



## ***Governance and Risk Committee***

West Lothian Civic Centre  
Howden South Road  
LIVINGSTON  
EH54 6FF

18 September 2023

A hybrid meeting of the **Governance and Risk Committee** of West Lothian Council will be held within the **Council Chambers, West Lothian Civic Centre, Livingston** on **Monday 25 September 2023 at 2:00pm**.

For Chief Executive

### **BUSINESS**

#### **Public Session**

1. Apologies for Absence
2. Declarations of Interest - Members must declare any interests they have in the items of business for consideration at the meeting, identifying the relevant agenda items and the nature of their interests.
3. Order of Business, including notice of urgent business, declarations of interest in any urgent business and consideration of reports for information.

The Chair will invite members to identify any such reports they wish to have fully considered, which failing they will be taken as read and their recommendations approved.

4. Confirm Draft Minutes of Meeting of Governance and Risk Committee held on Monday 12 June 2023 (herewith)

#### **Public Items for Information**

5. High Risks - Report by Head of Finance and Property Services (herewith)
6. Strategic Risks - Report by Head of Finance and Property Services (herewith)

DATA LABEL: Public

7. Management of Health and Safety - Report by Head of Corporate Services (herewith)
8. Non Service Risks - Report by Head of Finance and Property Services (herewith)
9. Management of Health and Safety Risk
  - (a) Presentation by Head of Corporate Services (herewith)
  - (b) Report by Head of Corporate Services (herewith)
10. Business Continuity Planning - Social Policy
  - (a) Presentation by Head of Social Policy (herewith)
  - (b) Report by Head of Social Policy (herewith)
11. Risk Management Within Social Policy - Report by Head of Social Policy (herewith)
12. Workplan (herewith)

-----

NOTE      **For further information please contact Anastasia Dragona on tel. no. 01506 281601 or email [anastasia.dragona@westlothian.gov.uk](mailto:anastasia.dragona@westlothian.gov.uk)**



## **CODE OF CONDUCT AND DECLARATIONS OF INTEREST (2021)**

**This form is a reminder and an aid. It is not a substitute for understanding the Code of Conduct and guidance.**

**Interests must be declared at the meeting, in public.**

**Look at every item of business and consider if there is a connection.**

**If you see a connection, decide if it amounts to an interest by applying the objective test.**

**The objective test is whether or not a member of the public with knowledge of the relevant facts would reasonably regard your connection to a particular matter as being so significant that it would be considered as being likely to influence your discussion or decision-making.**

**If the connection does not amount to an interest then you have nothing to declare and no reason to withdraw.**

**If the connection amounts to an interest, declare it as soon as possible and leave the meeting when the agenda item comes up.**

**When you declare an interest, identify the agenda item and give enough information so that the public understands what it is and why you are declaring it.**

**Even if the connection does not amount to an interest you can make a statement about it for the purposes of transparency.**

**More detailed information is on the next page.**

Look at each item on the agenda, consider if there is a “connection”, take advice if necessary from appropriate officers in plenty of time. A connection is any link between the item of business and:-

- you
- a person you are associated with (e.g., employer, business partner, domestic partner, family member)
- a body or organisation you are associated with (e.g., outside body, community group, charity)

Anything in your Register of Interests is a connection unless one of the following exceptions applies.

A connection does not exist where:-

- you are a council tax payer, a rate payer, or a council house tenant, including at budget-setting meetings
- services delivered to the public are being considered, including at budget-setting meetings
- councillors’ remuneration, expenses, support services or pensions are being considered
- you are on an outside body through a council appointment or nomination unless it is for regulatory business or you have a personal conflict due to your connections, actions or legal obligations
- you hold a view in advance on a policy issue, have discussed that view, have expressed that view in public, or have asked for support for it

If you see a connection then you have to decide if it is an “interest” by applying the objective test. The objective test is whether or not a member of the public with knowledge of the relevant facts would reasonably regard your connection to a particular matter as being so significant that it would be considered as being likely to influence your discussion or decision-making.

If the connection amounts to an interest then:-

- declare the interest in enough detail that members of the public will understand what it is
- leave the meeting room (physical or online) when that item is being considered
- do not contact colleagues participating in the item of business

Even if decide your connection is not an interest you can voluntarily make a statement about it for the record and for the purposes of transparency.

The relevant documents are:-

- [Councillors’ Code of Conduct, part 5](#)
- [Standards Commission Guidance, paragraphs 129-166](#)
- [Advice note for councillors on how to declare interests](#)

If you require assistance, contact:-

- James Millar, Interim Monitoring Officer and Governance Manager, 01506 281613, [james.millar@westlothian.gov.uk](mailto:james.millar@westlothian.gov.uk)
- Carol Johnston, Chief Solicitor and Depute Monitoring Officer, 01506 281626, [carol.johnston@westlothian.gov.uk](mailto:carol.johnston@westlothian.gov.uk)
- Committee Services Team, 01506 281604, 01506 281621  
[committee.services@westlothian.gov.uk](mailto:committee.services@westlothian.gov.uk)

January 2022

MINUTE of MEETING of the GOVERNANCE AND RISK COMMITTEE held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, LIVINGSTON, on 12 JUNE 2023.

Present – Councillors Damian Doran-Timson (Chair), Lynda Kenna, Danny Logue and Pauline Orr; and Ann Pike (Lay Member)

Absent – Harry Cartmill

In attendance - Graham Hope, Chief Executive; Donald Forrest, Head of Finance and Property Services; Lesley Henderson, Head of Corporate Services; Jim Jack Head of Operational Services; Jo MacPherson, Head of Social Policy; Craig McCorrison, Head of Planning, Economic Development and Regeneration, Greg Welsh, Head of Education (Primary, Early Years and Resources); Julie Whitelaw Head of Housing, Customer and Building Services; James Millar, Governance Manager; Kenneth Ribbons, Audit, Risk and Counter Fraud Manager; Robin Allen, Senior Manager (Adults, Social Policy); Ian Forrest, IT Services Manager; Kim Hardie, Health and Safety Manager; Sarah Kelly, Housing Need Service Manager and Joe Murray, Project and Systems Manager

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. ORDER OF BUSINESS

The Chair ruled, in terms of Standing Order 11, that agenda item 8 (Internal Audit Annual Report) would be considered as the first substantive item of business, after agenda item 4 (Minutes).

The Chair confirmed that he wished all items of business to be presented for scrutiny, questions and comments, including those items which were for information only.

3. MINUTES

The committee confirmed the minutes of its meeting held on Monday 6 March 2023 as a correct record. The minute was thereafter signed by the Chair.

4. INTERNAL AUDIT ANNUAL REPORT

The committee considered a report (copies of which had been circulated) by the Audit, Risk and Counter Fraud Manager informing of their conclusion on the council's framework of governance, risk management and control.

The Administration of Medication audit was highlighted with officers,

regarding the finding that in the last year, only 43 schools (50%) had completed the annual medication self-assessment. The committee were assured that there were no faults or concerns with administering medication but rather that there were procedural issues concerning internal policy and procedure expectations. However, there had been a review of timescales which would lead to quicker monitoring of any schools not undertaking procedural elements of the policy and procedure.

It was recommended that the committee note the conclusion that the council's framework of governance, risk management and control was sound.

#### Decision

To note the contents of the report.

#### 5. CORPORATE GOVERNANCE 2022/23 - ANNUAL GOVERNANCE STATEMENT

The committee considered a report (copies of which had been circulated) by the Governance Manager presenting the draft annual governance statement for approval.

In response to a question relating to Information Security Guidance and the increase of zero breaches in 2021-22 compared to 60 in 2022-23, officers explained that this was a result of reclassification with breaches previously included in the cyber incidents category. The change in classification also resulted in the cyber incidents category reducing from 57 incidents in 2021-22 to 3 in 2022-23.

With regards to section 8.7 of the report, it was asked if there had been any impact on the Council of not meeting the statutory deadline for implementing a Short Term Lets Scheme. Officers confirmed there had been no penalty for not meeting the October 2022 deadline.

It was recommended that the committee:-

1. consider and note the information in the annual compliance statements, Local Code of Corporate Governance and progress on governance issues, in Appendices 2, 3 and 4 respectively;
2. note the conclusion and assurance that the council's corporate governance standards had been substantially met in 2022/23;
3. approve the annual governance statement in Appendix 1 which would form part of the council's accounts;
4. authorise officers to update the statement where appropriate to reflect changes in circumstances prior to its approval for signature in September 2023; and
5. note that the table in Appendix 4 would be updated to reflect this meeting and to incorporate the new issues identified for 2023/24,

with progress reported to committee at its meeting in December 2023.

### Decision

To approve the contents of the report.

## 6. HIGH RISKS

The committee considered a report (copies of which had been circulated) by the Head of Finance and Property Services informing of the council's high risks.

Risk WLC019 (Failure to deliver the financial plan 2023/24 to 2025/26) was discussed with an explanation sought on the reference to deficient project management, noted within the risks narrative, with further information also requested on both uncommitted reserves and extra Private Finance Initiative (PFI) income. The committee were informed the Council's numerous approved savings proposals required effective management, and it was appropriate to include the risk that should projects not be delivered, savings would not be achieved. Moving on to the financial elements of the query, the Head of Finance and Property Services advised that the uncommitted reserves were subject to a specific appendix in the revenue budget report and certain recommendations, on an annual basis, with the use of PFI funds fully utilised on revenue budget challenges and issues with the St Kentigern's Academy roof.

Responding to a question on how the Council compared to other authorities for risk HCBS012 (Breach of statutory homeless duty), officers confirmed it was similar to the five other densely populated authorities within the Central belt.

Risk APS005 (Failure to achieve the child poverty outcome of the Anti-Poverty Strategy) noted an interim target of 18% to reduce relative child poverty for 2023/24, and it was queried if the authority were on track to achieve this. Although the 2021-22 figures had yet to be received, they would likely show an increase, with the expectation that the child payment would reduce the figures for 2022-23. It was too early to confirm if the target would be achieved, however, it was recognised to be challenging considering current external challenges.

In response to a question for risk EH006 (Food safety and public health impacts of food supply chain disruption) regarding a trade deal with Australia, allowing the import of cattle injected with hormones which were banned in Scotland and the European Unions (EU), the committee were assured that any food import standards set for food imports would be applied as required by the regulatory framework.

Having moved to risk SPCC001 (Insufficient availability of beds to meet service demands - care homes), it was asked if the effect of the proposed privatisation of West Lothian Council care homes was factored into the risk. Officers explained that there were close links for both internal

provision and external providers to understand any challenges, with reviews undertaken monthly as well as a daily review of arrangements and activity. Associated future savings measures would not change the review, monitoring or action of those controls detailed.

It was noted that for risk HCBS004 (Overspend of allocated Housing Need budgets) there was an allocation of a 65% average of social rented lets to homeless applicants requiring permanent accommodation until 2024, and it was queried how this affected those already on the list for social housing. Members were assured that there was a careful balance with reviews undertaken where there was a spike in demand.

In respect of risk SPCC002 (Insufficient supply to meet service demands - care at home), it was asked if there was any update on the programme of analysis to attract people into caring roles. With regard to care at-home provision, there was recent improvement, reflecting stability within the staffing group providing care, particularly in relation to a sponsorship scheme and developing additional capacity within the community.

Returning to HCBS012 (Breach of statutory homeless duty), the effect on the council housing budget was discussed, particularly regarding the low turnover of housing stock, the change to where people could declare themselves homeless and a drift from the West Coast to the East Coast. Throughput was advised to be a key driver for the low turnover of housing, with high tenancy sustainment throughout the authority. In addition, issues hiring trades to turn around void properties and the associated rising costs of goods and services were contributing factors.

The discussion concluded with officers asked why waiting list numbers would continue to rise when many houses were being built, and the committee informed that migration from private sector tenants contributed to the increase due to tenants losing confidence in private landlords and leaving the private landlord sector market.

It was recommended that the committee:-

1. note the council's high risks; and
2. provide feedback to officers on the risks, controls and mitigating actions.

### Decision

To note the contents of the report.

## 7. MANAGEMENT OF HEALTH AND SAFETY

The committee considered a report (copies of which had been circulated) by the Head of Corporate Services presenting at their request a standing report providing information on Health and Safety incidents reported across all service areas. The report also contained annual incident statistics and a breakdown of violence and aggression incidents reported



within Education.

During the report's presentation, the committee were informed that the statistical information end date, noted in the final paragraph of section D2, was inaccurate, the correct date being 31 March 2023.

The increase in the number of incidents reported over the same period, for both Armadale Academy and Inveralmond Community High School, was discussed with the Head of Education (Primary, Early Years and Resources) explaining the increases had been investigated and found to be predominately verbal, occurring when there was a new intake and year group change. Discussion around conduct, relationships and interaction with staff and peers had led to a more settled period. It was mindful to note that, due to the numbers of staff and pupils involved, the percentage increase could be broken down to only one or two incidents.

Having noted a closed employer's liability insurance payment dated from 2017/18, it was asked if there were other cases dating back as far as this. The Governance Manager explained that it was not an unusual length of time to settle a claim in instances where there may be contested liability and the extent of injuries or damages required assessment.

It was recommended that the committee note the contents of the report.

#### Decision

1. To note the contents of the report; and
2. To note that the statistical information end date, noted in the final paragraph of section D2, should read 31 March 2023.

### 8. RISK MANAGEMENT ANNUAL REPORT

The committee considered a report (copies of which had been circulated) by the Head of Finance and Property Services informing of the risk management annual report for 2022/23.

It was recommended that the committee note the progress made on risk management and business continuity planning during 2022/23.

#### Decision

To note the contents of the report.

### 9. INFORMATION GOVERNANCE

The committee considered a report (copies of which had been circulated) by the Head of Corporate Services providing an update on the information governance arrangements that were in place in the council to ensure a robust and consistent approach to the management of information.

Risks WLC007 (Failure of information governance) and WLC016 (Breach of freedom of information / environmental information legislation) were discussed with officers expanding on the controls and procedures in place, explaining that there was; monthly reporting, regular reports to the Governance and Risk Board and a weekly review of cases with services also regularly monitoring individual service area performance. A robust structure and strong educational programme were in place to identify and address potential performance failures.

The content and timeline for the Information Governance Policy and supporting documentation review, taking place during 2023, were sought. With regard to the content, the current approaches regarding aspects to enhance the guidance and roles within the policy would be reviewed and redefined. It was considered that, given the changing external information governance environment and other factors, the policy should be reviewed regularly, although there would be no fundamental change. The review was due to be completed within quarter three of 2023.

It was recommended that the committee note the Council's information governance arrangements.

#### Decision

To note the contents of the report.

### 10. COMMITTEE SELF-ASSESSMENT FEEDBACK 2022/23

The committee considered a report (copies of which had been circulated) by the Governance Manager informing of the results of the committee's self-assessment exercise.

It was recommended that the committee note the results of the self-assessment questionnaire completed by members, to identify any areas of concern, and to recommend appropriate actions to address them.

#### Decision

To note the contents of the report.

### 11. WORKPLAN

A copy of the workplan had been circulated for information.

The committee members were reminded by the Chair to contact himself or the Lead Officer should they wish any items to be considered for inclusion on the workplan.

#### Decision

To note the workplan.





DATA LABEL: PUBLIC



## **GOVERNANCE AND RISK COMMITTEE**

### **HIGH RISKS**

### **REPORT BY HEAD OF FINANCE AND PROPERTY SERVICES**

#### **A. PURPOSE OF REPORT**

To inform the Governance and Risk Committee of the council's high risks.

#### **B. RECOMMENDATION**

It is recommended that the Governance and Risk Committee:

1. notes the council's high risks;
2. provides feedback to officers on the risks, controls and mitigating actions.

#### **C. SUMMARY OF IMPLICATIONS**

<b>I Council Values</b>	Being open, honest and accountable.
<b>II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	The Risk Management Policy requires the council to effectively manage risks.
<b>III Implications for Scheme of Delegations to Officers</b>	None.
<b>IV Impact on performance and performance Indicators</b>	Failure to effectively mitigate risks may have an adverse impact on performance.
<b>V Relevance to Single Outcome Agreement</b>	Our public services are high quality, continually improving, efficient and responsive to local people's needs.
<b>VI Resources - (Financial, Staffing and Property)</b>	None.
<b>VII Consideration at PDSP</b>	None.
<b>VIII Other consultations</b>	Executive Management Team, Governance and Risk Board.

#### **D. TERMS OF REPORT**

The council maintains its corporate risk register on the Ideagen system (formerly Pentana). Risks are scored for original risk, which is the assessed risk without controls in place, and which provides an appreciation of the potential impact if controls are absent or fail, and current risk, which assumes that current controls are in place and are effective.

Risks are assessed on the basis of a five by five grid of likelihood and impact, and therefore the lowest possible score is one and the highest is 25. The council's high risks are defined as those risks which have a current risk score of 12 or more.

The council's high risks are set out in detail in appendix one. There are 12 high risks, the same number as reported to the Committee in June.

The following is no longer considered to be a high risk:

- WLC029 "West Lothian Leisure - failure to prepare and agree a medium term financial plan".

The following is now considered to be a high risk:

- WLC023 "West Lothian Leisure - failure to deliver financial plan 2023/24 to 2025/26 with a resultant financial impact on the council".

The council's highest risk is risk HCBS004 "Overspend of allocated Housing Need budgets".

In relation to appendix one:

- the traffic light icon in the top left corner of each risk represents the risk ranking. As this is a report of high risks only, this icon is either high or medium high. The traffic light icons are explained in the table at the start of appendix one;
- there is a code, title and description for each risk;
- the original risk score represents the risk without controls in place, and provides an appreciation of the potential impact if controls are absent or fail;
- the current risk score represents the current risk, i.e. assuming that current controls are in place and effective;
- the internal controls are those processes which are currently in place to reduce the risk from the original risk score to the current risk score;
- the risk actions are those measures which are intended to further reduce the current risk.

The risk actions have a title and code, an original due date, a revised due date, a progress bar which is an assessment of their percentage completion, and a description. The report only contains risk actions which are in progress, i.e. which are not complete. Once marked as complete, risk actions should be included as internal controls and taken account of when assessing the current risk score.

Appendix two sets out the council's standard risk assessment methodology.

The council's high risks are reported quarterly to the Governance and Risk Board, which is an officer group which exercises oversight over the council's governance and risk management arrangements, and every two months to the Executive Management Team.

## **E. CONCLUSION**

Regular review by the Governance and Risk Committee will assist in ensuring that the council's risks are effectively managed.

## **F. BACKGROUND REFERENCES**

None.

