|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No. Risk** | | **Q1 23/24** | **Q3 23/24** | **RM** |
| **1** | **The Adult Social Care budget is overspent** | **B2** | **B2** | **ó** |
| **2** | **Failure to deliver the Council-led Regeneration Programme through the Harrow Strategic Development Partnership (HSDP)** | **C2** | **C2** | **ó** |
| **3** | **Housing do not deliver on health and safety statutory duties and regulatory requirements** | **C2** | **C2** | **ó** |
| **4** | **There is a significant breach of the Data Protection Act or a catastrophic IT Failure** | **C3** | **C3** | **ó** |
| **5** | **Systemic issues of inequality and disproportionality experienced by staff with protected characteristics are not recognised and addressed by the Council** [**Staff Dimension]** | **B3** | **C3** | **ò** |
| **6** | **Inability to deliver the Council’s approved MTFS over the next 3 years** | **B2** | **C3** | **ò** |
| **7** | **Failure to prevent and/or detect significant fraud at the Council** | **C3** | **C3** | **ó** |
| **8** | **Failure to adequately deliver a statutory service/duty** **leading to a harmful event for an individual (s) for which the Council is responsible** | **C2** | **D2** | **ò** |
| **9** | **The Council is not carbon neutral by 2030** | **C2** | **D2** | **ò** |
| **10** | **Failure to stabilise and optimise the Dynamics Finance and Operations system (Finance and HR/Payroll)** | **C3** | **D2** | **ò** |
| **11** | **Lack of Strategic Leadership Capacity** | **D2** | **D2** | **ó** |
| **12** | **Failure to successfully defend against a significant legal challenge to the Council’s formal decision making processes** | **D2** | **D2** | **ó** |
| **13** | **Lack of robust Business Continuity and Emergency Planning** | **D2** | **D2** | **ó** |
| **14** | **Failure to fulfil the Council’s Health & Safety Duties** | **C3** | **D2** | **ò** |
| **15** | **Industrial relations climate impacts delivery of services and transformation** | **C3** | **D3** | **ò** |
| **16** | **There is an adverse impact on staff health and wellbeing (Closed Risk)** | **D3** | **N/A** | **ò** |

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|  | **A**  **Very High (>80%)** |  |  |  |  |
| **L**  **I**  **K**  **E**  **L**  **I**  **H**  **O**  **O**  **D** | **B High  (51-80%)** |  |  | **1** |  |
| **C Medium**  **(25-50%)** |  | **4,5,6,7** | **2,3** |  |
| **D Low  (10-24%)** |  | **15** | **8,9,10,11 12,13,14** |  |
| **E Very Low**  **(3-9%)** |  |  |  |  |
| **F Almost Impossible (0-2%)** |  |  |  |  |
|  | **4 Negligible Impact / Benefit** | **3 Moderate Impact / Moderate Benefit** | **2 Critical Impact / Major Benefit** | **1 Catastrophic Impact / Exceptional Benefit** |
| **IMPACT**  ***(on Council)*** | | | | |

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| --- |
| **KEY TO LIKELIHOOD**  **A Very high - almost certainly will occur (>80%)**  **B High – more likely than not (51-80%)**  **C Medium – fairly likely to occur (25-50%)**  **D Low – could occur (10-24%)**  **E Very low – extremely unlikely (3-9%)**  **F Almost impossible (0-2%)** |

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| **KEY TO IMPACT**   1. **Catastrophic – Multiple mandatory and corporate objective s would not be achieved/multiple services could not be delivered/S114 Order likely** 2. **Critical – Serious impact on achievement of mandatory and corporate objectives /serious disruption to services/significant detrimental impact on finances** 3. **Moderate - Some effect on achievement of mandatory and corporate objective s /some effect on services/some detrimental impact on finances** 4. **Negligible – Insignificant effect on mandatory and corporate objective s /insignificant effect on services/insignificant financial impact** |

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| **KEY TO RISK MOVEMENT (RM)**  **ñ Increased**  **ò Decreased**  **ó Remained the same** |

| **No.** | **Mandatory**  **Objective/ Corporate Objective 23/24** | **Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **/Implementation Date** | **Risk Owner/ Manager**  **Responsible** | **Update & Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 1. | Completion of Mandatory Training, Manage within the total agreed net budget A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk:** The Adult Social Care budget is overspent  **Causes**   * Demand from community pressures * Demand from increased hospital discharges * More children with critical needs moving into adulthood * Lack of government funding and rising prices in the social care market   **Consequences**   * Increased financial pressure * Increased waiting times * Adverse health impacts * Potential failure to disgorge statutory obligations | **A1** | * Resource Allocation Panel * Robust Financial monitoring system in place * Strengths-based approaches to