to continue to meet the demands made of it. An example of this was when schools were closed, operators in the transport sector stated their business would not survive without financial support. NYCC responded to such issues by creating a Supply Chain Resilience Board which was one of the leading examples in the country. The role of the Board is to assess both the financial health of those suppliers as well as the risk to Council services and then to decide the extent any financial support is required. The work of this board continues, meeting every two weeks. The board was also used to coordinate supply chain risks and readiness around the end of the Brexit transition period.
- 3.1.6 In addition, the council continues to encourage remote working where possible, maintains Covid Secure buildings in line with government guidance e.g. social distancing and that relevant staff are provided with personal protective equipment (PPE) thereby ensuring that (staff and members of the public) are protected from spread of infection. This is also supported by regular staff updates. Premises are regularly visited by colleagues from the Property and Health and Safety services to monitor controls and that these are being followed. This helps keep the reproductive value of the virus ('r number') low. The Council worked hard to secure PPE, and is now well stocked with the supplies it needs. The Council is now able to source free PPE from central government sourced stock if required, and this will continue to be available until March 2022.
- 3.1.7 At the point of lockdown, all staff who were able to were obliged to work from home. This work from home policy has been in place throughout 2020/21 and continues into 2021/22. Support services have adapted well to this new way of working and helped to ensure the Council was still able to perform as effectively as possible across all its services. In particular, ICT services have been vital to ensure staff have been able to work in an agile way throughout the pandemic and on the whole, technology has worked well and has been appreciated and well received by staff. Looking ahead, when lockdown starts to ease, staff will be seeking to return to an office environment and where that occurs, it is important to do so in a safe fashion. To this end, working groups have been established to develop proposals for what a 'new normal' way of working may look like and the views of staff continue to be sought through a variety of staff and management events to inform the process.

3.2 I.T. Security

- 3.2.1 There continues to be an increase in the number of cyber-attacks on individuals and organisations, Local Councils have not been immune to that risk. Notable examples exist across the Public Sector including some closer to home in Redcar & Cleveland in February last year and the London Borough of Hackney with both having service delivery seriously impacted. The key issues in respect of this topic range from having effective measures in place to protect NYCC as far as reasonably possible, to having robust plans in the event that such an attack takes place.
- 3.2.2 During the year T&C continue to maintain the technical elements of our security product portfolio to improve our resilience against cyber-attack and implement any guidance produced by the National Cyber Security Centre (NCSC) to improve our overall security posture.
- 3.2.3 The Head of Tech Solutions and the SISCO are now working with our emergency planning team running sessions with service areas to consider the impact of a cyber-

attack on their ability to deliver services and update their business continuity plans accordingly.

- 3.2.4 The Technology and Change service maintained its certification of ISO 27001:2013 Information Security Management System standards which demonstrates we continue to provide reliable documentation of how the Information Security Management System (ISMS) is achieving the intended outcomes, and how T&C continues to focus its efforts on maturing and improving the ISMS and the policies and procedures to embed information security to further optimise the business benefits.
- 3.2.5 All officers of the organisation play an important role in reducing the risk of a successful cyber-attack and this year we are rolling out two sets of training to raise awareness and guidance and test the organisations ability identify phishing attacks.
- 3.2.6 Throughout the year there have been a few minor incidents involving users clicking on email links. No matter how good our security, a small percentage of phishing emails will always get through. These emails tend to be from compromised external accounts which our security applications see as coming from a legitimate domain, has a plausible subject line, and does not obviously contain malicious attachments.

3.3 Legal and Democratic Assurance

- 3.3.1 Part of the role of Central Services is to review risk within the Council and offer assurance against activity it undertakes. Within a Legal and Democratic Services context there are good measures in place to protect the Council through the Legal and Democratic Services team, regular staff training and development and networking and forums. As a result of the pandemic there has been a significant change in how meetings and decision taking has been undertaken by the authority. The Council's Constitution has worked in enabling decision making to continue effectively and appropriately with minor variations as new regulations were issued. The Democratic services team have been key in ensuring that the governance arrangements, virtual meetings and recording of decisions has continued seamlessly. The legal team has also been key in ensuring the changes to the procurement regime throughout the pandemic have been implemented appropriately and the team has also provided particular support in the area of COVID relief to suppliers ensuring this is documented and state aid/ subsidy control compliant.
- 3.3.2 The Council can be subject to prosecution, but the last prosecution which was in the context of PSVAR did not proceed and no new prosecutions have been brought against the authority over the last year.

3.4 Carbon Reduction

A Carbon Reduction Plan is in the process of being produced which sets out the Council's aspirations in relation to carbon reduction in the context of national and regional commitments. Central Services teams are part of a dedicated project team driving the Carbon Reduction Programme for North Yorkshire County Council and to this end a specific risk in relation to Carbon neutrality has been included on the Central Services Risk Register and it is also highlighted as a corporate objective. The Beyond Carbon programme is within the Council's change management governance structure and has been established to oversee the main strands of the plan and a one-off £1m fund for pump-priming and development of business cases has been committed in the Council's 2021-22 budget.

3.5 Commercial Agenda

Establishment of North Yorkshire Highways Limited

Central Services teams have played key roles in the successful set up and go live of North Yorkshire County Council's new wholly owned teckal company which has been established to deliver highways maintenance services. This project has taken significant time and resource over the last 18 months from Finance, T&C, HR, BSS, Legal, Property and Procurement to ensure a successful company could go live on 1 June 2021 with the appropriate governance and internal control processes in place.