Appendices/Attachments: (1) High Risks (2) Risk Assessment Methodology

Contact Person: Kenneth Ribbons, Audit Risk and Counter Fraud Manager - [Kenneth.ribbons@westlothian.gov.uk](mailto:Kenneth.ribbons@westlothian.gov.uk) Tel No. 01506 281573

**Patrick Welsh**

**Interim Head of Finance and Property Services**

**Date of meeting: 25 September 2023**



## Appendix 1 High Risks

**Report Author:** Kenneth Ribbons




**Generated on:** 18 September 2023 09:23


**Report Layout:** .. 10 (previously R09b) Original Score, Current Score, Internal Controls with linked Actions (outstanding only)

### Key to Risk Scores

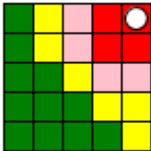
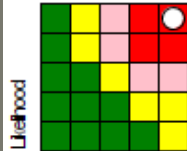
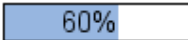
Icon	Score	Meaning
	16-25	High
	12-15	Medium High


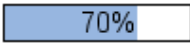
### Key to Action Status


Icon	Status
	Overdue
	Approaching Due Date
	In progress

	<b>HCBS004 Overspend of allocated Housing Need budgets</b>	<p>Increased demand for homeless services. This may also result in an overspend of allocated budgets.</p>
	<p><b>Current Controls:</b></p>	<p>Through the implementation of the 5 Year West Lothian Rapid Rehousing Plan a number of controls are in place aimed at reducing demand through prevention and increasing temporary accommodation to meet demand. There was a slight reduction in demand for homeless services for 2019/20, but during 2020/21 the demand for homeless services increased due to the pandemic . In 2021/22 the services has experienced a decrease in homeless presentations of 19 % when compared with the same position in 2020/21. This trend continued in 2022/23 with a 12% reduction as of February 2023. This is due to the implementation of the new allocations policy in March 2021 with a policy shift to awarding higher levels of housing needs points to applicants at risk of homelessness therefore assisting in the prevention of homelessness. There continues however, to be a high backlog of homeless applicants where the council has a statutory duty to secure a permanent outcome. As of February 2023 the backlog of open homeless cases was 1,188. This along with the high demand for temporary accommodation and the low supply of available permanent lets across the social rented sector has reduced turnover in suitable temporary accommodation stock and subsequently causing an ongoing reliance on the use of B&amp;B Accommodation to meet the council's statutory homeless duties.</p> <p>The West Lothian RRTP has been updated with the outturn position for 2022/23 and the action plan has been reviewed to ensure priorities are targeting the current position. The updated RRTP for 2022/23 was approved by Council Executive on 21 June 2022 and was submitted to the Scottish Government for the end of June 2022. The Acton Plans has been refreshed with more focus on early intervention and prevention with resources targeted at a wide range of actions, including Education, Health and Social Care and third sector solutions aimed at homeless prevention. A number of additional controls are in place as follows:</p> <p>Updated RRTP has an agreement between the council and the four main providers of social rented housing in West Lothian to allocate an average of 65% of social rented lets to homeless applicants requiring permanent accommodation for until 2024.</p> <p>Reduce use of B&amp;B accommodation through increasing the number and capacity of temporary tenancies through Private Sector Leasing and sharing accommodation to 60 spaces.</p> <p>Reduce expenditure on homeless transport by ensuring where possible homeless families are allocated temporary tenancies within school catchment.</p> <p>Monitor length of stay in temporary accommodation, ensuring people move on to permanent accommodation as quickly as possible.</p> <p>Rolling programme of audit of homeless decisions and case management</p>



<p>On site hotel presence by officers, ensuring rooms that are not utilised are cancelled</p> <p>Monitor numbers of people in hotel accommodation and reduce length of stay.</p> <p>Move to a prevention approach to homelessness to reduce demand. This will be achieved through the transition to a wider housing options approach to prevent homelessness and the introduction of Personal Housing Plans as part of the implementation of the Allocations Policy review.</p> <p>More targeted approach to achieve sustainable housing options in the private rented sector</p> <p>Targeted educational support for young people at risk of homelessness</p> <p>Embedding the Youth Housing Team to cover wider age range to under 25's</p> <p>Continuing the provision of Housing First service in house for young people and people with mental health/addictions issues - this signals the end of the external provision through Cyrenians</p> <p>Review the crisis intervention service for young people provided by Acton for children</p> <p>Expand the Night stop service provided by Rock Trust and fund for another year.</p> <p>Deliver new build supported accommodation unit for young people in Almondvale Crescent</p> <p>Addictions workers to support homeless people and also to assist people with addictions sustain their tenancies.</p> <p>Indexation of all emergency and temporary accommodation related charges that can be claimed against national limits to ensure WLC reclaims the full extent of funding available. Approved by Council Executive in January 2023 for b&amp;b charge to increase to LHS allowance of £16.11 per day,</p> <p>Full improvement programme designed to make savings of £900k, prioritising reduction B&amp;B spend, reviewing all areas of functionality and service provision to meet statutory requirements, reduce waste and duplication and to maximise income.</p>									
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
25	 <p>Liability</p> <p>Impact</p>	25	 <p>Liability</p> <p>Impact</p>	▶	HQSR RTP4 Overspend of Allocated Housing Need Budget - R RTP Homeless Prevention and Supply	30-Mar-2024	31-Mar-2024		Through actions within the Rapid Rehousing Transition Plan (RRTP) reduce the number of people presenting as homeless through shifting to a wider prevention approach and through implementation of a new approach to housing options, review of the current housing allocations policy, improved partnership working with Education, Access to Work and the Advice Shop and expansion of mediation and conflict resolution.

									<p>Reduce the backlog of open homeless cases through increasing percentage of lets to homeless for 2020/21 to 69% and then decreasing to 55% in 2021/22 across the social rented sector. Delivery of the balance of the 3,000 affordable houses by end March 2022 and seek Scottish Government Grant for 2022/23 and 2023/24 to ensure a minimum of 300 affordable homes be completed each year.</p>
					<p>HQSR RTP5 Overspend of Allocated Homeless Budget Support</p>	31-Mar-2024	31-Mar-2024		<p>Through actions within the Rapid Rehousing Transition Plan (RRTP) support people to sustain their homes to prevent homelessness and support homeless people to sustain their of allocation of permanent housing. This will be delivered through a range of actions including piloting of a Housing First Service for people with addictions and a Housing First Service for young people, creation of a rapid resettlement team to assist people to successful move to permanent accommodation, and delivery of the new build unit and temporary accommodation for younger people.</p>

	<b>WLC019 Failure to deliver the financial plan 2023/24 to 2025/26</b>	<p>Unanticipated external events such as higher than expected inflation, lower economic growth, adverse financial settlements, or social or demographic changes, or internal factors such as deficient project management, leading to an inability to deliver the medium term financial plan. Resulting in unplanned budget savings measures, an adverse impact on service delivery, and reputational damage.</p>
	<p><b>Current Controls:</b></p>	<p><b>Wider Economic Risks</b>  Updates on the economic context at UK, Scottish and West Lothian level are presented quarterly to the Corporate Policy &amp; Resources PDSP through Horizon Scan report.  Regular review and update of Scottish government funding announcements and wider economic data used to inform budget planning assumptions.  Close monitoring of monthly inflation rates and assessment of any resulting impacts on council costs and budget assumptions.</p> <p><b>Local Government finance settlements</b>  Regular review and update of Scottish government funding announcements and wider economic data used to inform budget planning assumptions.  Robust financial planning and budgetary framework in place.  Reports to committee on Chancellors Budget / Scottish Budget.</p> <p><b>Failure to effectively manage the financial plan</b>  Approval of five year financial plan and three year detailed revenue budgets, including approval of recurring budget savings. Assumptions in plan and budgets kept under review.  Comprehensive financial regulations in place.  Robust financial planning and budgetary framework in place.  Transformation project team work with services and FMU to drive forward implementation of service changes required to achieve financial balance.  Well established RAG analysis processes in place to monitor delivery of savings agreed for the three year budget period.  The level of committed and uncommitted reserves is reviewed as part of the revenue budget setting process and will continue to be subject to a specific recommendation in the annual revenue budget report.  Updates on the economic context at UK, Scottish and West Lothian level and an update on the council's future budget model are presented quarterly to the Corporate Policy &amp; Resources PDSP.  The Transformation Team works with FMU and HR to monitor the delivery of savings across the council. The outcome</p>

of this monitoring is included in quarterly monitoring reports to the Council Executive and includes a review of progress on delivery of approved budget savings.

Regular review and update of Scottish Government funding announcements and wider economic data used to inform budget planning assumptions.

Briefing elected members on budget matters.

Monitoring and budget strategy reports go to officer meetings and committee on a regular basis.

Update of financial plan expenditure and funding assumptions as part of annual budget setting process

#### **Unbudgeted and emergency budgetary pressures**

Robust financial planning and budgetary framework in place.

The level of committed and uncommitted reserves is reviewed as part of the revenue budget setting process and will continue to be subject to a specific recommendation in the annual revenue budget report.

Reporting of emerging and recurring pressures to CMT and Council Executive, including actions to help mitigate pressures.

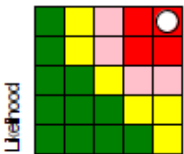
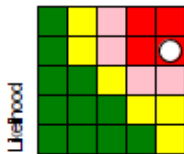
#### **Unplanned use of reserves**


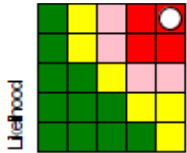
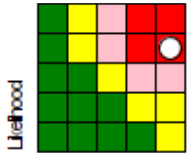
Comprehensive financial regulations in place.


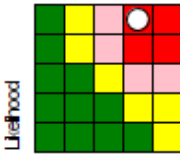
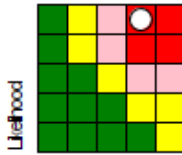


Robust financial planning and budgetary framework in place.

The level of committed and uncommitted reserves is reviewed as part of the revenue budget setting process and will continue to be subject to a specific recommendation in the annual revenue budget report.


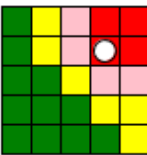
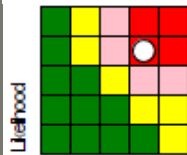
Regular review and update of Scottish government funding announcements and wider economic data used to inform budget planning assumptions.

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked Risk Actions	Original Due Date	Due Date	Progress	Description
25		20						


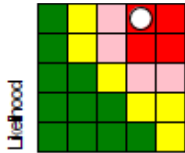
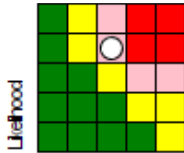
	<b>WLC023 West Lothian Leisure - failure to deliver financial plan 2023/24 to 2025/26 with a resultant financial impact on the council</b>			Failure by WLL to deliver a medium term financial plan and a balanced annual budget each year could lead to unplanned WLL service reductions, failure to deliver key services, and additional demands on WLC resources. There could also be a reputational risk to the council. The ongoing impact of a number of combined risks in the wider economy, including continuing high inflation, has increased financial risk and uncertainty for future years.					
<b>Current Controls:</b>				WLL have committed to medium term financial planning consistent with the council's budget plan for the period 2023/24 to 2025/26. WLC are sharing relevant findings of council Horizon Scan reports, reports on Chancellor's Budget/Scottish budget and similar with WLL management to provide them with appropriate up to date information to inform their future planning. Meetings take place between (i) WLL senior management and key WLC EMT members and (ii) WLL Finance Team and WLC FMU officers as necessary to discuss WLL's financial position and challenges, the implication of these, and options around mitigating actions available. Regular updates on WLL's financial position are provided to EMT, CMT, PMAB by council officers to ensure there is timely and accurate financial information provided to senior council management. Monitoring of WLL's budget/forecast position is being reporting to WLL Audit & Finance Committee and WLL Board. Attendance at WLL Board and Audit & Finance Committee meetings as required by council officers. Pre-WLL Review Group meeting held with FMU and WLL's Head of Finance to ensure there is clarity and a common understanding of current operational and financial issues impacting WLL. Ongoing quarterly reporting to WLL Advisory Committee on financial position and any action required. Reports to Council Executive on WLL's operational and financial position as and when required. Annual report to Council Executive for approval of the upcoming year's annual management fee paid to WLL by the council.					
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
25		20							


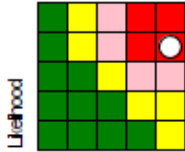
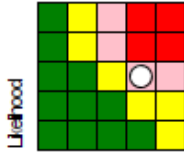
	HCBS012 Breach of statutory homeless duty			Lack of adequate accommodation due to increased demand results in Housing, Customer and Building Services (HCBS) breaching our statutory duties to accommodate unintentionally homeless people in suitable accommodation.					
Current Controls:				<p>The council and its partners aim to increase the though put in temporary accommodation by agreeing target lets to homeless which reduce the back log of homeless people waiting in temporary accommodation and generate through put in temporary accommodation stock. The council and its RRTP partners have agreed the target lets to homeless for 2023/24 of 65%. There are a range of other actions in place to assist with reducing the council's use of B&amp;B accommodation and subsequent breaches of the unsuitable accommodation order. These are:</p> <p>Increase number of council temporary sharing spaces to 60 by November 2023</p> <p>Introduce the use of rapid access accommodation across the area</p> <p>Continue the Crisis intervention service for young people to avoid the use of hotel accommodation - targeting those most vulnerable</p> <p>Expand the use of Night Stop to avoid the use of B&amp;B for young people - funding has been continued for another year</p> <p>Monitor numbers of homeless households placed in bed and breakfast accommodation to avoid use and limit stay to below 7 days where B&amp;B has to be used in an emergency.</p> <p>Prevention of homelessness through implementation of a wider Housing Options approach in West Lothian, and encourage community partners to extend this to those they support to prevent homelessness at an early stage</p> <p>Use of flexible fund to enable families to access the private rented sector as a housing option.</p> <p>Develop new build supported and dispersed temporary accommodation for 28 young people in Almondvale Crescent in a hub approach with partners and West Lothian College input</p> <p>Explore new types of accommodation and solutions with partners to bridge gaps in accommodation, specialist support and knowledge sharing to provide suitable accommodation for those entering the service</p>					
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
20	 Likelihood Impact	20	 Likelihood Impact		HQSRRTP6 Breach of Statutory Homeless Duty - RRTP	01-Apr-2024	01-Apr-2024		There are a number of actions being taking forward to ensure compliance through the West Lothian Rapid Rehousing Transition Plan (RRTP) to prevent homelessness. RRTP actions also include increasing temporary accommodation in line with the RRTP targets using council and registered


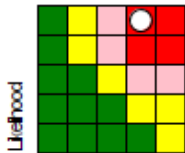
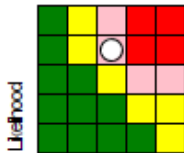
									social landlords properties as well as the private letting leasing scheme. Increase capacity by providing temporary tenancies which can be shared by two people. New build temporary accommodation for Young People at Deans, Livingston creating 24 units. Working with the Scottish government regarding guidance on the extension of the Unsuitable Accommodation Order to all homeless people as of 1 October 2021 and mapping out current provision and future needs to comply.
--	--	--	--	--	--	--	--	--	--


	<b>WLC004 Political uncertainty - impacting on service delivery</b>			Political uncertainty relates to activity or changes in respect of: local government, Scottish government, UK government, or international political circumstances which may impact on the council. An inability to plan effectively for major changes may result in an adverse impact on service delivery and financial performance.					
<b>Current Controls:</b>				Timely response to government consultation. Lobby via COSLA and other appropriate forums. Plans / strategies in place for major anticipated changes. Performance management system. Quarterly horizon scanning reports to Policy Development and Scrutiny Panel. Quarterly risk reporting to the Governance and Risk Committee.					
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
16	<div><div>Li</div><div>hood</div></div> <div>Impact</div>	16	<div><div>Li</div><div>hood</div></div> <div>Impact</div>						

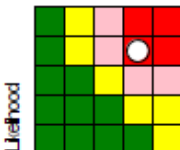
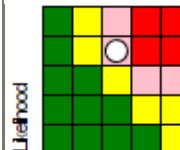



	<b>APS005 Inability to measure the impact of local actions to mitigate child poverty</b>			Failure to effectively co-ordinate with national government or community planning partners may lead to failure to achieve the targets set by the Scottish Government to eradicate child poverty by 2030. An interim target has been set for 2023/24 to reduce child poverty in Scotland to 18%.					
<b>Current Controls:</b>				<b>Child Poverty Key Controls</b> Anti-Poverty Strategy includes a specific outcome in relation to reduction of Child Poverty rates and an outcome target level to be achieved by the end of the strategy period. Anti-Poverty Taskforce meets four times per year to provide strategic oversight over the Anti-Poverty Strategy. The Anti-Poverty Strategy strategic scorecard includes reporting on progress toward the Child Poverty outcome target level. The strategic scorecard is reported for month 6 and year- end performance to the Anti-Poverty Taskforce. Annual Anti-Poverty Strategy action plan includes actions to be carried out during the coming year for each strategic outcome, including actions relating to the outcome for reduction of Child Poverty rates. Progress on the Anti-Poverty Strategy action plan is reported for month 6 and year end to the Anti-Poverty Taskforce. An update report on the APS Strategic Scorecard and APS Annual Action plan is reported annually to the CPP Board. There is a statutory requirement to publish a Local Child Poverty Annual Report (LCPAR) in partnership with NHS Lothian. The Child Poverty Reference Group meets quarterly to monitor progress on the LCPAR, and reports progress to the Anti-Poverty Taskforce for month 6 and year-end. Scottish Government's Tackling Child Poverty Delivery Plan 2022-26 includes actions which aim to deliver national Child Poverty levels which are in line with the Child Poverty target level as stated in the Anti-Poverty Strategy. New Covid-19 scorecard introduced which is monitored by multi service group and reported regularly to CPP Board.					
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
20		12							

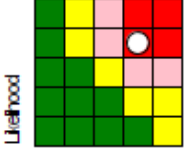
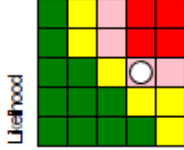
	<b>EH006 Food safety and public health impacts of food supply chain disruption</b>	This considers potential impacts on food supply chain. Any disruption to the supply chain could lead to increased risk of food crime and food fraud, increased opportunity for food incidents and unsafe food being provided. Imported food controls could create increased demand on checks for safety and quality and deferring of inspection from port authorities to inland authorities.							
<b>Current Controls:</b>				Currently part of ongoing Environmental Health surveillance and inspection plan, but increased opportunity if food chain becomes vulnerable. Priority will be given to issues which present a significant risk to public health. Depending on the scale and nature of incident or activity it may require multi-agency involvement. There are procedures in place for dealing with such incidents. Priority will be given to inspection of imported foods to ensure the protection of public health within West Lothian and other parts of the UK. Staff resource issues are being pursued. Other resource requirements will also be pursued. Level of service will be determined by staff, resources and other demands.					
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
20	 Likelihood Impact	12	 Likelihood Impact						


