

**Appendix 3 - Leicester City Council Operational Risk Register**

**Risk Register Owner: Alison Greenhill, COO**

**Risks as at: 30/09/2023**

| RISK REF | RISK THEME / CATEGORY<br><i>Establish which category the risk falls into using PESTLE definition. See Process tab for more information</i> | LINK TO STRATEGIC RISK<br><i>Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which strategic risk is impacted by risk identified (Below link provides access to current SRR on SharePoint). Log strategic risk ref no.</i> | RISK<br><i>What is the problem; what is the cause; what could go wrong? What is it that will prevent you from achieving your objectives?</i> | CONSEQUENCE/EFFECT:<br><i>What would occur as a result, how much of a problem would it be, to whom and why?</i> | EXISTING ACTIONS/CONTROLS<br><i>What are you doing to manage this risk now?</i> | RISK SCORE |             |      | RESPONSE STRATEGY / ACTION<br><i>Select from the 4T's (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate</i> | FURTHER MANAGEMENT ACTIONS/CONTROLS | TARGET SCORE |             |      | COST | RISK OWNER | TARGET DATE |
|----------|--|--|--|---|---|------------|-------------|------|--|-------------------------------------|--------------|-------------|------|------|------------|-------------|
|          |  |  |  |   |   | Impact     | Probability | Risk |  |                                     | Impact       | Probability | Risk |      |            |             |

**STRATEGIC AREA - City Development and Neighbourhoods**

|   |                                      |   |  |   |   |   |   |    |       |  |   |   |    |  |              |                                     |
|---|--------------------------------------|---|--|---|---|---|---|----|-------|--|---|---|----|--|--------------|-------------------------------------|
| 1 | <b>ECONOMIC SOCIO-CULTURAL LEGAL</b> | SRR 2.3<br>SRR 3.2<br>SRR 3.3<br>SRR 3.4<br>SRR 5.1 | <b>Housing - Refugees-</b> Increase in arrivals across all schemes, but in particular those seeking asylum creates risks around housing availability, safeguarding availability and community tensions. This is compounded by the Prime Ministers commitment to clear legacy claims by the end of 2023. This impacts on homelessness services/ availability of social housing/ Safeguarding concerns for adults and children. Sept 2023 - intel received on numbers which has increased level of risk. | Significant budget pressures (see also Risk Reference 9)on temporary accommodation and availability of affordable housing for all groups. Significant pressures on staffing resources, with potential to interrupt/ services or create significant delays in assessments. Inability to deliver the safeguarding function (Adult Social Care/Children's Social Care risks) and community safety risk of unrest/action due to location/placement of hotels (east Leicester issues) and also perception that new groups access services delaying or preventing existing residents access. Also, increasing risk of demonstration/action by far right (taken place in other areas of the UK). | - All housing services to be vigilant and report any serious issues to Prevent or Police as appropriate. Ongoing monitoring of community tensions and myth busting as refugees are accessing a range of housing options including the Private Rented Sector. Strategic co-ordination of information sharing with key partners.<br>- Separate risk assessment for the Homes for Ukraine project in place<br>- Ongoing oversight of Asylum in the City with the Asylum Board make up of Senior officers, external partners and politicians<br>- Purchase of additional properties (Govt fund) for Ukraine/Afghan arrivals - allocation of income from these groups to support provision of temporary accommodation/homeless services - ongoing lobbying of Home Office regarding national, multi-scheme dispersal model and for the relaxation on right to buy receipts - Martin Samuels and Richard Sword co-chair of strategic group overseeing corporate risks | 4 | 5 | 20 | Treat | - Case for additional staffing resource to be considered to manage unprecedented demand on service, and prevent service from being unable to meet statutory duties due to overwhelming demand - to be considered by Director and Strategic Director.<br>- Considerations around potential provision of additional temporary accommodation that is not B&B.<br>- Continue to monitor, reporting issues working closely with the Police. Link families up with services and support where necessary.<br>- Increase engagement with 3rd sector to deliver re-settlement activity with the hotels<br>- Stay abreast of changing arrangements for the schemes and work to minimise the risks to the local authority and to continue lobbying for appropriate funding, relaxation of regulation (RTB) and equitable distribution across the UK<br>- Input and push for the National Asylum dispersal scheme to share the load across the Country, not just in Leicester. | 3 | 5 | 15 |  | Chris Burgin | Ongoing, September 2023 review date |
| 2 | <b>POLITICAL ECONOMIC LEGAL</b>      | SRR 1.1<br>SRR 2.1<br>SRR 2.2<br>SRR 2.3<br>SRR 5.1 | <b>Housing - Budget Pressures -</b> Increase in inflationary pressures have led to increasing pressures on the HRA and the Housing GF. 2023/24 budget has been set with significant savings required and more savings potentially still to be found over the course of the year.<br>The rent increase was capped below inflation, further limiting options to address this risk.   | - Budget overspend. Insufficient budget to balance the budget without reducing service offer or capital investment<br>- Impact on the resilience of services and their ability to manage and adapt to further change<br>- The erosion of service areas and what we can and can't do<br>- Expectations will need to be managed in the face of potential impacts on services<br>- Negative PR / reputational damage / potential increase in complaints / legal challenges and fines<br>- LCC Housing stock does not meet decent homes standard  | - Use of reserves in 22/23 to balance the budget<br>- HRA 23/24 approved with a 108% DH increase, maximum rent increase and 10.1% service charge increase 'In year budget monitoring to oversee the existing budget pressures<br>- Assessment of Fundamental Budget Review information<br>- Senior Management Team (SMT) where we monitor and address financial challenges<br>- Year-end forecasting process with Finance team.<br>- Heat metering and billing project (direct consequence of budget pressures on HRA)<br>- Managing and supporting the health and well being of staff as part of having to work within a financially constrained environment with the associated service delivery consequences<br>- Review of all existing HRA budget to identify potential savings to include in the 24/25 HRA budget   | 5 | 4 | 20 | Treat | - 5 and 30 year capital investment strategy being developed<br>- Identification of savings in HRA to streamline service and deliver efficiencies<br>- FBR savings proposed in Housing GF proposals of savings of over £900k Bidding to secure additional external funding towards existing costs<br>- Ongoing external bidding for funding   | 4 | 3 | 12 |  | Chris Burgin | P4 Budget review Ongoing            |

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|          |  |  |   |   |   | Impact     | Probability | Risk |  |  | Impact       | Probability | Risk |                                      |                |  |
| 3        | POLITICAL<br>ECONOMIC<br>SOCIO-CULTURAL<br>LEGAL   | SRR 1.1<br>SRR 2.1<br>SRR 2.2<br>SRR 3.1<br>SRR 3.2<br>SRR 5.1   | <b>Housing - Homelessness</b><br>Ongoing pressure and risks associated to statutory homeless cases requiring temporary accommodation exaggerated by cost of living crisis, budget pressures (see Risk Reference 9), capacity and housing stock reductions as well as impact of Universal Credit roll out. The roll out of the EU resettlement programme placing additional pressure of homelessness services. Asylum seeker placements in hotels in Leicester City has also increased the risk of increased demand from this cohort.<br>Spike in family presentations, following the lifting of amnesty on evictions. Potential risk of hidden homelessness for council tenants decanted due to domestic abuse and harassment. Only around 10% of PRS currently affordable without interventions. | - Supply of temporary / emergency accommodation does not meet demand and is more expensive. Alternative temporary accommodation is needed i.e. Bed & Breakfast;<br>- Suitability of Accommodation Orders are being contravened - leaving us open to legal challenge.<br>- Increased budget pressures;. 2022/23 out-turn was 1.7mil net pressure, 2023/24 likely to be significantly more than this dependent on success with mitigations (at present (Sept 2023) forecasted to be 5mil gross, 3.5mil net);<br>- Inability to meet demand for preventative homelessness services impacting on crisis management. Increased costs of temporary accommodation and the pressure of having move-on options for a large cohort of those accommodated. Ongoing budget pressures due to Covid response, Everyone In. Recovery likely to impact for this financial year. | - Funding for preventative measures in reflection of additional burdens from new legislation have now been mainstreamed and combined with Flexible Homelessness Support Grant (FHSG). Additional funding secured under the Rough Sleeping Initiative and Protect Programme. Further uplift of Homelessness Prevention Grant (HPG) for vulnerable renters.<br>- Homelessness Strategy challenging supply and types of temporary accommodation to meet individual needs;<br>- Difficult to recruit and retain staff, ongoing continuous recruitment exercise in place.<br>- Successful bids for additional funding to focus on rough sleeping (new initiatives);<br>- Different models of temporary accommodation (TA) to move away from historic "institutional" settings. Monitor additional applications from EUs through resettlement process. Consult legal for compliance with process. Brexit and impact on EUs. Training delivered to key staff to manage this and prioritise progression of settled status applications.<br>- Maximising use of LCC Council stock for this cohort<br>- Utilising all new acquisitions and new build for this cohort<br>- Working in tandem with other stakeholders and parties on the Homelessness Charter is delivering and focussing services<br>- New initiatives implemented to increase availability of permanent housing solutions through ringfencing of stock for households in temporary accommodation. Rough Sleeping Next Step Strategy developed in response to increase demand for services throughout the pandemic and the re-configuration of services and loss of Safe Space.<br>- PRS Strategy Developed to enable more housing options and help to prevent and sustain current PRS households<br>- Ending Rough Sleeping Plan developed and Cold Weather | 4          | 5           | 20   | Treat  | - Roll out of homelessness strategy actions (preventative) to enhance and expand on existing control;<br>- Enhanced communications strategy;<br>- Ongoing development and embedding of the Homelessness Charter<br>- Build new Social Housing & acquire houses to use as Social Housing<br>- Delivery of the PRS Strategy to drive up standards in the PRS including develop relationships with private sector landlords, offer enhanced service to PRS landlords and tenants to prevent homelessness - as at Sept 2023 upper limit of bridging payments agreed to be increased from LHA+20% to LHA+35%.<br>- Reviewing and improving the management of customer expectations and the documentation and PHPs provided.<br>- Amending and rationalising the provision of the Enhanced Rough Sleeping offer, so that resources are better prioritised.<br>- Continue to bid for available external funding (Rough Sleepers Accommodation Programme and others)<br>- Development of a business case to deliver new housing outside of the HRA for the Council<br>- Work to launch the next Homelessness strategy for 2023 to 2028 has commenced this will tackle the identified challenges and issues within the existing system<br>- Work with Changing Futures to integrate & | 2            | 5           | 10   |                                      | Chris Burgin   | Ongoing, Sept 2023 review                              |
| 4        | ENVIRONMENTAL  | SRR 6.1  | <b>Neighbourhood and Environmental Services</b><br><b>Ash Dieback - Epidemic of Ash Trees</b><br>Caused by an introduced pathogen that most local ash trees are unlikely to have resistance to. It is anticipated that up to 95% of the tens of thousands of ash trees in the city will die. Perhaps 50% of the total will be the council's direct liability. Many trees are located on traffic routes or in areas of use and habitation. Dying and collapsing trees will present an injury and property damage risk, and present a hazard risk to staff during removal operations. Under normal conditions £135k per year is devoted to clearing similar problems across all species. It is anticipated this cost will multiply several times at the height of the epidemic.                     | - Injury to staff and residents, including highway users<br>- Damage to property including animal injury, buildings, parked and moving vehicles, various infrastructure and parks and street furniture<br>- Disruption to traffic routes and areas of high use during removal operations  | Established teams, structures and systems will address problems in the early stages. These can be built on further as the problem starts to strain existing resources. There is no way to limit or control the establishment and spread of the pathogen as it is a windborne micro-organism. In essence management is a reactive process. Contingency sum of £100k included in Capital programme for 2021/22 - 2022/23 and a capital bid of £130k for a elevated platform to allow working at height is approved in the 2023/24 programme. Launch of the Ash Die Back Action Plan and on-line educational page on LCC website now live to make residents/public aware of ADB.   | 4          | 4           | 16   | Treat  | Effective and timely reactive responses, utilising existing revenue budget and prioritising the T&W work programme.<br>Continue to monitor spread of disease and record on a central register, removal of trees which reach category 3/4.  | 4            | 4           | 16   | £100k contingency<br>£130k equipment | Sean Atterbury | 31.01.2024<br>Ongoing                                  |
| 5        | SOCIO-CULTURAL   |  | <b>Neighbourhood and Environmental Services - Decreasing availability of burial space</b><br>Burial space is limited in supply and may run out if further provision is not provided before existing capacity is reached. rates of death and grave sales have increased above average due to Coronavirus and continued death rate.   | - Significant distress to families requiring a burial if no new burial plots are available. Some faith communities do not permit cremation as an alternative.<br>- Damage to LCC reputation and significant negative press and community tensions arising from failure to meet needs. Reduction in service provision.<br>- Financial losses from lack of new burial space reducing cemetery income (estimated £1m plus per annum),  | - Burial Space Strategy 2014 identified the need for a new cemetery. consultation with planners regarding Local Plan provision in the city and outside the city undertaken.<br>- EBS Capital Projects team commissioned to deliver a new cemetery by 2025/26. One site identified for feasibility to date, potential for others being investigated by EBS. £150k budget for feasibility studies agreed.<br>- Mitigation action to reduce demand for graves without a burial proposed.   | 4          | 4           | 16   | Treat  | - Identify alternative site/s for new burial space.<br>Secure capital funding (c£4m -£8m) and planning permission for new cemetery construction.<br>- Public consultation on future needs.   | 4            | 3           | 12   | £150k + £3.8<br>£8.6m                | Sean Atterbury | 31.01.2024<br>Ongoing<br>Planning permission, Dec 2023 |