3.6 Other Issues

- 3.6.1 Capacity and prioritisation continue to be significant issues in the Directorate, particularly in light of the challenges presented by Covid and the impending Local Government Review. In addition to the existing capacity pressures presented by continuing to deliver Value for Money services, the Beyond 2020 Programme (including the ongoing need to achieve savings) and the various risks & issues outlined in this report; the Directorate will play a key supporting role in a range of wider council initiatives (eg Local Government Review; devolution).
- 3.6.2 Other key issues facing the Directorate, however the detail of those having been covered elsewhere through the Audit Committee programme of work, include:
- Property portfolio and rationalisation
 - Information security
 - Beyond 2020

4.0 Directorate Risk Register

- 4.1 The Directorate Risk Register (DRR) is the end product of a systematic process that initially identifies risks at Service level, which then aggregates these via a sieving process to Directorate level. A similar process sieves Directorate level risks into the Corporate Risk Register.
- 4.2 The Risk Prioritisation System used to derive risk registers across the County Council categorises risks as follows:
- Category 1 and 2 are high risk (RED)
 - Category 3 and 4 are medium risk (AMBER)
 - Category 5 is low risk (GREEN)
- The DRR represents the principal risks that may materially impact on the performance and financial outcomes of the Directorate.
- 4.3 A summary of the DRR is attached at Appendix A. As well as providing a quick overview of the risks and their ranking, it also provides details of the change or movement in the ranking of the risk since the last review in the left hand column.
- 4.4 The latest detailed DRR is shown at Appendix B showing a range of key risks with existing controls and additional actions to minimise them. The detail also shows a ranking of the risks both at the present time and after mitigating action.
- 4.5 An annual and six-month review of the Risk Register has taken place since the last report to this Committee. The last review was carried out in February so some of the dates for the actions are now out of date. The Risk Register reflects the range of Services but also includes many corporate initiatives given the leadership role of Central Services on such issues as the Information Governance and Health and Safety.

- 4.6 The Risk Register has primarily stayed the same for this year but there has been the following changes since the last progress report to this Committee:

New risks

The Capacity and Skills risk has been significantly changed to include Workplace Health and Wellbeing which effectively has made this a new risk with extra actions.

Deleted risks

No risks have been deleted.

Other Notable Changes/Actions

- i) Beyond 2020 Change Programme risk – a review of this risk has been deferred and will be next updated as part of the review of the Corporate Risk Register.
- ii) Health and Safety risk – actions have focussed on ensuring Coronavirus security for all activities.
- iii) Commercial Strategy risk – the emphasis of this risk has changed to the governance arrangements. Since the last review the probability of this risk has changed from medium to high, which has increased the ranking from 4 to 2.

5.0 Recommendation

5.1 That the Committee:

- i) Note the position on the Central Services Directorate key governance issues;
- ii) Note the Directorate Risk Register for the Central Services Directorate; and
- iii) Provide feedback and comments on the Directorate Risk Register and any other related internal control issues.

GARY FIELDING
Corporate Director, Strategic Resources
June 2021

Risk Register: month 6 (Feb 2021) – summary

Next review due: August 2021

Report Date: 16th February 2021 (pw)

| Identity | | | Person | | Classification | | | | | | | | | | | | Fallback Plan | | | |
|----------|--|---|------------|--------------|----------------|-----|-----|------|-----|-----|-----|-------------|------|-----|-----|------|---------------|----------------|-----|---------------|
| Change | Risk Title | Risk Description | Risk Owner | Risk Manager | Pre | | | | | RR | | Post | | | | | FBPlan | Action Manager | | |
| | | | | | Prob | Obj | Fin | Serv | Rep | Cat | RRs | Next Action | Prob | Obj | Fin | Serv | | | Rep | Cat |
| ◀▶ | 15/161 - Information Governance (corporate risk) | Ineffective information governance arrangements lead to unacceptable levels of unauthorised disclosure of personal and sensitive data, poor quality or delayed responses to Fol requests, and inability to locate key data upon which the Council relies resulting in loss of reputation, poor decision making, fine, etc | Chief Exec | CD SR | H | L | M | L | H | 1 | 11 | 30/06/2021 | M | L | M | L | H | 2 | Y | CD SR |
| ◀▶ | 15/11 - Beyond 2020 Change Programme (corporate risk) - defer review of this risk until April 2021 | Failure to implement a coherent transformation and savings programme "Beyond 2020" which delivers the improvements and forecast funding shortfall resulting in short term and sub optimal savings decisions ie service cuts | Chief Exec | CD SR | H | H | H | H | H | 1 | 11 | 31/03/2021 | M | H | H | H | H | 2 | Y | All Mgt Board |
| ▲ | 15/162 - Effectiveness, Capacity and Skills of Staff and Workplace Health and Wellbeing | A lack of capacity and skills within Central Services together with insufficiently supported staff leads to a significant decline in effectiveness, service quality &/or insufficient progress in carrying out required developments and our financial and commercial requirements, increased absence and potential claims. | Chief Exec | CSD Mgt Team | H | M | L | M | M | 2 | 11 | 31/07/2021 | H | M | L | M | L | 2 | Y | CSD Mgt Team |
| ▲ | 15/201 - Commercial Strategy | Failure to put effective governance arrangements in place including transparency and oversight for commercial operations (eg. NY companies and NYES) and commercial investments leading to poor decision making and financial loss. | Chief Exec | CSD Mgt Team | H | M | M | M | L | 2 | 5 | 31/03/2021 | H | M | M | M | L | 2 | Y | CSD Mgt Team |
| ◀▶ | 15/184 - Central Services Savings Plan | Failure to deliver the Central Services savings plan as set out in the MTFs resulting in inability to meet the budget, rationalise support services and enable the programme | Chief Exec | CSD Mgt Team | M | M | H | M | M | 2 | 5 | 30/09/2021 | L | M | H | M | M | 3 | Y | Chief Exec |
| ◀▶ | 15/183 - Health & Safety | Major Corporate Health and Safety failure resulting in injuries, claims, reputational and service delivery impact and possible prosecution | Chief Exec | CD SR | L | M | M | M | H | 3 | 6 | 31/03/2021 | L | M | M | M | H | 3 | Y | CSD SR HoHSRM |
| ◀▶ | 15/200 - Significant Incidents | Failure to plan, respond to and recover effectively from significant incidents in the community resulting in risk to life and limb, impact on statutory responsibilities, impact on financial stability and reputation | Chief Exec | Chief Exec | L | L | H | L | H | 3 | 5 | 30/06/2021 | L | L | H | L | M | 3 | Y | Chief Exec |