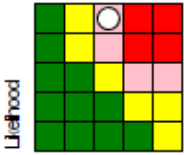
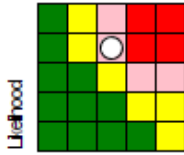
	<b>WLC025 Economic Downturn</b>	An economic downturn, defined as an increase in the unemployment rate on 5 months from a rolling six month period, an economic recession extending for six months and / or the loss of a single employer with greater than 1,000 employees, could lead to pressure on business activity and an increased rate of business failure, increased unemployment, lower than anticipated house build completions, together with wider social impacts including poor health. This would place stress on the council's ability to continue to deliver services due to increased demand, and conflict with the council's objective of improving the employment position in West Lothian.							
<b>Current Controls:</b>		Monitor impact on key sectors including housebuilding and those businesses with an EU focus in terms of market share. Monitor unemployment rates on a monthly basis including on age bands and employment sector to give advance indication of potential problems. Monitor changes to business start-up and failure rates on a monthly basis to give advance notification of potential problems. Monitor West Lothian house completions on a monthly basis to give advance notification of potential problems On-going horizon scanning including with national partners such as Department of Work and Pensions and Scottish Enterprise and Skills Development Scotland together with local partners such as the West Lothian College. Continue to liaise and collaborate with other councils to ensure efficiency of response. Continue to liaise and collaborate with Scottish Local Authorities Economic Development Group (SLAED). Ongoing review of response arrangements including PACE (Partnership Action for Continuing Employment) to ensure that the remain effective and appropriate in responding to any emerging challenges.							
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
20		12							

	<b>SPCC001 Insufficient availability of beds to meet service demands - care homes</b>	<p>Insufficient supply of care home beds for individuals assessed as requiring this type of provision. Currently this risk is highest in respect to older people services. The risk is also linked to pressures associated with delayed discharge (one of the sources of pressure), also noted as a risk for the IJB (IJB006).</p>
	<p><b>Current Controls:</b></p>	<p>Bed based review being progressed to ensure strategic commissioning of care home beds to support current and future need.</p> <p>Care home link officers maintain daily contact with care homes to establish occupancy rates and bed availability. This is shared with relevant HSCP staff to identify emerging issues that may impact upon service delivery. This is supplemented by daily review of TURAS system to inform and identify any issue impacting upon capacity e.g. outbreak of illness.</p> <p>There are twice weekly resilience meetings involving heads of service/senior managers to review any emerging issues with bed capacity that impact upon wider system issues such as delayed discharge.</p> <p>Weekly assurance arrangements, with senior management representation, are in place for care home provision where provider risks and issues are highlighted and actioned as required.</p> <p>There are regular care home provider forums where issues that impact upon bed capacity are discussed and reviewed as necessary. Providers have identified link officer as points of contact out with scheduled meetings</p> <p>Close links with planning to identify any emerging care home planning applications to support decision making and local planning.</p> <p>Delayed Discharges are closely monitored and reported on a daily basis.</p> <p>Active targeted recruitment of staff and active monitoring of sickness absence to support internal care home provision.</p> <p>Contracted services have an identified contract Link Officer who will undertake contract monitoring activities which includes financial assessment and organisation viability which is included in the wider contract monitoring framework.</p> <p>The contract and supplier management process is a risk assessment based approach which assigns level of provider risk to determine the level of contract monitoring controls to be deployed to each contract.</p> <p>Provider contract monitoring information is reported to the Contracts Advisory Group on a quarterly basis highlighting RAG status of each provider and necessary controls applied.</p>


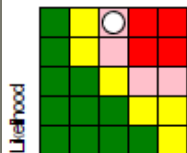
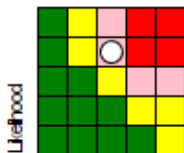
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
16	 <p>Lielihood</p> <p>Impact</p>	12	 <p>Lielihood</p> <p>Impact</p>						

	<b>SPCC002 Insufficient supply to meet service demands - care at home</b>	<p>Insufficient supply of care at home to meet service demands arising from lack of availability of carers. This is a national and local issue. The challenges relate to recruitment and retention of care at home staff. This impacts on capacity to deliver care for existing and new service users and may also lead to an overreliance and an adverse impact on unpaid carers. Currently this risk is highest in respect of older peoples' service. These capacity issues impact on people in the community needing care at home provision and also on capacity to discharge people from hospital where a care at home service is required. The risk is closely monitored by the Care at Home Oversight Group.</p>
	<b>Current Controls:</b>	<p>Weekly care at home oversight group comprising senior staff with analysis of unmet need and additional data to monitor trends, rising demand. Update on the position of each care at home provider in relation to staffing levels and capacity to deliver.</p> <p>Close working with care at home commissioned providers to explore measures to improve the situation and regular provider forums in place;</p> <p>Close links between integrated discharge hub, review team and commissioning team to ensure available resources are effectively managed and make best use of resources we have</p> <p>Dedicated in box established for providers to allow for the geographic clustering of packages of care to enable providers to exchange packages that no longer fit their runs to create capacity and make them more efficient;</p> <p>Implementation of Assessment and review team to ensure care is targeted in proportionate manner supported by technology enabled care where possible - with robust monitoring of unmet need.</p> <p>Implementation of pilot volunteering project to support individuals awaiting a package of care</p> <p>Benchmarking and connections with other local authorities, Scottish Care and Social Work Scotland to identify effective care at home capacity building elsewhere and apply learning where appropriate</p> <p>Care at home framework tender implemented to secure commissioning of care at home services and increase capacity where possible;</p> <p>A 'test of change' block contract is now in place to support delivery of care at home packages of care in situations where there have been challenges to source care at home.</p> <p>Arrangements in place to ensure regular contact with unpaid carers pending implementation of care packages.</p> <p>Internal care home provision adjusted to provide interim care for individuals being discharged from hospital awaiting a package of care.</p>

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
16		12							

 <b>ED004 Mainstream Schools: attacks on or violence towards staff</b>		Physical or verbal incidences towards staff from pupils or parents/carers of pupils, to members of staff working in schools, leading to injury or stress.							
		<b>Current Controls:</b> Promoting Positive Behaviour Policy in place and applied/staff aware of policy. Restricted access to schools for parents e.g. reception area only during the school day. Risk assessment to consider security factors when meeting with parents/carers e.g. more than 1 member of staff present or alternative meeting locations considered. 4 weekly monitoring of incidents recorded in Sphera in schools by the Education Senior Management Team. Raise awareness of staff on how to deal/report violent incidents in Sphera, annual reminder at August in service day. New compulsory Maybo training modules were introduced and launched on 15th August 22 to all Education staff Education Services Health and safety committee in place and meets on a quarterly basis (membership management /professional associations / trade unions).							
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
15		12							



	<b>ED005 Additional Support Needs (ASN) schools and units: physical or verbal incidences towards staff.</b>			Physical and/or verbal incidences towards staff from pupils or parents/carers, leading to injury or stress. Due to the nature of the needs of the pupils placed in ASN schools and classes attached to a mainstream school such occurrences maybe as result of a pupil's specific, identified additional support need.					
<b>Current Controls:</b>				Education Service have a 'Promoting Positive Behaviour Policy' in place for school which all staff are aware of. annual reminder at August in service day. Four weekly monitoring of incidents in schools by the Education Senior Management Team. Raise awareness of staff on how to deal/report violent incidents in Sphera, annual reminder at August in service day. All ASN school staff have received training on how to deal with violent /aggressive incidents by young people. Restricted access to schools for parents e.g. reception area only during the school day. Risk assessment to consider security factors when meeting with parents/carers e.g. more than 1 member of staff present or alternative meeting locations to be considered. Education Services Health and safety committee in place and meets on a quarterly basis (membership management / professional associations / trade unions).					
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
15		12							



## RISK ASSESSMENT METHODOLOGY

### RISK MATRIX

LIKELIHOOD	Almost Certain 5	5 Low	10 Medium	15 High	20 High	25 High
	Very Likely 4	4 Low	8 Medium	12 High	16 High	20 High
	Likely 3	3 Low	6 Low	9 Medium	12 High	15 High
	Possible 2	2 Low	4 Low	6 Low	8 Medium	10 Medium
	Unlikely 1	1 Low	2 Low	3 Low	4 Low	5 Medium
		Insignificant 1	Minor 2	Significant 3	Major 4	Catastrophic 5
		IMPACT				

### LIKELIHOOD TABLE

Score	Description	Estimated Percentage Chance
1	Unlikely	0-10
2	Possible	10-50
3	Likely	50-70
4	Very Likely	70-90
5	Almost Certain	90-100

Each risk is scored 1-5 for likelihood.

In assessing likelihood consider a three year time horizon and use your knowledge and experience of previous issues, both within the council and elsewhere.

## IMPACT TABLE

Each risk is scored 1-5 for impact. In assessing impact each column is independent. Use the highest score.

<b><u>Hazard / Impact of Risk</u></b>	<b>Personal safety</b>	<b>Property loss or damage</b>	<b>Regulatory, statutory or contractual</b>	<b>Financial loss, penalties, or costs</b>	<b>Impact on service delivery</b>	<b>Personal privacy infringement</b>	<b>Community / environmental</b>	<b>Impact on Reputation</b>
<b>Insignificant 1</b>	Minor injury or discomfort to an individual	Negligible property damage	Breaches contained within the service	Less than £10k	No noticeable impact	None	Inconvenience to an individual or small group	Contained within service unit
<b>Minor 2</b>	Minor injury or discomfort to several people in one incident	Minor damage to one property	Breaches reported within the council no external action	£10k to £100k	Minimal disruption to services	Non special category personal information for one individual revealed or lost	Impact on an individual or small group	Contained within service
<b>Significant 3</b>	Major injury or harm to an individual	Significant damage to small building or minor damage to several properties from one source	Adverse comment or censure by government, courts, auditors, or regulators	More than £100k to £500k	Noticeable impact on service performance.	Non special category personal information for several individuals revealed or lost	Impact on a local community	Local social media or press interest
<b>Major 4</b>	Major injury or harm to several people in one incident	Major damage to critical building or serious damage to several properties from one source	Government, court or regulator sanction, including action which impairs our ability to deliver a service	More than £500k to £2m	Serious disruption to service performance	Special category personal information for one individual revealed or lost	Impact on several communities	National social media or press interest
<b>Catastrophic 5</b>	Death of one or more people	Total loss of critical building	Government, court or regulator action resulting in an inability to deliver key services	More than £2m	Non achievement of key corporate objectives	Special category personal information for several individuals revealed or lost	Impact on the whole of West Lothian or permanent damage to site of special scientific interest	Officers and/or members dismissed, sent to prison or forced to resign

DATA LABEL: PUBLIC



## **GOVERNANCE AND RISK COMMITTEE**

### **STRATEGIC RISKS**

#### **REPORT BY HEAD OF FINANCE AND PROPERTY SERVICES**

##### **A. PURPOSE OF REPORT**

To inform the Governance and Risk Committee of the council's strategic risks.

##### **B. RECOMMENDATION**

It is recommended that the Governance and Risk Committee notes the council's strategic risks.

##### **C. SUMMARY OF IMPLICATIONS**

<b>I Council Values</b>	Being open, honest and accountable.
<b>II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	The Risk Management Policy requires the council to effectively manage risks.
<b>III Implications for Scheme of Delegations to Officers</b>	None.
<b>IV Impact on performance and performance Indicators</b>	Failure to effectively mitigate risks may have an adverse impact on performance.
<b>V Relevance to Single Outcome Agreement</b>	Our public services are high quality, continually improving, efficient and responsive to local people's needs.
<b>VI Resources - (Financial, Staffing and Property)</b>	None.
<b>VII Consideration at PDSP</b>	None.
<b>VIII Other consultations</b>	Executive Management Team, Governance and Risk Board.

##### **D. TERMS OF REPORT**

The council maintains its corporate risk register on the Ideagen system (formerly Pentana). Risks are scored for original risk, which is the assessed risk without controls in place, and which provides an appreciation of the potential impact if controls are absent or fail, and current risk, which assumes that current controls are in place and are effective. Risks are assessed on the basis of a five by five grid of likelihood and impact, and therefore the lowest possible score is one and the highest is 25.

Strategic risks may be defined as those risks which, if they occur, could have a major impact on the ability of the council to achieve its objectives. This would include serious failures of a regulatory or compliance nature. In the private sector, strategic risks could be defined as those which could materially affect the ability of the organisation to survive.

Appendix one summarises the risks in the corporate risk register with an original risk of 25 - that is to say, if controls fail the risks are considered almost certain to be catastrophic. There are 12 risks, one more than previously reported in March.

The following risks are now considered to be strategic risks:

- WLC019 "Failure to deliver the financial plan 2023/24 to 2025/26";
- WLC023 "West Lothian Leisure - failure to deliver financial plan 2023/24 to 2025/26 with a resultant financial impact on the council".

The following risks are no longer considered to be strategic risks:

- WLC029 West Lothian Leisure - failure to prepare and agree a medium term financial plan".

The strategic risks fall in to a small number of categories:

- those which arise from economic uncertainties, financial constraints or pressures i.e. HCBS004, WLC019, WLC023, HCBS002;
- those relating to health and safety, including statutory compliance, i.e. HCBS011, WLC008, WLC037, WLC039, WLC043;
- those relating to business continuity, i.e. OPSHQ005, WLC014, WLC005.

Appendix 2 sets out the council's standard risk assessment methodology.

The council's strategic risks are reported quarterly to the Governance and Risk Board, which is an officer group which exercises oversight over the council's governance and risk management arrangements, and every two months to the Executive Management Team.

## **E. CONCLUSION**

Regular review by the Governance and Risk Committee will assist in ensuring that the council's strategic risks are effectively managed.

## **F. BACKGROUND REFERENCES**

None.

Appendices/Attachments: (1) Strategic Risks (2) Risk Assessment Methodology







Contact Person: Kenneth Ribbons, Audit Risk and Counter Fraud Manager - [Kenneth.ribbons@westlothian.gov.uk](mailto:Kenneth.ribbons@westlothian.gov.uk) Tel No. 01506 281573





**Patrick Welsh**  
**Interim Head of Finance and Property Services**  
**Date of meeting: 25 September 2023**





## Appendix 1 Strategic Risks

Generated on: 18 September 2023 09:57







Report Layout: .. 03 Original Risk Score and Current Risk Score with Description and CMT member



Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon	Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon	CMT Member
HCBS004 Overspend of allocated Housing Need budgets	Increased demand for homeless services. This may also result in an overspend of allocated budgets.	25		5	5	25		.Head of Housing, Customer and Building Services (Julie Whitelaw)
WLC019 Failure to deliver the financial plan 2023/24 to 2025/26	Unanticipated external events such as higher than expected inflation, lower economic growth, adverse financial settlements, or social or demographic changes, or internal factors such as deficient project management, leading to an inability to deliver the medium term financial plan. Resulting in unplanned budget savings measures, an adverse impact on service delivery, and reputational damage.	25		5	4	20		.Head of Finance and Property Services (P Welsh)
WLC023 West Lothian Leisure - failure to deliver financial plan 2023/24 to 2025/26 with a resultant financial impact on the council	Failure by WLL to deliver a medium term financial plan and a balanced annual budget each year could lead to unplanned WLL service reductions, failure to deliver key services, and additional demands on WLC resources. There could also be a reputational risk to the council. The ongoing impact of a number of combined risks in the wider economy, including continuing high inflation, has increased financial risk and uncertainty for future years.	25		5	4	20		.Head of Finance and Property Services (P Welsh)



Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon
HCBS011 Death or injury due to house fire	Injury or death due to failure to comply with legislative standards in relation to fire protection/detection, or due to action / inaction by a tenant.	25	
OPSHQ005 Loss of operator licence for all vehicles over 3.5 Tonnes GVW	Failure to comply with the terms, conditions and undertakings of the Goods Vehicle Licensing of Operators act 1995 resulting in regulatory action including the revocation, suspension or curtailment of operators' licence(s). Regulatory action would prevent the operation of vehicles over 3500kg GVW which would have a serious impact on services reliant on these type of vehicles.	25	
WLC014 Cyber-attack	Failure of internal measures to detect, deter and repulse cyber-attacks, leading to successful penetration of the network. Resulting in any of data loss unauthorised public disclosure of information, and the inability to continue to provide essential services.	25	
HCBS002 Increase in rent arrears as a result of external factors	UK Government led Welfare reforms may result in an increase in arrears unless the council can effectively mitigate the impact on those on low incomes. Other external factors such as cost of living price increases and energy poverty can also impact on the ability to pay for our tenants.	25	

Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon	CMT Member
5	2	10		.Head of Housing, Customer and Building Services (Julie Whitelaw)
5	2	10		.Head of Operational Services (J Jack)
5	2	10		.Head of Corporate Services (Lesley Henderson)
3	3	9		.Head of Housing, Customer and Building Services (Julie Whitelaw)



Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon	Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon	CMT Member
WLC008 Failure to prepare, or effectively deploy, up to date corporate occupational health and safety policies and procedures	If corporate policy is not up to date, or is not effectively deployed, for example due to the lack of: corporate procedures; provision of advice and support from corporate health and safety team; provision of training; this may lead to a breach of the council's statutory obligations. In extreme cases this may result in an injury or a fatality to council staff, customers, or members of the public. This could also lead to criminal prosecution, fines and reputational damage.	25		4	2	8		.Head of Corporate Services (Lesley Henderson)
WLC005 Disaster or incident - failure to maintain critical services	Major event such as explosion, flood or fire, leading to loss of property and / or IT and resulting in an inability to maintain critical services, including designated WLC1 activities. There is a separate risk WLC014 relating to cyber attack and WLC045 relating to pandemic.	25		3	2	6		.DCE Graeme Struthers
WLC037 Death or illness due to legionella outbreak in operational buildings	Failure to effectively implement controls to prevent a legionella outbreak, leading to illness or death of staff, customers, or members of the public. This risk relates to operational buildings (non-housing).	25		5	1	5		.Head of Finance and Property Services (P Welsh)

Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon
WLC039 Death or injury due to fire within operational buildings	Failure of fire prevention / detection / mitigation controls leading to a fire which results in injury or death to council staff, customers, or member of the public. This risk relates to operational buildings (non-housing).	25	
WLC043 Failure to effectively manage asbestos	Failure of controls to prevent exposure to asbestos, leading to exposure of staff, customers, or members of the public, and resulting in illness or death. This risk covers both operational and domestic buildings but not the council's tenanted non-residential property (TNRP) portfolio.	25	

Current Impact	Current Likelihood	Current Risk Score	Current Traffic Light Icon	CMT Member
5	1	5		.Head of Finance and Property Services (P Welsh)
5	1	5		.Head of Finance and Property Services (P Welsh)



## RISK ASSESSMENT METHODOLOGY

### RISK MATRIX

LIKELIHOOD	Almost Certain 5	5 Low	10 Medium	15 High	20 High	25 High
	Very Likely 4	4 Low	8 Medium	12 High	16 High	20 High
	Likely 3	3 Low	6 Low	9 Medium	12 High	15 High
	Possible 2	2 Low	4 Low	6 Low	8 Medium	10 Medium
	Unlikely 1	1 Low	2 Low	3 Low	4 Low	5 Medium
		Insignificant 1	Minor 2	Significant 3	Major 4	Catastrophic 5
		IMPACT				

### LIKELIHOOD TABLE

Score	Description	Estimated Percentage Chance
1	Unlikely	0-10
2	Possible	10-50
3	Likely	50-70
4	Very Likely	70-90
5	Almost Certain	90-100

Each risk is scored 1-5 for likelihood.

