

Leicester
City Council

MEETING OF THE GOVERNANCE AND AUDIT COMMITTEE

DATE: WEDNESDAY, 26 NOVEMBER 2025

TIME: 5:30 pm

PLACE: Meeting Room G.02, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Committee

Councillor Kaur Saini (Chair)

Councillor Russell (Vice-Chair)

Councillors Bajaj, Joel, Moore, Rae Bhatia, Singh Patel and Kitterick

Independent members: Seema Jaffer and Mohammed Chunara

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

Officer contact: Sharif Chowdhury Senior Governance Officer Governance Services, Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ Tel. 01164540538 Email. committees@leicester.gov.uk

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- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact:

Sharif Chowdhury, Senior Governance Services Officer. Alternatively, email governance@leicester.gov.uk, or call in at City Hall.

For Press Enquiries - please phone the **Communications Unit on 0116 454 4151**.

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to the area outside the Ramada Encore Hotel on Charles Street as directed by Governance Services staff. Further instructions will then be given.

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

3. MINUTES OF THE PREVIOUS MEETING (Pages 1 - 4)

The minutes of the meeting held on 17 September 2025 are attached and Members will be asked to confirm them as a correct record.

4. INDEPENDENT MEMBER REPORT (Pages 5 - 8)

The Director of Finance submits a report to the Governance and Audit Committee which presents the Independent Member report.

The Governance and Audit Committee is recommended to note the appointment, by the Monitoring Officer, of Seema Jaffer and Mohammed Chunara as Independent Members of the Governance and Audit Committee for a period of 2 years.

5. HEALTH & SAFETY ANNUAL REPORT 2024/25 (Pages 9 - 30)

The Director of Corporate Services submits a report to the Governance and Audit Committee which presents the Health and Safety Report 2024-25

The Governance and Audit Committee is recommended to note the report.

6. RISK MANAGEMENT UPDATE (Pages 31 - 60)

The Director of Corporate Services submits a report to the Governance and Audit Committee which presents the Risk Management Update.

The Governance and Audit Committee is recommended to note the report.

7. COUNTER FRAUD MID-YEAR UPDATE (Pages 61 - 66)

The Director of Finance submits a report to the Governance and Audit Committee which presents the Counter-Fraud Mid-Year Update.

The Committee is asked to note the contents of this report and make any comments to the Director of Finance.

8. ANTI FRAUD, CORRUPTION AND BRIBERY POLICY (Pages 67 - 84)

The Director of Finance submits a report to the Governance and Audit Committee which presents the Anti-Fraud, Corruption and Bribery Policy report.

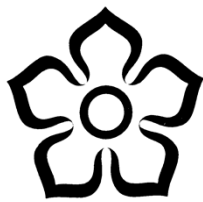
The Governance and Audit Committee is recommended to approve the updated Anti-Fraud, Bribery and Corruption Policy included at Appendix 1.

9. ANTI-MONEY LAUNDERING POLICY (Pages 85 - 114)

The Director of Finance submits a report to the Governance and Audit Committee which presents the Anti-Money Laundering Policy.

The Governance and Audit Committee are recommended to approve the Anti-Money Laundering Policy included at Appendix 1.

10. ANY OTHER URGENT BUSINESS



Leicester
City Council

Item 3

Minutes of the Meeting of the
GOVERNANCE AND AUDIT COMMITTEE

Held: Wednesday, 17 September 2025 at 5:30 pm

P R E S E N T :

Councillor Kaur Saini (Chair)
Councillor Russell (Vice-Chair)
Councillor Bajaj Councillor Kitterick
Councillor Joel Councillor Rae Bhatia
Councillor Singh Patel

* * * * *

1 Apologies for Absence

Apologies of absence were received from Councillor Dr Moore.

2 Declarations of Interest

There were no declarations of interest.

3 Minutes of the Previous Meeting

RESOLVED

The Chair noted to Councillor Singh-Patel's omission on the attendance for correction.

The minutes of the meeting held on 23 June 2025 and 14 July 2025 were confirmed as a true and accurate record.

4 Procurement Annual Report 2024/25

The Director of Finance submitted a report to the Governance and Audit Committee which presented the Procurement Annual Report 2024/25.

The Head of Procurement, Izabela Skowronek, presented the report which included information on procurement compliance for contracts of varying sizes and complexities.

Members of the Committee discussed the report, and the following points were highlighted:

- Members raised concerns about a Adult Social Care procurement waiver, and if the reason for delay was due to management not starting the procurement in sufficient time. Assurance was provided to the committee that the procurement started promptly, and an issue was identified during the procurement process that led to the delays. The waiver was therefore required to ensure the continuity of service for the users. The committee were updated that procurement was going well, however a higher number of tenders caused longer assessment times.
- A member also referred to concerns of a previous Council Officer's employment by a supplier which had been reported to the Monitoring Officer. The Director of Finance advised that specific concerns should be referred to the Monitoring Officer.
- A member queried the increase in waiver numbers. The Head of Procurement explained that this was primarily due to increased financial controls that had been put in place, which identified spend without contracts.
- The Director of Finance confirmed there is no statutory requirement to publish waiver details, but the Council does so voluntarily for transparency.
- In response to questions, the Director of Finance confirmed that the increase in waivers had no direct budgetary impact. The issue primarily related to process compliance rather than cost or service delivery.
- A member sought clarification on passenger transport procurement. The Head of Procurement confirmed that all passenger transport activity is managed under a single Dynamic Purchasing System (DPS) contract, the total value of which is included within the headline figures.
- A report covering process, resourcing and lessons learned is scheduled for the 26 January 2025 meeting.

Actions Agreed

1. Commission Internal Audit to review the largest waiver in each service / directorate area and the report to be presented to the Committee and Directors for areas to attend.
2. For future reports to consider if possible, to provide analysis on repeated waivers.

RESOLVED

The Committee noted the contents of this report and provided comments to the Director of Finance.

5 Local Government & Social Care Ombudsman Complaints & Corporate Complaints 2024/25

The Director of Housing submitted a report to the Governance and Audit Committee which presents the Local Government & Social Care Ombudsman and Housing Ombudsman Complaints & Corporate Complaints 2024/25.

The Head of Service, Charlotte McGraw, presented the Ombudsman and Complaints report for 2024/25, providing details on performance and planned improvements.

During the discussion, Members raised the following points:

- A member queried why housing and corporate complaints were managed and reported together. The Head of Service explained that housing represents most cases and the management of complaints within housing was not unusual.

- Members discussed complaint reporting sources, noting that some complaints arise through the customer service centre while others go directly to officers and the difficulty of ensuring all capturing all complaints. The Head of Service confirmed that all Ombudsman cases are captured but acknowledged that reporting systems could be streamlined.
- Members requested clearer distinction between complaint stages and clearer visibility on improvements required. Officers advised that system upgrades should support this within the next six months.
- A member asked about the progress on the new complaints management system. Officers confirmed that implementation is underway as part of a wider integration project.
- Members requested that the report on customer experiences strategy be shared with the Governance and Audit Committee, after being reported to the Overview Select Committee (OSC).
- Members noted that the report provided strong process detail but limited high-level insight into lessons learned from the Ombudsman cases. Officers agreed to include a one-page summary of upheld Ombudsman cases in future reports.
- Members commented that the Equalities Implications section appeared too generic and should better reflect the real-world impact of complaints.
- The Head of Service acknowledged the need for improved equalities data to track trends and improve outcomes.
- The Head of Finance confirmed that the Equalities Impact Assessments are undertaken as part of decision-making and future reports will make this clearer.

Actions

- To improve the reporting of the different types of complaints between ombudsman and look to improve the recording of complaints.
- In future reports to include additional information on what went wrong with ombudsman reports.

RESOLVED

The Committee reviewed the report and provided any comments for consideration.

6 Internal Audit Plan Update 2025/26

The Head of Internal Audit submitted a report to the Governance and Audit Committee which presented the Internal Audit Plan Report 2025-26.

The Head of Internal Audit provided an update on actions arising where thirteen actions were followed up, twelve satisfactory implemented and one action revised.

RESOLVED

The Committee is recommended to note the progress made in delivering the 2025/26 internal audit work programme, and plans for delivery over the remainder of the year.

7 Action Tracker

RESOLVED

The Action Tracker was noted.

8 Any Other Urgent Business

As there were no other urgent business, the meeting closed at 18.37pm.

Independent Members

Governance & Audit Committee

Decision to be taken by: N/A

Date of Meeting: 26th November 2025

Lead director: Amy Oliver, Director of Finance

Useful information

- Ward(s) affected: All
- Report author: Amy Oliver
- Author contact details: amy.oliver@leicester.gov.uk
- Report version number: 1.0

1. Purpose of Report and Summary

- 1.1. The tenure of the current Independent Member of the Governance & Audit Committee has come to an end, and this report deals with the new appointees.

2. Recommendations

- 2.1. To note the appointment, by the Monitoring Officer, of Seema Jaffer and Mohammed Chunara as Independent Members of the Governance and Audit Committee for a period of 2 years.

3. Report

Summary

- 3.1. In the Terms of Reference for Governance and Audit sets the ability for the Governance and Audit Committee to have up to two independent members. This is recommended as good practice by the Chartered Institute of Public Finance and Accountancy (CIPFA) and has been an external audit recommendation.
- 3.2. The current independent members term comes to an end at this meeting, and we would like to take this opportunity to thank Bipon Bhakri's for his support to the committee over the three-year term.
- 3.3. Over the summer we have recruited two new members to the Committee to start following this meeting. As per the previous process the Chair and Director of Finance identified suitable candidates, and their appointment has been approved by the Monitoring Officer. The Committee is asked to support the two new members in their roles.

4. Financial, legal, equalities, climate emergency and other implication

4.1. Financial implications

The report provides details on the financial issues.

Amy Oliver, Head of Finance, ext 37 5667

4.2. Legal implications

The Local Government Act 1972 makes provision for the appointment of non-Elected Members to Council Committees, and this is also reflected in the Council's Constitution.

Kamal Adatia, City Barrister & Head of Standards

3rd September 2025

4.3. Equalities implications

There are no direct equality implications arising from the recommendations contained in this report.

Sukhi Biring, Equalities Officer, ext 37 4175

3rd September 2025

4.4. Climate Emergency implications

There are no climate emergency implications arising from this report.

Phil Ball, Sustainability Officer, ext 37 2246

3rd September 2025

4.5. Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

N/A

5. Background papers:

Agendas and Minutes of the Audit & Risk Committee meetings

6. Summary of Appendices:

7. Consultations

8. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

9. Is this a “key decision”? If so, why? No



Health and Safety Performance Report 2024/25

Governance & Audit Committee

26th November 2025

Lead Director: Andrew Shilliam, Director of Corporate
Services

Useful information

- Ward(s) affected: All
- Report author: Victoria Deacon (Corporate Health & Safety Manager)
- Author contact details: 454 4065
- Report version number: 1.0

1. Summary

1.1 This report aims to:

- 1.1.1 Provide performance information on the level of conformance with the approved corporate health and safety management standards for the period 1st April 2024 – March 31st, 2025.
- 1.1.2 Provide information from both active and reactive health and safety performance measuring over the reporting period.
- 1.1.3 Provide information relating to occupational health.
- 1.1.4 Recommend and advise on areas of focus as part of continuous improvement in health and safety management.