Risk Register: month 6 (Feb 2021) – summary

Next review due: August 2021

Report Date: 16th February 2021 (pw)

| Identity | | | Person | | Classification | | | | | | | | | | | | Fallback Plan | | | |
|----------|---|--|------------|--------------|----------------|-----|-----|------|-----|-----|-----|-------------|------|-----|-----|------|---------------|-----|--------|----------------|
| Change | Risk Title | Risk Description | Risk Owner | Risk Manager | Pre | | | | | | RR | | Post | | | | | | FBPlan | Action Manager |
| | | | | | Prob | Obj | Fin | Serv | Rep | Cat | RRs | Next Action | Prob | Obj | Fin | Serv | Rep | Cat | | |
| | 15/243 - Carbon Neutral | Failure to support the Council's aspiration to achieve carbon neutrality by 2030 resulting in unmet public expectation and missed opportunities for energy spend reduction | Chief Exec | CSD AD PPC | L | L | M | L | H | 3 | 3 | 30/06/2021 | L | L | M | L | H | 3 | N | |
| | 15/29 - Corporate Governance and Ensuring Legality | Failure to ensure adequate Corporate Governance arrangements across the County Council to ensure that the Council acts lawfully in its operations and decision making resulting in inadequate control and stewardship; given the environment of greater risk taking and expansion of the types of activities the Council is now involved in resulting in challenge and non delivery of decisions, financial implications and loss of reputation particularly given service and statutory obligations | Chief Exec | CSD ACE LDS | M | L | M | M | M | 4 | 13 | 31/03/2021 | M | L | M | M | M | 4 | Y | CSD ACE LDS |

| Key | |
|----------------|--|
| | Risk Ranking has worsened since last review. |
| | Risk Ranking has improved since last review |
| | Risk Ranking is same as last review |
| - new - | New or significantly altered risk |

Risk Register: month 6 (Feb 2021) – detailed

Next review due: August 2021

Report Date: 16th February 2021 (pw)

| Phase 1 - Identification | | | | | | | | | | | |
|----------------------------------|---|-------------------|--|------------------|---|-------------------|-------------------------------|-------------------|------------------|-----------------|---|
| Risk Number | 15/161 | Risk Title | 15/161 - Information Governance (corporate risk) | | | | Risk Owner | Chief Exec | Manager | CD SR | |
| Description | Ineffective information governance arrangements lead to unacceptable levels of unauthorised disclosure of personal and sensitive data, poor quality or delayed responses to FoI requests, and inability to locate key data upon which the Council relies resulting in loss of reputation, poor decision making, fine, etc | | | | | Risk Group | Legislative | Risk Type | Corp 20/187 | | |
| Phase 2 - Current Assessment | | | | | | | | | | | |
| Current Control Measures | | | <p>Information Governance Strategy including the associated Policy and Procedure Framework; CIGG Action Plan; data breach process; messages from senior management; on-line training; staff induction; Information Asset Owners identified; information asset registers regularly updated; Internal Data Governance team with an identified representative for each Directorate (replacing DIGCs); Veritau appointed as DPO; posters; intranet information; regular monitoring of electronic communication by T&C; series of unannounced security compliance visits by internal audit; application of all the features of the Information Security Management System (ISMS);</p> <p>FoI – controls include central monitoring of receipt and progress, regular review by Veritau and review of outstanding cases by the Chief Exec on a monthly basis; proactive monitoring of all data; terms of reference reviewed; Veritau investigate significant data breaches; CIGG consider reasons for data breaches and cascade lessons learned; secure physical storage and internal info transfer issues resolved; Non NYCC Network Access Policy produced; e learning training packages refreshed; targeted phishing campaign; Information Sharing Protocol in place;</p> <p>SAR - controls include central monitoring of receipt and progress; refreshed Information Governance page on intranet; Information Governance risk register completed; Data Quality Improvement Action Plan agreed; Directorates' discussion on the potential outcome of a cyber-attack carried out; DPIAs in place;</p> | | | | | | | | |
| Probability | H | Objectives | L | Financial | M | Services | L | Reputation | H | Category | I |
| Phase 3 - Risk Reduction Actions | | | | | | | | | | | |
| | | | | | | | Action Manager | Action by | Completed | | |
| Reduction | 15/423 - Continue to emphasise personal responsibility of staff for all information in this area and consider disciplinary action in cases of data breaches | | | | | | CD SR CSD ACE BS | Tue-31- Aug-21 | | | |
| Reduction | 15/424 - Continue to review information asset registers and target training where appropriate (ongoing) | | | | | | CSD SR AD T&C Ho Int Audit | Tue-31- Aug-21 | | | |
| Reduction | 15/426 - Continue to ensure individual information sharing agreements completed for each data sharing activity - (ongoing) | | | | | | Ho Int Audit | Tue-31- Aug-21 | | | |
| Reduction | 15/431 - Continue to work within services in a prioritised order to ensure information (electronic and physical) is secure and transferred securely (ongoing) (linked to Microsoft 365 roll out) | | | | | | CSD SR AD T&C | Tue-31- Aug-21 | | | |
| Reduction | 15/433 - Continue communications to staff to ensure good Information Governance including messages from Management Board and associated campaigns (ongoing) | | | | | | CSD SR AD T&C Ho Int Audit | Tue-31- Aug-21 | | | |
| Reduction | 15/611 - Ensure Data Protection risks are managed to comply with GDPR (ongoing) | | | | | | CSD SR AD T&C | Tue-31- Aug-21 | | | |
| Reduction | 15/612 - Data Quality Improvement - implement an action plan to address the Data Quality issues that are impacting on the accuracy of operational management information, performance reports, transparency publications and statutory returns | | | | | | CSD SR AD T&C | Thu-30- Sep-21 | | | |