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| 6        | ECONOMIC   | SRR 2.3  | <b>Neighbourhood and Environmental Services</b> - Running costs increases due to inflation  | - Inability to maintain services within budget.  | - As soon as contract inflation impacts are known, these are discussed with Finance and actions agreed to mitigate these where possible.   | 4          | 4           | 16   | Treat  | - Ensure the cost of inflation and impact is measured and reported to DMT. Take action to raise the cost accordingly  | 3            | 4           | 12   |      | Sean Atterbury | 31.01.2024<br>Ongoing |
| 7        | ECONOMIC   | SRR 2.2  | <b>Neighbourhood and Environmental Services - Misalignment of Resource Capacity and Political Expectation/Identified Requirements/Changing Demand</b><br>Increase in the demand led services, along with the reduction in head count could mean that there are insufficient resources to deliver the required service levels.<br>During times of change, staff are not always aware of the changes being made, resulting in confusion etc.  | - Teams already at a minimum and extra workloads are unsustainable.<br>- As demand-led services increase, workload and public expectations increase.<br>- Likelihood of key person dependency as teams reduce further (fewer people in key roles).<br>- Potential risk of non-compliance or breaches/lack of a substantial control environment.<br>- Service delivery requirements not met.<br>- Staff wellbeing may be harmed.<br>- Reputational damage may result from unplanned building closures due to staff shortages. | - Existing prioritisation arrangements are in place.<br>- Policies and procedures are in place.<br>- Processes are in place.<br>- Regular briefings and QCs<br>- Organisational review consultation process.<br>- Managing expectations with senior officers / stakeholders<br>- Accessing external grants<br>- Creation of temporary project roles  | 4          | 4           | 16   | Treat  | - Building adequate criteria and expectations into Service Reviews.<br>- Creating temporary project roles where relevant.<br>- Income generation to fund service specific posts / resources.<br>- Better use of existing internal & external resources (partnerships) - understanding impact of Covid and the increased demand on during recovery.<br>- Waste Management structure is under review.<br>- Create staff development opportunities linked to progression (NS).<br>- Develop a divisional workforce plan to establish capacity and recruitment.<br>- Greater link back to the strategic aims and plan   | 3            | 3           | 9    |      | Sean Atterbury | 31.01.2024<br>Ongoing |
| 8        | ECONOMIC   | SRR 2.2  | <b>Planning, Development and Transport - Failure or delayed delivery of development outcomes</b> , including infrastructure - Ashton Green; new homes, employment land, community social infrastructure, open space, new jobs & skills training etc.  | - Delayed or reduced capital receipt for the Council, delayed housing delivery no's inc. affordable, impact on jobs & training. Impact on Local Plan housing no's. Homes England Clawback of HIF Funding   | - Revised Project governance structure, programme board now includes all LP strategic sites, a project specific risk log, development manager lead, project director oversight, regular City Mayor reporting.<br>- External high level review undertake, this has identified priorities and resource requirements.<br>- Recent focus on potential to assist delivery of affordable homes to meet the CM Manifesto commitments.<br>- Change in key personnel within Dev team has resulted in net loss of staff on AG delivery (and wider team). Recruitment has failed twice for senior post replacements and to growth post identified in the delivery review. Interim measures being put in place with consultant support 2 days a week but not a sustainable model for long term delivery, significant officer time spent clienting these resources due to scale of project.<br>- Mid level resource lost, recruitment failed once, advert back out.<br>- Bidding for capacity funding from HE however note resources at this level with experience are in demand across the discipline nationally.<br>- Availability rather than funding is the limiting factor.<br>- Affordable Housing conversations internally delaying release of next 2 phases of land to market due to undetermined AH% requirement above planning.<br>- Requirement and specification must form part of the procurement from the outset. | 4          | 4           | 16   | Treat  | - Need to ensure cross divisional resources & support are available and well utilised.<br>- Need to ensure coordination of highway, drainage and planning responses.<br>- Need to ensure that adequate external consultancy support is available to deliver the project work streams.<br>- Ongoing review of planning conditions requirements, submission of section 73 applications to unlock development parcels (expected by end of 2023).<br>- Secured external funding to accelerate delivery of infrastructure.<br>- In order to make a step change and accelerate delivery need to look at bringing in additional resource either through consultancy or additional post.<br>- Need to ensure focus on delivering additional affordable homes does not impact of delivery programme. | 3            | 4           | 12   |      | Andrew L Smith | 31.01.2024<br>Ongoing |
| 9        | ECONOMIC   | SRR 2.1  | <b>Planning, Development and Transport - Availability of supply chain - contractors</b> , construction difficult to get in place and issues on materials being available since covid-19<br><br>Ongoing material shortages and costs are still being felt as a result of economic turmoil and increasing energy prices. This is being felt, nationally, across the construction industry e.g. BNG and Carbon offsetting  | - Delay to projects and programmes; cost increases; funding slippage; potentially politically sensitive on high profile projects   | - Increasing contingency for new projects; working closely with suppliers to identify risks early and mitigate where possible.   | 4          | 4           | 16   | Tolerate / Treat - consider additional measures / actions  | - Options are being considered to further mitigate risk: in accordance with elected member wishes quality of work is being maintained; against a backdrop of increasing costs, risks are being managed at previous levels through increased ECI to better inform initial designs & by deferring / delaying projects & programmes where necessary.   | 3            | 4           | 12   |      | Andrew L Smith | 31.01.2024<br>Ongoing |
| 10       | ECONOMIC   | SRR 2.2  | <b>Planning, Development and Transport - Recruitment and Retention of staff to deliver key projects, programmes and strategies.</b> Lack of qualified experienced staff in market. Pay levels not commensurate with other councils. Various external factors impacting e.g. Reed are not a built environment / transport specialist agency so interim staff difficult to source via this single supplier contract, external job market etc. Pressures within HR contribute further service delivery issues. | - Failure to deliver key project/programme<br>- Financial implications.<br>- Poor service level.<br>- Additional pressures on overtime and agency use, increased complaints, reputation issues, stress levels and sickness .   | - Service specific progress monitoring meetings with Director.<br>- Prioritising recruitment and replacement of staff as soon as they leave.<br>- Extend Graduate programme.<br>- Comprehensive Planning Workforce Action Plan / Organisational Review underway to address the recruitment and retention issues in the service- significant funding required. External consultants appointed where possible.   | 4          | 4           | 16   | Treat  | - Escalation of risk reporting to higher management and political level.<br>- Consultant and legal advice to minimise risk. Explore new options around capacity support other than via Reed<br>- Expedite HR, Procurement, Legal and Financial processes.   | 3            | 4           | 12   |      | Andrew L Smith | 31.01.2024<br>Ongoing |