individuals and increasing independence * Part of ADASS (Association of Directors of Adult Social Services). National body lobbying government for more funding. * Working closely with Integrated Care Board (ICB) to improve Better Care Funding (BCF) funding | **B2** | **B2** | * Targeted reviews   **(FY 2023/24)**   * Developing a bedded care strategy **(FY 2023/24/25)** * Task and Finish Group to tackle outstanding debt to adult social care **(FY2023/24)** * Transformation of adult social care to become more lean and efficient **(Q4 2023/24)** | Corporate Leadership Team (CLT) | Risk remains at a RED B2 level because of the increased demand from hospital and community settings now being experienced and this also creates follow-on and knock on pressures for services.  (28.11.23) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective 23/24** | **New Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **/Implementation Date** | **Risk Owner/ Manager**  **Responsible** | **Update & Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 2. | Completion of Mandatory Training, Manage within the total agreed net budget A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk: Failure to deliver the Council-led Regeneration Programme through the Harrow Strategic Development Partnership (HSDP)**  **Causes**   * Greater London Authority (GLA) funding is potentially withdrawn * Viability reduces * Cost claim * Development Management (DM) failure * Contract dispute   **Consequences**   * Failure to deliver housing * Reputational damage * Significant financial risk to the Council * Empty and landlocked sites | **A2** | * On-going meetings with GLA on funding * Pinsent-Masons review of abortive design work cost enquiry * HSDP Strategic Board in place * Contract review of DM function & associated activities * Up to date business plans and viability reviews | **C2** | **C2** | * On-going independent review of financial model **(On-going)** * Completion of overarching business & Phase business Plans **(Jan 24)** * Additional funding of approx. £3.78M proposed and available for the Programme going forward in FY 2024/25 **(Feb 2024**) | Corporate Director of Place | The risk will remain at C2 level until the business and Phase business plans are signed off.  (19.01.24) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective 22/23** | **Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **/Implementation Date** | **Risk Owner/ Manager**  **Responsible** | **Update & Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 3. | Manage within the total agreed net budget for their service, A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk: Housing do not deliver health and safety statutory duties and regulatory requirements**  **Causes**   * Health and Safety compliance across the six key areas (fire, gas, electrical, lifts, asbestos and legionella) not being to the required level of performance. * New legislative and regulatory requirements * Placement of families into unsuitable temporary or emergency accommodation. * Insufficient technical requirements/skills in the market * Insufficient budgets/funding * Supply chain issues/shortages   **Consequences**   * Failure to carry out our statutory responsibilities (building safety, all compliance responsibilities, safeguarding) * Increase in homelessness and related pressures * Intervention from the Regulator * Increase in repair claims and legal actions | **A2** | * Performance score card reflects six areas of H&S compliance & this is reported to DMT, PH and CLT * Monthly Homelessness rpts.to CLT * Recruitment of additional staff * Additional strategic work  (e.g. stock condition, business plan) taken place to aid in prioritisation and decision-making * Strong progress made on water risk assessments compliance (92% compliance across 448 blocks) * New contractor in place delivering circa. 40 certificates a week * Fire Risk Assessor recruited * H&S Compliance part of the Corporate Improvement Plan (CIP) * Water Risk Assessments to be completed on remaining blocks * C365 (Housing Compliance System) training taken place * Monitoring visit with the Regulator * Cabinet approval of contracts for electrical safety and water risk assessments | **C2** | **C2** | * Building Safety Structure in place and recruitment underway **(Q2-3 2023)** * On-going electrical safety checks and certificates are being completed **(April 25)** | Corporate Director of Place | The risk is at a RED C2 rating in Q3 and will remain at this level including the further actions being taken due to the significant number of electrical tests still required to be undertaken.  (03.01.24) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective 23/24** | **Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **/Implementation Date** | **Risk Owner/ Manager**  **Responsible** | **Update & Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 4. | Completion of Mandatory Training, Manage within the total agreed net budget A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk:** There is a significant breach of the Data Protection Act and a catastrophic IT Failure  **Causes**   * Cyber-attack, ransomware or malware attack * Inadequate contractual protections * Insufficient user IG awareness and training * Staff/suppliers fail to notify data breaches * Failure of a cloud service provider (e.g. Microsoft 365 (Azure) * Ineffective firewall/protection * Internal staff sabotage   **Consequences**   * Reputational damage * Loss of service delivery * ICO enforcement | **B1** | * Mandatory Staff Information Governance (IG) and security training (target 90% further to Regulator best practice) * Regular staff awareness campaigns * All data backed up and secured in a secure vault * Regular updates to systems and software * Regular Penetration (PEN) Tests to meet compliance | **C3** | **C3** | * On-going security improvement project **(FY 2023/24)** * Continuous learning and development on staff obligations regarding data and information security **(On-going)** * Simulated phising exercise campaign **(On-going)** | Managing Director | As at Q3 the risk rating is AMBER C3 due to the need for staff continuous learning and the need for constant and on-going vigilance.  (24.11.23) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective** | **Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action Planned & Underway &**  **Implementation Date** | **Risk Owner/ Manager**  **Responsible** | **Update &**  **Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 5. | Completion of all Mandatory Staff Training, Managing Within Total Agreed Net Budget, 1. A Council that Puts Residents First  2. A Borough that is Clean and Safe  3. A Place where those in Need are Supported | **Risk:**  Systemic issues of inequality and disproportionality experienced by staff with protected characteristics are not recognised and addressed by the Council [Staff Dimension]    **Causes**   * Lack of clear of direction and vision in this area from senior management * Historic weaknesses in data analysis in relation to diversity, leading to weak EQIAs and ineffective policy decisions that affect staff * Historic lack of alignment around policies procedures, capacity and communication   **Consequences**   * Continuing issues of inequality for staff, leading to increased staff dissatisfaction and potential conflict resulting in costly interventions. * Failure to attract diverse talent which is representative of the community that we serve. | **A3** | * Strategies in place including the Equalities, Diversity and Inclusion Strategic Framework, Race Equality Action Plan, and EDI has been integrated into the Workforce Strategy. * Annual production of the Workforce Profile to give a clear understanding of gaps and challenges across the organisation. * Staff networks established with direct line to Managing Director * Refreshed training and development, including EDI mandatory training, Dignity and Respect at Work, and EQIAs * Clear governance process via the EDI Board and Disability Confident Task Group | **B3** | **C3** | * Rolling out the new Dignity at Work policy and training for managers and staff **(In Progress expected to be complete Q3 FY 2023/24)** * Share Not Declare campaign to ensure information is acted upon **(January 24)** * Review of recruitment policy and procedure still outstanding **(TBC)** * All Staff Survey to take place **(Feb 24)** * Completion of the Annual Workforce Profile **(March 24)** | Managing Director | Current resource pressures in the team may delay delivery of some EDI related programmes.  (01/12/23) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective 23/24** | **Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **/Implementation Date** | **Risk Owner/ Manager**  **Responsible** | **Update & Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 6. | Completion of Mandatory Training, Manage within the total agreed net budget A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk**: Inability to deliver the Council’s approved MTFS over the next 3 years leading to an inability to set a balanced budget and provide core services  **Causes**   * Non-delivery of saving * Increase in demand pressures, e.g. Adult Services * Economic climate and linked inflationary pressures   **Consequences**   * Non-delivery of services or need to stop services * Need to draw down on limited reserves | **A2** | * Savings Tracker in place across the Council * Monthly budget monitoring reported to CLT * Quarterly budget monitoring reported to Cabinet * Budget Challenge sessions took place in August/Sept 2023 to review the MTFS savings and feed results into the budget process. * Annual budget contingency of £1.2 M in place * Close liaison with Finance Business Partners (FBPs) | **B2** | **C3** | * Use of MyForecast tool across all directorates **(FY2023/24)** * Annual review of savings and budget is refreshed annually through the budget-setting process   **(March 24)** | Acting Director Finance and Assurance | FY 2023/24 we are in a relatively good position with a £1.4M overspend as at Q2 which has reduced from a £2.3M overspend at Q1. Balanced budget in place for 24/25 to be agreed by the December Cabinet. Budget gaps identified for 2025/26 (circa £12M and 26/27 circa. £7M.  (24.11.23) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective 23/24** | **Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **/Implementation Date** | **Risk Owner/ Manager**  **Responsible** | **Update & Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 7. | Completion of Mandatory Training, Manage within the total agreed net budget A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk:** Failure to prevent and/or detect significantfraud resulting in financial loss and reputational damage to the Council and reduction of funds available for services  **Causes**   * Failure of Corporate Governance * Lack of management oversight * Breakdowns of the internal control systems   **Consequences**   * Financial Loss * Reputational damage * Adverse impact on service delivery due to avoidable drain on resources * Reduced/damaged staff morale | **B2** | * Robust policy framework * Counter Fraud Culture led from the top (e.g. Zero Tolerance, Whistleblowing arrangements) * Mandatory Fraud Awareness Training * Adequately resourced and skilled Internal Audit and Counter-Fraud Service * Governance, Audit, Risk Management & Standards (GARMS) Committee oversight | **C3** | **C3** | * Regular review of the Constitution and corporate policies (**Ongoing**) * Regular communication to all staff to raise awareness of Council’s governance arrangements (e.g. Whisteblowing, Gifts & Hospitality, Declaration of Interest, Schemes of Delegation, Fin Reg’s, Procurement Rules, etc) (**June 2024 then** **Annually**) * Support for Internal Audit and the Corporate Anti Fraud Team (**Ongoing**) | Manging Director & Corporate Directors | The Council will be in a more resilient position once the Anti-Fraud & Corruption Strategy is re-launched alongside corporate messaging and when the corporate risk filters down into directorates.  (06.12.23) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective 23/24** | **Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **/Implementation Date** | **Risk owner/ Manager**  **Responsible** | **Update & Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 8. | Completion of Mandatory Training, Manage within the total agreed net budget A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk: Failure to adequately deliver a statutory service/duty** leading to a harmful event for an individual(s) for which the Council is responsible  **Causes**   * Workforce shortages * Shortage of resources in the community and of providers for specialist care * National shortage of safeguarding social workers * Workforce instability * Ineffective permanence management   **Consequences**   * Over-reliance on costly interim and agency staff * High turnover of staff * Inspection risk * Reputational damage | **A2** | * Quarterly Safeguarding DASS Briefing to Leader, PH and CE * Local Safeguarding Adults Board * Strategic Safeguarding Partnership * QA in place including internal and external processes * Weekly performance meetings * Consistent approach to performance management * International recruitment of permanent social workers * Effective leadership in place * Strengthening quality assurance | **C2** | **D2** | * Reviewing adults safeguarding board and team **(FY 2023/24)** * Increasing Adult Services pay to be more in line with Children’s Services **(FY 2024/25)** * Increasing attractiveness of working in adult services via neighbourhood hubs **(FY 2023/24/25)** * Managing rising safeguarding demand **(Q2/Q3)** * Monitoring pressures from Afghani and Ukraine schemes **(Q2/Q3)** * Recruitment and retention programme in Adults and Children’s **(FY 2023/24)** * Working with Partners on multi-agency demand **(FY 2023/24 Q2-3)** * Children’s Transformation on track to go live **(Dec 23)**   .  