Risk Register: **month 6 (Feb 2021) – detailed**

Next review due: **August 2021**

Report Date: **16th February 2021 (pw)**

| | | | | | | | | | | | |
|---|--|-------------------------------|---------------|------------------|---|-----------------|---|-------------------|---|-----------------|-----------------------|
| Reduction | 15/613 - Documents and Record Management - implement the approach to document and records management and storage with the Council that encompasses both physical and electronic information (linked to Microsoft 365 roll out) | CSD SR AD T&C | Tue-31-Aug-21 | | | | | | | | |
| Reduction | 15/636 - Review existing training and continue to develop and implement appropriate training relating to quality and security of information | CSD SR AD T&C Ho Int Audit | Tue-31-Aug-21 | | | | | | | | |
| Reduction | 15/793 - Review impact on Veritau and audit days required and implement actions required (ongoing) | CD SR | Tue-31-Aug-21 | | | | | | | | |
| Reduction | 15/1105 - Review and revise Business Continuity Plans with Directorates to take into account actions required following a cyber-attack | CSD SR AD T&C | Wed-30-Jun-21 | | | | | | | | |
| Phase 4 - Post Risk Reduction Assessment | | | | | | | | | | | |
| Probability | M | Objectives | L | Financial | M | Services | L | Reputation | H | Category | 2 |
| Phase 5 - Fallback Plan | | | | | | | | | | | |
| | | | | | | | | | | | Action Manager |
| Fallback Plan | 15/514 - Review Action Plan and new technology and continue to raise awareness. Invite ICO to carry out an audit of NYCC IG systems | | | | | | | | | | CD SR |

Risk Register: month 6 (Feb 2021) – detailed

Next review due: August 2021

Report Date: 16th February 2021 (pw)

| Phase 1 - Identification | | | | | | | | | | | |
|----------------------------------|---|-------------------|--|------------------|---|--------------------------------|-------------------|-------------------|----------------|-----------------|---|
| Risk Number | 15/11 | Risk Title | 15/11 - Beyond 2020 Change Programme (corporate risk) - defer review of this risk until April 2021 | | | | Risk Owner | Chief Exec | Manager | CD SR | |
| Description | Failure to implement a coherent transformation and savings programme "Beyond 2020" which delivers the improvements and forecast funding shortfall resulting in short term and sub optimal savings decisions ie service cuts | | | | | Risk Group | Strategic | Risk Type | Corp 20/207 | | |
| Phase 2 - Current Assessment | | | | | | | | | | | |
| Current Control Measures | | | Transformation programme; alignment with Council Plan and corporate priorities; Members workshops & political group sessions completed; briefings of Cabinet; regular Mgt Board/Programme Board meetings; staff communication constantly reviewed and cross cutting themes programme board continue to meet and follow the governance structure; quarterly meetings with finance ADs and programme managers to align savings against programme budgets; review carried out of governance and areas of future focus for Programme Board; all major change programmes are captured within this Programme to better manage dependencies and resources; Enhanced Strategic Support service to ensure high quality and robust service and team planning; action plan following peer review monitored; intensive review of areas of overspend and actions to mitigate; review (deep dives) into specific high-risk base budgets such as HAS Care and Support, SEN Transport and School Improvement carried out; fundamental review of the organisation's design and development programme carried out; BEST approach embedded into service planning; | | | | | | | | |
| Probability | H | Objectives | H | Financial | H | Services | H | Reputation | H | Category | I |
| Phase 3 - Risk Reduction Actions | | | | | | | | | | | |
| | | | | | | Action Manager | Action by | Completed | | | |
| Reduction | 15/634 - Further shape the emerging Beyond 2020 Programme (taking into account Covid-19 and LGR) to lead to identifying new areas of cross cutting programmes for implementation going forward | | | | | CSD SR AD T&C | Wed-31-Mar-21 | | | | |
| Reduction | 15/635 - Continue to carry out fundamental review of projects, reassessment of priority and agree outcomes | | | | | CD SR CSD SR AD T&C | Tue-31-Aug-21 | | | | |
| Reduction | 15/639 - Continue to carry out focussed reviews on areas of overspend, poor performance and/or opportunities for improvement | | | | | CD SR CSD SR AD T&C | Tue-31-Aug-21 | | | | |
| Reduction | 15/831 - Continue to monitor delay of Programmes and the effect on benefits (ongoing) | | | | | CSD SR AD T&C | Tue-31-Aug-21 | | | | |
| Reduction | 20/52 - Refresh and carry out a revised plan for reviewing base budgets in 2020/21 on a risk based assessment and linked to focussed reviews | | | | | CD SR | Wed-31-Mar-21 | | | | |
| Reduction | 20/386 - Approve detailed business plans for all businesses within the Brierley Group. by Shareholder Committee and Brierley Board and report progress to those bodies | | | | | CD SR | Thu-30-Sep-21 | | | | |
| Reduction | 20/403 - Carry out monthly monitoring of communications and engagement plan including key messages and themes (ongoing) | | | | | CSD HoC | Tue-31-Aug-21 | | | | |
| Reduction | 20/491 - Identify and target additional savings through corporate Procurement Strategy (ongoing) | | | | | CD SR | Thu-30-Sep-21 | | | | |
| Reduction | 20/526 - Continue to develop effective Commercial operations where appropriate (ongoing) | | | | | All Mgt Board Chief Exec | Tue-31-Aug-21 | | | | |
| Reduction | 20/595 - Develop transformational themes and produce outline business cases for Assess and Decide; Resilience and Wellbeing; Modern Council +; Environment | | | | | All Mgt Board | Wed-31-Mar-21 | | | | |
| Reduction | 20/729 - Fundamental review of Change Programme in light of Covid 19 issues and Local Government Reorganisation | | | | | All Mgt Board CSD SR AD T&C | Wed-31-Mar-21 | | | | |

Risk Register: **month 6 (Feb 2021) – detailed**
 Next review due: **August 2021**
 Report Date: **16th February 2021 (pw)**

| Phase 4 - Post Risk Reduction Assessment | | | | | | | | | | | |
|--|---------------------------------|------------|---|-----------|---|----------|---|------------|---|----------------|---|
| Probability | M | Objectives | H | Financial | H | Services | H | Reputation | H | Category | 2 |
| Phase 5 - Fallback Plan | | | | | | | | | | | |
| | | | | | | | | | | Action Manager | |
| Fallback Plan | 15/561 - Carry out service cuts | | | | | | | | | All Mgt Board | |