2. Recommended actions/decision

2.1 City Mayor and Executive are recommended to:

- 2.1.1 Note and comment on the detailed Health & Safety performance update for 24/25.
- 2.1.2 Note and comment on the key priorities and areas of organisational focus for 2025/2026.

3. Scrutiny / stakeholder engagement

- 3.1 This report has been presented to the Council's Corporate Management Team.

4. Corporate Health & Safety Performance

Conformance with Health & Safety Management Standards

- 4.1 This report covers the third year where a revised method of conducting the corporate health and safety audit program was deployed. This allows for corporate H&S performance for the previous reporting years 22/23 & 23/24 to be compared to the reporting year 24/25 and progress tracked.
- 4.2 Throughout the reporting period the corporate health and safety team have continued to act as competent advisor to the organisation in relation to health and safety compliance and best practice.

- 4.3 The provision of this advisory service has been in accordance with the parameters of an agreed health and safety management system.
- 4.4 Oversight has been provided by CMT who have monitored health and safety performance during the period.
- 4.5 The health and safety team completed 97% of the audits requested by Directors.
- 4.6 A nil return was recorded for CYPJS who requested their audit to be postponed to the next reporting year due to the audit manager being absent from work and a further nil return was recorded for Revenues & Benefits who postponed their scheduled audit due to head of service absence.
- 4.7 The health and safety team completed a total of 96 audits in the reporting period comprising of 84 standard audits and 13 culture and behavioural safety audits.
- 4.8 41 or 49% were for services who had not previously been audited.
- 4.9 17 audits were follow up audits where services failed to achieve 85% or above in 23/24.
- 4.10 Overall, there was a decrease of 8% in services audited in 24/25. This decrease is explained by the reduction of follow up audits within the period falling from 22 to 16.
- 4.11 Of the 17 follow up audits, 53% achieved 85% or above and have graduated to a cyclical program.
- 4.12 5 7 services require a further follow up in 25/26 having failed to achieve 85% or above in the previous two audit programs.

Corporate Performance Measurement Criteria

- 4.13 Risk assessment and training are mandatory RCPIs because suitability and sufficiency of risk assessments and training programs are of primary importance for compliant health and safety management.
- 4.14 They are also a focus for HSE when determining if a material breach of the health and safety regulations has occurred.
- 4.15 All other RCPIs were selected by services based on their own risk profiles. For example, every service was assessed on risk assessment conformance due to its importance but not every service was assessed on the management of vibration as this would not be a significant risk for every service.
- 4.16 Selections are based on service activity and risk profile rather than areas the service is best at. Each sample (or service audited) score is recorded in a scoring matrix (dashboard). Oversight of selection is undertaken by the Principal Health and Safety Advisor.
- 4.17 Findings are expressed as a percentage allowing for easy communication of results with the audited service, providing a useful performance indicator for benchmarking and a baseline from which to monitor continuous improvement.

- 4.18 Corporate Performance is an averaged score across the RCPI by the services who selected it as a performance indicator.
- 4.19 An average score of 85% and above is RAG rated as Green and can be seen as providing substantial assurance. 60% to 85% is RAG rated as Amber or partial assurance. 60% and below is RAG rated as Red requiring significant improvement.

	Mandated RCPIs				Areas of Corporate Focus		
	Division Total Across All Selected RCPIs%	Risk Assessment	Health & Safety Training	Lone Working & Personal Safety	Workplace Violence	Stress at Work	Manual Handling
Adult Social Care	83%	73%	66%	87%	70%	64%	
Children's Social Care & Early Help	73%	56%	58%	73%	72%	65%	47%
Corporate Services	87%	74%	74%	71%	64%	68%	54%
Education & SEND	86%	78%	68%	77%	77%	81%	40%
Estates & Building Services	74%	75%	57%	72%	68%	57%	53%
Housing	84%	82%	67%	86%	85%	69%	72%
Neighbourhood Environmental Services	86%	68%	74%	74%	68%	63%	73%
Planning; Development Transportation	93%	85%	88%	100%	89%	81%	81%
Tourism, Culture Inward Investment	88%	77%	78%		66%	47%	66%

Corporate Performance against Safety Management Standards 2024/2025

- 4.20 The council has achieved a total Health and Safety Performance Rating of **83%** in the 2024/2025 Audit Program.
- 4.21 This is an upward improvement of 2% compared to 2023/2024 and 5% overall since the audit program started in 2022/2023.

Divisional Averages

- 4.22 Are as follows:

- Adult Social Care has improved its audit score from 59% in 22/23 to 83% in 24/25
- Children's Social Care has increased from 66% in 22/23 to 73% in 24/25
- Education & SEND grew from 74% in 22/23 to 86% in 24/25
- Housing from 78% to 84%
- NES 78% to 86% (n.b. Sports are now included in this division which they were not in 22/23)
- PDT from 82% to 93%
- TCII from 77% to 88%

- EBS have gone from 93% in 22/23 to 74% (n.b. due to the numbers of buildings in the portfolio EBS scores in 24/25 are mostly new audits presenting benchmark scores)
- 4.23 There have been marked improvements in overall H&S performance across Social Care and Education. The biggest improvement in divisional performance is within Adult Social Care whose overall performance has increased by 24% since the start of the audit program.
- 4.24 Performance in the management of manual handling risk remains an area for improvement across the divisions. A poor performance average can be explained in part by the number of services who are returning a benchmark score for this RCPI.
- 4.25 Best practice would be for audit findings and learning to be applied to all teams within a service allowing for cross service improvement at pace rather than in individual teams year on year.

Corporate Performance against RCPIs

- 4.26 Corporately there has been marginal improvement in the key areas of risk assessment and training since the program began of 5% and 8% respectively. In parallel and as outlined in 3.2.1. this is positively reflected by the downward trend of reported accidents and injuries in the same period.
- 4.27 There has been a 5% improvement in risk assessment performance since the program began notably in implementing control measures that are recorded in the assessment. Despite a 5% improvement in this area this remains the biggest area for improvement within the RCPI along with ensuring those tasked with writing the risk assessments are competent to undertake the task. This has remained flat at 58% and requires improvement.
- 4.28 Corporately there has been an improvement in each criterion relating to Health and Safety Training. There has been a 33% increase in managers attending Managing Health & Safety Training since 22/23. The biggest area for continued improvement is being able to evidence a risk-based training matrix and that health and safety inductions have taken place.
- 4.29 Performance against the work-related violence management standard has increased from 79% to 84%. This is driven by an 11% increase in specific risk assessments and 19% written procedures for staff working in front line services. The biggest area of opportunity is for tailored, role specific training for staff where risk assessment shows there is a risk of violence.
- 4.30 Performance against stress management standards has increased by 8% from 66% to 76%. Overall progress has been driven via individual stress support plans and staff awareness of support available to them via wellbeing initiatives. There has been a 12% increase in line managers attending a stress for managers training course, but this remains the lowest scoring indicator at 59%. Service level risk assessments have risen from 49% to 60% which is encouraging, but this continues to be an area requiring improvement.

- 4.31 Performance against the manual handling SMS increased a fraction from 80% to 81%. Training for those carrying out manual handling risk assessments remaining the biggest area for improvement scoring at 60%. Task specific risk assessments are another area for improvement with scores remaining stagnant at 76%.
- 4.32 Lone worker and personal safety performance dropped by 3% to 83% overall. Improvements were noted in manager and staff feedback mechanisms such as 1-1s and staff meetings where lone working and personal safety was discussed rising from 84% to 88% and risk assessments considering individual factors such as age, gender and experience rising by 8%. Key areas were for improvement remain task specific risk assessments over generic and the provision of written lone worker procedures, training and information to staff who lone work which has fallen by 8%.
- 4.33 There was a fall in evidencing homeworking risk assessments down from 53% in 23/24 back to 38% in 24/25. This remains an area for improvement across the council for services who allow staff to work from home. There is a template assessment available, but this is not consistently completed.
- 4.34 DSE performance has fallen by 16%. Similarly to home working assessments the most notable improvements being staff completing a DSE assessment and DSE training. DSE training scored 56%.
- 4.35 Performance against the workplace safety management standard remains high at 90% with the only notable areas for improvement being documented snow and ice risk and glass and glazing assessments where required.
- 4.36 Water Hygiene performance was measured at 77% a drop of 3% since 22/23. Areas noted for improvement within the assessed workplaces was evidence that high-risk remedial actions on water hygiene management surveys were progressed. This area showed an increase of 8% increase from 52% to 60% but remains the most significant area for improvement against the SMS. There was a drop in training for legionella management for appropriate staff and evidence that outlet flushing schemes were in place.
- 4.37 Occupational Road Risk for grey fleet rose 3% with an area for improvement being driving for work evidenced in risk assessment and procedures. There has been a 5% increase in the score for checking driver licences and business insurance, but this has dropped from 88% in 23/24 to 76% in 24/24.
- 4.38 For LCC Fleet vehicles a similar trend was noted in that checking of driver licences scored 80% down from 95% in the previous audit. Evidence that driver checks of fleet vehicles are taking place remains stagnant at 75% and evidence of driving risk assessments scored 73%. Each of the outlined areas are areas for improvement.
- 4.39 Fire Safety Management (soft FM) performance has risen overall by 8% with the key areas of improvement centred around site specific risk assessments rising from 81% to 92% and control measures being actioned rising from 67% to 77%. Evacuation drills have increased from 61% to 83% and training including Fire Marshall and evac chair have risen from 52% to 71% and 91% respectively. Despite the notable improvements training remains the single biggest area for improvement within the RCPI.

- 4.40 Management of Asbestos where assessed scored consistently high at 93%. The main recommendation for improvement was being able to evidence on-site periodic monitoring of ASMs which has dropped from 95% to 81%.
- 4.41 Where assessed work at height performance decreased from 91% to 81% with ladder training dropping from 89% to 80% and being able to evidence inspection records for access equipment in use falling from 88% to 79%. The largest factor affecting the overall percentage score for the RCPI was scaffold training falling from 90% to 64%.