In assessing likelihood consider a three year time horizon and use your knowledge and experience of previous issues, both within the council and elsewhere.

## IMPACT TABLE

Each risk is scored 1-5 for impact. In assessing impact each column is independent. Use the highest score.

<b><u>Hazard / Impact of Risk</u></b>	<b>Personal safety</b>	<b>Property loss or damage</b>	<b>Regulatory, statutory or contractual</b>	<b>Financial loss, penalties, or costs</b>	<b>Impact on service delivery</b>	<b>Personal privacy infringement</b>	<b>Community / environmental</b>	<b>Impact on Reputation</b>
<b>Insignificant 1</b>	Minor injury or discomfort to an individual	Negligible property damage	Breaches contained within the service	Less than £10k	No noticeable impact	None	Inconvenience to an individual or small group	Contained within service unit
<b>Minor 2</b>	Minor injury or discomfort to several people in one incident	Minor damage to one property	Breaches reported within the council no external action	£10k to £100k	Minimal disruption to services	Non special category personal information for one individual revealed or lost	Impact on an individual or small group	Contained within service
<b>Significant 3</b>	Major injury or harm to an individual	Significant damage to small building or minor damage to several properties from one source	Adverse comment or censure by government, courts, auditors, or regulators	More than £100k to £500k	Noticeable impact on service performance.	Non special category personal information for several individuals revealed or lost	Impact on a local community	Local social media or press interest
<b>Major 4</b>	Major injury or harm to several people in one incident	Major damage to critical building or serious damage to several properties from one source	Government, court or regulator sanction, including action which impairs our ability to deliver a service	More than £500k to £2m	Serious disruption to service performance	Special category personal information for one individual revealed or lost	Impact on several communities	National social media or press interest
<b>Catastrophic 5</b>	Death of one or more people	Total loss of critical building	Government, court or regulator action resulting in an inability to deliver key services	More than £2m	Non achievement of key corporate objectives	Special category personal information for several individuals revealed or lost	Impact on the whole of West Lothian or permanent damage to site of special scientific interest	Officers and/or members dismissed, sent to prison or forced to resign



DATA LABEL: PUBLIC

**GOVERNANCE AND RISK COMMITTEE****MANAGEMENT OF HEALTH & SAFETY****REPORT BY HEAD OF CORPORATE SERVICES****A PURPOSE OF REPORT**

This report is presented at the request of the Governance and Risk Committee and is a standing report providing information on Health and Safety incidents reported across all service areas. This report also contains annual incident statistics and a breakdown of physical and verbal incidents reported within Education.

**B RECOMMENDATIONS**

It is recommended that the Committee note the content of the report.

**C. SUMMARY OF IMPLICATIONS**

<b>I</b>	<b>Council Values</b>	Being honest, open and accountable, making best use of our resources.
<b>II</b>	<b>Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	The Risk Management Policy requires the council to effectively manage risks. Legal requirements for Health and Safety made under statutory obligations in the Health and Safety at Work Act 1974 and Fire Scotland Act 2005 and associated regulations
<b>III</b>	<b>Implications for Scheme of Delegations to Officers</b>	None.
<b>IV</b>	<b>Impact on performance and performance Indicators</b>	Ineffective risk management arrangements may adversely affect performance.
<b>V</b>	<b>Relevance to Single Outcome Agreement</b>	Our public services are high quality, continually improving, efficient and responsive to local people's needs.
<b>VI</b>	<b>Resources - (Financial, Staffing and Property)</b>	None.
<b>VII</b>	<b>Consideration at PDSP / Executive Committee</b>	None.
<b>VIII</b>	<b>Other consultations</b>	None.

## **D. TERMS OF REPORT**

### **D.1 Background**

The Health and Safety at Work Act, 1974, the Fire Scotland Act 2005 and legislation made under the Acts outline statutory obligations in relation to health and safety. The appropriate and measured control of risk also supports the strategic and operational aims of the council-wide health and safety policy and service health and safety plans.

### **D.2 Health & Safety Management**

The management of health and safety aims to create and maintain safe and healthy workplaces. Health and safety is monitored by services using reactive and proactive measures to provide indicators of health and safety performance to support the continued implementation and monitoring of the health and safety management system.

Internal leading and reactive indicators are used to identify required control measures that mitigate identified risks. They provide objective information that is measurable, easily collected, monitored and considered by Services and Corporate Health and Safety. They also provide reliable indicators of performance and information related to monitoring the deployment of policies and procedures and the safety management system.

Health and safety is a standing item at service management team meetings. It is also a standing item for meetings of the Corporate Management Team. A comprehensive report in relation to health and safety legislation, guidance and incidents across all council services is considered with a view to learning lessons, making any required improvements, identifying emerging risks and sharing good practice. The report includes the provision of key statistical information. Statistical information in Appendix 1 of this report covers the reporting period of 01st April 2023 to 31st July 2023.

### **D.3 Enforcement & HSE- Notices / Visits / Inspections/ Correspondence/ Enforcement/ Fee for Intervention (FFI) –**

There has been no activity since the previous report to Committee in June 2023.

### **D.4 Incidents Reportable to the Health and Safety Executive**

Five incidents were reported to the Health and Safety Executive under the requirements of the Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR). A summary of these incidents can be found in Appendix 1. All of these incidents have been thoroughly investigated and any required remedial action identified and actioned. All RIDDOR reportable incidents are considered on a monthly basis by the Corporate Management Team. There has been no contact from the HSE in relation to any of the incidents reported.

### **D.5 Health and Safety Committee**

The Corporate Health and Safety Committee last met on the 26<sup>th</sup> June 2023. Representatives from Council Services attended along with representatives from recognised Trade Unions. The Committee considered discussions that had taken place at service health and safety committees, health and safety statistics, regulatory updates, the violence and aggression working group action plan and health and safety procedure updates. The next meeting of the committee will take place on 25<sup>th</sup> September 2023.



**D.6 Audit**

Health and Safety are currently undertaking an audit across services relating to the investigation of recorded incidents. The aim of the audit is to ensure that incidents are being investigated in line with regulatory requirements. The outcomes of the audit will be reported to the Corporate Management team, Corporate Health and Safety Committee and Governance and Risk Board once completed.

**D.7 Employers Liability Insurance Payments**

Appendix 1 details claims settled in relation to Health and Safety Incidents.

**E. CONCLUSION**

The council has implemented robust risk management and monitoring processes with the aim of ensuring that risks are mitigated as far as possible.

**F. BACKGROUND REFERENCES**

Health and Safety at Work Etc. Act 1974 and related statutory regulations

West Lothian Council Health and Safety Policy – <https://www.westlothian.gov.uk/article/29157/WLC-Health-and-Safety-Policy>

Appendices/Attachments:

(1) Health and Safety Statistics 01st April 2023 31st July 2023

Kim Hardie, Health and Safety Manager 01506 281414 [kim.hardie@westlothian.gov.uk](mailto:kim.hardie@westlothian.gov.uk)

Lesley Henderson, Interim Head of Corporate Services

Date of meeting: 25<sup>th</sup> September 2023.

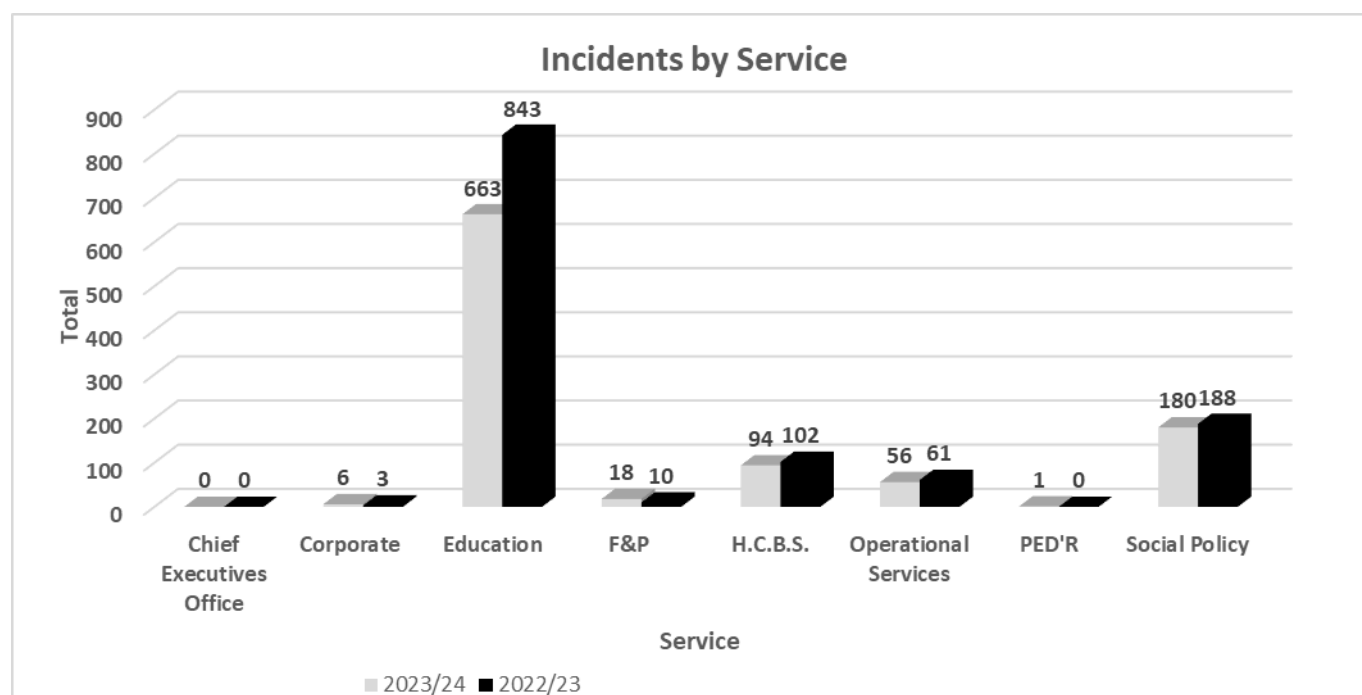


**GOVERNANCE AND RISK COMMITTEE**
**APPENDIX 1 HEALTH AND SAFETY STATISTICS**
**RIDDOR REPORTABLE INCIDENTS – 1 April 2023 to 31 July 2023**

HSE Reportable 2018/19	Specified Injury	Over 7 Day Absence	Member of the Public	Dangerous Occurrence	Disease	Total	HSE Notices	HSE Visits / Enquiries
Education	1	2				3		
HCBS		1				1		
Operational		1				1		
2023/24	1	4				5		
2022/23	3	3	2			8		

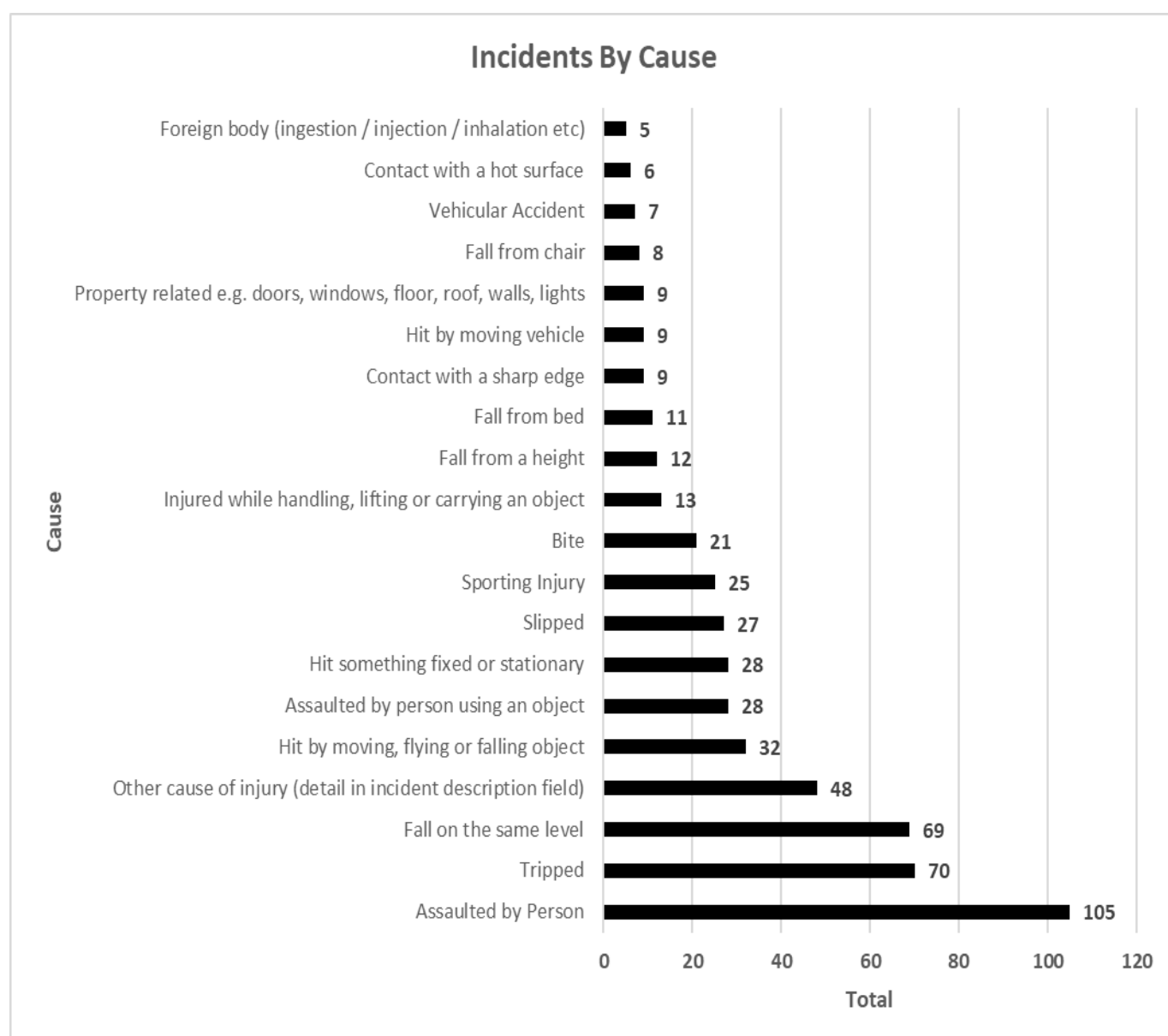
**CUMULATIVE INCIDENTS RECORDED – 1 April 2023 to 31 July 2023**

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	0	2	114	5	29	15	1	37
May	0	0	278	7	25	14	0	38
June	0	4	249	4	19	15	0	44
July	0	0	22	2	21	12	0	61
2023/24	0	6	663	18	94	56	1	180
2022/23	0	3	843	10	102	61	0	188



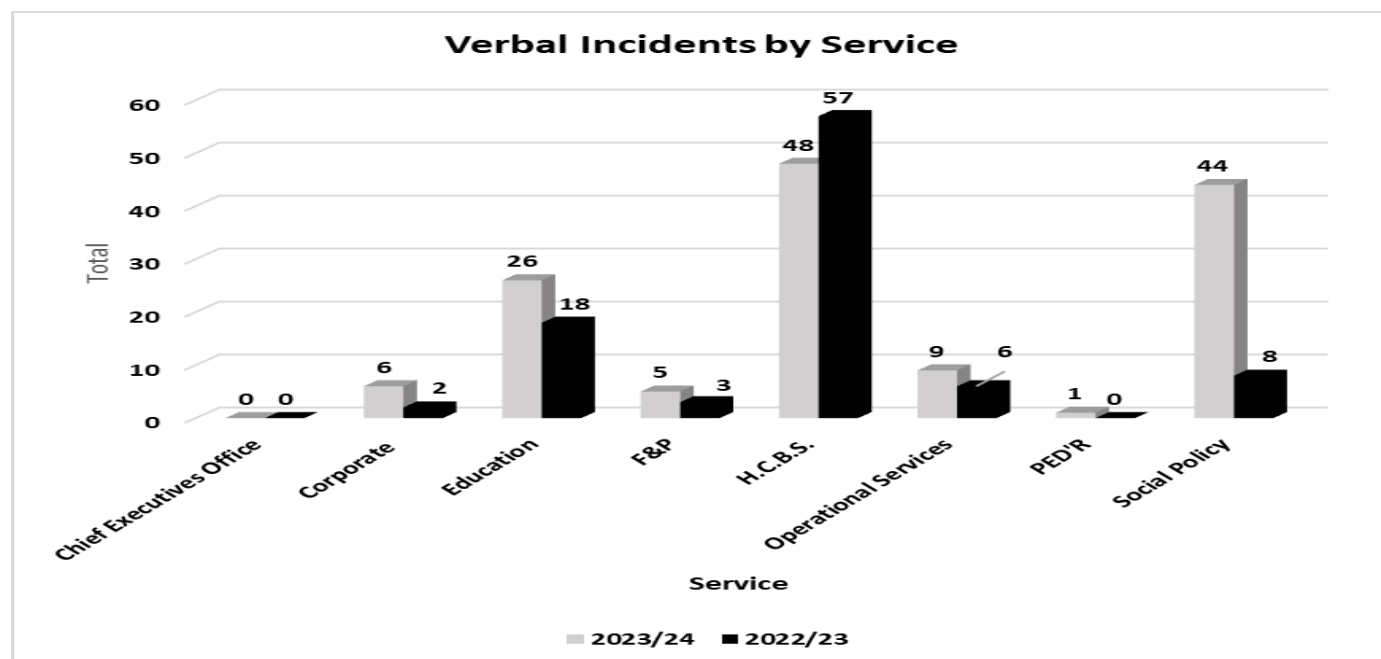
**CUMULATIVE ACCIDENTS RESULTING IN INJURY 1 April 2023 to 31 July 2023**