Risk Register: month 6 (Feb 2021) – detailed

Next review due: August 2021

Report Date: 16th February 2021 (pw)

| Phase 1 - Identification | | | | | | | | | | | |
|----------------------------------|---|--|---|------------------|---|-------------------|-----------------------|-------------------|------------------|-----------------|---|
| Risk Number | 15/162 | Risk Title | 15/162 - Effectiveness, Capacity and Skills of Staff and Workplace Health and Wellbeing | | | | Risk Owner | Chief Exec | Manager | CSD Mgt Team | |
| Description | A lack of capacity and skills within Central Services together with insufficiently supported staff leads to a significant decline in effectiveness, service quality &/or insufficient progress in carrying out required developments and our financial and commercial requirements, increased absence and potential claims. | | | | | Risk Group | Capacity | Risk Type | | | |
| Phase 2 - Current Assessment | | | | | | | | | | | |
| Current Control Measures | | Capacity and Skills: Various restructures across Central Services in order to improve resilience; daily reviews of Covid capacity; routine reviewing of 2020 resources; savings re-profiled and included in budget/MTFS report; Covid: Provision of training, PPE, sanitiser etc; Looking After You North Yorkshire intranet area; #askSAL; return to office based work risk assessments and induction; redeploy staff who are unable to undertake their established roles due to vulnerabilities General: Corporate Workplace Health and Wellbeing Group established including Directorate representatives; Boost H&W intranet pages; Health Assured 24 staff care network helpline; post established within H&W to lead on development of H&W promotion materials for the workforce; communications plan established including regular intranet communications on health and wellbeing campaigns and initiatives, 6 weekly blog; regular updates to HRSMT and Corporate Management Board | | | | | | | | | |
| Probability | H | Objectives | M | Financial | L | Services | M | Reputation | M | Category | 2 |
| Phase 3 - Risk Reduction Actions | | | | | | | | | | | |
| | | | | | | | Action Manager | Action by | Completed | | |
| Reduction | 15/111 - Regularly perform skills gap analysis and review succession planning based on current and future requirements and use to inform CS workforce training plan and monitor effectiveness | | | | | CSD Mgt Team | | Tue-31-Aug-21 | | | |
| Reduction | 15/181 - Ongoing review of service structures to ensure fit for purpose going forward including post implementation reviews | | | | | CSD Mgt Team | | Tue-31-Aug-21 | | | |
| Reduction | 15/475 - Continue to prioritise and manage pressures on services on an ongoing basis | | | | | CSD Mgt Team | | Tue-31-Aug-21 | | | |
| Reduction | 15/520 - Identify means of securing capacity for professional areas where there is a shortfall for example ICT technical and Legal | | | | | CSD SR AD T&C | | Tue-31-Aug-21 | | | |
| Reduction | 15/590 - Collate / Review and revise approach on customer feedback on quality of services (on hold) | | | | | CSD Mgt Team | | Tue-31-Aug-21 | | | |
| Reduction | 18/819 - Continue to enable staff to initiate and develop initiatives to improve their health and wellbeing at work including the long term effect of Covid | | | | | HAS HoHR | | Sat-31-Jul-21 | | | |
| Reduction | 18/820 - Progress a series on health and wellbeing initiatives (eg. Introduction of eBikes; wellbeing roadshows; local yoga classes; craft groups; green gym; walking / running groups etc including the long term effect of Covid | | | | | HAS HoHR | | Sat-31-Jul-21 | | | |
| Reduction | 18/821 - Continued promotion of good mental health including Mental Health Awareness week activities | | | | | HAS HoHR | | Sat-31-Jul-21 | | | |
| Reduction | 18/823 - Establish new post of Workplace Health Improvement Adviser within the Health and Wellbeing Team to develop and deliver a proactive health and wellbeing offer. | | | | | HAS HoHR | | Sat-31-Jul-21 | | | |
| Reduction | 18/824 - Develop wellbeing spaces in major offices and workplaces | | | | | HAS HoHR | | Sat-31-Jul-21 | | | |

Risk Register: **month 6 (Feb 2021) – detailed**

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Report Date: **16th February 2021 (pw)**

| | | | | | | | | | | | |
|---|--|-------------------|---|------------------|----------|-----------------|---|-------------------|---|-----------------------|--------------|
| Reduction | 18/825 - Establish a range of support groups for staff including: Parenting; Carers; Parents of Children with Autism; Menopause; Mens Health | | | | HAS HoHR | Sat-31-Jul-21 | | | | | |
| Phase 4 - Post Risk Reduction Assessment | | | | | | | | | | | |
| Probability | H | Objectives | M | Financial | L | Services | M | Reputation | L | Category | 2 |
| Phase 5 - Fallback Plan | | | | | | | | | | | |
| Fallback Plan | 15/515 - Review and revise resource allocation where possible and consider additional funding and capacity where required | | | | | | | | | Action Manager | CSD Mgt Team |

Risk Register: **month 6 (Feb 2021) – detailed**
 Next review due: **August 2021**
 Report Date: **16th February 2021 (pw)**

| Phase 1 - Identification | | | | | | | | | | | |
|--|---|-------------------|---|------------------|---|-------------------|---------------------------------------|-------------------|-----------------------|-----------------|---|
| Risk Number | 15/201 | Risk Title | 15/201 - Commercial Strategy | | | | Risk Owner | Chief Exec | Manager | CSD Mgt Team | |
| Description | Failure to put effective governance arrangements in place including transparency and oversight for commercial operations (eg. NY companies and NYES) and commercial investments leading to poor decision making and financial loss. | | | | | Risk Group | Strategic | Risk Type | | | |
| Phase 2 - Current Assessment | | | | | | | | | | | |
| Current Control Measures | | | Brierley Group of Companies (including NYES); Brierley Group Board; Shareholder Committee; regular reports to Overview and Scrutiny Committee; Brierley Group companies business plans in place; commercial challenge sessions for each company on an annual basis; Brierley Group Performance report on a quarterly basis; selection criteria for commercial opportunities; NYCC Commercial: Commercial strategy; service plan challenge sessions on an annual basis; Commercial Investments Board; investment decisions scrutinised; decision process for investments in place; internal communications plan to publicise the Commercial Strategy | | | | | | | | |
| Probability | H | Objectives | M | Financial | M | Services | M | Reputation | L | Category | 2 |
| Phase 3 - Risk Reduction Actions | | | | | | | | | | | |
| | | | | | | | Action Manager | Action by | Completed | | |
| Reduction | 15/609 - Review and refresh training modules on commercial and take appropriate actions | | | | | | CSD AD SR (ML) | Wed-31-Mar-21 | | | |
| Reduction | 15/610 - Ensure appropriate visibility around commercial decision making eg purchase of asset for dementia village | | | | | | CSD AD SR (ML) | Wed-31-Mar-21 | | | |
| Reduction | 15/721 - Ensure the Council takes advantage of available central government incentives such as grants and any potential funding is monitored, together with engagement in relevant consultations | | | | | | CD SR CSD ACE BS CSD AD SR (ML) | Wed-31-Mar-21 | | | |
| Reduction | 15/781 - Ensure full awareness of developments and changes to legislation and/or guidance that affect commercial investment s in a detrimental way | | | | | | CSD AD SR (ML) | Wed-31-Mar-21 | | | |
| Reduction | 15/783 - Carry out a review of Commissioning and Contract Management including impacts of EU Exit | | | | | | CSD AD SR (HE) CSD HoP&CM | Thu-30-Sep-21 | | | |
| Phase 4 - Post Risk Reduction Assessment | | | | | | | | | | | |
| Probability | H | Objectives | M | Financial | M | Services | M | Reputation | L | Category | 2 |
| Phase 5 - Fallback Plan | | | | | | | | | | | |
| | | | | | | | | | Action Manager | | |
| Fallback Plan | 15/550 - Review financial position and invoke budget cuts as necessary | | | | | | | CSD Mgt Team | | | |