PI	Corporate Performance 22/23	No of Audits	Corporate Performance 23/24	No of Audits	Corporate Performance 24/25	No of Audits	Hazard Category	% Difference
Risk Assessment	69%	85	77%	105	74%	83	Organisational	5%
Training	72%	85	79%	105	80%	83	Organisational	8%
Manual Handling	80%	34	81%	43	81%	33	Health	1%
DSE	81%	51	86%	62	65%	49	Health	-16%
Stress at Work	68%	55	77%	65	76%	53	Psychosocial	8%
Lone Working	86%	59	82%	79	83%	56	Psychosocial	-3%
Workplace Violence	79%	36	86%	47	84%	42	Psychosocial	5%
Home Working	67%	48	74%	53	68%	38	Psychosocial	1%
PPE/RPE	83%	27	81%	31	78%	16	Safety/ Health	5%
Asbestos	93%	12	91%	15	93%	24	Health	-
Contractor Management	95%	24	97%	32	97%	19	Organisational	2%
Electricity	90%	11	91%	9	89%	18	Safety	-1%
Fire Safety (Hard FM)	89%	34	93%	32	89%	24	Safety	-
Fire Safety (Soft FM)	80%	28	77%	38	86%	40	Safety	6%
First Aid	86%	31	90%	43	85%	36	Health	-1%
Gas Safety	97%	5	85%	4	72%	10	Safety	25%
COSHH	86%	27	88%	34	82%	38	Health	-4%
Health Surveillance	94%	6	98%	6	97%	5	Health	3%
Lifts/Lifting Equipment	87%	14	83%	13	82%	13	Safety	-5%
Noise	76%	5	77%	8	67%	5	Health	-9%
ORR (own vehicles)	78%	20	84%	27	81%	15	Safety	3%
ORR (fleet drivers)	95%	18	90%	15	88%	10	Safety	-7%
Transport Management (Depots)	89%	6	75%	5	Not Audited	0	Safety	-14%
Stores	64%	6	89%	5	76%	4	Safety	12%
Vibration	66%	7	80%	7	76%	5	Health	10%
Water Hygiene	80%	22	84%	36	77%	39	Health	-3%
Work at Height	91%	14	88%	13	81%	21	Safety	-10%
PUWER	83%	11	88%	10	88%	8	Safety	-
Workplace	92%	18	95%	22	90%	28	Safety	-2%

- 4.42 A clear action plan for improvement is provided at the end of a corporate audit to each lead manager. It is the head of service who is responsible under the management system to ensure these action plans are implemented. Once the actions are implemented and resolved, there should be a measurable improvement for that service in performance over the next reporting period.
- 4.43 Of the services that had a repeat audit there was progress evidenced in 100% of cases. This indicates that services who take accountability for the actions demonstrate improvement in their management of health and safety risks.
- 4.44 RCPI performance against the standards has increased in most areas, however reductions in some areas have translated to an overall corporate improvement of 2% in the reporting period. Provision of information, instruction and training is the biggest area of improvement currently holding back the overall corporate performance average along with consistent application of routine employee health and safety compliance checks such as DSE assessments, driver licence checks, home worker assessments.

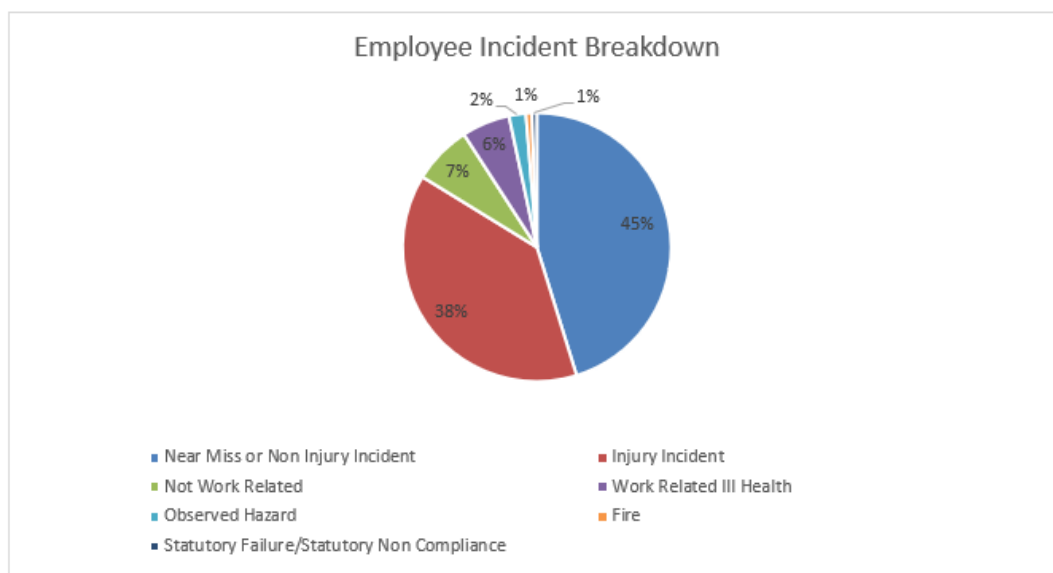
Active Monitoring Summary of Recommendations

- 4.45 The corporate audit findings provide a position statement from which to improve safety and health performance.
- 4.46 Completion of identified audit actions across all services and divisions will ensure performance improvement in the next reporting period. This will require heads of service taking responsibility for driving health and safety performance in alignment with their responsibilities under the health and safety management system. Cross service improvements should be made across teams without waiting for individual audit recommendations to drive improvement at pace and ensure consistent application of high standards.
- 4.47 It is recommended that Risk Assessment and Health and Safety Training Attendance remain two areas of focus in the coming 12 months. Key areas for improvement being;
- Health and Safety for Manager's Training
 - Risk Assessment Training.
 - Manual Handling Risk Assessment Training
 - Stress and Resilience for Managers Training
- 4.48 The above training courses are available for booking on ESS.
- 4.49 Identified weaknesses in core areas of compliance such as routine periodic monitoring of workplaces and work equipment should be addressed.
- 4.50 Managers should initiate annual reviews of DSE & Homeworking Assessments and Driver checks and keep records of these checks.
- 4.51 Lone working and personal safety should be an area of corporate focus for the coming 12 months. Ensuring all lone workers are provided with information, instruction and training in the risks associated with lone working and how these can be controlled should be a key area of focus along with an assessment of training

needs tailored to risk assessments and ensuring all workers are aware of wrap around support available to them such as 1-1s with managers, peer to peer support, and health and wellbeing resources.

Reactive Performance Measurement – Accidents and Injuries

- 4.52 A total of 1318 incidents were reported on the Alcumus S02 reporting system relating to council operations and activities in the reporting period. This is down from 1368 in 23/24 and 1435 in 22/23. This represents decrease of 9%.



Breakdown of H&S Incident Reports 24/25 reported by employees

- 4.53 Breakdown of incidents involving employees in the period is as below;
- 266 injuries reported by employees >12% on the previous year.
 - 312 Near miss or non-injury incidents > 12% on the previous year.
 - 40 reports of work-related ill health > 40% on the previous year.
- 4.54 Reported incidents of manual handling injury increased by 5%. Due to the relatively low numbers this equates to 3 more injuries in the reporting period compared to the previous period. Manual Handling Injuries are 13% lower overall compared to 22/23.
- 4.55 Incidents recorded under 'violent incident' are down by 13% compared to 23/24 and 19% compared to 22/23.
- 4.56 However reports of physical violence are up from 15 in 23/24 to 21 in 24/25
- 4.57 Reports of 'verbal abuse injury' remain the broadly the same at 35 in 24/25 compared to 34 in 23/24. This is down 33% overall since 22/23.
- 4.58 The downward trend under the category 'violent incident' is predominately in anti social behaviour down 23% on the previous year and 33% since 22/23.
- 4.59 Incidents categorised as challenging behaviour have risen 11% in the same period.

4.60 There were 40 reports of work related ill health of which 21 were for work related stress comprising 53% of work related ill health reports in 24/25.

Breakdown by Violent Incident Type	2023/24		
	2022/23	2023/24	2024/25
Anti-Social Behaviour	106	93	72
Challenging Behaviour	66	72	74
Dangerous animals	-	4	-
Emotional abuse	3	2	2
No Violent Incident Type	34	30	28
Not a violent incident	3	4	1
Offensive Weapon Used	2	6	1
Other (please specify in incident details)	8	7	8
Physical Abuse	13	10	11
Physical Violence	13	15	21
Pulled Hair	2	1	-
Racial/sexual harassment	2	6	-
Sexually inappropriate	2	1	1
Threats of harm to individual/s	21	28	19
Unhygienic/Insanitary	1	-	-
Verbal abuse	56	34	35
Violent incident involving an animal	4	1	-

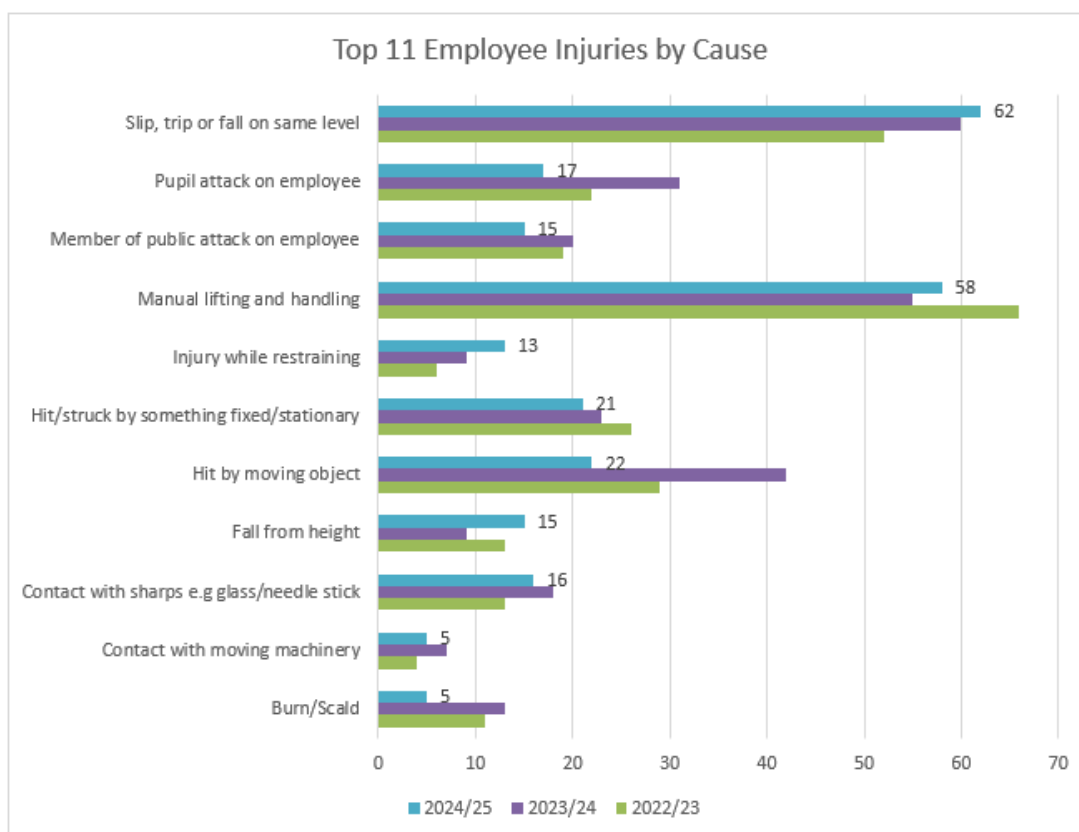
4.61 53% of reports for work related stress were from Social Care and Education with equal numbers of reports from Children's Social Care and SEND & Education.