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| 11       | LEGAL SOCIO-CULTURAL   | SRR 1.2  | <b>Planning, Transport and Development - Duty to Protect</b> - Failure to ensure counter terrorism measures are incorporated into the built environment where required in order to meet our new statutory duties under the Duty to Protect legislation, e.g. new public realm schemes incorporating hostile vehicle mitigation measures. | Council could be deemed at fault if a terrorist incident occurred that could have been prevented by appropriate CT measures/features in the built environment and day to day highway network management activities. | <ul style="list-style-type: none"> <li>- Maintain regular catch up meetings with CT Police Team.</li> <li>- Establish single point of contact for schemes with CT implications within the public realm.</li> <li>- Project records to include reference to compliance / agreement of alternatives / non agreement and associated rationale with CT police requirements.</li> <li>- Training sessions being delivered</li> <li>- Need to ensure requirement for CT measures is considered and record all decisions.</li> <li>- City Centre PPZ Security measures being delivered in liaison with CT Police Team.</li> </ul> | 5          | 3           | 15   | Treat  | - Consider inclusion of reference to CT measures in the revised Street Deign Guide | 5            | 2           | 10   |      | Andrew L Smith | 31.01.2024<br>Ongoing |

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**STRATEGIC AREA - Corporate Resources & Support**

|    |               |         |   |   |   |   |   |    |       |  |   |   |    |  |                                |   |
|----|---------------|---------|---|---|---|---|---|----|-------|--|---|---|----|--|--------------------------------|---|
| 12 | TECHNOLOGICAL | SRR 4.1 | <b>Delivery, Communications and Political Governance - Cyber Security</b><br>Increasing profile and expertise to circumvent established defences increase vulnerability of LCC data.  | <ul style="list-style-type: none"> <li>- Data hacked and released into public domain;</li> <li>- Reputational damage - seek alternative more expensive solutions;</li> <li>- Fines from ICO;</li> <li>- Staff stress increases;</li> <li>- Damage to identified individuals;</li> <li>- Denial of service / major service disruption</li> </ul>   | <ul style="list-style-type: none"> <li>- Technology defences;</li> <li>- Awareness campaign;</li> <li>- Targeted follow up's;</li> <li>- Built into new system standards from 3rd party applications (secure passwords, TLS);</li> <li>- Daily back-up of systems</li> <li>- Maintain clear Major incident Management processes</li> <li>- Understand RPO and RTO capability for recovering critical systems</li> <li>- Appointed Security Operations Centre Lead to review and respond to threat intelligence</li> <li>- Undertaking Cyber Security Gap Analysis in light of increased flexible and mobile working - Implemented solutions to respond to the new threat from Ransomware which could attack / compromise backup data</li> <li>- Implemented new End Point security</li> <li>- Implemented 3rd party Security Operations Centre service providing 24x7 cyber security monitoring.</li> </ul>   | 4 | 5 | 20 | Treat | <ul style="list-style-type: none"> <li>- Assess and implement new Technology solutions as appropriate to address any changing/new threats</li> <li>- Continued Staff awareness training etc..</li> <li>- Complete NCSC Cyber Assessment Framework (CAF) as part of DLUHC Future Councils and develop a remediation plan.</li> <li>- Ensure Cyber Security evaluation of partners is undertaken during procurements as part of DDaT playbook.</li> <li>- Work with other LGAs and 3rd parties to improve staff awareness of Cyber Security responsibilities.</li> <li>- Undertake Cyber Essentials assessment.</li> </ul>   | 4 | 4 | 16 |  | Miranda Cannon                 | 31.01.2024 Ongoing  |
| 13 | ECONOMIC      | SRR 2.2 | <b>Delivery, Communications and Political Governance - Shortages in terms of staff capacity/key skills</b><br>Skill shortages - Difficulties recruiting to specific posts and high demand for specific expertise such as business analysis and business change, and specific technical skills such as ICT development posts in a competitive marketplace for such skills.<br>Key person dependency - Continuing reductions in staff may lead to increasing reliance on fewer people, some of whom may not have critical knowledge/skills, creating additional pressures at times e.g. unplanned absence; inability to transfer knowledge and skills before key staff leave.<br>Increase in demand arising from level of organisational change and need to deliver efficiencies/savings - There maybe an increased demand for support of which available expertise is limited or competing requirements/expectations. Therefore, support services such as HR and Comms may not be able to meet expectations or deliver to the right level of quality | <ul style="list-style-type: none"> <li>- Increase in key person dependency and increased dependency on line managers to deliver a number of technical capabilities.</li> <li>- Lean staffing structures put pressure on staff.</li> <li>- Existing staff health and wellbeing may deteriorate, including morale.</li> <li>- Service demand cannot be met.</li> <li>- Members demand/expectations cannot be met.</li> <li>- Tasks are not completed/delivered and/or critical projects may be halted.</li> <li>- Statutory/regulatory requirements may not be adhered to and deadlines breached.</li> <li>- Reputational damage.</li> <li>- Adverse effect on finances.</li> <li>- Specialist expertise and knowledge is not available to deliver the required duties.</li> <li>- Corporate memory diminishes when staff leave the Council.</li> <li>- Highly skilled technical roles cannot easily be filled</li> <li>- Perception of blame culture leads to senior and/or skilled staff leaving</li> <li>- Inadequate/inappropriate decisions are made by management, resulting on increased involvement by HR and/or other services in a reactive capacity.</li> <li>- Changes may not be made quickly and effectively and/or changes may be made prior to all parties consent.</li> <li>- Poor and risky management practices.</li> <li>- Inability to recruit to key posts that have a direct impact on retaining and growing income in leisure centres restrict potential to grow and achieve income opportunities.</li> <li>- Loss of technical expertise in Democratic Services undermines effective organisational governance.</li> </ul> | <ul style="list-style-type: none"> <li>- Continued use of graduate and other entry level roles to bring in additional capacity and support 'grow our own' as well as maximising use of apprenticeship funding.</li> <li>- Use of creative approaches to address gaps eg training new swim teachers, maintaining a reasonable pool of casual staff where needed, revisiting core role requirements and redesign of roles where appropriate such as currently across Democratic and Scrutiny Support.</li> <li>- Use of secondment opportunities for staff to gain new skills and experiences across other areas and to build resilience.</li> <li>- More detailed 'deep dive' taking place within Sports Services to review use of casual staff and overtime and consider capacity planning approach.</li> <li>- Recruit to train approach in sport and leisure has been successful and will be continue to be utilised to address turnover and recruitment challenges.</li> </ul> | 4 | 4 | 16 | Treat | <ul style="list-style-type: none"> <li>- Continue with approach to supporting graduate/entry level roles where appropriate in support of a 'grow our own' approach.</li> <li>- Engage with OD to utilise corporate workforce planning framework to develop a divisional action plan to address the key risks in terms of critical posts and succession planning</li> <li>- Use of DMU internships and other placement opportunities to add short-term capacity and to link with grow our own approach.</li> <li>- Complete work in Sports Services on capacity planning approach and utilisation of casual staff and overtime.</li> <li>- Complete organisational review and redesign of roles across Governance Services</li> </ul> | 3 | 4 | 12 |  | Miranda Cannon                 | Ongoing review and prioritisation of critical roles/areas |
| 14 | ECONOMIC      | SRR 2.3 | <b>Delivery, Communications and Political Governance - Age and Condition of Specific Leisure Centres Impact and Implications</b><br>Council is unable to meet the maintenance requirements and needs of centres which as an adverse impact on service delivery and meeting customer expectations.   | LCC unable to fund repairs as buildings fail which creates service disruption and detrimental impact on customers and income.   | <ul style="list-style-type: none"> <li>- Client account plan in place, close working with EBS, comprehensive leisure centre review undertaken and due to present initial findings and options before Christmas 2023. Corporate Capital bid to address the priority of changing has been submitted. External Sport England capital funding to improve energy efficiency to be submitted.</li> </ul>  | 4 | 4 | 16 | Treat | Complete and report strategic review. Submit Sport England Bid. Prepare for potential capital works if capital bid approved  | 4 | 3 | 12 |  | Miranda Cannon / Andrew Beddow | Complete strategic review by 31/12/23                     |
| 15 | LEGAL         | SRR 5.1 | <b>Delivery, Communications and Political Governance - Impacts Arising from Future Legislation 'Martyn's Law'</b><br>- Council is unprepared to respond to the potential requirements of forthcoming legislation related to counter-terrorism and therefore fails in the duty to protect people   | <ul style="list-style-type: none"> <li>- LCC fails to respond effectively to a terrorist attack and places staff and public lives in danger</li> <li>- LCC services which fall under the scope of the requirements are unprepared and could be subject to enforcement</li> <li>- Additional cost implications and pressure on budgets</li> <li>- Reputational impacts</li> </ul>  | <ul style="list-style-type: none"> <li>- Internal working group in place and has been meeting facilitated by the REBR Team Manager. Review of potential services/buildings in scope completed and a number of other services have been contacted to prompt consideration and preparations. A number of services have already embedded a range of actions including Planning in relation to relevant major development schemes and DMH in terms of staff preparedness and risk assessments. Ongoing monitoring of draft legislation as details are published and REBR Manager attending national network to keep updated. Ongoing communication of details as they emerge. Close working with counter-terrorism Police including training planned for staff and a range of frontline services, and ongoing liaison and support in relation to city events. Update delivered to CMB and also Directors/HoS with support from Counter-Terrorism Policing.</li> </ul>                 | 5 | 3 | 15 | Treat | - Ongoing support and work with the internal working group and ensuring membership reflects all relevant services  | 5 | 2 | 10 |  | Miranda Cannon                 | Ongoing work with internal working group                  |