Risk Register: month 6 (Feb 2021) – detailed

Next review due: August 2021

Report Date: 16th February 2021 (pw)

| Phase 1 - Identification | | | | | | | | | | | |
|--|--|-------------------|--|------------------|---|-------------------|-----------------------|-------------------|-----------------------|-----------------|--------------|
| Risk Number | 15/184 | Risk Title | 15/184 - Central Services Savings Plan | | | | Risk Owner | Chief Exec | | Manager | CSD Mgt Team |
| Description | Failure to deliver the Central Services savings plan as set out in the MTFS resulting in inability to meet the budget, rationalise support services and enable the programme | | | | | Risk Group | Financial | | Risk Type | | |
| Phase 2 - Current Assessment | | | | | | | | | | | |
| Current Control Measures | | | CS Management Team meetings; AD T&C providing CS Programme updates to CSMT and Programme Board; individual project monitoring regimes with RAG status; nominated lead officers and associated governance structure; CS programme plan; business mandates; briefs and business cases as appropriate; savings re-profiled and included in budget/MTFS report; Beyond 2020 programme developed; | | | | | | | | |
| Probability | M | Objectives | M | Financial | H | Services | M | Reputation | M | Category | 2 |
| Phase 3 - Risk Reduction Actions | | | | | | | | | | | |
| | | | | | | | Action Manager | Action by | Completed | | |
| Reduction | 15/182 - Ongoing review of impact at Management Teams and overall consideration at CSMT | | | | | | CD SR | Thu-30-Sep-21 | | | |
| Reduction | 15/183 - Periodic reviews at Programme Board | | | | | | CD SR | Thu-30-Sep-21 | | | |
| Reduction | 15/184 - Implementation of plans of individual projects | | | | | | CSD Mgt Team | Thu-30-Sep-21 | | | |
| Reduction | 15/185 - Secure commercial opportunities where appropriate | | | | | | CSD Mgt Team | Thu-30-Sep-21 | | | |
| Reduction | 15/208 - Reassessment of savings alongside Covid and LGR pressures | | | | | | CSD Mgt Team | Thu-30-Sep-21 | | | |
| Phase 4 - Post Risk Reduction Assessment | | | | | | | | | | | |
| Probability | L | Objectives | M | Financial | H | Services | M | Reputation | M | Category | 3 |
| Phase 5 - Fallback Plan | | | | | | | | | | | |
| | | | | | | | | | Action Manager | | |
| Fallback Plan | 15/540 - Review savings plan and implement alternative savings | | | | | | | | Chief Exec | | |

Risk Register: month 6 (Feb 2021) – detailed

Next review due: August 2021

Report Date: 16th February 2021 (pw)

| Phase 1 - Identification | | | | | | | | | | | |
|--|---|-------------------|--|------------------|---|-----------------------|-------------------|-------------------|------------------|-----------------|-------|
| Risk Number | 15/183 | Risk Title | 15/183 - Health & Safety | | | | Risk Owner | Chief Exec | | Manager | CD SR |
| Description | Major Corporate Health and Safety failure resulting in injuries, claims, reputational and service delivery impact and possible prosecution | | | | | Risk Group | Legislative | | Risk Type | SR 32/194 | |
| Phase 2 - Current Assessment | | | | | | | | | | | |
| Current Control Measures | | | HSRM Service Plan feeding into Directorate Action Plans; H&S team; Corporate H&S Policy; Corporate and Directorate H&S procedures; intranet and NYES sites; Directorate RM groups; H&S Champions and lead officers; reporting on a regular basis; on-going H&S risk assessment, training, monitoring and audit; managers' and employees' online H&S training and other modules; shared service with City of York Council; BondApp B-Safe system implemented; | | | | | | | | |
| Probability | L | Objectives | M | Financial | M | Services | M | Reputation | H | Category | 3 |
| Phase 3 - Risk Reduction Actions | | | | | | | | | | | |
| | | | | | | Action Manager | Action by | Completed | | | |
| Reduction | 15/248 - Continue delivery of the programme of H&S monitoring of audits and inspections (and ensuring that all visits that are undertaken are Covid Secure) (ongoing) | | | | | CSD SR HoHSRM | Tue-31-Aug-21 | | | | |
| Reduction | 15/255 - Ensure appropriate operating standards of H&S risk assessments exist and are being implemented locally and particularly focussing on Covid related risks | | | | | CSD SR HoHSRM | Tue-31-Aug-21 | | | | |
| Reduction | 15/257 - Review and revise the corporate H&S procedures alongside alignment with the Safety Management System (intranet revision has taken place, Safety Management System to complete) (ongoing) | | | | | CSD SR HoHSRM | Tue-31-Aug-21 | | | | |
| Reduction | 15/417 - Consider H&S implications of significant changes for delivery of services within the Council and factor into Directorate H&S action plans (risks from Covid and revised priorities due to the pandemic being reflected in action plans) (ongoing) | | | | | CSD SR HoHSRM | Tue-31-Aug-21 | | | | |
| Reduction | 15/651 - Ensure understanding of H&S operating environment of NYCC through regular attendance at Corporate and Directorate Risk Management Groups, and develop H&S Improvement Plans which are agreed by the relevant Groups (particularly reflecting risks from Covid and revised priorities due to the pandemic). (ongoing) | | | | | CSD SR HoHSRM | Tue-31-Aug-21 | | | | |
| Reduction | 15/837 - Review implementation of BondApp B-Safe system for accident and incident reporting. And implementation of Risk Assessment and Safe System of Work modules | | | | | CSD SR HoHSRM | Wed-31-Mar-21 | | | | |
| Phase 4 - Post Risk Reduction Assessment | | | | | | | | | | | |
| Probability | L | Objectives | M | Financial | M | Services | M | Reputation | H | Category | 3 |
| Phase 5 - Fallback Plan | | | | | | | | | | | |
| | | | | | | Action Manager | | | | | |
| Fallback Plan | 15/538 - Liaise with HSE, media management, implement fatal/serious injury response guide | | | | | CSD SR HoHSRM | | | | | |