4.62 HSE report that in 2024 49% of work related ill health in England and Wales was due to stress, anxiety or depression.

4.63 Industries with higher than average rates of work-related stress, depression or anxiety are human health/social work, public administration/defence and education.

4.64 Incidences of work related stress in Public Administration make up 67% of all ill health and in Human Health & Social Work 53%.

4.65 Injuries to employees can be broken down into causation categories with the top causes of injury classified as below;



4.66 HSE statistics for 2023/2024 show that across industry the top 5 causes of injury to workers in England & Wales were as below

- 31% Slips, trips & falls
- 17% Handling, lifting or carrying
- 10% Struck by a moving object
- 24% Acts of Violence (in public administration/defence)
- 8% Falls from Height

4.67 These figures show the council to be significantly lower as a percentage for manual handling injuries, and slightly below national rates with slips, trips and falls.

4.68 The council's reporting breaks down acts of violence into those involving a person drawing on our support and a member of the public attack. If these were to be combined, they would constitute 36% of all reported injuries to employees.

4.69 HSE report in 2024 where acts of workplace violence have occurred 16% are in public administration or defence roles, 17% in education and 53% in health and social care.

4.70 Leicester City Council reports show 12% of injuries related to workplace violence.

Near Miss Incidents

4.71 There were 329 Near Miss reports in the period a decrease of 10% compared to the reporting period 23/24.

4.72 44% of near miss reports were recorded as not violent situations with recorded categories;

- Slips, trips, falls
- Manual handling
- Struck by moving object
- Exposure to hazardous substances

SO3 Investigations

4.73 Corporate health and safety have adopted the recommendations of HSG245 Investigating Accidents and Incidents when developing the council's internal investigation procedures.

4.74 HSG245 categorises investigations into low, medium and high level. A high-level investigation is conducted as part of risk management in conjunction with Insurance Services.

4.75 Low level SO2 investigations are conducted by the manager of the service where the accident occurred and are recorded and signed off as complete on the alcumus reporting system. Information is shared regularly with senior managers on the timeliness of completion of SO2 investigations.

4.76 Medium level investigations (SO3) are conducted by the corporate health and safety team in coordination with the manager and head of service. All SO3 investigations result in a written report and action plan and are concluded as far as possible prior to submitting a RIDDOR report to HSE. This allows for a more comprehensive, fact based RIDDOR report which already identifies root cause and can report on corrective actions implemented or underway.

4.77 The corporate health and safety team conducted 12 SO3 investigations in the reporting period and Housing undertook an additional 3.

4.78 13 SO3 action plans have been closed.

4.79 2 further outstanding SO3s are progressing in line with expectations.

4.80 SO3 investigations were carried out in the following departments.

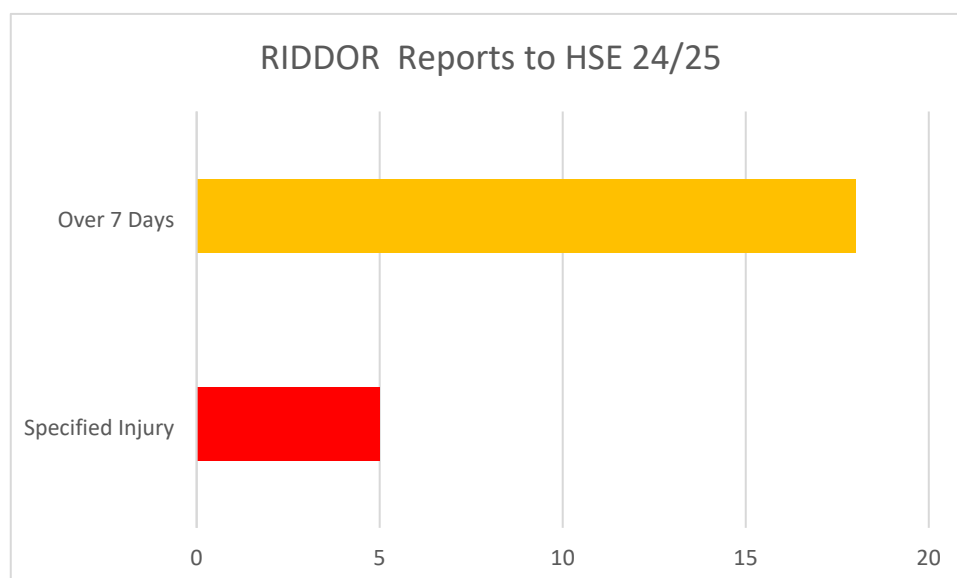
- 5 Housing
- 4 Planning, Development & Transportation
- 3 N&ES
- 1 Children's Social Care
- 2 EBS

Reportable Incidents under RIDDOR

4.81 A total of 23 incidents were reported to HSE under RIDDOR in the reporting period. This is down from 32 in the previous reporting period.

4.82 5 reports were for specified injuries, all relating to bone fractures.

- 4.83 18 incidents were reported relating to injuries at work that resulted in over 7-day absences.
- 4.84 The majority of over 7 days were because of muscular strains and sprains caused by slips, trips and falls (8 injuries). 2 were because of violent incidents and a further 2 because of road traffic collisions on cycles. 3 were directly relating to manual handling.
- 4.85 This marks a significant shift from 23/24 when manual handling injuries resulted in 20 over 7-day injuries.
- 4.86 There were no RIDDOR reports for Dangerous Occurrence or Occupational Disease within the reporting period.
- 4.87 No RIDDORs were submitted relating to injuries sustained by members of the public.
- 4.88 There has been 2 HSE interventions in the reporting period.
- 4.89 Both incidences have resulted in a notice of contravention being served. Both incidents relate to members of the public.
- 4.90 There has been no enforcement action brought by HSE in the reporting period.



Corrective and Preventative Action Notices

- 4.91 A corrective and preventative action notice (CAPA) is issued by the corporate health and safety team where an uncontrolled hazard is observed, a non-compliance is observed or if the health and safety advisor is of the reasonable belief that written over verbal advice is warranted in the circumstances.
- 4.92 The corporate health and safety team have aligned their processes to the HSE enforcement management model (EMM). This is the HSE's procedure for issuing improvement notices. A CAPA therefore can be regarded as an internal improvement notice.

- 4.93 CAPA notices are issued with a clear statement as to the breach, the requirements of the regulations relating to the breach and an advisory action plan for correction or improvement.
- 4.94 There have been 21 CAPA notices issued in total since the introduction of the procedure in November 2021. 4 CAPA notices were issued in the reporting period. Of the 4 issued in the reporting period 1 has been closed as all actions have been satisfactorily addressed. 3 remain outstanding.
- 4.95 Compared to reactive actions taken following an injury or reportable incident, these findings suggest services are less responsive to taking preventative, proactive measures. This is an area of opportunity for the council to improve by further embedding a proactive, preventative health and safety culture.

Reactive Monitoring Summary of Recommendations

- 4.96 It is recommended that CAPA notices and the associated preventative recommendations are noted and prioritised by heads of service. They are an internal version of a regulatory improvement notice and therefore an opportunity to prevent accident, loss and injury, remedy material breach of health and safety regulations as well as avoid an official regulatory notice.
- 4.97 Verbal abuse, threats and aggression although classed as near misses on the council's reporting system can result in psychological injury to individuals who receive them. It is recommended that services continue to monitor these incidents and review training and support arrangements for employees where this is a risk. Training should have an emphasis on interpersonal skills and techniques when dealing with conflict and difficult situations which could escalate into physical violence.
- 4.98 It is recommended that areas who recognise workplace violence as a key risk to employees manage that risk in accordance with the agreed safety management standard. Improvement actions pertaining to the management of workplace violence and verbal abuse should be a primary focus when prioritising audit actions. Services should review their risk assessments and training in line with types of incidents reported by front line workers. Provision should be informed by role-based and task specific risk assessments that consider psychosocial risk of exposure to threats and aggression, as well as conflict management techniques and building personal resilience.
- 4.99 Near miss reports provide valuable insights into hazards workers are exposed to during their work and present opportunities to review risk assessments, training and equipment provision. These are proactive and preventative measures services can take to reduce health and safety risk and are indicative of a mature health and safety culture. It is recommended near miss reporting should continue to be encouraged, investigated and trends acted upon as part of a culture of continuous improvement.

5 Occupational Health

- 5.1 There were 779 performance and attendance management referrals in the reporting year. There has been a decrease across all referral lines with volumes 2.5% lower than the previous year. This is mainly driven by a reduction in ill health retirement referrals (down 23%) and pre-placements (down 21%).
- 5.2 Average time to refer has reduced significantly, largely driven by improvements within the Council, to an average of 72.7 days overall in March 2025 from 111 in the previous year.
- 5.3 Mental health remains the biggest category of referrals at 36%. Musculoskeletal cases were the lowest category at 29% of all referrals.

Health Surveillance Monitoring

- 5.4 753 employees are registered for a health surveillance program which monitor health effects from potential exposure to dust, noise, vibration, and skin irritants or sensitisers.
- 5.5 Compliance stands at 87% due to 99 employees not attending clinic within their scheduled 12-month period. At the same period last year compliance was 83%.
- 5.6 50 employees screened on the program required further medical checks with most additional checks being for HAVs (hand arm vibration) at Tier 2 with 5 requiring Tier 3. 0 employees received a reportable diagnosis at Tier 4.
- 5.7 14 employees underwent respiratory testing with 1 employee being found unfit to work.
- 5.8 61 employees underwent audiometry testing with 2 being assessed as requiring adjustments. Changes in HSE guidance on the identification of noise induced hearing loss is driving an increase in onward referrals across all sectors and this figure is likely to rise in the coming 12 months.
- 5.9 Out of a total of 971 fitness outcomes, 918 required no adjustments, 50 required adjustments and 3 were found to be unfit for task.
- 5.10 27 general safety critical medicals were taken in the reporting period. General safety critical medicals are given to employees who undertake safety critical tasks e.g. working at height, FLT driving, HGV driving, working in confined spaces, working with gas or electricity.
- 5.11 384 or 90% of employees assessed met the required standards, 36 or 8% were fit with recommended adjustments and 1.7% totalling 7 employees were found to be unfit to continue safety critical tasks at the time of assessment
- 5.12 Optima record health surveillance compliance rates (employees having attended within the recommended timescale from their last assessment in line with risk assessment) as below:
 - Highways 100%
 - Lighting 100%
 - Housing 86%

- Parks 100%
- Social Care & Education 50%

5.13 Non-compliance is mainly driven by services pushing back scheduled clinics to later in the calendar year resulting in some employees not being assessed within 12 months.

Mental Health

5.14 264 referrals made to occupational health were for mental health conditions which equates to 36% of all referrals. This is broadly the same as in 23/24 where there were 261.

5.15 87% of mental health referrals to occupational health for stress/anxiety/depression with 62% as being assessed as having work related factors.

5.16 6 employees were categorised as having PTSD with work related factors.

5.17 56% of mental health referrals were for female employees with 36% having work related factors, 22% being primarily work related. The divisions with the highest number of females presenting with work-related mental health are Housing and Children's Social Care.