**Appendix 3 - Leicester City Council Operational Risk Register**

**Risk Register Owner: Alison Greenhill, COO**

**Risks as at: 30/09/2023**

| RISK REF  | RISK THEME / CATEGORY<br><i>Establish which category the risk falls into using PESTLE definition. See Process tab for more information</i> | LINK TO STRATEGIC RISK<br><i>Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which strategic risk is impacted by risk identified (Below link provides access to current SRR on SharePoint). Log strategic risk ref no.</i> | RISK<br><i>What is the problem; what is the cause; what could go wrong? What is it that will prevent you from achieving your objectives?</i>   | CONSEQUENCE/EFFECT:<br><i>What would occur as a result, how much of a problem would it be, to whom and why?</i>  | EXISTING ACTIONS/CONTROLS<br><i>What are you doing to manage this risk now?</i>  | RISK SCORE |             |      | RESPONSE STRATEGY / ACTION<br><i>Select from the 4T's (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate</i> | FURTHER MANAGEMENT ACTIONS/CONTROLS   | TARGET SCORE |             |      | COST | RISK OWNER    | TARGET DATE           |
|---|--|--|--|--|--|------------|-------------|------|--|---|--------------|-------------|------|------|---------------|-----------------------|
|   |  |  |  |  |  | Impact     | Probability | Risk |  |   | Impact       | Probability | Risk |      |               |                       |
| 16  | POLITICAL  | SRR 1.2  | <b>Legal - Workloads &amp; Pressure - Client Care</b><br>Services within the Council are stretched with increased demands and pressures. Unrealistic deadlines at times can be set for major projects, procurement and contracts. There is a concern that whilst corporate policy is correct and general awareness of correct procedures/rules exists, it may not be implemented effectively within services.  | <ul style="list-style-type: none"> <li>- Timely legal advice from clients not sought.</li> <li>- Failure to comply with laid down guidelines.</li> <li>- Breach of regulations or law e.g. data protection.</li> <li>- Council found to act unlawfully.</li> <li>- Challenges to procurement processes.</li> <li>- Cost implications from requirements not being followed/deadlines being missed/ not delivering value for money for Council.</li> <li>- Award made against council etc.</li> <li>- Staff demotivated</li> <li>- Negative Press/Reputation of Council</li> </ul>   | <ul style="list-style-type: none"> <li>- Reviewing practices to be improve flexibility of approach.</li> <li>- Channel Shift.</li> <li>- Raising awareness - corporate messages.</li> <li>- Early engagement - feeding into deadlines.</li> <li>- Attending project boards.</li> <li>- Projects to look at new ways of working.</li> <li>- Improved use of technology e.g. Electronic Signatures/Virtual Hearings.</li> </ul>  | 4          | 4           | 16   | Treat  | <ul style="list-style-type: none"> <li>- Review of practices.</li> <li>- Increase comms program/training and awareness of current practices (deadlines with project plan).</li> </ul>   | 4            | 3           | 12   |      | Kamal Adata   | June 2024<br>Ongoing  |
| <b>STRATEGIC AREA - Social Care and Education</b> |  |  |  |  |  |            |             |      |  |   |              |             |      |      |               |                       |
| 17  | ECONOMIC SOCIO-CULTURAL LEGAL  | SRR 2.3<br>SRR 3.1<br>SRR 3.2<br>SRR 5.1   | <b>Adult, Social Care and Commissioning - Unable to Deliver savings</b>  | <ul style="list-style-type: none"> <li>- Impact on corporate budget</li> </ul>   | <ul style="list-style-type: none"> <li>- Clear review with analysis to demonstrate rationale for change to support savings; brief Scrutiny and members</li> <li>- Programme Board governance and control</li> </ul>  | 4          | 4           | 16   | Treat  | <ul style="list-style-type: none"> <li>- A coordinated programme of service improvement and efficiencies</li> </ul>   | 4            | 3           | 12   |      | Kate Galoppi  | 31.01.2024<br>Ongoing |
| 18  | ECONOMIC   | SRR.2.1  | <b>Children's Social Care and Community Safety - Workforce - availability</b><br>Diminishing availability of experienced skilled social workers  | <ul style="list-style-type: none"> <li>- National shortage of qualified SW's impacting on local recruitment</li> <li>- Increased reliance on agency staff to full vacancies</li> <li>- Increased SW case loads</li> <li>- Increased budget pressures;</li> <li>- Lack of continuity of staff in roles</li> </ul>   | <ul style="list-style-type: none"> <li>- Developing a workforce recruitment and retention strategy</li> </ul>  | 5          | 4           | 20   | Treat  | <ul style="list-style-type: none"> <li>- ASYE Programme Apprenticeship Programme</li> <li>- Grow our own Programme Planning around International Recruitment</li> </ul>   | 5            | 3           | 15   |      | Damian Elcock | 31.01.2024<br>Ongoing |
| 19  | ECONOMIC   | SRR.2.1  | <b>Children's Social Care and Community Safety - Budget</b><br>Loss and / or reduction of services to achieve budget savings   | <ul style="list-style-type: none"> <li>- Reduction in preventative services impacting on ability to deliver Statutory services</li> <li>- Inability to deliver Placement Sufficiency</li> <li>- Decrease Capacity / Increase demand</li> <li>- Potential reduction of staffing levels</li> <li>- Limited ability to deliver some front line services</li> <li>- Potential for future claims against authority</li> </ul>   | <ul style="list-style-type: none"> <li>- Strategic Oversight and clear governance arrangements in place;</li> <li>- SCE Programme Board oversees all budget reduction projects.</li> </ul>   | 5          | 4           | 20   | Treat  | <ul style="list-style-type: none"> <li>- Star Chamber oversight regarding saving reductions and undeliverable savings.</li> </ul>   | 5            | 3           | 15   |      | Damian Elcock | 31.01.2024<br>Ongoing |
| 20  | SOCIO-ECONOMIC   |  | <b>Education</b> - School collapses due to Reinforced Autoclaved Aerated Concrete failure. Surveys undertaken to determine the risk. These surveys are intrusive and so the schools are unable to remain open while investigations and remedial works are undertaken.  | <ul style="list-style-type: none"> <li>- Major incident and loss of life</li> <li>- Face to face education cannot be maintained for all or some children</li> <li>- Education is unable to continue on site and new school places will need to be identified and arranged.</li> <li>- Poor education outcomes and staff mental health due to poor and inconsistent accommodation whilst permanent solutions are found.</li> <li>- Impact on school places and school sufficiency</li> <li>- Financial impact on schools and the local authority</li> <li>- Capacity within the council to deliver an effective response</li> </ul> | <ul style="list-style-type: none"> <li>- Working with the Department for Education to identify and source the provision of temporary and permanent solutions.</li> <li>- These solutions will not be in place until 6 to 9 months from the school closure.</li> <li>- Current ad hoc arrangements are in place for 2 out of 5 schools that may be affected.</li> <li>- For one school these ad hoc arrangements are unsustainable and new arrangements are being sought.</li> <li>- impact on other services who have been displaced due to using their buildings to provide temporary solutions</li> </ul>  | 4          | 4           | 16   | Treat  | <ul style="list-style-type: none"> <li>- Work closely with DfE and colleagues in the council to expedite solution for both temporary and permanent solutions. Identify possible places for re-location of schools in this event. Ensure schools have BCP in place that include full closure and the actions required.</li> </ul>  | 3            | 3           | 9    |      | Sophie Maltby | Summer 2024           |
| 21  | SOCIO-CULTURAL   | SRR 3.1  | <b>Education</b> - Failure to identify and address cases of children missing from education in a timely manner. This could include children who have left school rolls who have not arrived at their destination school or where they have become electively home educated but where this is not suitable. Also, children whose cases are awaiting investigation due to the volume of cases where parents do not register their child at an allocated school and where school admissions refer to EWS. This has an increased likelihood as a result of Covid pandemic. The new data returns to DfE on CME may attract concern due to the high numbers. | <ul style="list-style-type: none"> <li>- Children who are not attending full-time miss out on significant parts of their education.</li> <li>- Children can be "lost" if they are unknown.</li> <li>- ILACS inspection would identify this as a weakness</li> <li>- We do not know where the children are and no-one is following up on their cases.</li> <li>- Harm could come to a child and this would not reflect positively on the LA even if we wouldn't have been in a position to safeguard the child i.e. home educated.</li> </ul>   | <ul style="list-style-type: none"> <li>- We have established a clear protocol for removing from roll which has reduced coerced home education and inappropriate removal from roll.</li> <li>- Education welfare team follow up identified children but this identification can take time. And these families are then tracked if they have moved. Those that are EHE are referred to the Home Education Adviser and due to limited capacity are prioritised for contact.</li> <li>- Families will not be visited to check the suitability of education and the adviser will rely on submitted evidence.</li> <li>- Cases are levelled for risk and prioritised.</li> <li>- New E system has been implemented which has streamlined part of the process where parents are willing to use it.</li> <li>- Volume of cases continues to be a significant challenge and there is a large and growing backlog of cases due to a lack of capacity.</li> <li>- Re return to DfE. we have provided detailed information to DfE to explain why our figures may look high compared to other LAs.</li> </ul> | 4          | 4           | 16   | Treat  | <ul style="list-style-type: none"> <li>- Increase capacity within the home education adviser team either from within EWS, or sourcing external support.</li> <li>- Properly resource the EWS team to enable the volume of children missing from education cases to be investigated and concerns addressed.</li> <li>- Further work is under consideration to reduce numbers of children being withdrawn from schools for the reason of EHE where parents are willing to reconsider.</li> <li>- Request submitted to HR 24/9/23 for a second Home Education Adviser post (agreed at LMB</li> </ul> | 3            | 2           | 6    |      | Sophie Maltby | 31.01.2024<br>Ongoing |