Service / Injured Party	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy	Totals
Employee	0	0	29	3	7	32	0	13	84
Third Party	0	0	0	0	2	0	0	21	23
Pupil / Student	0	0	35	0	0	0	0	0	35

**CUMULATIVE INCIDENTS by Cause 1 April 2023 to 31 July 2023**

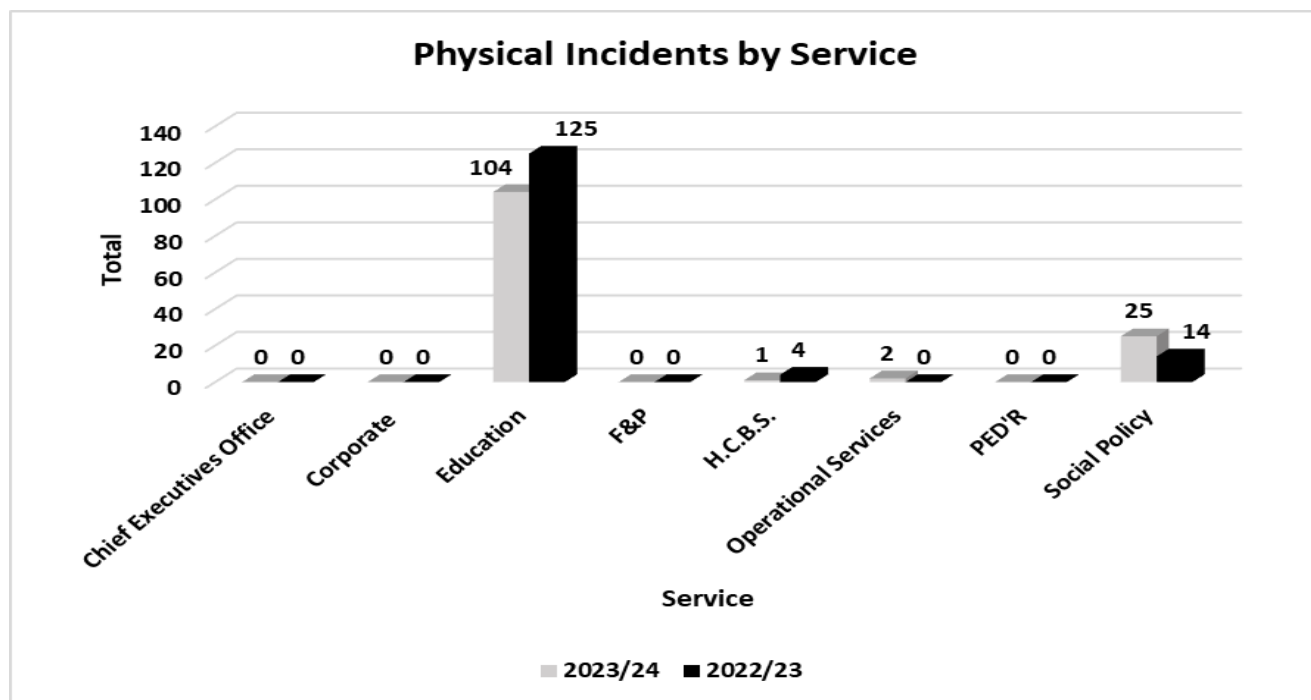
### CUMULATIVE REPORTED VERBAL INCIDENTS – 1 April 2023 to 31 July 2023

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	0	2	3	2	17	3	1	8
May	0	0	12	2	11	0	0	17
June	0	4	11	1	9	3	0	7
July	0	0	0	0	11	3	0	12
2023/24	0	6	26	5	48	9	1	44
2022/23	0	2	18	3	57	6	0	8



### CUMULATIVE REPORTED PHYSICAL INCIDENTS – 1 April 2023 to 31 July 2023

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	0	0	12	0	0	0	0	6
May	0	0	42	0	0	1	0	6
June	0	0	47	0	1	1	0	5
July	0	0	3	0	0	0	0	8
2023/24	0	0	104	0	1	2	0	25
2022/23	0	0	125	0	4	0	0	14



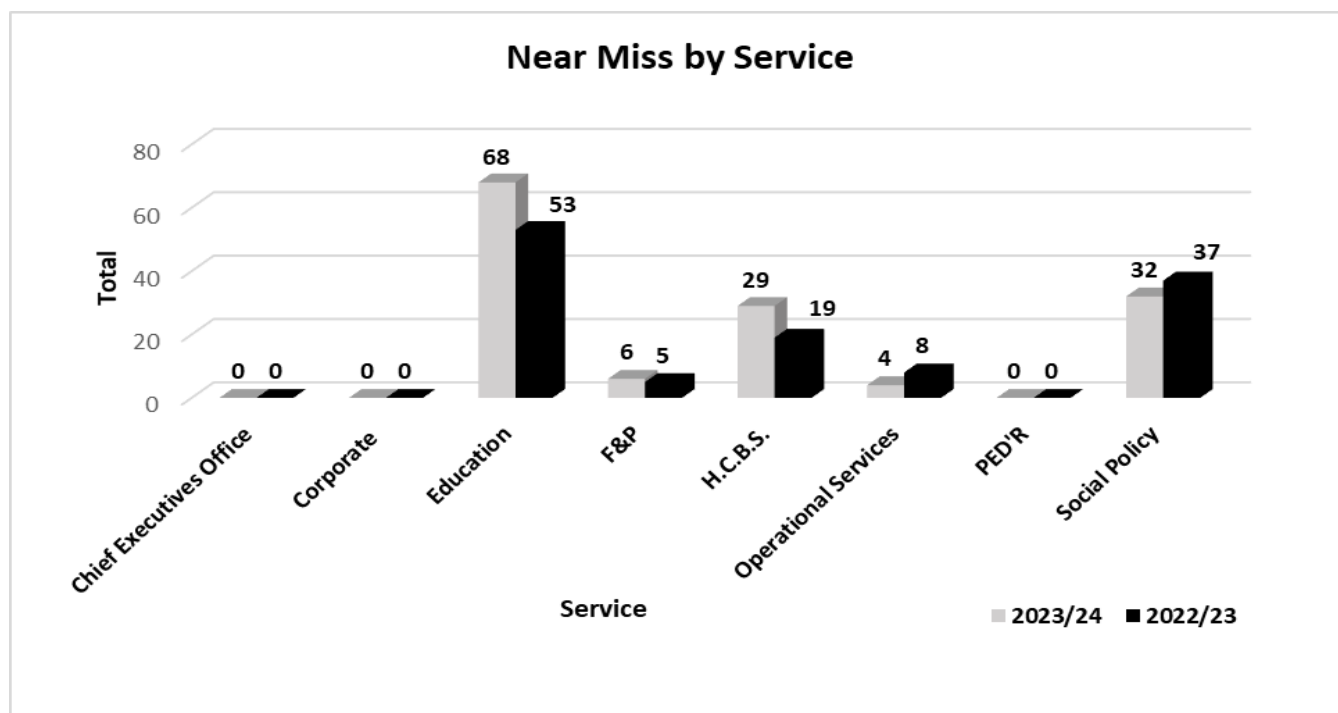
### VERBAL AND PHYSICAL INCIDENTS IN EDUCATION

Comparison of physical and verbal incidents recorded in 2021, 2022 and 2023 for the period 1 April to the 31 July against all incidents within Education.

Year	2021		2022		2023	
	Employee	Pupil	Employee	Pupil	Employee	Pupil
<b>Inclusion and Wellbeing</b>						
% incidents of physical + verbal against all incidents	16%	7%	3%	1%	7%	2%
<b>Primary and Early Years</b>						
% incidents of physical + verbal against all incidents	19%	13%	15%	7%	13%	7%
<b>Secondary Schools</b>						
% incidents of physical + verbal against all incidents	2%	5%	11%	4%	19%	7%
<b>All Education</b>						
% incidents of physical + verbal against all incidents	18%	11%	12%	5%	13%	7%

### NEAR MISS INCIDENTS – 1 April 2023 to 31 July 2023

	Chief Executives Office	Corporate	Education	F&P	H.C.B.S.	Operational Services	PED'R	Social Policy
April	0	0	4	1	7	1	0	5
May	0	0	31	2	8	1	0	3
June	0	0	30	2	6	1	0	9
July	0	0	3	1	8	1	0	15
2023/24	0	0	68	6	29	4	0	32
2022/23	0	0	53	5	19	8	0	37



#### EMPLOYERS LIABILITY INSURANCE PAYMENTS – 1 April 2023 to 31 July 2023

Details of closures made in this reporting period are detailed in the table below.

Accident year	Location	Service	Detail	Injury	Payment	Other costs	Total Claim	Cause	Incident Description
2020-21	West Calder	Social Policy	Manual Handling	Sprain/strain	0	275	275	Inured while moving client.	No Fault.
2020-21	Polbeth	Education Services	Assault	Fracture	28,750	16,735	45,485	Injury to nose during incident with child.	Breach of statutory duty.
2019-20	Livingston	Education Services	Slip/trip	Sprain/strain	0	11,999	11,999	Injured using faulty apparatus at private facility.	No Fault.
2019-20	Whitburn	Education Services	Assault	Multiple Other	8,000	10,159	18,159	Struck by chair in incident.	Breach of statutory duty.
2019-20	Livingston	Property Services	Slip/trip	Sprain/strain	1,250	9,837	11,087	Slipped on ice.	Breach of statutory duty.
2018-19	Livingston	Social Policy	Slip/trip	Sprain/strain	17,500	15,696	33,196	Trip incident.	Breach of statutory duty.
2020-21	West Calder	Social Policy	Assault	Sprain/strains	0	275	275	Struck by client.	No fault.
2019-20	Livingston	Social Policy	Manual Handling	Sprain/strain	4,000	34,700	38,700	Injured back.	Breach of Statutory Duty.

2020-21	Bathgate	NETS	Slip/trip	Sprain/strain	0	275	275	Slip incident.	No Fault
2018-19	Livingston	Social Policy	Slip/Trip	Sprain/strain	0	25,571	25,571	Slipped on wet floor.	Breach of Statutory Duty.
2021-22	East Calder	Catering	Manual Handling	Burns	4,500	3,588	8,088	Injured whilst cleaning equipment.	Breach of Statutory Duty.
2021-22	Livingston	Education Services	Slip/Trip	Other	10,000	6,614	16,614	Slipped on ice.	Breach of Statutory Duty.
<b>Payments:</b>					<b>85,000</b>	<b>135,724</b>	<b>220,724</b>		
<b>Recovery:</b>									
<b>Net:</b>					<b>85,000</b>	<b>135,724</b>	<b>220,724</b>		



DATA LABEL: PUBLIC



## **GOVERNANCE AND RISK COMMITTEE**

### **NON SERVICE RISKS**

#### **REPORT BY HEAD OF FINANCE AND PROPERTY SERVICES**

##### **A. PURPOSE OF REPORT**

To advise the Governance and Risk Committee of the council's non service risks, i.e. those risks which are not owned by a head of service.

##### **B. RECOMMENDATIONS**

It is recommended that the Governance and Risk Committee:

1. notes the council's non service risks;
2. provides feedback to officers on the risks, controls and mitigating actions.

##### **C. SUMMARY OF IMPLICATIONS**












<b>I</b>	<b>Council Values</b>	Being open, honest and accountable.
<b>II</b>	<b>Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	The Risk Management Policy requires the council to effectively manage risks.
<b>III</b>	<b>Implications for Scheme of Delegations to Officers</b>	None.
<b>IV</b>	<b>Impact on performance and performance Indicators</b>	Failure to effectively mitigate risks may have an adverse impact on performance.
<b>V</b>	<b>Relevance to Single Outcome Agreement</b>	Our public services are high quality, continually improving, efficient and responsive to local people's needs.
<b>VI</b>	<b>Resources - (Financial, Staffing and Property)</b>	None.
<b>VII</b>	<b>Consideration at PDSP</b>	None.
<b>VIII</b>	<b>Other consultations</b>	Governance and Risk Board.

##### **D. TERMS OF REPORT**

The council's risk management system Ideagen (formerly Pentana) contains 232 council risks. The vast majority of these are owned by a head of service. These risks would either be specific to a service or held on behalf of the council as a whole; for example Finance and Property Services owns risks in relation to statutory compliance.

However there are 11 council risks which are “non service” in that they are not owned by a head of service. The attached appendix sets out these risks in detail.

The risks are summarised in the table below.

Code and Description	Assigned To	Score	Icon
WLC004 Political uncertainty - impacting on service delivery	Depute Chief Executive Corporate, Operational and Housing	16	
WLC021 Failure to comply with Councillors' Code of Conduct	Governance Manager	9	
WLC010 Criminal activity - failure to comply with duties in respect of the Counter Terrorism Security Act 2015	Depute Chief Executive Corporate, Operational and Housing	9	
WLC045 Pandemic - failure to maintain critical services	Depute Chief Executive Corporate, Operational and Housing	8	
WLC005 Disaster or incident - failure to maintain critical services	Depute Chief Executive Corporate, Operational and Housing	6	
CEO001 Inadequate response to an emergency situation	Project Officer	6	
WLC012 Breaches of the Law	Governance Manager	6	
CEO002 Failure to maintain services in the event of an emergency or disaster	Executive Project Officer	6	
WLC024 Severe weather - failure to maintain critical services	Depute Chief Executive Corporate, Operational and Housing	4	
WLC022 Failure to achieve Best Value	Depute Chief Executive Corporate, Operational and Housing; Interim Head of Finance and Property Services	3	
WLC011 Failure to comply with the requirements of the Regulation of Investigatory Powers (Scotland) Act (RIPSA)	Governance Manager	3	

#### E. CONCLUSION

Review by the Governance and Risk Committee will assist in ensuring that the risks are properly described and scored and that appropriate controls are in place.

#### F. BACKGROUND REFERENCES

None.

Appendices/Attachments: (1) Non Service Risks (2) Risk Assessment Methodology

Contact Person: Kenneth Ribbons, Audit Risk and Counter Fraud Manager –

[Kenneth.ribbons@westlothian.gov.uk](mailto:Kenneth.ribbons@westlothian.gov.uk) Tel No. 01506 281573


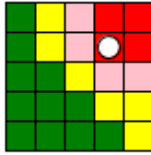
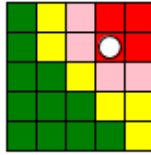
**Patrick Welsh**  
**Interim Head of Finance and Property Services**  
**Date of meeting: 25 September 2023**


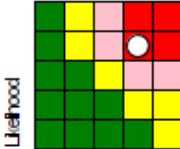
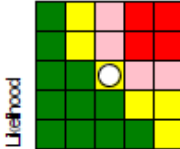
## Appendix 1 Non Service Risks


**Report Author:** Kenneth Ribbons

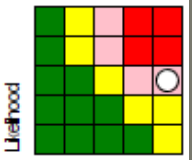
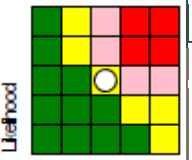
**Generated on:** 18 September 2023 10:20


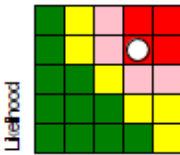
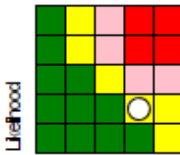
**Report Layout:** .. 10 (previously R09b) Original Score, Current Score, Internal Controls with linked Actions (outstanding only)

	<b>WLC004 Political uncertainty - impacting on service delivery</b>			Political uncertainty relates to activity or changes in respect of: local government, Scottish government, UK government, or international political circumstances which may impact on the council. An inability to plan effectively for major changes may result in an adverse impact on service delivery and financial performance.					
<b>Current Controls:</b>				Timely response to government consultation. Lobby via COSLA and other appropriate forums. Plans / strategies in place for major anticipated changes. Performance management system. Quarterly horizon scanning reports to Policy Development and Scrutiny Panel. Quarterly risk reporting to the Governance and Risk Committee.					
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
16	<div><div>Likelihood</div><div>Impact</div></div>	16	<div><div>Likelihood</div><div>Impact</div></div>						


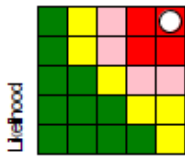
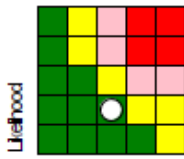
	<b>WLC021 Failure to comply with Councillors' Code of Conduct</b>			Misconduct leading to an investigation by the Commissioner for Ethical Standards in Public Life in Scotland (CESPLS), and a hearing by the Standards Commission. Resulting in reputational damage to the council.					
<b>Current Controls:</b>				Documented procedures are in place for the administration of Registers of Members' Interests which incorporate the requirements of the relevant legislation. Reviewed and refreshed and applied following local government elections in May 2022 Extensive training to members as part of Member Induction Process. Significant developments notified to members via email. At least annual presentation(s) on Standards Commission cases. Training on recent reported cases introduced on a bi-annual basis in 2020/21. Annual report to Governance and Risk Board, CMT and then to full council (November/December each year). Refresher training where requested, required or advised. Proactive advice where possible to members regarding potential declarations of interest. Internal process referring complaints to the Monitoring Officer for investigation. Reviewed and refreshed following Internal Audit report in October 2019. Statistics and anonymised information reported in annual report to full council. Monitoring Officer and Governance Manager attendance at Standards Commission events and participation in SOLAR groups and networks.					
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
16		9							


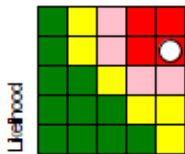
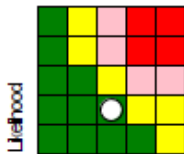
	<p><b>WLC010 Criminal activity - failure to comply with duties in respect of the Counter Terrorism Security Act 2015</b></p>	<p>The UK Government's Counter Terrorism and Security Act 2015 came into force on 1 July 2015 and the UK Government has a Counter Terrorism Strategy called CONTEST. There are four individual workstreams as follows:</p> <p>Prevent - deterring those who facilitate terrorism and those who encourage others to become terrorists, engaging in the battle of ideas by challenging the ideologies that extremists believe justify violence.</p> <p>Prepare - identifying the potential risks the UK faces, building the necessary capability to respond to attacks, evaluating and testing our preparedness</p> <p>Protect - strengthening border security, protecting key utilities by working with the private sector, reducing the risk and impact of attacks through security and protecting people going about their daily lives.</p> <p>Pursue - gather intelligence and improve our ability to identify and understand the terrorists threat. Disrupt activity and work with partners to strengthen our intelligence effort in the UK and beyond.</p> <p>The Council has a specific duty under the <b>Prevent</b> strand of the strategy, having a "<b>due regard to the need to prevent people from being drawn into terrorism</b>".</p>
<p><b>Current Controls:</b></p>		<p><u>General</u></p> <p>Prevent Duty Guidance provided by Scottish Government  Community Safety Strategic Plan includes actions and activities for the delivery of the CONTEST strategy  Annual update to CMT on CONTEST and Prevent Duty  Annual 'Stay Safe' guidance to all staff  Intranet site <a href="https://intranet.westlothian.gov.uk/counter-terrorism">https://intranet.westlothian.gov.uk/counter-terrorism</a> - contains advice, guidance and links to UK Government and Police Scotland websites/information  Prevent Multi Agency Panel (PMAP) Guidance launched Spring 2021</p> <p><u>Governance</u></p> <p>Chief Executive represents SOLACE at senior CONTEST board level  Depute Chief Executive (Corporate, Housing &amp; Operational) appointed as Single Point of Contact (SPOC) for CONTEST within council  Chief Executive and Depute Chief Executive (Corporate, Housing &amp; Operational) attends Scottish Government Prevent Sub Group  Depute Chief Executive (Corporate, Housing &amp; Operational) East Area Network SPOC Chair  Council attends the J Division Multi-Agency CONTEST group  West Lothian Multi-Agency CONTEST Group established and chaired by Council</p>