5.18 72% of females presenting with work related mental health were absent from work at the time of referral. The average time to refer was 75 days post absence.

5.19 44% of mental health referrals were for male employees.

5.20 25% of male mental health referrals were categorised as having work related factors. The divisions with the highest number of males presenting with work related mental health were Housing and Planning, Development & Transportation.

5.21 68% of males were referred for mental health conditions assessed as being work related were absent at the time of referral. The average time to refer was 53 days post absence.

5.22 To date 52% of employees have registered to use the Vivup portal which allows access to the online EAP, telephone support and counselling service.

5.23 397 employees used the 24/7 telephone service, and 157 employees entered counselling. This is a decrease from 202 in 23/24. 72 employees had face to face counselling and the remaining 130 had telephone or virtual.

5.24 22% of EAP use was for stress down from 36% in 22/23, anxiety remaining the same at 20% along with 9% specifically work-related stress (roughly 2 employees)

5.25 71% of employees accessing counselling were currently in work, 25% absent from work and 4% were suspended or on a phased return.

5.26 57% of employees engaging with the EAP were female and 31% male. The remaining preferring not to declare.

- 5.27 The age band entering counselling was predominantly 40-44 with all other bands roughly the same apart from the two ends of the range at 15-19 and 60+ which were significantly lower.
- 5.28 The highest category of workers using counselling define themselves as administration or office workers (13%) the second highest category being support services (12%) and the third being managers (11%)
- 5.29 Although employees are asked which division they are from when calling for support the vast majority 35% prefer not to declare. Of those who did declare 9% were from Children's, with Housing and Adult Social Care & Commissioning at 7% respectively.
- 5.30 48% of EAP users reported they have been referred by their manager, a further 12% stating InterFace, and 9% saying HR. 3% were signposted by a colleague.
- 5.31 The HR absence dashboard estimates 12859 days lost to Mental Health in the reporting period down from 15,005 in the year 23/24. This equates to 2,146 working days.
- 5.32 It is estimated the cost of mental health absence was £1,737,738 in the reporting period compared to £1,920,000 in 23/24.

Musculoskeletal Conditions

- 5.33 212 referrals to occupational health were for musculoskeletal conditions equating to 29% of all referrals. 23% were back related (down 4%), 19% knee issues and 8% hand & wrist conditions and 7% general arthritis.
- 5.34 57% of referrals were for employees already absent from work.
- 5.35 10% of referrals (21) were assessed as being primarily work-related conditions. Such referrals relate to injuries occurring whilst at work.
- 5.36 4 work-related musculoskeletal referrals were for female employees who were all over the age of 50. 3 were for back injuries and all 3 were absent from work at the time of referral. The average time to refer was 42 days.
- 5.37 For male employees there were 17 referrals for work injury. 12 employees were absent at the time of referral. The average time to refer was 31 days.
- 5.38 48% of males referred to Optima for a work injury were from Housing and 35% from Neighbourhoods and Environmental Services.
- 5.39 IPRS hold the contract for musculoskeletal rehabilitation services.
- 5.40 In the reporting period 705 referrals were made to IPRS for musculoskeletal rehabilitation services at a cost of £149,345.
- 5.41 64 or 9% of referrals were for work injuries at a cost of £11,850.

- 5.42 34% of work injuries referring to IPRS were from Housing up 5% from 23/24, 12% from Children's Social Care and 10% from Neighbourhoods & Environmental Services down from 29% in 23/24 with the remainder broadly split across the other divisions.
- 5.43 17% of work related injuries affected the cervical spine and 17% the lower back.
- 5.44 36% percent of referrals for work injury were for employees in their 50s with a further 21% being 60 and above.
- 5.45 There is an equal split between the sexes at 50% male, 50% female being referred for a work-related injury.
- 5.46 88% of employees referred to IPRS with a work injury were in work at the time of referral.

Occupational Health Summary of Recommendations

- 5.47 Services should use the stress management SMS and stress risk assessment template to assess the risk of stress within their service.
- 5.48 It is recommended services continue to promote proactive and preventative support services available to employees e.g. employee assistance program and signpost employees who are showing signs and symptoms of poor mental health to the support available as part of the more comprehensive wellbeing offer.
- 5.49 Services with non-networked staff should consider additional methods of promoting mental health and wellbeing support available to their workers. Data shows males in front line roles are the least likely to be accessing this support but absence for mental health in these areas is high.
- 5.50 The importance of good housekeeping and provision of risk assessment, and safe procedures around prevention of slips, trips and falls which can result in musculoskeletal injury should be reiterated across services. MSKs have a greater impact as we get older and take longer to recover from. Given the age demographics within the workforce positive promotion of good health. Providing employees with information, instruction, training, and support all present an opportunity to promote good practice, inform behavioural changes, support resilience preventing physical and psychological injury both at work and in everyday life.

6 Key Priorities and Areas of Organisational Focus for 2025/2026

- 6.1 It is recommended that Risk Assessment, Managing Health and Safety and Stress for Managers training attendance continues to be areas of focus in the coming 12 months following audit results in order to attain 85% substantial assurance in these areas which present higher risk to organisational performance and resilience.
- 6.2 A suitable and sufficient risk assessment for work activities that present significant risk must be completed, documented and communicated to workers. Where risk assessments identify a control measure these must be implemented. There needs to be a corporate focus to achieve substantial assurance in this area to protect

- workers, members of the public from risks to safety and health and the organisation from financial and reputational risk associated with health and safety breaches.
- 6.3 It is recommended the importance of resolving and actioning CAPA notices is reiterated and heads of services where CAPAs have been issued accept the importance of these actions and are accountable for swift resolution as part of robust risk management. CAPAs are issued where material breach has been identified and noncompliance puts the organisation at risk of regulatory intervention and breach of duty of care to employees and others.
- 6.4 Further focus on the management of stress at work should remain a corporate priority. Aligning action plans to the delivery of the health and safety management standards and culture. Improvements can be measured via engagement surveys, staff retention rates and a reduction in work related stress referrals and absence.
- 6.5 Services who assess workplace violence as a potential risk should examine their support offer and training to ensure employees exposed to this risk are best equipped to deal with the challenges of their role. The focus should be on how to avoid conflict, diffusion techniques as well as personal safety. It is recommended that further focus is placed on mechanisms to enhance individual and team resilience for those working in front line public facing roles where verbal abuse, challenging behaviours, anti-social behaviours are known risk factors.
- 6.6 It is recommended for continued corporate focus on reducing musculoskeletal injury with clear KPIs the organisation can work to. It is recommended that positive, preventative action is taken to reduce injury, and absence related costs caused by poor manual handling, lifting and carrying practices. This can be achieved through education, awareness campaigns, taking personal responsibility for musculoskeletal health as well through improved management of risk by greater adherence to agreed safety management standards.
- 6.7 Managers should ensure that routine health and safety checks required of their teams are undertaken e.g. DSE assessments, home working assessments and driver licence checks. This can be facilitated simply by implementing a compliance calendar and recorded via QC.
- 6.8 Those who manage buildings should ensure they have received BRO training, and that routine health and safety compliance checks are carried out with clear recorded evidence of these checks retained. Similarly records for routine equipment checks need retaining on site.
- 6.9 Heads of service remain accountable for progressing identified actions for improvement from both reactive and active performance measurement indicators. Directors and CMT should continue to monitor progress in performance against the health and safety management standards.
- 6.10 Services should support health and wellbeing initiatives and encourage staff to take advantage of support available to them.

5. Financial, legal, equalities, climate emergency and other implications

5.1 Financial implications

As an update report on performance there are no direct financial implications associated with the recommendations in this report. However, improved performance will result in gains in productivity, reduce the cost of absence through ill-health, as well as reducing the cost of insurance premiums and claims.

Signed: Stuart McAvoy – Head of Finance

Dated: 8th September 2025

5.2 Legal implications

Commercial Legal Comments

This report is an update on the Authority's Health and Safety performance over the last 12 months. As an employer the Authority has statutory responsibilities to carry out our undertaking (all activities) so far as is practicable in a safe and healthy working environment for our employees, contractors and partners. In addition, as an Authority we have a duty under the Health and Safety at Work Act 1974 to make adequate provision for health and safety.

Any incidents that have occurred or may occur in the future must also be notified, where relevant, to the Council's insurance provider via the internal Insurance Team to ensure timely notification and discharge of [any] obligations that the Council may have.

Signed: Mannah Begum, Principal Lawyer, Commercial Legal

Dated: 08 September 2025

5.3 Equalities implications

Under the Equality Act 2010, public authorities have statutory duties, including the Public Sector Equality Duty (PSED) which means that, in carrying out their functions they have to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected characteristics under the Equality Act 2010 are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

This report provides performance information on the level of conformance with the approved corporate health and safety management standards and information relating to occupational health.

Effectively managing health and safety is a core responsibility for the Council as both a major employer and a public service provider. A strong framework for monitoring and improving safety standards benefits everyone, including those with protected characteristics.

Having the right arrangements in place to check, review and make improvements when it comes to our Health & Safety standards and practices is likely to be of benefit to people

that have one or more Protected Characteristic as well as those who have none. For example, this report makes significant reference to matters of mental health, occupational health arrangements, injuries however serious resulting from workplace or otherwise accidents or incidents.

It is welcome that the Council takes its role seriously when it comes to putting in place a guiding framework to ensure so far as reasonably possible that officers and services are aware of their responsibilities when it comes to Health and Safety, and that performance in that regard is assessed and regularly monitored. We note the overall positive direction of travel.

Specific consideration could be given in future to the relationship between our approach to Health and Safety management practices and whether people with one or more Protected Characteristic are adequately supported by the current approach. Where possible, further disaggregating data on incidents and well-being to identify any specific impacts on different protected groups. This could, perhaps, be done through an initial Equality Impact Assessment of the current arrangements.

Signed: Equalities Officer, Surinder Singh Ext 37 4148

Dated: 9 September 2025

5.4 Climate Emergency implications

There are no significant climate emergency implications directly associated with this report.

Signed: Phil Ball, Sustainability Officer, Ext: 372246

Dated: 8 September 2025

5.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

N/A

6. Background information and other papers:

7. Summary of appendices:

8. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

N/A

9. Is this a “key decision”? If so, why?

N/A

Strategic and Operational Risk Registers

Governance and Audit Committee

Date of meeting: 26th November 2025

Lead Director: Andrew Shilliam, Director of Corporate
Services

Useful information

■ Ward(s) affected: All

■ Report author: Sonal Devani, Corporate Risk Management & Business Continuity Manager

■ Author contact details: 0116 454 1635

■ Report version number: 1.0

1. Summary

The purpose of this report is to provide an update on the Strategic and Operational Risk Registers. The following appendices are essential to this update.

- Appendix 1a is an overview diagram of the PESTLE Strategic Risk Register (SRR) and Appendix 1b provides a summary of the significant risks facing the council which may affect the achievement of the strategic objectives of the council. Appendix 1c provides an update on strategic risks under each category (PESTLE).
- Appendix 2a, the Operational Risk Register (ORR) exposure summary, provides a high-level summary of the operational risks, which may affect day-to-day divisional and operational service delivery. The operational risk register contains those risks identified and assessed by Divisional Directors as having a high-risk score of 15 or above.
- Appendix 2b, the ORR in full, provides the detail in relation to the council's operational risks.