**Appendix 3 - Leicester City Council Operational Risk Register**

**Risk Register Owner: Alison Greenhill, COO**

**Risks as at: 30/09/2023**

| RISK REF | RISK THEME / CATEGORY<br><i>Establish which category the risk falls into using PESTLE definition. See Process tab for more information</i> | LINK TO STRATEGIC RISK<br><i>Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which strategic risk is impacted by risk identified (Below link provides access to current SRR on SharePoint). Log strategic risk ref no.</i> | RISK<br><i>What is the problem; what is the cause; what could go wrong? What is it that will prevent you from achieving your objectives?</i>   | CONSEQUENCE/EFFECT:<br><i>What would occur as a result, how much of a problem would it be, to whom and why?</i> | EXISTING ACTIONS/CONTROLS<br><i>What are you doing to manage this risk now?</i>   | RISK SCORE |             |      | RESPONSE STRATEGY / ACTION<br><i>Select from the 4T's (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate</i> | FURTHER MANAGEMENT ACTIONS/CONTROLS   | TARGET SCORE |             |      | COST  | RISK OWNER    | TARGET DATE |
|----------|--|--|--|---|---|------------|-------------|------|--|---|--------------|-------------|------|-------|---------------|-------------|
|          |  |  |  |   |   | Impact     | Probability | Risk |  |   | Impact       | Probability | Risk |       |               |             |
| 22       | SOCIO-CULTURAL   | SRR 3.2  | <b>Education - Pupil Attendance</b><br>DfE are increasing the statutory responsibilities relating to pupil attendance. Much of this work is currently provided on a traded basis and there is no identified source of funding that could be accessed to negate the impact of ending trading. | - Over £200 of income would be lost with no source of funding to fund the statutory work of the service.        | - The risk has been escalated to Senior Managers. The Service is identifying the specific actions that become statutory.<br>- A report is due to be considered at LMB in May. | 3          | 5           | 15   | Treat  | - Challenge the DfE to clarify the statutory elements of guidance and no additional burdens decision through collective lobbying with ADCS.<br>- Highlight the need for a growth budget, subject to clarification from DfE.<br>- DfE have confirmed intention is to proceed with plans to increase LA statutory responsibilities - earliest date is Sept 23.<br>- Funding approved via LMB for sustainable model. Urgently need to ascertain likelihood of schools buying in again given this period without traded support. We are aware some Trusts and schools have made alternative arrangements. | 2            | 3           | 6    | £500k | Sophie Maltby | Autumn 2023 |

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|----------|--|--|--|---|---|------------|-------------|------|--|-------------------------------------|-------------|------|--------------|--|--|------|------------|-------------|
|          |  |  |  |   |   | Impact     | Probability | Risk |  | Impact                              | Probability | Risk |              |  |  |      |            |             |

**STRATEGIC AREA - Public Health**

|    |   |                               |   |   |   |   |   |    |                  |  |   |   |    |  |            |                      |
|----|---|-------------------------------|---|---|---|---|---|----|------------------|--|---|---|----|--|------------|----------------------|
| 23 | ECONOMIC                                | SRR 2.1<br>SRR 2.2            | <p><b>Budget</b><br/>Changes to service delivery to operate within increasingly tight financial envelopes comply with allocated budget and increased savings targets. Continued reductions could force termination of services to ensure priority services remain available.</p> <p>If the authorities financial position continues to degrade then increasing financial pressures across the authority contribute to the likelihood that increased level of reserves and funding are taken away from the public health budget to support general council budget pressures following covid, especially in the context of ongoing austerity and the cost of living crisis.</p> <p>Uncertainty over non-recurrent or unconfirmed recurrent funding leads to reduced delivery and higher probability of project failure. Long term sustainability of initiatives is brought into question meaning economies of scale or efficiencies derived from long term planning cannot be capitalised on,</p> <p>Income generation has been impacted by the pandemic and remains in recovery, and the cost of living crisis is reducing the take-up and renewal of paid memberships. For the Live Well portfolio this is hindering the ability to hit targets and increasing budgetary pressures. While the funding gap is currently being met by reserves this is a finite and dwindling resource and the above financial pressures can be expected to increase wider demand on this resource and on reduce the ability to route any funds to reserves amount able to reserved each year.</p> <p>Increased demand for public health services in response to covid recovery, coupled with potential increases in non-covid related health areas resulting from the pandemic, and an emerging cost of living / fuel poverty crisis create resource / capacity strain that cannot be mitigated due to a lack of available budget for extra posts.</p> | <ul style="list-style-type: none"> <li>- Public health non-statutory programmes are reduced in size or allocated resource, or closed down altogether creating long term impacts and poorer health outcomes for citizens. This is beginning to present in some areas e.g. tier 2 weight management service has been decommissioned with no replacement provision.</li> <li>- Reputational damage, and reduced credibility and trust of both public health and LCC in communities and voluntary organisations which is difficult to recoup hindering ability to reach specific groups in the city for interventions.</li> <li>- Levels of public health grant diverted to other council areas may draw attention and scrutiny from government and result in judicial review on grant usage if services begin to struggle to maintain adequate delivery.</li> <li>- Reduced ability to deal with emerging public health emergencies, uncertainty in our ability to respond flexibly to unpredictable emerging needs and to ensure stability and sustainability of programmes. This may be exacerbated by the pandemic in the medium / long term when secondary impacts emerge widening public health response needs.</li> <li>- Increased demand on other public services (primary or secondary health care / Social Care / Leisure Centres) leading to knock on stress to other council services and budgets</li> <li>- Risk of missing safeguarding issues impacting on council statutory duties resulting in                         <ul style="list-style-type: none"> <li>- Serious injury or loss of life</li> <li>- Legal challenge</li> <li>- Severe reputational damage</li> </ul> </li> <li>- Financial viability of Live Well at risk.</li> </ul> | <ul style="list-style-type: none"> <li>- Annual public health return to Central Government to demonstrate appropriate use of grant funding</li> <li>- Portfolio restructure and continual review of landscape to ensure we are positioned to meet upcoming needs</li> <li>- Decisions taken to close certain services in order to meet budgets and savings targets.</li> <li>- Employing new commissioning, monitoring, and delivery model for key services to streamline and identify adverse effects. Public health invite and engage with audit services annually as good practice to identify inefficiencies and areas for process improvement.</li> <li>- Bids for funding being written and submitted across the team as opportunities arise, external funding streams or grants utilised to fullest extent to relieve budget pressures as far as possible.</li> <li>- Internal governance to closely manage budgets and ensure intelligent and planned use of reserves over time to ensure maximum efficacy and sustainability</li> <li>- Political oversight / scrutiny</li> <li>- Identifying and articulating associated risks through spending review process</li> <li>- Clinical Governance Process in place for review of providers, performance, and to sense check direction of travel to ensure optimum delivery quality and value for money</li> <li>- Customer retention plans and actions put in place to reduce subscription cancellations from customers unable to use services which would impact income generation</li> <li>- Strong service / programme planning to cover possible funding scenarios, allowing for adaptations to be made at pace.</li> <li>- Volunteer network being built and grown through community champions workstreams.</li> </ul> | 5 | 5 | 25 | Treat / Tolerate | <ul style="list-style-type: none"> <li>- Continue with existing controls</li> <li>- Secure additional revenue e.g. income generation through commercial opportunities.</li> <li>- Continue to explore a variety of potential local and national funding opportunities including commercial, government, academic, grant funding.</li> <li>- Investigate creation of a resource to help officers bid for funding with more guidance to increase consistency and success rate</li> <li>- Utilise in kind support / asset sharing where possible</li> <li>- Cross organisational opportunity review of priorities and resources ongoing through partnership programmes and system level board pathways. Public health consultant employed to stimulate engagement throughout and across the system.</li> <li>- Continued engagement and growth of various volunteer networks and community organisations.</li> <li>- Business case to outline justification and need for ringfencing reserves to mitigate / respond to any further public health emergencies, and to deal with longer term impacts of covid as they arise.</li> </ul> | 4 | 5 | 20 |  | Rob Howard | Review by 31/01/2024 |
| 24 | POLITICAL<br>ECONOMIC<br>SOCIO-CULTURAL | SRR 2.1<br>SRR 2.3<br>SRR 3.2 | <p><b>Wider Economy &amp; Supply Chain</b><br/>Brexit / covid related pressures increases prices or reduces availability of IT stock / services / logistics / medicines etc within the supply chain.</p> <p>Increased costs result in contracted services becoming economically unviable for providers. This is already beginning to present in multiple contracts / services. e.g. Emergency hormonal contraception contract with pharmacies previously held by Boots has not seen the incumbent bid on the tender citing it is not cost effective for them to continue without an uplift.</p> <p>Cost of living crisis exacerbates existing inequalities and food / fuel poverty for the poorest and most vulnerable in the city.</p>   | <ul style="list-style-type: none"> <li>- Changes in financial call / contracts due to fluctuations in drug / treatment market prices making delivery otherwise unviable</li> <li>- Logistical and financial difficulties to delivery for services or programmes.</li> <li>- Prioritisation / decommissioning / reduction of existing service delivery model(s)</li> <li>- Negative impact on population health and reduction in health services pathways available to access</li> <li>- Call on public health reserves</li> <li>- Staff are unable to be supplied with appropriate IT equipment leading to reduced efficacy and wasted capacity</li> <li>- Suppliers are unable to deliver minimum viable output as per contracts, and either underperform or serve notice on contracts.</li> <li>- Financial impact to maintain existing contracts or retender at short notice</li> <li>- Increased capacity pressure impacts on staff and wider portfolios</li> <li>- Economic crisis within the city as households cannot meet rising costs leading to increased levels of food and fuel poverty.</li> <li>- Increase in health issues caused by poor nutrition or cold / damp environments and sustained stress and pressure. Overall reduction in population health.</li> <li>- Static or widening inequalities across the city</li> </ul>   | <ul style="list-style-type: none"> <li>- Internal governance, decision making processes, and budgetary oversight leveraging expertise within team to assess choices and inform management briefings / options appraisal</li> <li>- Strong engagement with national partners to aid horizon scanning and early signposting of potential issues</li> <li>- Good relationships with peers in other organisations are maintained as a matter of course to aid communication and working efficiencies</li> <li>- Contract management team maintain strong relationship with services and stress importance of BCP's to ensure fallbacks and contingencies where possible</li> <li>- Fuel poverty programme launched to raise awareness and signpost support pathways to the most vulnerable. Project manager post recruited to manage and provider currently delivering after a successful tender exercise. Extension option being exercised for an additional 12 months after a successful first year.</li> <li>- Cross organisation working groups set up to communicate, monitor, and manage response</li> </ul>  | 5 | 4 | 20 | Treat / Tolerate | <ul style="list-style-type: none"> <li>- Continue with existing controls and close monitoring of national landscape</li> <li>- Maintain oversight of staffing levels and associated IT requirements and open communication with IT services to inform appropriate actions</li> <li>- Reserve could potentially be used to mitigate short term supply shock.</li> <li>- Alternate IT routes being explored for new starters / initiatives (IGEL / mobile working)</li> <li>- Analysis of need and potential response actions to potential poverty crisis ongoing</li> </ul>   | 4 | 4 | 16 |  | Rob Howard | Review by 31/01/2024 |