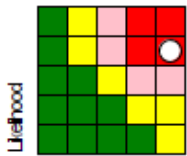
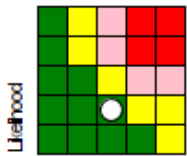
				<p><u>Assurance</u> Council has completed the Scottish Government's Prevent Assurance assessment and required actions are being progressed</p> <p><u>Training</u> Prevent Training now mandatory for all new start staff. Existing staff are also required to undertake refresher training PMAP Training - SPOC/Depute SPOC attendance at Scottish Government Mandatory Training Hydra Training delivered in house - October 2022</p> <p><u>Education Services</u> PREVENT training (WRAP) delivered to all secondary schools staff</p> <p><u>Social Policy</u> WRAP training rolled out to significant groups of staff (M) Counter terrorism professional concerns process within a public protection context (M) Senior responsible officer in Social Policy (S) - Depute SPOC</p> <p><u>Building Security</u> Building and site security measures in place</p>					
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
15		9							


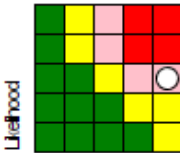
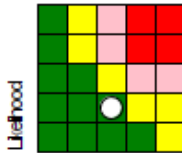
	<b>WLC045 Pandemic - failure to maintain critical services</b>			Covid-19 infection control leading to some staff being unable to attend work and resulting in disruption to council services.					
<b>Current Controls:</b>				Council will continue to support the Scottish Government and NHS measures to drive down rates of transmission.  There are no COVID-19 rules or restrictions in Scotland. At this stage of the pandemic we are now living with COVID-19 as a respiratory infection (August 2023).  Arrangements are in place to support staff who are able to work from home (IT and HR Policies.)  Effective infection control measures are in place in workplaces. This includes distancing, availability of handwashing and sanitisation facilities, signage, and reduced capacity in buildings and individual rooms.  Increased availability of video conferencing and teleconferencing.					
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
16		8							


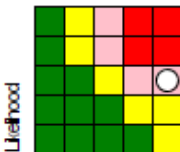
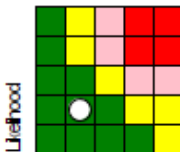



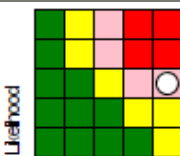
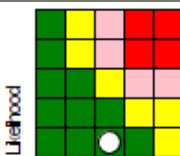
	<b>WLC005 Disaster or incident - failure to maintain critical services</b>			Major event such as explosion, flood or fire, leading to loss of property and / or IT and resulting in an inability to maintain critical services, including designated WLC1 activities. There is a separate risk WLC014 relating to cyber attack and WLC045 relating to pandemic.					
<b>Current Controls:</b>				Risk management policy Guidance on business continuity planning provided by corporate risk manager Services categorised into WLC1, WLC2 and WLC3 Corporate business continuity plan Service business continuity plans Staff relocation spreadsheet for WLC1 activities loss of building and severe weather Governance and Risk Board review of business continuity arrangements Risk management working group - dissemination of advice and information Review of service business continuity plans by corporate risk manager Desktop test of Civic Centre business continuity arrangements March 2016 Rotational programme of WLC1 desktop testing (now complete) Homeworking policies and procedures					
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
25		6							


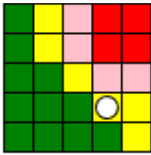
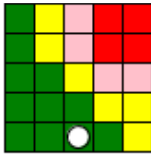


	<b>CEO001 Inadequate response to an emergency situation</b>	Failure to comply with statutory responsibilities in relation to emergency planning, leading to an inadequate response to a major incident. Key controls include ensuring that the major incident plan is up to date and tested, that training is provided and that good communications are in place for informing and warning the public. There is also a legislative requirement, for example, for COMAH (Control of Major Accident or Hazard) offsite plans and Major Accident Hazard Pipeline Plans.							
		<b>Current Controls:</b>	Partner agency major incident plan in place and reviewed every 3 years. Multi-agency COMAH and MAHP plans in place and reviewed every 3 years. Multi-agency training at Lothian and Borders level with other category 1 responders. Range of training in place. Membership of East of Scotland Resilience Partnership and participation in short life working groups Emergency Planning Officer in place and support from officers in CEO and other services Participation in risk group as required which maintains the Community Risk Register which identifies the key risks in the local area. Membership of Regional Public Communications Group which produced a Public Communications Plan. Local Resilience Partnership identifying gaps too identify priorities and inform future testing and exercising needs. Regular exercises undertaken including scenario testing – virtual platforms now available. All partners now using compatible video conferencing and tele conferencing facilities which have been used in planning and response.						
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
20		6							

	<b>WLC012 Breaches of the Law</b>			Failures of internal control leading to breaches of the law which are considered material or significant to the overall finances or operations of the council, and result in financial loss or reputational damage.					
<b>Current Controls:</b>				Annual corporate governance compliance statement Council standing orders and associated procedures Scheme of delegation to officers Council internal Legal Services Unit in place for consultation and advice Corporate Governance Compliance statement reviewed by Governance and Risk Board					
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
20		6							

	<b>CEO002 Failure to maintain services in the event of an emergency or disaster</b>			Major event such as explosion, fire, flood, severe weather or pandemic leading to loss of property, IT or staff. Resulting in an inability to maintain key Chief Executive Office services, including emergency planning as a designated WLC1 activity.					
<b>Current Controls:</b>				Current business continuity plans cover emergency planning (WLC1), elections and Chief Executive support. Business continuity plans reviewed annually. Business continuity plans comply with the council policy and procedures. Desktop test of WLC1 emergency planning business continuity plan undertaken. Home working tested by CEO Use of different videoconferencing and teleconferencing in place.					
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
15		6							

	<b>WLC024 Severe weather - failure to maintain critical services</b>			Severe weather leading to staff being unable to attend work and resulting in an inability to maintain critical council services, including designated WLC1 activities.					
<b>Current Controls:</b>				Concurrent risk (including severe weather) chaired by CX meeting weekly over the winter period (October - March) each year Corporate business continuity plan Service business continuity plans Staff relocation spreadsheet Governance and Risk Board review of business continuity arrangements Rotational programme of WLC1 desktop testing (now complete) Guidance provided by corporate risk manager Council approval of additional winter maintenance fund £1m in setting 2021/22 revenue budget Homeworking arrangements in place for wide range of staffing groups Supporting Attendance at Work Policies (Sickness Absence) and related Employee Assistance Programme Winter Service Plan 2022 approved at Council Executive on 25 October 2022					
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
15		4							

	<b>WLC022 Failure to achieve Best Value</b>			Inadequate internal processes in place to deliver value for money and continuous improvement leading to failure to achieve statutory duty of Best Value. Resulting in sub optimal performance and reputational damage.					
<b>Current Controls:</b>				West Lothian Assessment Model Performance management via Pentana Best Value protocol Best Value compliance statement Internal member scrutiny - Performance Committee, Audit Committee and Governance and Risk Committee Customer Service Excellence, EFQM and Investor in People awards Robust financial planning including financial regulations and medium term financial plan New Corporate Plan 2023-28 Annual Service Improvement Plans Standing Orders for Contracts Internal and external audit scrutiny Best Value framework review approved by Council Executive on 22 February 2022					
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked</b>	<b>Risk Actions</b>	<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
15		3							

	<b>WLC011 Failure to comply with the requirements of the Regulation of Investigatory Powers (Scotland) Act (RIPSA)</b>	Corporate policy is not up to date, or is not effectively deployed, for example due to lack of corporate procedures, advice, support, or training. Leading to breaches of the surveillance legislation, including conducting surveillance which is unnecessary or disproportionate. Resulting in adverse publicity and reputational damage.							
<b>Current Controls:</b>		Actions identified following OSC Inspection in 2019. Agreed via Governance & Risk Board and P&R PDSP. Revised draft policy approved at Council Executive on 6 October 2020. Management guidance/procedures updated. Suite of forms updated. Scheme of Delegations allocates senior roles. Approval process is strict and approvals possible only by Chief Solicitor or Governance Manager. Policy allocates responsibility for compliance and identifying appropriate officers to undertake RIPSA activity. Annual reports to Governance and Risk Board and to PDSP in August/September each year. Annual statistical return to IPCO in January each year.							
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked	Risk Actions	Original Due Date	Due Date	Progress	Description
8		3			CEO22001_Ar IPCO Inspection 2022 Action Plan	30-Nov-2023	30-Nov-2023		Agreed actions arising from the 2022 IPCO inspection as set out in the agreed action plan.



## RISK ASSESSMENT METHODOLOGY

### RISK MATRIX

LIKELIHOOD	Almost Certain 5	5 Low	10 Medium	15 High	20 High	25 High
	Very Likely 4	4 Low	8 Medium	12 High	16 High	20 High
	Likely 3	3 Low	6 Low	9 Medium	12 High	15 High
	Possible 2	2 Low	4 Low	6 Low	8 Medium	10 Medium
	Unlikely 1	1 Low	2 Low	3 Low	4 Low	5 Medium
		Insignificant 1	Minor 2	Significant 3	Major 4	Catastrophic 5
		IMPACT				



### LIKELIHOOD TABLE

Score	Description	Estimated Percentage Chance
1	Unlikely	0-10
2	Possible	10-50
3	Likely	50-70
4	Very Likely	70-90
5	Almost Certain	90-100

Each risk is scored 1-5 for likelihood.

In assessing likelihood consider a three year time horizon and use your knowledge and experience of previous issues, both within the council and elsewhere.

## IMPACT TABLE

Each risk is scored 1-5 for impact. In assessing impact each column is independent. Use the highest score.

<b><u>Hazard / Impact of Risk</u></b>	<b>Personal safety</b>	<b>Property loss or damage</b>	<b>Regulatory, statutory or contractual</b>	<b>Financial loss, penalties, or costs</b>	<b>Impact on service delivery</b>	<b>Personal privacy infringement</b>	<b>Community / environmental</b>	<b>Impact on Reputation</b>
<b>Insignificant 1</b>	Minor injury or discomfort to an individual	Negligible property damage	Breaches contained within the service	Less than £10k	No noticeable impact	None	Inconvenience to an individual or small group	Contained within service unit
<b>Minor 2</b>	Minor injury or discomfort to several people in one incident	Minor damage to one property	Breaches reported within the council no external action	£10k to £100k	Minimal disruption to services	Non special category personal information for one individual revealed or lost	Impact on an individual or small group	Contained within service
<b>Significant 3</b>	Major injury or harm to an individual	Significant damage to small building or minor damage to several properties from one source	Adverse comment or censure by government, courts, auditors, or regulators	More than £100k to £500k	Noticeable impact on service performance.	Non special category personal information for several individuals revealed or lost	Impact on a local community	Local social media or press interest
<b>Major 4</b>	Major injury or harm to several people in one incident	Major damage to critical building or serious damage to several properties from one source	Government, court or regulator sanction, including action which impairs our ability to deliver a service	More than £500k to £2m	Serious disruption to service performance	Special category personal information for one individual revealed or lost	Impact on several communities	National social media or press interest
<b>Catastrophic 5</b>	Death of one or more people	Total loss of critical building	Government, court or regulator action resulting in an inability to deliver key services	More than £2m	Non achievement of key corporate objectives	Special category personal information for several individuals revealed or lost	Impact on the whole of West Lothian or permanent damage to site of special scientific interest	Officers and/or members dismissed, sent to prison or forced to resign

# Corporate Services Health and Safety Risks

Lesley Henderson

# Overview

- Overview of Corporate Services
- Management of Health and Safety Risks
- Corporate Health and Safety Risks
- Incidents
- Risk Assessments

# Corporate Services

- **Enabler Service providing support in:**
  - Communications & Media Support
  - Health and Safety
  - HR and Support Services
  - IT
  - Legal Services
  - Performance and Improvement
  - Procurement

# Management of Risks

- **Risk Management Policy and Procedure**
  - Ideagen Performance system
  - Score, based on the combination of impact x likelihood
  - Include details of key controls and mitigating risk actions
  - Reviewed at the CSMT on a monthly basis

# Service Health and Safety Risks

## 2 Medium Risks

- **WLC008** Failure to prepare, or effectively deploy, up to date corporate occupational health and safety policies and procedures
- **HRS004** Council Elected Member assaulted in the course of their duties



# Incidents & Mitigating Actions

Any unplanned event resulting in a near miss, an injury, ill health of people, the damage or loss of property, plant, materials or the environment or the loss of business opportunity.

Incident Numbers:     63 since 2018  
                                 19 in 2023

Mitigating Actions:     All subject to investigation  
                                 Retention of reception screens  
                                 Introduction of microphones  
                                 Training



# Risk Assessments

A systematic examination of a task, job or process that you carry out at work for the purpose of identifying the significant foreseeable hazards that are present.

- 36 in place which identify hazards and implement suitable control measures to eliminate or reduce risk.
- Review underway which will be completed by 31 October 2023



DATA LABEL: PUBLIC



## **GOVERNANCE AND RISK COMMITTEE**

### **MANAGEMENT OF HEALTH & SAFETY RISK**

#### **REPORT BY HEAD OF CORPORATE SERVICES**

#### **A PURPOSE OF REPORT**

This purpose of this report is to advise the Governance and Risk Committee of the approach to the management of Health and Safety Risks within Corporate Services.

#### **B RECOMMENDATIONS**

It is recommended that the Committee note the approach taken by Corporate Services.

#### **C. SUMMARY OF IMPLICATIONS**

<b>I</b>	<b>Council Values</b>	Caring and Compassionate Open, Honest and Accountable Collaborative, Inclusive and Adaptive
<b>II</b>	<b>Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	The Risk Management Policy requires the council to effectively manage risks. Legal requirements for Health and Safety made under statutory obligations in the Health and Safety at Work Act 1974 and Fire Scotland Act 2005 and associated regulations
<b>III</b>	<b>Implications for Scheme of Delegations to Officers</b>	None.
<b>IV</b>	<b>Impact on performance and performance Indicators</b>	Ineffective health and safety risk management arrangements may adversely affect performance.
<b>V</b>	<b>Relevance to Single Outcome Agreement</b>	Our public services are high quality, continually improving, efficient and responsive to local people's needs.
<b>VI</b>	<b>Resources - (Financial, Staffing and Property)</b>	None
<b>VII</b>	<b>Consideration at PDSP / Executive Committee</b>	N/A.
<b>VIII</b>	<b>Other consultations</b>	None.

## **D. TERMS OF REPORT**

### **D.1 Service Overview**

Corporate Services provide a wide range of enabling services to all areas of the council. Each is designed to efficiently contribute to positive outcomes in the council's corporate priorities through effective models of support, planning, policy and advice in relation to; HR, Health and Safety, IT, Legal, Procurement, Performance, Communications and Council Administration.

Appropriate and measured control of risk within Corporate Services supports the strategic and operational aims of the council-wide health and safety policy.

### **D.2 Corporate Services Health & Safety Risks**

Corporate Services currently has two risks relating to health and safety logged in Ideagen Risk Management system. These are set out in Appendix 1. Both are currently assessed as medium risks.

#### **Risk WLC008 - Failure to prepare, or effectively deploy, up to date corporate occupational health and safety policies and procedures**

This risk relates to the activity undertaken by Corporate Services to support council wide activity and covers the preparation and deployment of health and safety policies and procedures. If suitable policies are not in place or effectively deployed this could result in a breach of statutory obligations.

There are a number of mitigating measures in place in relation to this risk, including provision of competent suitably qualified health and safety advisers to support services in the production and roll out of procedures, a three-year cycle of review monitored by the Governance and Risk Board, and provision of monthly data to services to ensure health and safety is being monitored.

The council has a Health and Safety Committee which is chaired by the Head of Corporate Services. This Committee provides a forum for management and trade union representatives to engage on health and safety matters and provides a forum to identify activities that will strengthen the implementation of the aims and objectives of the council's Health and Safety Policy.

#### **HRS004 Council Elected Member assaulted during the course of their duties**

This risk relates to an elected member of the council being assaulted in the course of their duties. There are a number of mitigating measures in place in relation to this risk, including the development and delivery of personal safety training for elected members, the development of safety guidance to support members in undertaking their role and the provision of lone working devices.

By implementing identified controls, the service aims to reduce the likelihood of the risks occurring, or the impact they will have if they do occur. These controls are reviewed for effectiveness each time the risk is re-assessed.

At the most recent review of risks within Corporate Services a new risk relating to violence and aggression towards staff is being considered for development. This risk will consider recent incident monitoring and investigating within the service and work being progressed by the corporate violence and aggression working group, which is sub group of the Health and Safety Committee.

### **D.3 Incidents within Corporate Services**

Staff are made aware of the requirement to report incidents (accidents, near misses and dangerous occurrences) through the mandatory staff induction programme and an online annual health and safety refresher. Each incident recorded is investigated to identify trends and remedial actions to prevent a recurrence of an incident where reasonably practicable. Information on the compliance with incident recording and investigation procedures, as well as the details on incidents of note, are also considered on a monthly basis by the Corporate Management Team.

The number of incidents recorded by the service over the last five years can be found in Appendix 2. In 2023 there has been an increase in the number of incidents being recorded within the Civic Centre Administration team. All incidents, with the exception of one, relate to verbal aggression towards staff. As a result of this, work is ongoing to support employees in that area who are being subject to verbal aggression. This includes the retention of the screens that were provided during the Covid 19 pandemic and provision of microphone speakers at the reception desks. The team have also been provided with training on how to deal with difficult customers and de-escalation techniques.