2. Recommended actions/decision

- 2.1 To note the SRR and ORR and updates made to the strategic and operational risks.

3. Scrutiny / stakeholder engagement

- 3.1 All Strategic and Operational Directors were consulted to provide updated risk registers at both Strategic and Divisional level. The updates inform the content of the report and the updates made to the Strategic and Operational Risk Register.

4. Background and options with supporting evidence

- 4.1 The Council's 2025 Risk Management Strategy requires the development, maintenance and monitoring of both the SRR and ORR. Both the SRR and ORR processes are owned and led by the Head of Paid Service. The Corporate Governance Panel and Corporate Management Team collectively support the risk management process, documenting the key strategic and operational risks facing the council and help to ensure these are managed. The SRR is then submitted to

the Executive for their consideration. It complements the ORR process which is supported and managed by the Divisional Directors in conjunction with their divisional management teams. Both registers are populated and maintained by the Manager, Risk Management for this group.

4.2 PESTLE has been implemented in the approach to the SRR as a framework for considering the wider context and environment, and the risks that this gives rise to.

4.3 Appendix 1a, SRR Summary diagram, indicates which category of PESTLE the strategic risks relate to and the approach links well with risks identified by the risk management industry. The divisional and operational risk registers template also includes the use of PESTLE analysis and cross-referencing back to strategic risks. The aim is to achieve a better and clearer alignment between the strategic and operational risks. It is expected that most operational risks should have an alignment back to one or more of the overarching strategic risks facing the council. The SRR summary (appendix 1b) also indicates risk scores from the previous risk reporting period, including the variance in scores between the current and previous cycle.

4.4 In the latest review of the SRR, no new strategic risks have been identified. One risk score has changed which is Strategic Risk 3.2 'Less healthy and health resilient population' from 16 to 12. By way of reminder, Strategic Directors consolidated the Political and Legal strategic risk due to the similarities of the risk and its impacts. Refer to Appendix 1c which provides an update on each strategic risk.

4.5 An observation is also that Strategic Risk 2.3 (Economic – Financial Sustainability) has 11 divisional risks linked to it (supported by the ORR) followed by Strategic Risk 2.2 (Economic - Lack of critical skills, resources and capabilities across the workforce) having 7 divisional risks linked to it.

4.6 The below matrix provides an indicator of the status of the council's strategic risks in terms of likelihood and impact.

Likelihood	Almost Certain 5				1.1, 3.3, 4.2, 5.1	2.3, 3.1 3.4
	Probable / Likely 4			2.1, 3.2	2.2	
	Possible 3			4.3	3.5	4.1
	Unlikely 2				1.2	
	Very unlikely/ Rare 1					
		Insignificant +/ Negligible 1	Minor 2	Moderate 3	Major 4	Critical / Catastrophic 5
Impact						

- 4.7 The risks in the red quadrant require regular reviewing and monitoring and consideration for further controls and should receive the most challenge and given priority. Risks in the yellow area also require regular reviewing and monitoring to ensure they do not escalate to the red quadrant.
- 4.8 A significant proportion of the strategic risks are within the red quadrant, which is reflective of the challenging context that all organisations are operating within the current time, not least in relation to the economic impacts facing everyone.

5. Operational Risk Register (ORR) Update

- 5.1 With regards to the ORR, 27 existing risks that have been amended, one new has been added and two risks have been deleted this reporting period.
- 5.2 Appendix 2 provides a summary of operational risks facing the council. The changes to most risks included target dates amended to reflect the next review deadline date. However, 7 risks have further amendments other than target dates. These are risks 1, 2, 3, 4, 5, 6 and 26.
- 5.3 Where a risk is 'deleted', it does not always allude to the risk being eliminated. It may refer to the risk score no longer being 'high' and it may well remain within the individual divisional register with a score below 15. Below highlights the new risk that has been added and details of the 2 deleted risks.

New risk added:

Division	Risk Description	Risk score
Finance	Unit 4 Finance System Implementation	15 (5 Impact, 3 Likelihood)

Changes were made to the risk scores (no longer high, therefore, deleted) on the following two risks:

Division	Risk Description	Risk Score now	Previous Risk Score
Education	School collapses due to Reinforced Autoclaved Aerated Concrete failure	8 (4 Impact, 2 Likelihood)	16 (4 Impact, 4 Likelihood)
Education	External pressures from migration and Government policies	12 (4 Impact, 3 Likelihood)	16 (4 Impact, 4 Likelihood)

- 5.4 There will be high risks that are beyond the council's control where LCC take reasonable steps to manage those in the most appropriate way. There will also be

instances where the only solution is to tolerate some high risks where there is the risk appetite to do so, therefore, they will continue to appear on the Operational Risk Register.

6 Review of Reporting Strategic Risks

The way in which strategic risks are being reported to this Committee is being reviewed with the Corporate Governance Panel and other strategic risk owners currently for implementation.

7 Financial, legal, equalities, climate emergency and other implications

7.1 Financial implications

Whilst the financial sustainability risk remains high, there is a medium-term plan to balance the budget over the next 3 years. This is set out within the budget approved by Council in February 2025. This strategy relies on achieving recurrent savings whilst using reserves, and a reliance on prudential borrowing to fund the capital programme. The savings needs to be achieved to aid securing financial sustainability for the future.

Stuart McAvoy, Head of Finance, Ext 37 4004

Signed: Stuart McAvoy

Dated: 10 November 2025

7.2 Legal implications

Rigorous Risk Management arrangements are essential to ensure the council can be confident of ensuring it has proper cover for its legal liabilities.

Kamal Adatia, City Barrister, Ext 37 1401

Signed: Kamal Adatia

Dated: 12 November 2025

7.3 Equalities implications

Under the Equality Act 2010, public authorities have statutory duties, including the Public Sector Equality Duty (PSED) which means that, in carrying out their functions they have to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The council also has an obligation to treat people in accordance with their Convention rights under The Human Rights Act, 1998.

The ability of the council to meet its duties under the Equality Act 2010 is specifically accounted for in the strategic risk register. However, equalities and human rights considerations cut across all elements of risk management, including strategic and operational risk management.

Effective risk management plays a vital role in ensuring that the council can continue to meet the needs of people from across all protected characteristics and, in some circumstances, will be particularly relevant to those with a particular protected characteristic.

Some of the risks identified in the Strategic Risk Register, would have a disproportionate impact on protected groups should the council no longer be able to effectively manage them and, therefore, the mitigating actions identified in the strategic risk register support equalities outcomes. For example, should the council fail to safeguard effectively, this would have a disproportionate impact on the human right (prohibition of torture, inhuman or degrading treatment) of those from protected groups, such as age and disability. Impacts arising from the numbers and complexity of needs of asylum seekers and refugees placing additional demands and pressures on services risking tensions arising within communities. Likewise, a failure to engage stakeholders could lead to a failure to identify tensions arising in the city (particularly as the financial challenges impact on communities) leading to unrest in specific communities/areas of the city. This, in turn, would have an impact on the council's ability to meet the general aim of the PSED to foster good relations between people who share a protected characteristic and those who don't.

The socio-cultural risk reflects concerns relating to changing cultural and community dynamics arising from migration and a growing population, along with potential for local impacts resulting from wider geopolitical volatility. Close working with Police and other partners along with work to continue to maintain and develop community links. Therefore, the on-going work to update and consider risk management implications in making decisions and assessing the effectiveness of the controls/ mitigation actions for the risks identified in the report and appendices, will support a robust approach to reducing the likelihood of disproportionate equality and human rights related risks, provided the mitigations/ controls themselves are compliant with the relevant legislation.

Sukhi Biring, Equalities Officer Ext 37 4175

Signed: Sukhi Biring

Dated: 31 October 2025

7.4 Climate Emergency implications

The risks associated with climate change such as increased flooding, heatwaves, droughts and storm damage, their consequences and the council's management of these risks are the subject of risk '5.1 – Impacts and requirements arising from climate change' within the SRR. This allows for monitoring of the risks and consequences and the actions that are in place to control them, as well as further actions required. Further detail on the risks and impacts of climate change for the UK can be found in the official Met Office UK Climate Projections (UKCP).

Climate change also links to other risks in the SRR, including risk '3.2 - Less healthy and health resilient populations' as many of the risks associated with climate change present a further threat to health and wellbeing. This includes health risks from heatwaves and extreme heat, which are particularly dangerous for those with existing conditions and for elderly and very young residents. Climate change also links to risk '1.1 – Volatile political and policy environment', both from risks to support for the council's work on climate change and the potential for some actions to exacerbate volatility where they may be controversial with some residents.

Following Leicester City Council's declaration of a Climate Emergency in 2019, and ambition to achieve net zero emissions within the council and city, climate change has been identified as one of the council's major priorities to tackle. The council's actions on mitigating and adapting to climate change are managed and monitored through its 'Climate Emergency Action Plan', which is currently being updated. Adaptation has been identified as a key area for future work, and the updated action plan will contain an action on reviewing climate risks for the council and city, and updating the associated adaptation plans as required.

Phil Ball, Sustainability Officer, Ext 37 2246

Signed: Phil Ball

Dated: 3 November 2025

7.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

N/A

8. Background information and other papers:

Reference to Risk Control Action Plans for strategic risks and the Operational Risk Register.