**Appendix 3 - Leicester City Council Operational Risk Register**

**Risk Register Owner: Alison Greenhill, COO**

**Risks as at: 30/09/2023**

| RISK REF | RISK THEME / CATEGORY<br><i>Establish which category the risk falls into using PESTLE definition. See Process tab for more information</i> | LINK TO STRATEGIC RISK<br><i>Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which strategic risk is impacted by risk identified (Below link provides access to current SRR on SharePoint). Log strategic risk ref no.</i> | RISK<br><i>What is the problem; what is the cause; what could go wrong? What is it that will prevent you from achieving your objectives?</i>   | CONSEQUENCE/EFFECT:<br><i>What would occur as a result, how much of a problem would it be, to whom and why?</i>  | EXISTING ACTIONS/CONTROLS<br><i>What are you doing to manage this risk now?</i>  | RISK SCORE |             |      | RESPONSE STRATEGY / ACTION<br><i>Select from the 4T's (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate</i> | FURTHER MANAGEMENT ACTIONS/CONTROLS   |             |      | TARGET SCORE |  |            | COST                 | RISK OWNER | TARGET DATE |
|----------|--|--|--|--|--|------------|-------------|------|--|---|-------------|------|--------------|--|------------|----------------------|------------|-------------|
|          |  |  |  |  |  | Impact     | Probability | Risk |  | Impact  | Probability | Risk |              |  |            |                      |            |             |
| 25       | ECONOMIC SOCIO-CULTURAL  | SRR 2.2<br>SRR 3.2   | <p><b>Staffing and Recruitment - External</b></p> <p>A national skill shortage and recruitment crisis in conjunction with Leicester being a challenging area in comparison to neighbouring areas creates difficulties in securing appropriately trained professionals within commissioned services and / or partner organisations - in particular Public Health Nurses and Health Visitors.</p> <p>Disruption to workforce of NHS or other partners due to strikes or industrial action.</p> <p>Significant staff loss coupled with recruitment difficulties within commissioned services reduce capacity to the extent that statutory functions or contractual terms are not adequately maintained.</p> <p>Providers struggle to maintain staff levels due increasing payroll costs and budgetary pressures.</p>  | <ul style="list-style-type: none"> <li>- Impact on front line service delivery of statutory functions</li> <li>- Knock-on impact on capacity and ability to deliver of non-participating staff impacted by strike action</li> <li>- Negative impact on service users</li> <li>- The ability of our commissioned services to provide adequate safeguarding is reduced, leading to an increased risk of support needs not being identified or met, or an increase in likelihood of serious incidents occurring.</li> <li>- This could also present a risk of increase to the likelihood of serious incidents occurring leading to:                             <ul style="list-style-type: none"> <li>- Serious injury or loss of life</li> <li>- Legal challenge</li> <li>- Severe reputational damage</li> </ul> </li> <li>- increased strain on existing staff leading to increased turnover, loss of embedded knowledge and experience, and fatigue impacting quality of work. Risk of entering a negative feedback loop (pressure causes staff loss, staff loss causes further pressure etc) further increasing difficulties in securing trained professionals</li> </ul>   | <ul style="list-style-type: none"> <li>- Close monitoring and communication with commissioned services by lead commissioners and Group Manager</li> <li>- Scrutiny and support from contract management team</li> <li>- Commissioned children's service has introduced a skill mix framework to alleviate Health Visitor pressures whilst maintaining adequate safeguarding. This involves splitting post duties and allocating less skilled work to appropriate staff to ease pressure on caseloads and health visitors.</li> <li>- Ongoing work to make Leicester a more attractive location for Health Visitors to attract and retain skilled workers.</li> <li>- Providers to be queried over planned response specifically around occurrence of strike action and widespread loss of staff. How will delivery be maintained / how will affected service users be captured and engaged etc</li> </ul>  | 5          | 4           | 20   | Treat / Tolerate   | <ul style="list-style-type: none"> <li>- Continual oversight of supplier Business Continuity Plans and engagement on current pressures / concerns</li> <li>- Continual internal public health BCP review ongoing with consideration given to response in the event of risks presenting</li> <li>- Ongoing close monitoring of suppliers and skill / workforce concerns</li> <li>- Supplier business continuity plans audit to be undertaken in coming months</li> </ul>   | 5           | 3    | 15           |  | Rob Howard | Review by 31/01/2024 |            |             |
| 26       | POLITICAL ECONOMIC   | SRR 1.1<br>SRR 2.1<br>SRR 2.2<br>SRR 2.3   | <p><b>Commissioning</b></p> <p>Reduced budget for services impacts on financial viability to suppliers at the tender stage who may deem package to be unviable leading to a lack of bids reducing competition or tender failing altogether. Suppliers may also not bid on tenders due to staff / skill shortages leaving them unable to meet requirements. This is exacerbated by tight financial envelopes and increased costs due to inflation.</p> <p>In the context of increasing costs and reduced or static budgets, providers could become unsustainable without an uplift or adjustment to the funding received from public health. In conjunction with the below concerning partner organisations and Risk 8 this increases the likelihood that suppliers will serve notice on contracts or be unable to deliver.</p> <p>Services commissioned on activity based contracts are difficult to predict in times of uncertainty and risk under / over provision each of which come with financial and logistical challenges and risks.</p> <p>Partner organisations we joint commission with are restructured or undergo a change in policy resulting in changes which negatively impact our work / agreements or ability of supplier to deliver services. Partners opting to leave or disengage from working agreements adds additional pressures to teams and services.</p> | <ul style="list-style-type: none"> <li>- Providers could become unsustainable and serve notice on contracts without an uplift or adjustment to the funding received from public health. Loss of existing contractors due to inability to reconcile increased costs within static or reducing financial envelope.</li> <li>- Failed tenders. Capacity required to assess and alter the specification / tender go to re-spec and go to market again, Disruption to, or reduced / ceased delivery of statutory services. Potential legal and governance implications for LCC if delivery ceased.</li> <li>- Dependent on service, retendering may be extremely difficult given the increased complexity of the landscape as well as the budgetary and time constraints we would be under. Risk of being without a service which would come with legal / governance implications, or having to pay inflated costs for interim delivery.</li> <li>- Reduced competition and sub-optimal suppliers awarded contracts to fulfil needs</li> <li>- Our offer may not be attractive to new providers during tenders; risk of failed procurement or lack of competition leading to sub-standard delivery</li> <li>- Loss or alteration of service provision and impact on community who require service leading to poorer outcomes, increased sickness rates and impact on NHS as demand increases for other services</li> <li>- Decreased morale and reputational damage to LCC</li> <li>- Funding gap leads to other programmes needing to be terminated to balance the budget. Immediate reduced provision and range of services to city residents with unknown long term impacts.</li> <li>- Underspend result from reduced activity that do not reflect underlying / actual budget pressures that will resume when pre-existing baseline is re-established. Budget is reduced or removed based on lower activity costs creating business critical issues when this occurs</li> </ul> | <ul style="list-style-type: none"> <li>- Strong forward planning, bespoke procurement methods, and robust internal governance</li> <li>- Clinical governance board in place for improved oversight and robust governance framework to ensure that commissioned services are robustly reviewed and monitored.</li> <li>- Performance review group provides oversight, early issue identification, and escalation process</li> <li>- Lead Commissioners and contracts team within Public Health undertake regular performance and quality reviews with continual engagement and communication with providers and partners</li> <li>- Timely briefing of lead members to highlight potential risks and consequences</li> <li>- Expertise within team to assess choices, identify and profile future need in a proactive fashion, and inform management briefings / options appraisals</li> <li>- Advocacy by LCC Director of Public Health with national bodies</li> <li>- Provider negotiations - providers have continued to be paid regardless of performance due to the pandemic to ensure the suppliers (and the wider delivery chain) stay afloat</li> <li>- Based on joint analysis between the sexual health service provider (MPFT) and public health regarding financial pressures, continuity funding at 100% of the contract value will be issued and services amended to ensure viability and effective delivery, particularly to identified vulnerable populations. Additional monitoring and ongoing analysis will continue to be conducted.</li> <li>- Close working with internal departments (legal / procurement / contract management / finance)</li> <li>- Services jointly commissioned where possible / appropriate</li> </ul> | 4          | 4           | 16   | Treat / Transfer   | <ul style="list-style-type: none"> <li>- Continue with existing controls;</li> <li>- Continue to joint commission where appropriate (internal with LCC, and external with county and regionally)</li> <li>- Continued close monitoring of emerging risk from county moving towards an independent / inhouse delivery model or returning to activity based payments to shared suppliers</li> <li>- Continued exploration of new and novel approaches to commissioning including encouraging consortium applications and use of section 75</li> <li>- Continued monitoring and increased engagement of suppliers to pre-emptively identify potential issues</li> <li>- Regularly review Business Continuity Plans to ensure minimal service disruption in the event of supplier failure.</li> </ul> | 4           | 3    | 12           |  | Rob Howard | Review by 31/01/2024 |            |             |