None of the incidents recorded within Corporate Services have met the reporting criteria under the Reporting of Incidents Diseases and Dangerous Occurrences Regulations (RIDDOR).

Outcomes of investigations are used to inform actions and workplans within the required services and these overall are integrated into the Corporate Services Annual Health and Safety Action plan.

### **D.4 Risk Assessments**

Corporate Services currently have thirty-six health and safety risk assessments relating to work activities within the service. These assessments identify hazards that could have the potential to cause injury, illness or harm, the risk of the harm being realised and detail actions taken to either eliminate or control the risk of harm. They cover areas of lone working, manual handling, first aid and work away from the office. The service is currently reviewing and updating all risk assessments in line with council procedures. This review will be completed by the end of October 2023.

## **E CONCLUSION**

The report sets out the identified health and safety risks in Corporate Services and details the approach to identifying and managing risks. The service has implemented robust risk management processes with the aim of ensuring that risks to the achievement of key objectives are mitigated as far as possible.

## **F. BACKGROUND REFERENCES**

None

Appendices/Attachments:

- (1) Health and Safety Risks
- (2) Corporate Services Incidents



Contact: [Lesley.henderson@westlothian.gov.uk](mailto:Lesley.henderson@westlothian.gov.uk)



**Lesley Henderson**  
**Interim Head of Corporate Services**

**25<sup>th</sup> September 2023.**

## Corporate Services Health and Safety

### Traffic Light: Amber 2

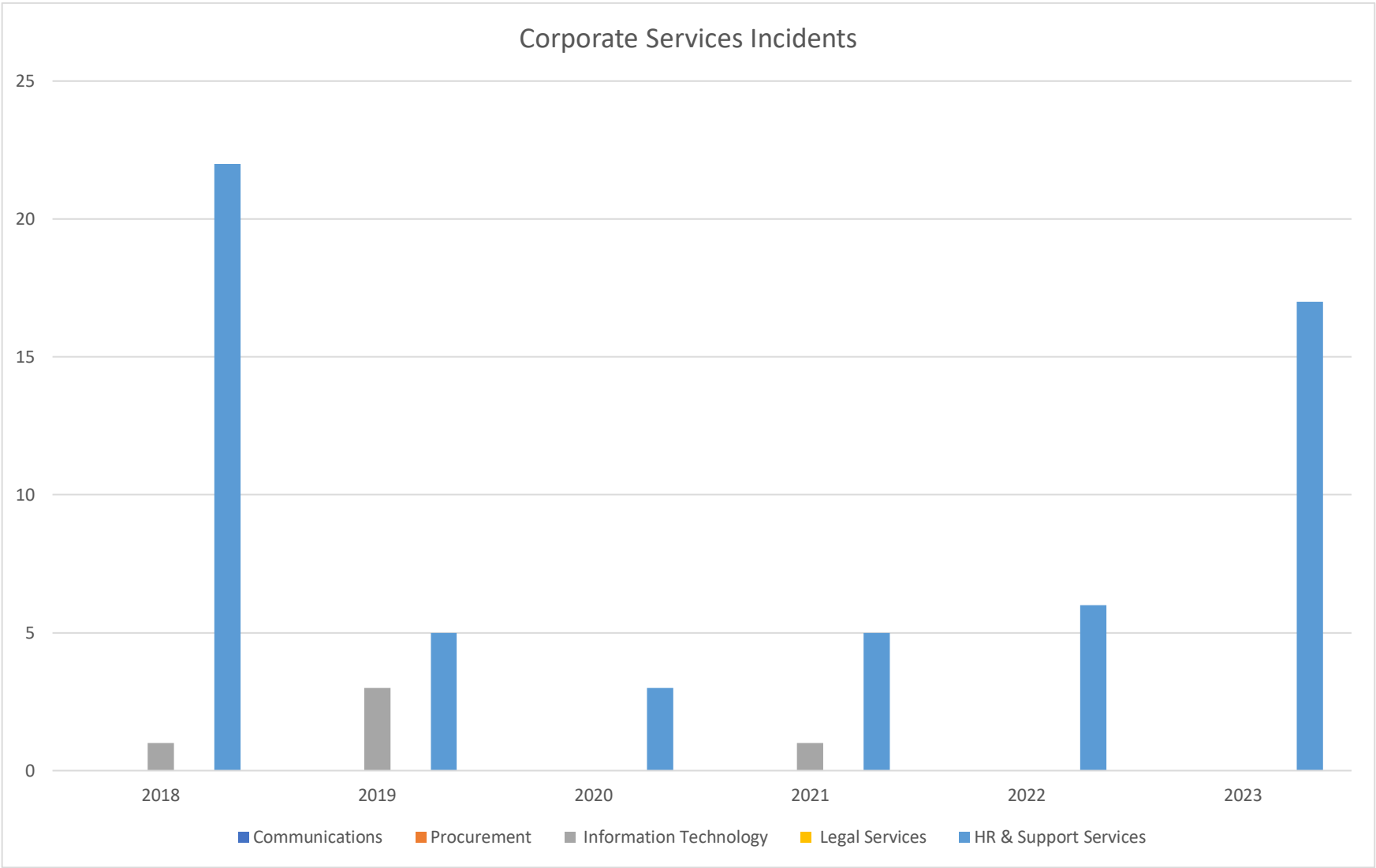
Risk Title	Risk Description	Original Risk Score	Original Traffic Light Icon
WLC008 Failure to prepare, or effectively deploy, up to date corporate occupational health and safety policies and procedures	If corporate policy is not up to date, or is not effectively deployed, for example due to the lack of: corporate procedures; provision of advice and support from corporate health and safety team; provision of training; this may lead to a breach of the council's statutory obligations. In extreme cases this may result in an injury or a fatality to council staff, customers, or members of the public. This could also lead to criminal prosecution, fines and reputational damage.	25	
HRS004 Council member assaulted in the course of their duties	Individual with a grudge or issue accesses council member leading to member being assaulted in the course of their duties, potentially resulting in injury or death.	10	

Current Impact	Current Likely	Current Risk Score	Current Traffic Light Icon	Assigned To
4	2	8		Kim Hardie
4	2	8		Claire Wallace





Appendix 2





# Social Policy Business Continuity Plan

Jo MacPherson, Head of Social Policy

# Overview

- Purpose of Business Continuity Planning (BCP)
- Corporate Arrangements
- Social Policy BCP Review
- Key Service BCP Themes

# Purpose of BCP

- Integral part of the organisation's Risk Management Strategy.
- To ensure, so far as is reasonably practicable, that should an emergency occur the service is able to continue to perform its functions.
- Provides assurance as to our ability to meet our objectives.

# Corporate Arrangements

- BCP held in corporate risk management system
- Key services are classified by WLC1, WLC2 and WLC3 categorisations
- BCP identifies key activities, contacts, dependencies and recovery actions



# Service Business Continuity Planning

- Proactive approach to reviewing BCP
- Established business continuity team with key roles and responsibilities
- Links to corporate risk management and business continuity team

# Social Policy BCP Themes

- Loss of IT/Cyber-attack
- Loss of operational property
- Loss of staff
- Pandemic
- Power outages
- Severe weather



# Categorisation of Activities

WLC1	WLC2	WLC3
13	7	0

**WLC1** - imminent loss of life or limb to customers, staff or members of public

**WLC2** - significant harm to hardship to customers, staff or members of the public

**WLC3** - significant impact on council objectives

# WLC1 Activities

- Care Homes for Adults & Older People and Housing with Care
- Support at home Services – Re-ablement and Domiciliary Care
- Support at home services – crisis care service
- Child Care & Protection (includes the Child Disability Service)
- Children's Residential Houses
- Social Care Emergency Team (out of hours social work service)
- Mental Health Officer Team
- Justice Services
- Adult Social Care Enquiries Team (ASCET)
- Duty and Child Protection team
- Families Together (provides intensive family support where children are at risk of placement away from home)
- Domestic and Sexual Assault Team (DASAT)
- Adults and Older Peoples' social work services – Assessment and Care Management (this includes the Adult Support and Protection Team)

# WLC2 Activities

- Reviewing Officers (chair planning meeting for looked after children and children on the child protection register)
- Inclusion and Support Service (earlier intervention service for children and their families)
- Community Addictions Team
- Family Placement Team (recruiting, assessing, supporting foster and kinship carers)
- Adult Day Services
- Mental Health Day Services and Community Outreach Team
- Occupational Therapy Service and Community Equipment Stores

# Summary

- Social Policy has a robust and proactive business continuity process in place which supports continued delivery of key services
- The service BCP is reviewed by the Senior Management Team
- BCP forms part of the service's risk management strategy

DATA LABEL: PUBLIC



## **GOVERNANCE AND RISK COMMITTEE**

### **BUSINESS CONTINUITY PLANNING - SOCIAL POLICY**

#### **REPORT BY HEAD OF SOCIAL POLICY**

##### **A. PURPOSE OF REPORT**

To report to the Governance and Risk Committee on the approach taken to business continuity planning within Social Policy.

##### **B. RECOMMENDATION**

It is recommended that the Governance and Risk Committee considers the approach taken by Social Policy to business continuity planning to enable the service to continue to deliver key services in the event of an incident which disrupts normal operations.

##### **C. SUMMARY OF IMPLICATIONS**

<b>I Council Values</b>	Caring and compassionate Open, honest and accountable Collaborate, inclusive and adaptive
<b>II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	The Risk Management Policy requires the council to effectively manage risks.  Section 2(1)(c) of the Civil Contingencies Act 2004 requires the council to maintain plans for the purpose of ensuring, so far as is reasonably practicable, that if an emergency occurs it is able to continue to perform its functions.
<b>III Implications for Scheme of Delegations to Officers</b>	None.
<b>IV Impact on performance and performance Indicators</b>	Failure to effectively mitigate risks may have an adverse impact on performance.
<b>V Relevance to Single Outcome Agreement</b>	Our public services are high quality, continually improving, efficient and responsive to local people's needs.
<b>VI Resources - (Financial, Staffing and Property)</b>	Business continuity planning is undertaken within existing staff resources.
<b>VII Consideration at PDSP</b>	None.
<b>VIII Other consultations</b>	Social Policy Service Management Team, Audit, Risk and Counter Fraud Manager.

## **D. TERMS OF REPORT**

### **D.1 Background**

- 1.1** In accordance with corporate requirements and in line with the council's responsibility under section 2(1)(c) of the Civil Contingencies Act 2004, Social Policy has a requirement to maintain plans for the purpose of ensuring, so far as is reasonably practicable, that should an emergency occur the service is able to continue to perform its functions.

### **D.2 Business Continuity Planning**

- 2.1** The business of the Social Policy service is to provide social work and social care services for children, adults and older people and justice services where these are needed. A range of services are provided for people and their families in different settings including at home, in day service settings and in residential care and supported living settings. Due to the risks and vulnerabilities of service users, it is important that the service has in place robust business continuity arrangements to ensure readiness to sustain critical functions during an emergency or periods of disruption.
- 2.2** Social Policy maintains its business continuity plan on the Council's corporate risk management system, Ideagen (formerly Pentana). The Ideagen risk system is hosted externally and accessible in the event of a cyber-attack or loss of council systems.
- 2.3** The Social Policy business continuity plan describes how the service will continue to deliver services in the event of an incident which disrupts normal operations.
- 2.4** For the purpose of business continuity planning, key services across the council are classified as WLC1, WLC2 and WLC3 activities. These categorisations are defined below:
- WLC1 - An activity which if not maintained would risk causing imminent loss of life or limb to customers, staff or members of the public.
  - WLC2 - An activity which if not maintained would risk causing significant harm or hardship to the council's customers, staff or members of the public.
  - WLC3 - An activity which if not maintained for a period of thirty days would have a significant impact on the council's objectives.
- 2.5** Social Policy currently has 13 WLC1 activities, 7 WLC2 activities and no WLC3 activities. The WLC1 and WLC2 activities are summarised in appendix 1 to this report.
- 2.6** The Social Policy business continuity plan identifies key events that could significantly impact on service delivery, including the loss of IT/cyber-attack, loss of operational property, power outage, severe weather, loss of employees or a pandemic. The plan is reviewed regularly and sets out a business continuity team, key responsibilities and actions required in the event of an incident.
- 2.7** The chair of the Social Policy business continuity team, the Head of Service, may invoke the plan where an incident causes significant disruption to service delivery, or where it is anticipated that this may happen. In taking a decision, the chair will have regard to the nature and estimated duration of the incident, the services affected, their classification, and the timetables for recommencing service delivery. In the absence of the chair, the deputy chair would assume this role.
- 2.8** The Head of Service will inform the Chief Executive, as chair of the corporate business continuity team, that the plan has been invoked.



## **D.3 Social Policy Business Continuity - Key Incident Themes**

### **3.1 Loss of IT /Cyber attack**

SWIFT/AIS is the case management system used to record all key details in relation to existing service users. As such, Social Policy hold a large amount of business critical data and information on the SWIFT/AIS system relating to those who are service users and supported by the service. Due to the risks presented by loss of system access, a SWIFT/AIS disaster recovery protocol is in place. This includes actioning a regular manual download of information from the system and this information is held on a standalone device, unconnected to council systems to protect against the threat presented by cyber attack. This process ensures that there is a list of current service users available with basic details including reasons for social work involvement and detail on the legal basis of involvement. In the event of a cyber attack this will allow the service access to basic critical information about all service users receiving a service, enabling continuity of support.

In the event of loss of IT, paper based processes will be implemented across all parts of the service to ensure that the service can maintain its legal duty in relation to case load management and recording. The service business continuity plan notes that specific parts of the service, particularly those managing public protection responsibilities, will require to have urgent engagement with partner agencies to ensure appropriate information sharing and recording in the event of IT failure or cyber-attack. A specific Cyber-attack Procedure is in place for Social Policy.

Social Policy has a requirement to provide payments and allowances in certain circumstances. This includes issuing of direct payments in terms of Self-Directed Support legislation, carer payments for kinship and foster carers and payments to eligible young people who have experienced care. These are managed through a software application, Softbox. The Softbox system produces a BACS file which is then passed to the corporate Financial Management Unit for payment. In recognition of the significant impact of cyber attack or ongoing IT failure, a manual process has been introduced to ensure payments will continue should the system become compromised.

### **3.2 Loss of Operational Property**

Social Policy delivers its services from, and provides direct support and care in, a number of buildings across the community in West Lothian.

For the services providing social work support or supervision and the social care services providing support at home, then the majority of the employees are able to work from home and have access to the platform 'Microsoft Teams' which plays a pivotal role in service communications and managing business. In addition, key staff have mobile devices which will operate independent of the council network. Following the COVID-19 pandemic, services have adapted to dynamic ways of working where services continue to be delivered during times of serious difficulty which enables the continuation of service provision in the face the loss of property.

Other social policy support and direct care services are provided in day services, residential houses, care homes, housing with care and supported living settings. The service business continuity plan sets out alternatives to be explored in emergency or ongoing situations when there is a loss of buildings.

The residential settings are people's homes with a team of employees required to provide support and care. Loss of any of these buildings and properties present a serious risk and would require the service to immediately identify alternative accommodation.

Children and adults residential services care for small numbers of people with each individual having a plan to be implemented in the event of emergency. Residential and housing with care and independent living services for older people cater for larger numbers of people. The plan sets out the steps to be taken in an emergency loss of such buildings to identify suitable temporary accommodation across the whole Health and Social Care Partnership's health and care settings. Accommodation and care arrangements for longer than a short period would require access to vacancies in other local care homes. A process is in place to manage any requirement for tenants in Housing with Care and Supported Living buildings to be decanted which will involve next of kin and invoking the emergency plan for alternative accommodation.

### **3.3 Pandemic**

The service's capacity to manage its WLC1 and WLC2 activities through the threats presented by pandemic have been tested over the time period of the Covid 19 pandemic and learning embedded for the future managing of service delivery in the face of pandemic risks.

The service has resilience in terms of IT equipment to support the workforce to work remotely and manage key business processes and meetings through access to digital platforms, alongside the council pilot flexible working arrangements scheme.

A range of infection control guidance informed all parts of the service during the Covid 19 pandemic period and in care settings there remains strong focus on this. For older people care homes caring for the frailest citizens, a range of supportive and collaborative practices have developed over the last three years involving social work and nursing services and these are intended to remain over the longer term to promote best health and resilience within each individual care home.

### **3.4 Loss of Staff**

There are enduring national challenges in the recruitment and retention of social care and social work staff. Due to the risks presented by insufficient levels of staff being available the service adopts across all its areas a very robust approach to the monitoring and management of staffing levels.

The plan identifies that in the event of extreme circumstances additional resources for front line care staff will be sought from care staff in other service areas. Other options include temporary increases in contracted hours for part time staff, employment of agency staff, redeployment of staff from other service areas – i.e. Community Occupational Therapy services. Care delivery would be prioritised in order to sustain the provision of life and limb services in order of priority by using key criteria.

### **3.5 Electrical Outages**

Council run care homes have backup diesel generators for energy supply and all Housing with Care establishments have an emergency battery which supplies emergency lighting and enables the ongoing provision of alarm call systems for service users.

### **3.6 Severe Weather**

Emergency planning for severe weather will be implemented. Services have access to 4x4 transport (winter period) to ensure access to more isolated addresses or transport staff as appropriate. These are arranged in partnership with other services and established partners. Vehicles are deployed based on urgency and prioritisation of need.

## **E. CONCLUSION**

Social Policy has implemented a robust and proactive business continuity planning process with the aim of enabling the service to continue to deliver key services in the event of an incident which disrupts normal operations.



## **F. BACKGROUND REFERENCES**

None.

Appendices/Attachments: None

Contact Person:

Robin Allen, Senior Manager Older People Services

[Robin.Allen@westlothian.gov.uk](mailto:Robin.Allen@westlothian.gov.uk)

**Jo MacPherson**

**Head of Social Policy**

Date of meeting: 25 September 2023

## **APPENDIX1 – Social Policy Business Continuity Plan Activities**

### **WLC1 – Activities**

Care Homes for Adults & Older People and Housing with Care  
 Support at Home Services – Re-ablement and Domiciliary Care  
 Support at Home services – Crisis Care Service  
 Child Care & Protection (includes the Child Disability Service)  
 Children's Residential Houses  
 Social Care Emergency Team (out of hours social work service)  
 Mental Health Officer Team  
 Justice Services  
 Adult Social Care Enquiries Team (ASCET)  
 Duty and Child Protection team  
 Families Together (provides intensive family support where children are at risk of placement away from home)  
 Domestic and Sexual Assault Team (DASAT)  
 Adults and Older Peoples' Social Work Services – Assessment and Care Management (this includes the Adult Support and Protection Team)

### **WLC2 – Activities**

Reviewing Officers (chair planning meeting for looked after children and children on the child protection register)  
 Inclusion and Support Service (earlier intervention service for children and their families)  
 Community Addictions Team  
 Family Placement Team (recruiting, assessing, supporting foster and kinship carers)  
 Adult Day Services  
 Mental Health Day Services and Community Outreach Team  
 Occupational Therapy Service and Community Equipment Stores

DATA LABEL: PUBLIC



## **GOVERNANCE AND RISK COMMITTEE**

### **RISK MANAGEMENT WITHIN SOCIAL POLICY**

#### **REPORT BY HEAD OF SOCIAL POLICY**

##### **A. PURPOSE OF REPORT**

To inform the Governance and Risk Committee of Social Policy high risks and the mitigating actions in place to manage risk.