9. Summary of appendices:

Appendix 1a – Summary Diagram of Strategic Risks

Appendix 1b – Summary of Strategic Risks

Appendix 1c – Update on Strategic Risks

Appendix 2a - Operational Risk Summary as at 30/09/25

Appendix 2b - Detailed Operational Risk Register as at 30/09/25

10. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

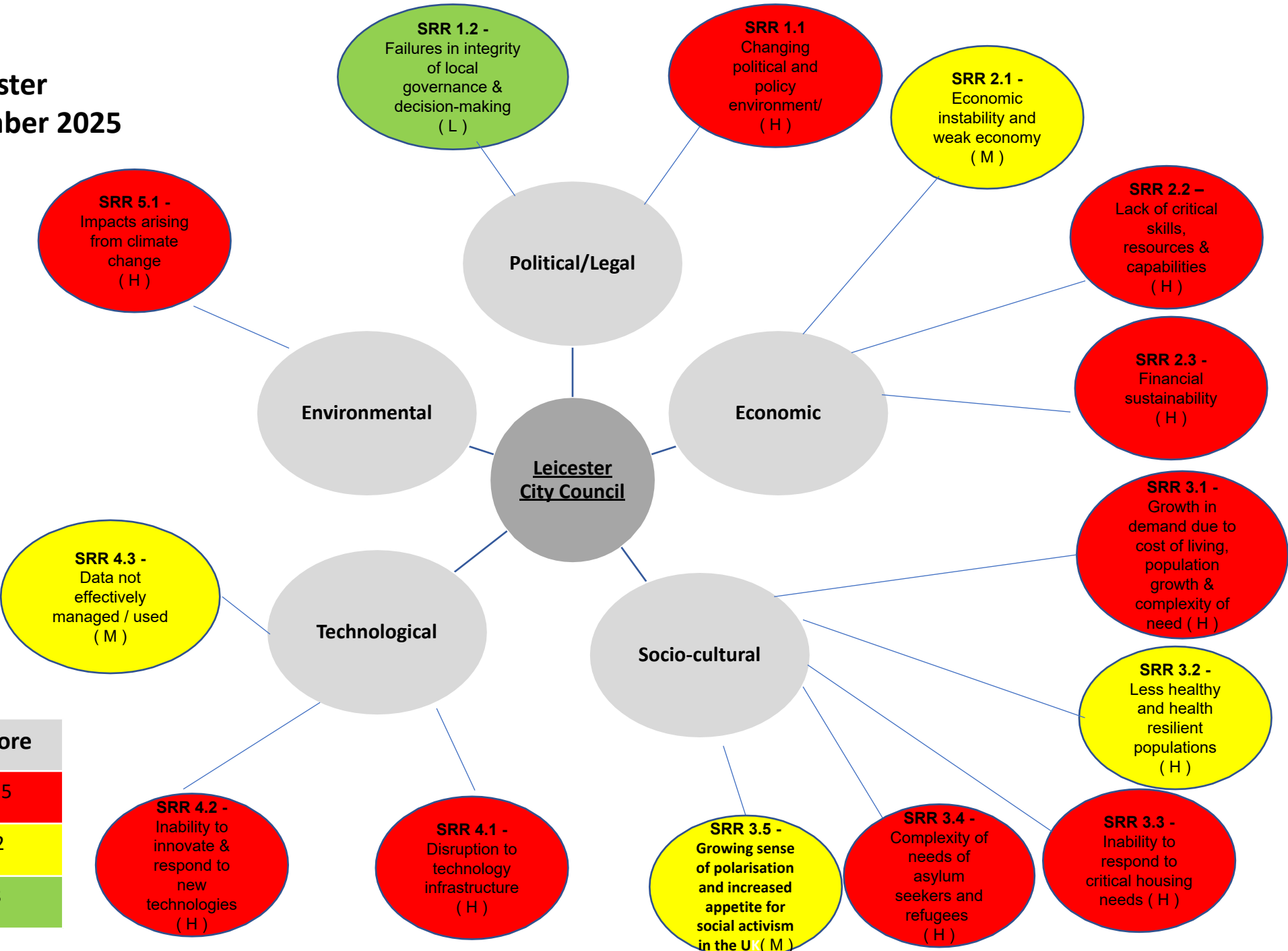
N/A

11. Is this a "key decision"? If so, why?

N/A

Appendix 1a
Strategic risk register
Summary September 2025

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Risk rating	Risk score
H - High	15 – 25
M - Medium	9 - 12
L - Low	1 – 8

Appendix 1b - Strategic Risk Register summary

Date: 30.09.25

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Risk Ref / No	Summarise risk theme and description/impact	Risk Score with existing controls	High / Medium / Low	Risk response strategy – 4T's	Target Score with further actions / controls	Risk Owner	Risk score at 31/05/25	Variance since last cycle	Total No. of high risks impacting Strategic risk	ORR risk reference No. from the ORR
SRR 1.1	Political/Legal: Changing political and policy environment	20	High	Treat	15	AG KA LJ RS AS	20	↔	5	ORR 1, 2, 3, 11 and 22
SRR 1.2	Political: Failures in integrity of local governance and decision making	8	Low	Treat	6	AO KA	8	↔	4	ORR 5, 10, 20 and 22
SRR 2.1	Economic: Economic instability and weak economy	12	Medium	Treat	9	RS	12	↔	3	ORR 1, 2 and 9
SRR 2.2	Economic: Lack of critical skills, resources and capabilities across the workforce	16	High	Treat	9	AS	16	↔	7	ORR 1, 2, 8, 13, 21, 26 and 27
SRR 2.3	Economic: Financial sustainability	25	High	Treat	20	AO	25	↔	11	ORR 1, 4, 5, 6, 7, 15, 16, 17, 22, 25 and 28
SRR 3.1	Socio-cultural: Growth in demand due to rising cost of living, population growth and greater complexity of need	25	High	Treat	15	LMJ RS	25	↔	1	ORR 2

Risk Ref / No	Summarise risk theme and description/impact	Risk Score with existing controls	High / Medium / Low	Risk response strategy – 4T's	Target Score with further actions / controls	Risk Owner	Risk score at 31/05/25	Variance since last cycle	Total No. of high risks impacting Strategic risk	ORR risk reference No. from the ORR
SRR 3.2	Socio-cultural: Less healthy and health-resilient populations. Poor health outcomes for communities.	12	Medium	Treat	12	LMJ RH	16	↓	2	ORR 2 and 24
SRR 3.3	Socio-cultural: Inability to respond to critical housing needs Housing emergency focus.	20	High	Treat	16	RS	20	↔	0	
SRR 3.4	Socio-cultural: Impacts arising from numbers and complexity of needs of asylum seekers and refugees	25	High	Treat	16	LMJ RS	25	↔	0	
SRR 3.5	Socio-cultural: Growing sense of polarisation and increased appetite for social activism in the UK	12	Medium	Treat	9	AG AS LMJ RS	12	↔	2	ORR 5 and 10
SRR 4.1	Technological: Disruption to technology infrastructure	15	High	Treat	15	AS	15	↔	4	ORR 12, 14, 19 and 23
SRR 4.2	Technological: Inability to innovate and respond to new and emerging technological developments	20	High	Treat	9	AS	20	↔	0	0

Risk Ref / No	Summarise risk theme and description/impact	Risk Score with existing controls	High / Medium / Low	Risk response strategy – 4T's	Target Score with further actions / controls	Risk Owner	Risk score at 31/05/25	Variance since last cycle	Total No. of high risks impacting Strategic risk	ORR risk reference No. from the ORR
SRR 4.3	Technological: Data not appropriately managed or effectively used	9	Medium	Treat	6	AS KA	9	↔	1	ORR 12
SRR 5.1	Environmental: Impacts and requirements arising from climate change	20	High	Treat	16	RS	20	↔	5	ORR 1, 2, 4, 10 and 22

Risk scores:

LEVEL OF RISK	OVERALL RATING	HOW THE RISK SHOULD BE TACKLED/ MANAGED
High Risk	15-25	IMMEDIATE MANAGEMENT ACTION
Medium Risk	9-12	Plan for CHANGE
Low Risk	1-8	Continue to MANAGE

Risk owners:

AG	Alison Greenhill	LJ	Laurence Mackie Jones
AO	Amy Oliver	RH	Rob Howard
AS	Andrew Shilliam	RS	Richard Sword
KA	Kamal Adatia		

Appendix 1d

Update on the Risk Themes (PESTLE)

Political/Legal (SRR 1.1 and SRR 1.2)

Two strategic risks are under this theme, one remains a low risk and the other remains a high risk.

The risk relating to the changing political and policy environment (SRR 1.1) is high. The recent change in Government has resulted in a change in policy direction in many areas and which will impact on Council activities. The impact of that change is not fully clear, especially since the new Government is still forming and setting out its policy and delivery priorities, and in some cases even these are being changed in response to public and other opinion, and sometimes at short notice.

Regular ministerial changes and policy upheavals have taken place in the first year or so of this new Government too, which itself is resulting in some ripples/turbulence which makes it more difficult to anticipate the likely direction of travel, compounded perhaps by some policies being pivoted.

The risk relating to failures in the integrity of local governance and decision-making (SRR 1.2) has not changed and remains low. It is further treated through the strengthening of our Internal Audit arrangements. We have new providers in place with a good track record of delivery and we have already seen an improved focus on targeted audited activity.

Economic (SRR 2.1, SRR 2.2 and SRR 2.3)

There are three strategic risks under this theme, two remain high risks and one is a medium.

The risk relating to economic instability and weak economy (SRR 2.1) is medium at 12, which reflects the ongoing weakness of the national economy coupled with high levels of national debt and prices medium to high. Notable threats to economy from global trading pressures and new global tariffs from America. Financial burden placed on us is challenging because of continued economic uncertainty, pressure from future pay awards, and pressure from increasing resident expectation and support.

The risk relating to the lack of critical skills, resources and capabilities across the workforce (SRR 2.2) remains high (at 16) which reflects ongoing difficulties in attracting the workforce owing to insufficient skills and resources due to a variety of factors, such as the prevailing competitive employment market, local authority pay constraints, an ageing workforce, negative public perceptions arising from assessments conducted by statutory bodies/regulators, and other challenges local authorities typically face attracting talent.

The threat of strike action remains despite the change in government, which will disrupt resources and our capability to deliver services if these occur.

The condensing of our pay grades because of successive pay awards creates a narrowing of the lower and upper grades, which in turn results in middle and senior management disruption.

Increasing use of AI technologies in public service delivery coupled with an ageing workforce – average time in post being 13.3yrs, with almost half of new recruits into the Council being in the 50+ age group.

The risk relating to financial sustainability (SRR 2.3) remains a high risk, at the maximum score of 25, as if the Council is no longer financially sustainable due to its expenditure being more than its income, this would impact the Council in delivering its services.

Socio-Cultural (SRR 3.1, SRR 3.2, SRR 3.3, SRR 3.4 and SRR 3.5)

There are five risks in this category, four high-rated risks and one medium risk.

The risk relating to the growth in demand due to rising cost of living population growth and greater complexity of need (SRR 3.1) is high and currently scores the maximum rating of 25 without further treatment and controls. This is related to both increasing demand and the complexity of need individuals are presenting with, both which result in substantial budget pressures across areas such as housing, children's social care and special educational needs.

An increasing population, increased frailty in the older population, combined with pressures on households from increased cost of living leads to greater need and demand for Council services too. Current analysis suggests that introducing further controls will lower this score to 15 but will remain a high strategic risk.

The risk relating to our less healthy and health resilient population (SRR 3.2) has been reduced from 16 to 12, which sets it as a medium risk. Poor and unequal health risk factors across communities means an increased risk of poor outcomes, including levels of disease and premature deaths. This places our communities at greater risk from future pandemics, as well as greater demand for adult social care and public health services.

The risk relating to our Inability to respond to critical housing needs (SRR 3.3) remains high at 20, especially because we are still unable to respond to the housing need of residents because of reductions in available housing in private and social rented sector including due to increased regulation and cost, and due to a slow-down in housing development due to costs and inflation, along with lack of availability of land within the city for new housing.

The housing demands and impacts are further exacerbated by high numbers of asylum seekers placed within the city needing support and where they are given leave to remain. The further risk control measures are plentiful and necessary, but do not change the risk score from high.