**Appendix 3 - Leicester City Council Operational Risk Register**

**Risk Register Owner: Alison Greenhill, COO**

**Risks as at: 30/09/2023**

| RISK REF | RISK THEME / CATEGORY<br><i>Establish which category the risk falls into using PESTLE definition. See Process tab for more information</i> | LINK TO STRATEGIC RISK<br><i>Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which strategic risk is impacted by risk identified (Below link provides access to current SRR on SharePoint). Log strategic risk ref no.</i> | RISK<br><i>What is the problem; what is the cause; what could go wrong? What is it that will prevent you from achieving your objectives?</i>   | CONSEQUENCE/EFFECT:<br><i>What would occur as a result, how much of a problem would it be, to whom and why?</i>   | EXISTING ACTIONS/CONTROLS<br><i>What are you doing to manage this risk now?</i>  | RISK SCORE |             |      | RESPONSE STRATEGY / ACTION<br><i>Select from the 4T's (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate</i> | FURTHER MANAGEMENT ACTIONS/CONTROLS  | TARGET SCORE |             |      | COST | RISK OWNER | TARGET DATE          |
|----------|--|--|--|---|--|------------|-------------|------|--|--|--------------|-------------|------|------|------------|----------------------|
|          |  |  |  |   |  | Impact     | Probability | Risk |  |  | Impact       | Probability | Risk |      |            |                      |
| 27       | POLITICAL LEGAL  | SRR 1.1<br>SRR 1.2<br>SRR 5.1  | <p><b>Policy / Governance / Partnerships</b></p> <p>Population health and the wider determinants of health impact, and are impacted by, a broad range of activities LCC undertakes. There is an opportunity to increase the focus on the public health aspects of service area activities and aid in corporate strategy / policy discussions. By engaging more strongly with service areas that impact wider determinants and creating a 'health in all policies' culture across the Council health outcomes across the city could be significantly improved by leveraging a multiplier effect that PH could not achieve alone. Risk is that this is not supported or implemented in a timely fashion and the opportunity is lost. Ongoing budgetary pressures and savings targets across LCC may lead to public health focus and engagement being deprioritised within service areas.</p> <p>Service areas with public health impacts (Housing / Transport / Sports etc) experience cuts to budgets and programmes leading to delivery challenges and knock on health impacts across the population that then require additional resource to manage and tackle in the longer term.</p> <p>External national imperatives are introduced without associated budget creating difficulties in local delivery, or national policy changes impact existing work or ability to respond in a place appropriate manner.</p> <p>Changes in structure / leadership to partner organisations i.e. PCC elections or changes to working agreements with city organisations impact project outcomes or hinder engagement / reach of community support work. Some aspects of the divisions work are undertaken in partnership with other service areas or organisations and are reliant on their capacity or capital to function effectively and achieve marketing or delivery goals. Risk of factors outside of our controls hampering programme success.</p> <p>Governance structures surrounding funding allocations and sharing between</p> | <ul style="list-style-type: none"> <li>- Reduced outcomes over time lead to long term budgetary and resource drain that could be reduced by small tweaks to wider LCC activities</li> <li>- Reduced influence on corporate policies and strategy, and significant potential for improvement to wider determinants not capitalised on</li> <li>- Reduction of, or failure to realise improvements to, health outcomes for city residents.</li> <li>- Call on finances from NHS pay award, reducing available budget for existing work</li> <li>- Logistical difficulties to delivery for services or programmes.</li> <li>- Prioritisation / decommissioning / reduction of existing service delivery model</li> <li>- Call on public health reserves</li> <li>- Change in leadership may result in changes to organisations agendas which may negatively impact our work, agreements, and ability to deliver.</li> <li>- Reduced efficacy as work is not tailored to the local area or possible efficiencies by operating collaboratively in cross geographical areas is not leveraged</li> <li>- Partners organisations operate outside of the spirit of agreements placing undue financial or capacity strain on LCC teams (e.g. County not paying rent to the SH service due to a loophole, OPCC being unresponsive in renewal of suicide bereavement service)</li> </ul>  | <ul style="list-style-type: none"> <li>- Internal governance, decision making processes, and budgetary oversight leveraging expertise within team to assess choices and inform management briefings / options appraisal</li> <li>- Advocacy by the Director of Public Health with local and national bodies</li> <li>- Close relationships built and maintained with service areas around the organisation. Capacity has been added to the team to increase corporate engagement</li> <li>- Strong engagement with local and national partners to aid horizon scanning and early signposting of potential issues</li> <li>- Strong engagement, communication, and partnership working maintained with system partners and the Health &amp; Wellbeing Board membership</li> <li>- Good relationships with peers in other organisations are maintained as a matter of course to aid communication and working efficiencies</li> <li>- Specific workstreams created within the division to engage partners and to embed Public Health considerations in day to day operations</li> </ul>  | 4          | 4           | 16   | Treat  | <ul style="list-style-type: none"> <li>- Continued:                             <ul style="list-style-type: none"> <li>- Political escalation</li> <li>- Corporate responsibility</li> <li>- Service &amp; budget planning</li> <li>- Utilisation of partnership approach</li> </ul> </li> <li>- Continued exploration of alternative treatment / therapy options or approaches within services or by programmes</li> <li>- Safeguard public health reserves in order to preserve ability to provide adequate response without significant detriment to corporate purse</li> <li>- Continued monitoring of medical landscape, and updates to guidance and clinical standards</li> <li>- Continued presence within LCC and corporate engagement to provide visibility to public health concerns and considerations that work of discrete service areas may unknowingly be able to positively impact</li> </ul>  | 3            | 4           | 12   |      | Rob Howard | Review by 31/01/2024 |
| 28       | ECONOMIC SOCIO-CULTURAL  | SRR 2.2<br>SRR 3.2   | <p><b>Staffing and recruitment - Internal</b></p> <p>An emerging recruitment crisis across a variety of sectors creates difficulty, both within public health and our commissioned services or system partners, in securing sufficient staff with the appropriate skills and experience to meet the immediate public health challenges posed by covid response and recovery, and emerging issues.</p> <p>Unsuccessful recruitment (increased in likelihood due to the above point) or approval to recruit delays for existing and new posts cause capacity and timeframe pressures on ongoing delivery and rollout of new initiatives that would benefit from proceeding at pace.</p> <p>Key staff leave the division or move into new posts within the division creating disruption, risk increased if multiple departures simultaneously. Potential risks to wider public health aims or outcomes if significant losses in other LCC service areas.</p> <p>Capacity increase within the public health division is being outpaced by the broadening of scope and increased need that is resulting from current societal context - this is exacerbated by financial pressures and difficulties in recruitment.</p>   | <ul style="list-style-type: none"> <li>- This is currently presenting with a number of senior roles being vacated and needing to be filled creating capacity and continuity pressures. While our existing plans, investment into staff and wider training, and support networks have significantly lessened the impact gaps in post are creating additional pressures.</li> <li>- Increased demand on remaining capacity impacting on team morale. The health and wellbeing of existing staff is impacted resulting in individual burnout or increased staff turnover.</li> <li>- Loss of key specialist skills, knowledge and expertise, and working relationships that are very difficult to replace due to national shortage of skilled workers</li> <li>- Significant loss of capacity means programme targets are delayed or not achieved, or need to be revised downwards to match ability to deliver.</li> <li>- Cover for posts splits capacity between existing workstreams negatively impacting both.</li> <li>- If demand and workloads are consistently high for extended periods existing staff do not gain a breadth of public health experience. This could result in an under skilled workforce, or increased turnover as further development is sought after by individuals (with associated difficulty in sourcing adequate replacements for posts).</li> <li>- Negative impacts on delivery of work and an inability to meet emerging objectives of individual services as well as divisional strategic objectives.</li> <li>- Reduction in ability to front run issues and adequately assess complex situations before being required to act.</li> <li>- Loss of in-year funding available if staff / initiatives cannot be put in place in a timely fashion</li> </ul> | <ul style="list-style-type: none"> <li>- Close management and oversight of individual workloads and projects</li> <li>- General training and development opportunities and organisational development utilised</li> <li>- Upskilling team - public health supporting staff to undertake a Masters in Public Health and for staff to follow work based public health training pathways</li> <li>- Specific courses identified and allocated to appropriate staff. Mandatory and suggested training framework created and rolled out across the team. Reviewed and managed across the division to ensure all staff are in compliance with minimum training requirements and are encouraged to develop skills and knowledge as required.</li> <li>- Early identification of potential staffing needs / vacancies with early engagement with HR to ensure timeframes to recruit are sensible</li> <li>- Capacity in across the team increased and analysis of need ongoing.</li> <li>- Team restructure undertaken to more efficiently redistribute capacity and portfolios</li> <li>- Increased team awareness at all levels of importance of self care, with support offered necessary. Ongoing team building events / exercises in place to aid wellbeing and an internal pastoral support scheme has been implemented to ensure support pathways are available to those who require it.</li> <li>- Recruitment concerns escalated</li> </ul> | 4          | 4           | 16   | Treat  | <ul style="list-style-type: none"> <li>- Continual audit of needs and skills against public health key skills framework to identify and fill key knowledge and skills gaps across division</li> <li>- Produce a public health workforce strategy including succession planning. Task and Finish group being set up to work on this and we are linking in with regional and national Public Health workforce planning initiatives.</li> <li>- BCP review and update regularly scheduled to ensure succession planning and key staff availability plan is adequate.</li> <li>- Ongoing identification of single points of failure and planning / documentation to mitigate risk of project lead unavailability</li> <li>- Consideration within service plans for posts and building in long time scales for recruitment as standard practice to be considered in forward planning</li> <li>- Continued monitoring of capacity needs and fixed term recruitments to mitigate issues where appropriate</li> <li>- Continued focus on employee wellbeing and provision of adequate support where necessary</li> </ul> | 4            | 3           | 12   |      | Rob Howard | Review by 31/01/2024 |