Risk Register: month 6 (Feb 2021) – detailed

Next review due: August 2021

Report Date: 16th February 2021 (pw)

| Phase 1 - Identification | | | | | | | | | | | |
|--|--|-------------------|---|------------------|---|-----------------------|-------------------|-------------------|-----------------------|-----------------|------------|
| Risk Number | 15/200 | Risk Title | 15/200 - Significant Incidents | | | | Risk Owner | Chief Exec | | Manager | Chief Exec |
| Description | Failure to plan, respond to and recover effectively from significant incidents in the community resulting in risk to life and limb, impact on statutory responsibilities, impact on financial stability and reputation | | | | | Risk Group | Performance | | Risk Type | Corp 20/244 | |
| Phase 2 - Current Assessment | | | | | | | | | | | |
| Current Control Measures | | | NYLRF and RMCI; experience and resources of partners; existing plans incl public health (training and exercises); RET; partnership working with District Councils; community resilience; silver response in the County Council major incident plan tested; approach to BCP refreshed to strengthen service resilience; Resilience Direct portal; regional multi agency pandemic exercise held; effectiveness and robustness of resilience plans relating to the public health and social care of the NY population tested; NYCC action plan developed and implemented based on the debrief report recommendations and all multi agency learning (including the flood reporting tool and simplification of information flow); members of national steering group on volunteers; BCP post audit action plan; Multi Agency cyber threat event held; Ready for Anything campaign; provided input to and engaged with national learning and development of best practice following incidents locally, regionally and nationally; | | | | | | | | |
| Probability | L | Objectives | L | Financial | H | Services | L | Reputation | H | Category | 3 |
| Phase 3 - Risk Reduction Actions | | | | | | | | | | | |
| | | | | | | Action Manager | Action by | Completed | | | |
| Reduction | 15/614 - Continue to work with our partners in Public Health England, the NHS and the wider North Yorkshire local resilience forum to share the information and messages of reassurance being issued by the lead agencies | | | | | CSD AD PPC | Wed-30-Jun-21 | | | | |
| Reduction | 15/637 - Continue to ensure business continuity plans are reviewed, exercised and kept up to date | | | | | CD SR | Wed-30-Jun-21 | | | | |
| Reduction | 20/464 - Through NYLRF, consider, understand and prepare for any threats that the EU Exit transition period may bring to the Authority; complete in respect of NYLRF, certain trade aspects still to be understood and resolved. | | | | | CSD AD PPC | Sun-31-Jan-21 | Sun-31-Jan-21 | | | |
| Reduction | 20/970 - Continue to ensure effective co-ordination and communication with County and District/Borough Council services & NYLRF in light of reduction in resources (ongoing) | | | | | CSD AD PPC | Wed-30-Jun-21 | | | | |
| Reduction | 20/971 - Continue to ensure effective and efficient processes are embedded amongst all partners to prioritise workstreams (incl. plans, training and exercises) (ongoing) | | | | | CSD AD PPC | Wed-30-Jun-21 | | | | |
| Phase 4 - Post Risk Reduction Assessment | | | | | | | | | | | |
| Probability | L | Objectives | L | Financial | H | Services | L | Reputation | M | Category | 3 |
| Phase 5 - Fallback Plan | | | | | | | | | | | |
| | | | | | | | | | Action Manager | | |
| Fallback Plan | 20/207 - Embedded practice based on Response to Major and Critical Incident protocols | | | | | | | | Chief Exec | | |

Risk Register: **month 6 (Feb 2021) – detailed**
 Next review due: **August 2021**
 Report Date: **16th February 2021 (pw)**

| Phase 1 - Identification | | | | | | | | | | | |
|--|--|-------------------|---|------------------|---|-----------------------|-------------------|-------------------|-----------------------|-----------------|---|
| Risk Number | 15/243 | Risk Title | 15/243 - Carbon Neutral | | | | Risk Owner | Chief Exec | Manager | CSD AD PPC | |
| Description | Failure to support the Council's aspiration to achieve carbon neutrality by 2030 resulting in unmet public expectation and missed opportunities for energy spend reduction | | | | | Risk Group | Environmental | Risk Type | PPC 343/241 | | |
| Phase 2 - Current Assessment | | | | | | | | | | | |
| Current Control Measures | | | Leadership commitment; Executive task group; Scrutiny working group; street light conversion to LEDs; Corporate Building energy efficiency schemes; LGA guidance for councillors; robust governance in place so that this is an integral part of Council plan and performance reporting | | | | | | | | |
| Probability | L | Objectives | L | Financial | M | Services | L | Reputation | H | Category | 3 |
| Phase 3 - Risk Reduction Actions | | | | | | | | | | | |
| | | | | | | Action Manager | Action by | Completed | | | |
| Reduction | 343/777 - Work to understand and communicate the Council's carbon footprint and establish a robust way of reporting this in a way that enables priorities for action to be determined and progress to be monitored | | | | | CSD AD PPC | Wed-30-Jun-21 | | | | |
| Reduction | 343/785 - Scope and develop a carbon reduction plan with options that are properly costed and deliverable; pathway tool developed, project areas being identified | | | | | CSD AD PPC | Wed-30-Jun-21 | | | | |
| Reduction | 343/786 - Fully implement the use of the new climate change impact assessment tool that enables decision makers to better understand the impact of the decisions that they are being asked to make | | | | | CSD AD PPC | Wed-30-Jun-21 | | | | |
| Phase 4 - Post Risk Reduction Assessment | | | | | | | | | | | |
| Probability | L | Objectives | L | Financial | M | Services | L | Reputation | H | Category | 3 |
| Phase 5 - Fallback Plan | | | | | | | | | | | |
| | | | | | | | | | Action Manager | | |
| Fallback Plan | | | | | | | | | | | |