Note:  Risk to be reviewed in Q4 to distinguish the Adults and Children’s dimensions of the risk so as to increase clarity of accountability and also distinguish the numbers and types of duty and also demand and capacity considerations. | CLT/  Interim Director of Social Services (DASS) / Director of Children Services | **Adults**  Adult Services perspective is now more amber (AMBER D2) as there has been an increase in staff with likely better pay and conditions which will help retain staff  **Children**  As at Q3 the risk is similarly now at an AMBER D2 level due to the implementation of Transformation resulting in greater stability at leadership level  (05.01.24) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective 23/24** | **New Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **/Implementation Date** | **Risk owner/ Manager**  **Responsible** | **Update & Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 9. | Completion of Mandatory Training, Manage within the total agreed net budget A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk: The Council is not carbon neutral by 2030** cand steps have not been taken to influence the wider Borough to move to carbon neutrality by the same date  **Causes**   * Continuing the current business as usual approach to emissions, including those from heat and electricity, fossil fuel vehicles, new development (embodied carbon and operational energy), purchase of good and services (consumption emissions) * Low level awareness and failure to take comprehensive action   **Consequences**   * Increased extreme weather events including flooding, heatwaves and drought * Increased adverse impact on people, well-being and property * Risks to global natural capital essential for the functioning of society, including ecosystems, soils and biodiversity * Migration pressures, economic contraction and instability * Increase in fuel and other types of poverty for residents | **A2** | * Declaration of climate emergency and establishing 2030 target * Annually reviewed Council Climate and Nature Strategy (2023-30) in place * Climate and Sustainability Board established * Organisational Carbon Baseline established * Low Carbon Procurement Policy agreed | **C2** | **D2** | * Climate Action Tracker to be developed with input from all service teams **(On-going - FY 2024-25)** * Introduce climate and nature assessment as part of cabinet decisions   **(FY 2024-25)**   * Develop core competency training for all staff and members **(FY 2024-25)** * Develop a financial and implementation strategy for decarbonisation of our school and corporate estate, and operational fleet **(FY 2024-25)** | CLT/Corporate Director of Place | As at Q3 the risk is at an AMBER D2 level. The climate and nature strategy has been approved by Cabinet and we are now moving into the implementation phase which will require sustained support to from all service teams contributing to implementation. This will be necessary to ensure the risk does not move into RED.  (08.01.24) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective 23/24** | **New Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **/Implementation Date** | **Risk Owner/ Manager**  **Responsible** | **Update & Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 10. | Completion of Mandatory Training, Manage within the total agreed net budget A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk:** Failure of the Dynamics F&O system (Finance and HR/Payroll)  **Causes**   * Requirement to replace Loki payroll system by 31.12.24 * Dissatisfaction with existing HR functionality * On-going problems with management reporting and workflow   **Consequences**   * Inability to make financial transactions incl. Receiving income and paying suppliers and staff * Failure to meet essential compliance standards | **B2** | * New IT support contract HCL technologies * Payroll replacement programme established | **C3** | **D2** | * Complete restructure of the Dynamics Team **(Jan 24)** * Complete procurement of new payroll system **(Feb 24)** * Complete implementation of new payroll system **(Dec 24)** | CLT/ Director of IT | The impact of a failed payroll implementation is high, but the detailed replacement plans in place reduces likelihood to Low. The impact will reduce further in . Dec 2024, following implementation of the new payroll solution. (01.12.23) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective 23/24** | **Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **/Implementation Date** | **Risk Owner/ Manager**  **Responsible** | **Update & Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 11. | Completion of Mandatory Training, Manage within the total agreed net budget A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk: Lack of Strategic Leadership Capacity**  **Causes**   * Unplanned changes in the senior management Team * Resignation or absence   **Consequences**   * Lack of capability * Challenging recruitment timescales | **B2** | * Recruitment * Internal cover arrangements | **D2** | **D2** | * Reviewing succession planning as part of the workforce strategy **(2023-26)** | Corporate Leadership Team (CLT) Director of HR & OD (Human Resources & Organisational Development) | Appropriate planning and recruitment is being progressed. (04.12.23) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective 23/24** | **Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **/Implementation Date** | **Risk Owner/ Manager**  **Responsible** | **Update & Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 12. | Completion of Mandatory Training, Manage within the total agreed net budget A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk:** Failure to successfully defend against a significant legal challenge to the Council’s formal decision making processes  **Causes**   * Failure to involve legal at an early stage in the activity/process * Lack of awareness and understanding * Inadequate processes and procedures   **Consequences**   * Council fails to achieve its Priorities * Costly decisions against the Council * Council fails to achieve its objectives * Judicial Review | **B2** | * Legal input into all major projects and significant decision-making * Offer to contribute to review of equality impact assessments on all protected characteristics * Professional staff. * Professional staff with effective supervision * File reviews. * Training and development and CPD. * Legal clearance of Member reports. * Legal input to major project groups. * Management Development Programme * Members Induction Programme | **D2** | **D2** | * On-going clearance of reports as they arise during the year **(FY 2023/24)** | Director of Legal Services & Monitoring Officer | The risk of a successful legal challenge to a significant decision of the Council is AMBER D2 as generally reports are given sufficient time for any risk areas to be picked up. (27.11.23) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective 23/24** | **Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **/Implementation Date** | **Risk Owner/ Manager**  **Responsible** | **Update & Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 13. | Completion of Mandatory Training, Manage within the total agreed net budget A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk: Lack of robust Business Continuity and Emergency Planning arrangements** leads to an inadequate response and recovery to an emergency or business system failure resulting in detrimental impact on the community, vulnerable clients, damage to reputation and additional costs to the Council  **Causes**   * Lack of up-to-directorate plans * Lack of up-to-date training with key service leads and directors * Lack of engagement between key service leads   **Consequences**   * Inability to respond to a major incident in the borough * Inadequate response to a regional or national catastrophic incident | **B2** | * Quarterly preparedness reviews with multi-agency partners (Borough Resilience Forum) * Regular reviews of directorate plans * Regular testing of plans with West London Resilience Programme Board * Scheduled programme of training at Bronze, Silver and Gold levels | **D2** | **D2** | * Joint exercise with London Borough of Brent **(Jan 24)** * Pan-London Exercise   **(Mar 24)** | Corporate Leadership Team | As at Q3 the risk remains stable at an AMBER D2 level. (22.11.23) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective 23/24** | **Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **/Implementation Date** | **Risk owner/ Manager**  **Responsible** | **Update & Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 14. | Completion of Mandatory Training, Manage within the total agreed net budget A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk: Failure to fulfil the Council’s Health & Safety duties** leading to a harmful event for an individual(s) for which the Council is responsible leading to litigation  **Causes**   * Lack of suitable and sufficient risk assessments * Lack of oversight of accident & incident data * Lack of managerial responsibility * Lack of H&S training across the organisation   **Consequences**   * Lack of regard for health and safety across the organisation * Increased potential for harm to persons and property * Increased potential for litigation * Adverse detrimental impact on colleagues’ morale | **A2** | * Corporate Health and Safety Board * Safety Circles meetings * Enhanced engagement on H&S across all areas of the Council * Focus on accountability * Challenge to managers on H&S topics and culture | **C3** | **D2** | * Relaunch/retrain of risk assessment system **(Q4)** * Focus on managers’ self-audit processes   **(Q1 2024/25)**   * Continuation of policy and procedures reviews and re-engagement   **(FY 2023/24/25**)   * Continuing and active support to managers on the positive dimensions on H&S within the workplace **(FY 2023/24/25)** | Director of HR & OD /  Corporate Directors | As at Q3 we are continuing with our further actions reducing the likelihood element in this analysis but we are nevertheless constantly vigilant on the risk exposure. (20.11.23) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective** | **Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **/Implementation Date** | **Risk owner/ Manager**  **Responsible** | **Update &**  **Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 15. | Completion of all Mandatory Staff Training, Managing Within Total Agreed Net Budget, A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk:** Industrial relations climate impacts delivery of services and transformation  **Causes:**   * National Pay review * Service changes * Restructuring * Budget cuts * Staff reductions * Unison & GMB Relationships   **Consequences:**   * Reputational damage * Disruption to delivery of services and projects | B2 | * Directorate Joint Committees, CJCs and ECF meetings regularly happening * Regular briefings to Leader and PH on IR * Open channels of communication with TUs to raise things outside of formal processes to seek resolution on specific issues * Agreement and roll-out of 22/23 pay award * Additional capacity in HR * Organisational Design Authority in place to bring structure and consistency to directorate changes | **C3** | **D2** | * Continuation of open dialogue with TUs to ensure there are positive and constructive industrial relations **(On-going)** | Managing Director | The pay offer for 2022/23 has been agreed and will be implemented in December 2023. (04.12.23) |

| **No.** | **Mandatory**  **Objective/ Corporate Objective** | **Risk Description** | **Inherent Risk Rating** | **Key Measures in place to Manage Risk**  **(Key Controls)** | **Residual Risk Rating** | | **Further Action**  **& Implementation Date** | **Risk Owner/ Manager**  **Responsible** | **Update &**  **Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q1**  **23/24** | **Q3 23/24** |
| 16. | Completion of all Mandatory Staff Training, Managing Within Total Agreed Net Budget, A Council that Puts Residents First  A Borough that is Clean and Safe  A Place where those in Need are Supported | **Risk: There is an adverse impact on staff health and wellbeing (Closed Risk)**  **Causes**   * Living with long COVID 19 * Adjusting to hybrid working * Legacy of long-term working from home * Adverse workload and work life balance * Meetings overload and lack of daily organisational work skills * Impact of cost of living on staff wages and salaries   **Consequences**   * Potential staff deaths * Rise in staff sickness levels incl: levels of long-term sickness * Additional staffing factor costs * Budget overspend pressures * Staff productivity and efficiency weakens /declines * Reduced levels of service delivery/customer/client focus * Organisational performance targets not met | **B3** | * Living with Covid Strategy (Regular Hands, Face, Space messaging) * Move to new Forward Drive offices * New technology (devices and telephony) * [Employee Assistance Programme](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Flnks.gd%2Fl%2FeyJhbGciOiJIUzI1NiJ9..CSYFHstwbZsZVEHLHx9h4V2WB7EMPoAXKdpIrVNxfkU%2Fs%2F745729044%2Fbr%2F86980513280-l&data=04|01|Neale.Burns%40harrow.gov.uk|85fd6f4caaaa482c10a308d871cb8dfd|d2c39953a8db4c3c97f2d2dc76fb3e2c|1|0|637384466543048255|Unknown|TWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D|1000&sdata=g%2BbOZ86kJRYbKMxQRA8ejzPK5LmMNUeeIenxV8YpzvE%3D&reserved=0) * On-Line employee Helpline * Risk Assessment Framework for vulnerable staff * Regular well-being and work from home webinars * Big conversations and surveys * Regular/consistent CE All Staff Briefings & Comms * My Harrow Staff News bulletins * Free flu jabs for staff * Increased the level of staff social interaction through virtual and hybrid platforms * Active Well-Being strategy and Programme for staff in place * Collaborative Space project implemented at Forward Drive * Staff well-being page on the Hub * Continue to monitor staff absence on a monthly and quarterly basis * Pulse Staff Survey completed * Active Well-Being strategy and Programme implemented | **C3** | **N/A** | * Comms campaign on staff returning to work & as part of this all staff will undertake risks assessments to ensure mental and physical wellbeing issues are responded to **(Q1-2 FY 2023/24)** | Corporate Leadership Team | This risk is now closed in Q3 as it is now very much business-as usual (BAU) at the Council and the circumstances of this risk and its context are largely legacy issues from the pandemic which have now been managed. (04.12.23) |

**MANDATORY & CORPORATE OBJECTIVES**

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| **Mandatory Objectives 2023/24**   * **ALL staff**: Completion of all mandatory training * **Budget managers**: Manage within the total agreed net budget for their service, taking corrective action to address over & under spends. Reporting anticipated overspends to the relevant director and corporate director as soon as they are identified and seeking authority prior to any overspend taking place   **Corporate Objectives 2023/24**  A Council that Puts Residents First  A Borough that is Clean and Safe    A Place where those in Need are Supported |