**Appendix 3 - Leicester City Council Operational Risk Register**

**Risk Register Owner: Alison Greenhill, COO**

**Risks as at: 30/09/2023**

| RISK REF | RISK THEME / CATEGORY<br><i>Establish which category the risk falls into using PESTLE definition. See Process tab for more information</i> | LINK TO STRATEGIC RISK<br><i>Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which strategic risk is impacted by risk identified (Below link provides access to current SRR on SharePoint). Log strategic risk ref no.</i> | RISK<br><i>What is the problem; what is the cause; what could go wrong? What is it that will prevent you from achieving your objectives?</i>  | CONSEQUENCE/EFFECT:<br><i>What would occur as a result, how much of a problem would it be, to whom and why?</i>  | EXISTING ACTIONS/CONTROLS<br><i>What are you doing to manage this risk now?</i>   | RISK SCORE |             |      | RESPONSE STRATEGY / ACTION<br><i>Select from the 4T's (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate</i> | FURTHER MANAGEMENT ACTIONS/CONTROLS  | TARGET SCORE |             |      | COST | RISK OWNER | TARGET DATE          |
|----------|--|--|---|--|---|------------|-------------|------|--|--|--------------|-------------|------|------|------------|----------------------|
|          |  |  |   |  |   | Impact     | Probability | Risk |  |  | Impact       | Probability | Risk |      |            |                      |
| 29       | TECHNOLOGICAL<br>LEGAL   | SRR 4.2<br>SRR 4.3<br>SRR 5.1  | <p><b>Data</b></p> <p>Complex data sharing agreements with external organisations not in place or understood by officers which restricts information flow into public health required to deliver objectives.</p> <p>Increased data access implemented during covid is withdrawn once BAU returns, leading to reduced data provision and less timely / accurate reporting. National datasets are released sporadically creating variable capacity needs that are difficult to plan for.</p> <p>Self reported data that is difficult to verify for activity based contracts leads to uncertainty over financial position and potential over payments</p> <p>Increased appetite for data and ongoing reporting needs due to covid have hindered ability to deliver BAU reporting functions and caused a backlog of Health Needs Assessments awaiting completion / attention.</p> <p>Updated NHS Patient Safety Incident Reporting Framework is incompatible with LLR Serious Incident Reporting Protocol negatively impacting data availability and workflow surrounding reporting of incidents. Risk that we lose sight of incidents / cases and are unable to assess provider quality and contract performance adequately.</p> | <ul style="list-style-type: none"> <li>- Delay or complete stoppage in obtaining information required to make timely decisions for service users.</li> <li>- Distress to service users</li> <li>- Reputational damage to LCC</li> <li>- Potential financial burden or incorrect overspend for activity</li> <li>- Potential litigation claims for failure to deliver</li> <li>- Increased stress on LCC staff</li> <li>- Difficulties in workload management and timely production of existing reports and statutory functions as well as making capacity management difficult.</li> <li>- Impact on service delivery and response agility</li> <li>- Reduced data provision and indicators potentially being missed or identified later than they may have been delaying (or preventing) mobilisation.</li> <li>- Negative impact on our ability to both proactively and reactively manage NHS providers that we commission to deliver services due to reduction of oversight and visibility of issues arising in NHS providers for all of PH / LCC. Analysis and ongoing management of service quality is severely hampered without insight or access to incident data.</li> <li>- Obfuscation and extension of timelines for responses and investigations into serious incidents increase the likelihood of unsatisfactory outcomes for users as well as increased waiting times</li> </ul> | <ul style="list-style-type: none"> <li>- Work-around arrangements in place with key organisations to share basic information</li> <li>- Working with wider network of organisations to establish data sharing protocols and file transfers</li> <li>- Engagement with information governance to ensure that any risks of data sharing are identified and managed.</li> <li>- Increased relationship building and engagement across system partners</li> <li>- Continued close communication and engagement with Integrated Care Board / Leicestershire Health Informatics Service (LHIS) regarding the issues surrounding data availability and access.</li> <li>- Data sharing agreement recently secured with LHIS that will allow for direct access to anonymised GP data in order to better track performance and volumes. This is currently embedding with positive results on the payments aspect in terms of accuracy and assurance. Data streams for performance analysis are still being assessed to ensure accuracy and are expected to be available for use in the near term. An independent audit is underway to assess these workflows and processes.</li> <li>- Close working relationship with IT, procurement, and information governance to establish and maintain data sharing agreements with services external to LCC</li> <li>- Additional resource added to data function</li> <li>- Close working relationship with LPT as 0-19 provider with the aim of maintaining adequate management oversight with visibility of reports and attendance of weekly oversight meetings. Additional agreements are being built into the new Section 75 contract with LPT to ensure robust governance is</li> </ul> | 4          | 4           | 16   | Treat / Tolerate   | <ul style="list-style-type: none"> <li>- Ongoing engagement with information governance and partners to resolve existing and arising issues</li> <li>- Undertake an exercise to identify all organisations and data needs and perform gap analysis</li> <li>- Ongoing horizon scanning of other services where NHS Patient Safety framework changes could become an issue (potential to effect all NHS services and generate complications when commissioning procurement of new services).</li> <li>- Continue to work with providers to understand implications of NHS Patient Safety framework changes on services, and liaise with multi-agency partners to plan a way of managing this. Continued close contractual oversight with LPT to ensure current level of visibility for 0-19 contract is maintained</li> <li>- Agree a corporate LCC stance on NHS Patient Safety framework changes</li> </ul> | 3            | 3           | 9    |      | Rob Howard | Review by 31/01/2024 |

**Appendix 3 - Leicester City Council Operational Risk Register**

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**Risks as at: 30/09/2023**

| RISK REF | RISK THEME / CATEGORY   | LINK TO STRATEGIC RISK  | RISK  | CONSEQUENCE/EFFECT:   | EXISTING ACTIONS/CONTROLS  | RISK SCORE |             |      | RESPONSE STRATEGY / ACTION | FURTHER MANAGEMENT ACTIONS/CONTROLS   | TARGET SCORE |             |      | COST | RISK OWNER | TARGET DATE          |
|----------|-------------------------|---|---|---|--|------------|-------------|------|----------------------------|---|--------------|-------------|------|------|------------|----------------------|
|          |                         |   |   |   |  | Impact     | Probability | Risk |                            |   | Impact       | Probability | Risk |      |            |                      |
| 30       | ECONOMIC SOCIO-CULTURAL | SRR 2.2<br>SRR 3.1 (although growth in demand is also due to knock on impacts from the pandemic not just cost of living and population growth)<br>SRR 3.2 | <p><b>Health Protection / Covid 19</b></p> <p>Variant strains or other diseases emerge requiring a significant response, further local lockdowns, preventative measures, or a continuance of efforts that have been tapered off.</p> <p>There is only a single Infection Prevention Control (IPC) Specialist within public health that works on a part time basis providing all IPC support to the city, with no budgetary scope to provide additional capacity. This is a significant bottleneck and single point of failure. This risk has since presented and from the end of October there will be no IPC support for settings across the city while this specialist post is recruited to.</p> <p>A secondary impact of the pandemic may be other health aspects experiencing significant increases in occurrence as a knock on effect i.e. mental health, substance use, obesity, oral health that require increased resource to tackle</p> <p>Reduced access and low take-up of offered services during the pandemic impacts long term health outcomes, widens inequalities, and reduces opportunity to create income to reduce budget pressures. Further risk that low uptake / referrals that resulted from covid persist negatively impacting outcomes and inequalities.</p> | <ul style="list-style-type: none"> <li>- Negative impact on resident health and wider public health outcomes and improvements</li> <li>- Significant operational impact on division in the event of a scenario comparable to Covid 19</li> <li>- Potential variant or other disease cause large increase in case numbers that are unreported lead to further pandemic duration / restrictions. Increased infection rates mean further local lockdowns or preventative measures are enacted.</li> <li>- Further lockdown or restrictive measures would decrease morale across the city, hinder general recovery efforts, and create difficulties for LCC operations</li> <li>- Inadequate capacity and single point of failure for IPC operations means                             <ul style="list-style-type: none"> <li>- Service objectives not achieved/service not provided.</li> </ul> </li> <li>- Increased outbreaks in vulnerable settings.                             <ul style="list-style-type: none"> <li>- Pressure on sole member of staff to provide an unreasonable level of cover for one person</li> <li>- Reputational damage to the authority if outbreaks poorly managed</li> </ul> </li> <li>- Reduced ability to 'Live with Covid', recover, or respond quickly to contain future outbreaks</li> <li>- Potential serious impact on health and wellbeing of whole population, particularly those most vulnerable</li> <li>- Reputational damage to the authority if outbreaks poorly managed</li> <li>- If covid secondary impacts activities persist without associated funding from Treasury to support this will create significant budget pressures.</li> <li>- Static or widening health inequalities</li> <li>- Needs increase over the longer term as a result of secondary impacts requiring increased (and sustained) resource and budget to tackle</li> </ul> | <ul style="list-style-type: none"> <li>- Continued monitoring of covid data and national landscape</li> <li>- Monitoring of at risk health areas to determine level of future need when pandemic subsides</li> <li>- Consultants appointed to lead on health inequalities and system wide engagement and health protection, and covid response / recovery</li> <li>- Health Protection team / function created within the division with a focus on supporting settings with infection prevention control processes and managing incidents as they occur nationally and across the city</li> <li>- Forward planning of recruitment and mitigation of impacts of gap in IPC provision</li> <li>- Service objectives set within context of limited capacity</li> <li>- Close relationship with social care teams to share capacity burden where appropriate</li> <li>- Training activities being built in to existing service to increase skills and knowledge of social care and care home staff</li> <li>- Sustained messaging reiterating the continued importance of following the national guidance to increase awareness</li> <li>- Horizon scanning and forward planning to intelligently balance potential resource pressures and safeguard agility in the event of a call to action against current needs and financial state</li> </ul> | 5          | 3           | 15   | Treat                      | <ul style="list-style-type: none"> <li>- Continue with existing controls</li> <li>- Ongoing assessment of priority areas to continually determine needs and enable a timely data driven response</li> <li>- Continued close monitoring of outbreak data</li> <li>- Continued engagement with settings in the city to maintain standards and encourage continual improvement. Communications to be undertaken with all settings to signpost gap in provision and advice and guidance on where to go to for support if required.</li> <li>- Community wellbeing and vaccine champion programmes created and currently embedding to promote education and awareness of both covid and general health information</li> <li>- Service evaluations over time to inform discussions with partner teams.</li> <li>- Assess options to increase capacity.</li> </ul> | 4            | 3           | 12   |      | Rob Howard | Review by 31/01/2024 |