Risk Register: month 6 (Feb 2021) – detailed

Next review due: August 2021

Report Date: 16th February 2021 (pw)

| Phase 1 - Identification | | | | | | | | | | | |
|----------------------------------|--|-------------------|---|------------------|---|-------------------|-----------------------|-------------------|------------------|-------------------|---|
| Risk Number | 15/29 | Risk Title | 15/29 - Corporate Governance and Ensuring Legality | | | | Risk Owner | Chief Exec | Manager | CSD ACE LDS | |
| Description | Failure to ensure adequate Corporate Governance arrangements across the County Council to ensure that the Council acts lawfully in its operations and decision making resulting in inadequate control and stewardship; given the environment of greater risk taking and expansion of the types of activities the Council is now involved in resulting in challenge and non delivery of decisions, financial implications and loss of reputation particularly given service and statutory obligations | | | | | Risk Group | Legislative | Risk Type | LDS 17/6 | | |
| Phase 2 - Current Assessment | | | | | | | | | | | |
| Current Control Measures | | | Lawyers and DSO's engage with 2020 Programme and services; delegation scheme; constitution; training; legislation monitoring and advice notes/briefings; increased monitoring of committee reports; ACE LDS on MB; Proforma for Executive Reports covering major issues; Monitoring complaints and commendation policy and system; monitoring of the Forward Plan; Democratic Services IT system; compliance with rules on access to information; Corporate Governance Officers Group; Local Code of CG; Corporate Governance Checklist; Annual Governance Statement; Statements of Assurance across the Council; Controls in Risk management, Business Continuity and Information Governance; views of external Auditors; Audit Committee in-depth consideration; LGA corporate peer review; GDPR impacts understood; Exec subcommittee and Brierley Board established as part of governance arrangements; introduction of virtual decision making processes | | | | | | | | |
| Probability | M | Objectives | L | Financial | M | Services | M | Reputation | M | Category | 4 |
| Phase 3 - Risk Reduction Actions | | | | | | | | | | | |
| | | | | | | | Action Manager | Action by | Completed | | |
| Reduction | 15/57 - Continue to ensure effective monitoring of governance and operational requirements of new legislation (eg. Health Integration, Combined Authorities) and make sure services and teams are aware impact on their areas | | | | | | CD SR CSD ACE LDS | Wed-30-Jun-21 | | | |
| Reduction | 15/251 - Continue to ensure compliance with rules on access to information | | | | | | CSD ACE LDS | Wed-30-Jun-21 | | | |
| Reduction | 15/369 - Review decision and procedures after a successful challenge | | | | | | CSD ACE LDS | Wed-30-Jun-21 | | | |
| Reduction | 15/370 - Ensure early legal advice is provided within the Beyond 2020 programme which is particularly important due to diminishing resources | | | | | | CSD ACE LDS | Wed-30-Jun-21 | | | |
| Reduction | 15/449 - Continue to provide governance and legal advice on key issues (eg. impact of Covid, devolution, LGR &/or EU Withdrawal agreement) | | | | | | CD SR CSD ACE LDS | Wed-30-Jun-21 | | | |
| Reduction | 15/512 - Carry out review of Governance Framework in line with latest guidance | | | | | | CD SR | Thu-31-Dec-20 | Thu-31-Dec-20 | | |
| Reduction | 15/513 - Annual Review of Corporate Governance Arrangements by Audit Committee | | | | | | CD SR | Thu-31-Dec-20 | Thu-31-Dec-20 | | |
| Reduction | 15/824 - Continue to strengthen links with Directorates including liaison by Monitoring Officer and team with Directorates and ensure consultation on legality of major initiatives | | | | | | CSD ACE LDS | Wed-30-Jun-21 | | | |
| Reduction | 15/825 - Ongoing monitoring of committee reports and decision making to ensure Council decision making takes account of relevant considerations including EIAs and consultation requirements | | | | | | CSD ACE LDS | Wed-30-Jun-21 | | | |

Risk Register: **month 6 (Feb 2021) – detailed**

Next review due: **August 2021**

Report Date: **16th February 2021 (pw)**

| | | | | | | | | | | | | |
|---|---|-------------------|---------------|------------------|---|-----------------|---|-------------------|---|-----------------------|-------------|--|
| Reduction | 15/838 - Carry out mandatory governance training for Members covering key areas eg data protection, ethical standards | CSD ACE LDS | Wed-31-Mar-21 | | | | | | | | | |
| Reduction | 17/47 - Ensure the council recognises that health integration is a large area of new and complex business that needs the right approach to ensure sustainable success | CSD ACE LDS | Wed-30-Jun-21 | | | | | | | | | |
| Reduction | 17/502 - Ensure we continue to provide adequate support to the newer councillors to enable them to make appropriate decisions within the legislative framework | CSD ACE LDS | Wed-30-Jun-21 | | | | | | | | | |
| Reduction | 17/588 - Continued liaison with procurement to ensure that processes remain robust and resistant to challenge | CSD ACE LDS | Wed-30-Jun-21 | | | | | | | | | |
| Phase 4 - Post Risk Reduction Assessment | | | | | | | | | | | | |
| Probability | M | Objectives | L | Financial | M | Services | M | Reputation | M | Category | 4 | |
| Phase 5 - Fallback Plan | | | | | | | | | | | | |
| | | | | | | | | | | Action Manager | | |
| Fallback Plan | 15/169 - Review failing areas in existing arrangements and plan for improvement | | | | | | | | | | CSD ACE LDS | |