##### **B. RECOMMENDATION**

It is recommended that the Governance and Risk Committee considers the approach taken by Social Policy to manage identified high risks.

##### **C. SUMMARY OF IMPLICATIONS**

<b>I Council Values</b>	Caring and compassionate, Open, honest and accountable, Collaborate, inclusive and adaptive.
<b>II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)</b>	The Risk Management Policy requires the council to effectively manage risks.
<b>III Implications for Scheme of Delegations to Officers</b>	None.
<b>IV Impact on performance and performance Indicators</b>	Failure to effectively mitigate risks may have an adverse impact on performance.
<b>V Relevance to Single Outcome Agreement</b>	Our public services are high quality, continually improving, efficient and responsive to local people's needs.
<b>VI Resources - (Financial, Staffing and Property)</b>	Risk management is undertaken within existing staff resources.
<b>VII Consideration at PDSP</b>	None.
<b>VIII Other consultations</b>	Social Policy Service Management Team, Audit, Risk and Counter Fraud Manager.

## D. TERMS OF REPORT

### D.1 Background

- 1.1 Social Policy assesses risk and implements controls to manage risk in accordance with corporate requirements using agreed risk assessment methodology. The service has two risks classified currently as HIGH risks.

These are noted below.

- SPCC001: *Insufficient availability of beds to meet service demands in care homes* – with a total score of 12 made up of an impact score of 3 (significant) and a likelihood score of 34 (very likely).
- Risk SPCC002: *Insufficient supply to meet service demands care at home* – with total risk score of 12, made up of an impact score of 4 (major) and a likelihood score of 3 (likely).

Both risks relate to services provided for adults and older people. The West Lothian Integration Joint Board (IJB) is responsible for the strategic planning and delivery of adult and older people social work and social care services. The areas of risk noted above are classified by West Lothian IJB as high risks and as a consequence are subject to IJB close scrutiny and reporting through its risk governance processes.

- 1.2 The above noted high risks, their impact and the effectiveness of mitigating actions in place are reviewed on a weekly basis. There is additional review by the senior management team on a monthly basis at Social Policy Management Team meeting. Risks and associated controls are recorded in the council's corporate risk management system, Ideagen. This activity is supported by quarterly input from the Audit, Risk and Counter Fraud Manager.
- 1.3 Identification, management and review of risk is subject to both internal and external audit scrutiny. The outcome of any such audit activity is reported to the service and through relevant governance structures as appropriate with any remedial action progressed where required. SPCC002: Insufficient supply to meet service demands care at home is currently subject to internal audit scrutiny.

### D.2 SPCC001 Insufficient availability of beds to meet service demands in care homes

- 2.1 There are 17 care homes for older people in West Lothian spread across the local authority area. West Lothian Council operates three care homes for older people offering long term care for 110 residents and one care home for 30 residents offering interim care placements whilst their care home of choice becomes available. This latter provision closed to new admission on the 1st September 2023 in line with IJB decision making. The 13 independent care homes in West Lothian provide a total of 764 beds.
- 2.2 Insufficient availability of care home beds to meet service demands in care homes is an area of risk that has been closely monitored for over 10 years. Classifications have varied across the risk ratings during this period, however predominately HIGH. The current risk rating increased in March 2023 as a of challenges in available provision to meet demand for care home placements at that time.
- 2.3 Insufficient availability of beds can result in a delay of admission to care homes for those individuals who have an assessed need for such care. People being assessed may be in the community or in a hospital setting. Social work teams provide interim support in

the community until the identified care home destination is reached, this includes regular contact with individuals, their families and informal carers.

- 2.4 In terms of monitoring actions, controls and review arrangements in place, a care home collaborative group attended by senior service representatives including the Chief Social work Officer and Chief Nurse meet twice weekly to identify any emerging issues which may impact upon care home delivery. This is complemented by a collaborative care home team, comprised of nursing and social work staff, with identified link officers who maintain daily contact with care homes to establish occupancy rates and bed availability information. There is regular communication between the Care Inspectorate and senior management team to consider any issues that may impact upon bed availability.
- 2.5 This activity is complemented by twice weekly resilience meetings attended by the Depute Chief Executive and Heads of service. This provides whole system oversight of issues impacting upon local service delivery and monitoring of actions to mitigate risk.
- 2.6 Information is coordinated and shared across the wider health and social care partnership to ensure any emerging issues are identified and mitigating actions progressed to reduce impact upon individuals awaiting care home provision wherever possible.
- 2.7 There is twice daily reporting on hospital delays associated with care home provision to both operational and strategic managers to ensure any emerging issues are identified in a timely manner. This enables mitigating actions to be efficiently developed and their impact monitored via live reporting.
- 2.8 Developments within the overall care home estate are closely monitored, with capacity supported by the development of a new care home in Livingston scheduled for completion in spring 2024. It is anticipated capacity will be further strengthened by renovation and extensions to existing independent care homes.

### **D.3 SPCC002 Insufficient supply to meet service demands care at home**

- 3.1 Care at Home supply has long been recognised nationally as a fragile part of the social care system with insufficient supply contributing to people being delayed in their discharge from hospital and need for care at home support within the community being unmet. This is an area of risk that has been closely monitored for over 10 years with classifications remaining predominantly HIGH throughout this period. There is rigorous analysis of need and provision at both a weekly care at home oversight group comprising of senior staff and twice weekly resilience group (as noted for care homes).
- 3.2 The weekly care at home oversight meeting is attend by senior service representatives and considers a range of information to inform any emerging issues that may impact upon care at home supply risk and develops actions to mitigate impact. There is active engagement with care at home providers to understand any issues that may impact service delivery or inform improvements.
- 3.3 A number of actions have been progressed as noted within control measures including a focus on data, changes to practice and new approaches to commissioning.
- 3.4 A new Assessment and Review team was implemented in January 2023 to ensure a robust, strengths-based approach is taken to the assessment of need and identify where care needs can be met via hybrid care and support which includes the use of technology enabled care and specialised equipment, alongside care provision.
- 3.5 There has been increased capacity within the independent care at home sector due to a range of factors including an increased use of the Health and Care Worker Visa Scheme

as well as the sharing best practice through the collaborative working group supported by the Scottish Care Independent Sector Lead.

- 3.6** The service invested in dedicated officer time to do extensive work benchmarking with other local authorities in relation to their approach to commissioning care at home, to ensure West Lothian, in light of the high risks, was adopting the most appropriate approach to maximise capacity.
- 3.7** A new care at home block contract for the delivery of 300 hours was implemented in March 2023, as a test of change, to target care packages that have been challenging to source through the current care at home contract. A new care at home framework will commence on 1<sup>st</sup> October 2023.
- 3.8** The impact of all care at home focussed activity has resulted in a stabilised care at home position over recent months. The length of hospital delay associated with care at home provision has reduced significantly as have the number of individuals awaiting support in the community.

## **E. CONCLUSION**

Social Policy has implemented a robust and proactive risk management process in relation to its high risks with the aim of ensuring that risks to the achievement of its objectives are timeously identified, correctly assessed, effectively mitigated and reviewed.

## **F. BACKGROUND REFERENCES**

None.


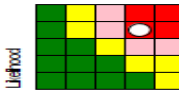
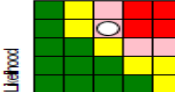
Appendices/Attachments: (1) Social Policy High Risks


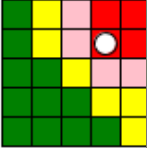
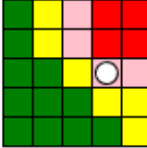
Contact Person: Robin Allen, Senior Manager Older People Services - [robin.allen@westlothian.gov.uk](mailto:robin.allen@westlothian.gov.uk) Tel No. 01506 281851

**Jo MacPherson**  
**Head of Social Policy**

Date of meeting: 25 September 2023

## Appendix 1 - Social Policy High Risks

	<b>SPCC001 Insufficient availability of beds to meet service demands - care homes</b>			Insufficient supply of care home beds for individuals assessed as requiring this type of provision. Currently this risk is highest in respect to older people services. The risk is also linked to pressures associated with delayed discharge (one of the sources of pressure), also noted as a risk for the IJB (IJB006).					
<b>Current Controls:</b>				<p>Bed based review being progressed to ensure strategic commissioning of care home beds to support current and future need.</p> <p>Care home link officers maintain daily contact with care homes to establish occupancy rates and bed availability. This is shared with relevant HSCP staff to identify emerging issues that may impact upon service delivery. This is supplemented by daily review of TURAS system to inform and identify any issue impacting upon capacity e.g. outbreak of illness.</p> <p>There are twice weekly resilience meetings involving heads of service/senior managers to review any emerging issues with bed capacity that impact upon wider system issues such as delayed discharge.</p> <p>Weekly assurance arrangements, with senior management representation, are in place for care home provision where provider risks and issues are highlighted and actioned as required.</p> <p>There are regular care home provider forums where issues that impact upon bed capacity are discussed and reviewed as necessary. Providers have identified link officer as points of contact out with scheduled meetings</p> <p>Close links with planning to identify any emerging care home planning applications to support decision making and local planning.</p> <p>Delayed Discharges are closely monitored and reported on a daily basis.</p> <p>Active targeted recruitment of staff and active monitoring of sickness absence to support internal care home provision.</p> <p>Contracted services have an identified contract Link Officer who will undertake contract monitoring activities which includes financial assessment and organisation viability which is included in the wider contract monitoring framework.</p> <p>The contract and supplier management process is a risk assessment based approach which assigns level of provider risk to determine the level of contract monitoring controls to be deployed to each contract.</p> <p>Provider contract monitoring information is reported to the Contracts Advisory Group on a quarterly basis highlighting RAG status of each provider and necessary controls applied.</p>					
<b>Risk Score</b>	<b>Original Risk Matrix</b>	<b>Risk Score</b>	<b>Current Risk Matrix</b>	<b>Linked Risk Actions</b>		<b>Original Due Date</b>	<b>Due Date</b>	<b>Progress</b>	<b>Description</b>
16	 Likelihood Impact	12	 Likelihood Impact						

	<b>SPCC002 Insufficient supply to meet service demands - care at home</b>	<p>Insufficient supply of care at home to meet service demands arising from lack of availability of carers. This is a national and local issue. The challenges relate to recruitment and retention of care at home staff. This impacts on capacity to deliver care for existing and new service users and may also lead to an overreliance and an adverse impact on unpaid carers. Currently this risk is highest in respect of older peoples' service. These capacity issues impact on people in the community needing care at home provision and also on capacity to discharge people from hospital where a care at home service is required. The risk is closely monitored by the Care at Home Oversight Group.</p>						
<b>Current Controls:</b>		<p>Weekly care at home oversight group comprising senior staff with analysis of unmet need and additional data to monitor trends, rising demand. Update on the position of each care at home provider in relation to staffing levels and capacity to deliver.</p> <p>Close working with care at home commissioned providers to explore measures to improve the situation and regular provider forums in place;</p> <p>Close links between integrated discharge hub, review team and commissioning team to ensure available resources are effectively managed and make best use of resources we have</p> <p>Dedicated in box established for providers to allow for the geographic clustering of packages of care to enable providers to exchange packages that no longer fit their runs to create capacity and make them more efficient;</p> <p>Implementation of Assessment and review team to ensure care is targeted in proportionate manner supported by technology enabled care where possible - with robust monitoring of unmet need.</p> <p>Implementation of pilot volunteering project to support individuals awaiting a package of care</p> <p>Benchmarking and connections with other local authorities, Scottish Care and Social Work Scotland to identify effective care at home capacity building elsewhere and apply learning where appropriate</p> <p>Care at home framework tender implemented to secure commissioning of care at home services and increase capacity where possible;</p> <p>A 'test of change' block contract is now in place to support delivery of care at home packages of care in situations where there have been challenges to source care at home.</p> <p>Arrangements in place to ensure regular contact with unpaid carers pending implementation of care packages.</p> <p>Internal care home provision adjusted to provide interim care for individuals being discharged from hospital awaiting a package of care.</p>						
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Linked Risk Actions	Original Due Date	Due Date	Progress	Description
16		12						





## GOVERNANCE & RISK COMMITTEE WORKPLAN

### Meeting on 25 September 2023

25 September 2023		
Corporate high risks	Standing item	Kenneth Ribbons and Patrick Welsh
Strategic Risks	Bi-annual report on corporate strategic risks	Kenneth Ribbons
Health & Safety Statistics	Standing item	Lesley Henderson
Non-service risks – all such risks	Reporting on risks in register not allocated to specific service, following approach approved on 14 June 2021	Kenneth Ribbons, supported by risk owners
Service presentations on management of health and safety risks – Corporate Services	Renewed cycle of service presentations following approach approved at G&RC on 23 August 2021	Lesley Henderson, supported by Kenneth Ribbons
Service presentations on business continuity plans – Social Policy	Renewed cycle of service presentations following approach approved at G&RC on 23 August 2021	Jo Macpherson, supported by Kenneth Ribbons
Individual High Risks – care home and care at home provision	Reporting on individual high risk identified from standing item on all high risks	Alison White, supported by Kenneth Ribbons
11 December 2023		
Corporate high risks	Standing item	Kenneth Ribbons and Patrick Welsh
Health & Safety Statistics	Standing item	Lesley Henderson
Governance Issues – Progress Report	Biannual update on progress of work on governance issues	James Millar
Service presentation on management of health and safety risks - Education	Renewed cycle of service presentations, following approach approved on 23 August 2021	Siobhan McGarty and Greg Welsh, supported by Kenneth Ribbons

Service presentation on business continuity plans – Corporate Services	Renewed cycle of service presentations, following approach approved on 23 August 2021	Lesley Henderson, supported by Kenneth Ribbons
Insurance risks	Following report in January 2021, present as an annual report	Patrick Welsh
Property compliance risks	Following report in January 2021, present as an annual report	Patrick Welsh
IT risks	Introduced as an annual report, per recommendation by G&RB in February 2021	Lesley Henderson
Risk Management Strategy	Update on progress towards outcomes in corporate strategy	Patrick Welsh and Kenneth Ribbons
Governance Aspects of Annual External Audit Report	Annual reference of external audit report for scrutiny on wider scope audit	James Millar
Corporate Health & Safety Policy and Health & Safety Risks	Annual report agreed by G&RB in February 2022	Lesley Henderson, supported by Kenneth Ribbons
Gallagher & Basset Employer Liability Health Check – follow up on Action Plan	Agreed at G&RC on 6 March 2023	Kim Hardie
Non-service risk – TBC after omnibus report considered at September meeting	Reporting on risks in register not allocated to specific service, following approach approved on 14 June 2021	Kenneth Ribbons, supported by risk owner
Individual High Risk - TBC	Reporting on individual high risk identified from standing item on all high risks	Risk owner (TBC), supported by Kenneth Ribbons
Audit of Risk Management	Report by Falkirk Council Internal Auditor, per G&RB on 5 September 2023	Kenneth Ribbons
<b>4 March 2024</b>		
Corporate high risks	Standing item	Kenneth Ribbons and Patrick Welsh
Strategic Risks	Bi-annual report on corporate strategic risks	Kenneth Ribbons

Health & Safety Statistics	Standing item	Lesley Henderson
Risk Management Annual Plan	Annual plan for committee approval	Kenneth Ribbons
Self-assessment questionnaire	Annual survey – agreement of questions and to proceed	James Millar
Service presentation on management of health and safety risks – Planning, Economic Development & Regeneration	Renewed cycle of service presentations, following approach approved on 23 August 2021	Craig McCorriston, supported by Kenneth Ribbons
Service presentation on business continuity plans – Finance & Property Services	Renewed cycle of service presentations, following approach approved on 23 August 2021	Patrick Welsh, supported by Kenneth Ribbons
Non-service risk(s), if identified at meeting on 25 September 2023	Reporting on risks in register but not allocated to specific service area, following approach approved on 14 June 2021	Risk owner (TBC), supported by Kenneth Ribbons
Non-service risk – TBC after omnibus report considered at September meeting	Reporting on risks in register not allocated to specific service, following approach approved on 14 June 2021	Kenneth Ribbons, supported by risk owner
Individual High Risk - TBC	Reporting on individual high risk identified from standing item on all high risks	Risk owner (TBC), supported by Kenneth Ribbons
<b>10 June 2024</b>		
Corporate high risks	Standing item	Kenneth Ribbons and Patrick Welsh
Health & Safety Statistics	Standing item – stats and issues underlying risk register	Lesley Henderson
Internal Audit Annual Report	Includes findings of review of system of internal control which informs the annual governance statement	Kenneth Ribbons
Corporate Governance – Annual Governance Statement, Local Code, etc.	Annual governance statement for approval together with populated Code of Corporate Governance, annual compliance statements and update on governance issues	James Millar

Risk Management Annual Report	End-of-year report on completion on annual plan	Kenneth Ribbons
FOISA/DPA risks and governance	Added to Work Plan by committee on 12 December 2023	Lesley Henderson/Carol Johnston, supported by Kenneth Ribbons
Self-assessment questionnaire	Annual survey – reporting of results	James Millar
Service presentation on management of health and safety risks – Social Policy	Renewed cycle of service presentations, following approach approved on 23 August 2021	Jo Macpherson, supported by Kenneth Ribbons
Service presentation on business continuity plans – Housing, Customer & Building Services	Renewed cycle of service presentations, following approach approved on 23 August 2021	Julie Whitelaw, supported by Kenneth Ribbons
Non-service risk(s), if identified at meeting on 25 September 2023	Reporting on risks in register but not allocated to specific service area, following approach approved on 14 June 2021	Risk owner (TBC), supported by Kenneth Ribbons
Non-service risk – TBC after omnibus report considered at September meeting	Reporting on risks in register not allocated to specific service, following approach approved on 14 June 2021	Kenneth Ribbons, supported by risk owner
Individual High Risk - TBC	Reporting on individual high risk identified from standing item on all high risks	Risk owner (TBC), supported by Kenneth Ribbons