The risk relating to the impacts arising from numbers and complexity of needs of asylum seekers and refugees (SRR 3.4) has the maximum rating of 25 at the last round of reporting and has not reduced. This relates specifically to the needs arising from increasing numbers of asylum seekers and refugees being placed in the city and the complexity arising from the range of national schemes and support arrangements for different groups including unaccompanied children, Ukrainian, Syrian and Afghan refugees. The target score remains high, but with a reduced score of 16.

SRR 3.5 relates to the combination of a growing sense of polarisation and increased appetite for social activism in the UK, often fuelled by perceptions of social inequality, coupled with rapidly changing cultural and community dynamics leads to tensions/issues that we may have a greater inability to respond effectively to'. The current risk score is 12 (medium). This is due to the rapidly changing cultural and community dynamics in the city due to migration and population growth along with impacts arising from wider geopolitical politics and social media cause volatility in terms of community cohesion and tensions between communities in the city.

There is more to be done to develop a better understanding of the communities at large, the real or perceived challenges that they face, and to improve our understanding of and engagement with newer communities and community leaders/representatives and a post has been created as Head of Communities and Equalities to undertake this.

Technological (SRR 4.1, SRR 4.2 and SRR 4.3)

There remain three strategic risks under this theme, with two being high and one being medium.

This risk relates to disruption to technology infrastructure due to a cyber-attack (SRR 4.1). Technology and data remain fundamental to Council operations and the risk of disruption to the technology infrastructure remains a high rated risk, particularly given the first-hand experience of the disruptive impact of the cyber-attack earlier last year.

The risk score is high because of the impact, though lower in that range because the likelihood of an attack on us right now has reduced because of the improvements we have made last year in response to the cyber-attack.

The risk relating to our inability to innovate and respond to new and emerging technological developments (SRR 4.2) remains high at 20 as we are unable to respond sufficiently to technological developments due to cost and availability of capital and revenue budget and skilled resources, and due to speed of change. With current controls that we have in place, along with the proposed controls being implemented, we are aiming to reduce this risk to medium (score of 9).

Environmental (SRR 5.1)

There is one strategic risk under this theme – the impacts and requirements arising from climate change (SRR 5.1), which remains high, with a score of 20. The focus of this theme remains on climate change demanding an ability to respond to physical extreme weather impacts, and to meet challenging targets / requirements which seek to tackle the causes of climate change.

Whilst tackling the climate emergency and our commitment to Net Zero remains a council priority, many of the desirable interventions are constrained by the need for funding at a time when the Council is experiencing major financial challenges. The city has also experienced some significant flooding which brings significant impacts on individuals, communities and the Council and reinforces the reality of what this risk means in practice.

Appendix 2

LCC Operational Risk Exposure Summary as of 30th September 2025

Risk Ref (as per ORR)	Risk Theme / Category	Link to Strategic Risk	Risk	Risk Owner	I	L	Current Risk Score	I	L	Target Risk Score	Target / Review Date	Risk Score at 31/05/25	Variance
STRATEGIC AREA – CITY DEVELOPMENTS AND NEIGHBOURHOODS													
3	ENVIRONMENTAL / ECONOMIC	SRR 5.1 SRR 2.3	Neighbourhood and Environmental Services - Epidemic of Ash Trees Caused by an introduced pathogen that most local ash trees are unlikely to have resistance to.	Sean Atterbury	4	4	16	4	3	12	Ongoing 31/01/2026	16	↔
1	POLITICAL & LEGAL ECONOMIC	SRR 1.1 SRR 2.1 SRR 2.2 SRR 2.3	Housing - Budget Pressures - Increase in inflationary pressures have led to increasing pressures on the Housing Revenue Account and the Housing General Fund.	Chris Burgin	4	4	16	4	3	12	Ongoing 31/01/2026	16	↔
2	ECONOMIC SOCIO-CULTURAL POLITICAL & LEGAL	SRR 2.1 SRR 2.2 SRR 3.1 SRR 3.2 SRR 1.1	Housing - Homelessness - summary Ongoing pressure and risks associated to statutory homeless responsibilities, exaggerated by cost of living crisis, housing crisis, asylum pressures, budget pressures, state of PRS, low LCC stock and high waiting times.	Chris Burgin	4	4	16	3	4	12	Ongoing 31/01/2026	16	↔
4	SOCIO-CULTURAL POLITICAL / ECONOMIC	SRR 3.5 SRR 1.2 SRR 2.3	Neighbourhood and Environmental Services - Decreasing availability of burial space Burial space is limited in supply and may run out if further provision is not provided before existing capacity is reached.	Sean Atterbury	4	4	16	4	3	12	Planning permission 2026	16	↔
5	ECONOMIC	SRR 2.3	Neighbourhood and Environmental Services - Age and Condition of Infrastructure and assets Limitation to the ability to afford capital and leverage to potential borrowing this is likely to limit the ability to undertake critical end of life replacement.	Sean Atterbury	4	4	16	4	3	12	Ongoing 31/01/2026	16	↔
7	ECONOMIC	SRR 2.2	Planning Development and Transport - Recruitment and Retention of staff to deliver key projects, programmes and strategies.	Andrew L Smith	4	4	16	3	4	12	Ongoing 31/01/2026	16	↔
8	ECONOMIC	SRR 2.1	Planning Development and Transport - Difficulty in securing suitable contractors. Managing compliance with new Procurement Regulations constraints and timelines.	Andrew L Smith	4	4	16	3	4	12	Ongoing 31/01/2026	16	↔
6	ECONOMIC	SRR 2.3	Neighbourhood and Environmental Services - Budgets Insufficient funding for services to operate effectively.	Sean Atterbury	4	4	16	3	3	9	Ongoing 31/01/2026	16	↔

Risk Ref (as per ORR)	Risk Theme / Category	Link to Strategic Risk	Risk	Risk Owner	I	L	Current Risk Score	I	L	Target Risk Score	Target / Review Date	Risk Score at 31/05/25	Variance
9	POLITICAL SOCIO-CULTURAL LEGAL	SRR 1.2 SRR 3.5	Planning Development and Transport - Duty to Protect - 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.	Andrew L Smith	5	3	15	5	2	10	Ongoing 31/01/2026	15	↔
10	POLITICAL		Planning Development and Transport - Change in county council politics - new Reform UK minority cabinet have yet to outline key policies or approaches; large amount of work is cross-boundary, delivered in partnership, or relies upon tools and contracts that have been established and shared between the authorities.	Andrew L Smith	5	3	15				Ongoing 31/01/2026	15	↔

Risk Ref (as per ORR)	Risk Theme / Category	Link to Strategic Risk	Risk	Risk Owner	I	L	Current Risk Score	I	L	Target Risk Score	Target / Review Date	Risk Score at 31/05/25	Variance
STRATEGIC AREA – CORPORATE SERVICES													
11	TECHNOLOGICAL	SRR 4.1 SRR 4.3	Corporate Services - Loss of Key Divisional IT Systems / Data Compromised Failure of a critical IT system or cyber attack	Andrew Shilliam	4	5	20	4	4	16	Ongoing, 31/01/2026 review	20	↔
12	ECONOMIC	SRR 2.2	Corporate Services - Shortages in terms of staff, capacity, key skills and knowledge Capacity - HR and DDaT teams specifically experiencing capacity challenges because of organisational support demands, loss of key personnel because of retirement mainly, and because of internal movement to other roles.	Andrew Shilliam	4	5	20	3	5	15	Ongoing, 31/07/2026 review	20	↔
13	TECHNOLOGICAL	SRR 4.1	Corporate Services - Cyber Security Increasing profile and expertise of threat actors such that they are able to circumvent established defences and which therefore increases the vulnerability of LCC systems and data.	Andrew Shilliam	4	5	20	3	4	12	Ongoing, 31/01/2026 review	20	↔
14	ECONOMIC	SRR 2.3	Corporate Services - Loss of Income Opportunities Commercial arrangements such as trading with schools are lost due to heightened market competition, rising costs and therefore increased prices, and due to a lack of staff resources and expertise to undertake marketing and business development.	Andrew Shilliam	4	4	16	4	3	12	Ongoing, 31/01/2026 review	16	↔
19	POLITICAL	SRR 1.2	Legal - Workloads & Pressure - Client Care Services within the Council are stretched with increased demands and pressures.	Kamal Adatia	4	4	16	4	3	12	Ongoing 31/01/2026	16	↔
15	ECONOMIC	SRR 2.3	Corporate Services - Ongoing Budget Pressures and Savings Impacting on Service Delivery Division unable to meet future level of savings required.	Andrew Shilliam	4	4	16	3	3	9	31/01/2026 31/01/2026 31/01/2026	16	↔
16	ECONOMIC	SRR 2.3	Corporate Services - Technology Costs: Potential shortfall of IT OpEx Revenue fundings to cover increasing costs of IT licencing, support and services in light of WoW, a migration to consumption-based licencing and cloud platforms	Andrew Shilliam	5	3	15	4	3	12	Ongoing, 31/01/2026 review	15	↔
17	LEGAL	SRR 1.1	Corporate Services - Impacts Arising from Future Legislation 'Martyn's Law' - 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	Andrew Shilliam	5	3	15	5	2	10	Ongoing, 31/01/2026 review	15	↔

Risk Ref (as per ORR)	Risk Theme / Category	Link to Strategic Risk	Risk	Risk Owner	I	L	Current Risk Score	I	L	Target Risk Score	Target / Review Date	Risk Score at 31/05/25	Variance
18	TECHNOLOGICAL	SRR 4.1	Finance - Unit 4 Finance System Implementation	Amy Oliver	5	3	15	3	2	6	01/04/27	New risk	New risk

Risk Ref (as per ORR)	Risk Theme / Category	Link to Strategic Risk	Risk	Risk Owner	I	L	Current Risk Score	I	L	Target Risk Score	Target / Review Date	Risk Score at 31/05/25	Variance
STRATEGIC AREA – SOCIAL CARE AND EDUCATION													
20	ECONOMIC	SRR 2.2	Children's Social Care and Community Safety - Workforce - availability Diminishing availability of experienced skilled social workers	Damian Elcock	4	4	16	4	3	12	Apr-26	16	↔
21	POLITICAL & LEGAL ECONOMICAL	SRR 1.1 SRR 1.2 SRR 2.3	Education, SEND and Early Help Impact of post-16 SEND transport policy implementation following consultation and decision making	Sophie Maltby	4	4	16	4	2	8	Ongoing 31/01/2026	16	↔
STRATEGIC AREA – PUBLIC HEALTH													
22	TECHNOLOGICAL	SRR 4.1	Data LA requirements for data often not understood by external providers/national governing bodies which can cause delays in Information Sharing agreements or restrictions in data flows into public health for information required to deliver objectives.	Rob Howard	4	5	20	5	3	15	31/12/25	20	↔
23	SOCIO-CULTURAL	SRR 3.2	Health Protection Public health protection capacity is limited to a consultant lead and single infection prevention control specialist (IPC).	Rob Howard	5	4	20	4	3	12	31/12/25	20	↔
24	ECONOMIC	SRR 2.3	Budget Reductions to the Public Health Budget means operating within increasingly tight financial envelopes.	Rob Howard	4	4	16	4	3	12	31/12/25	16	↔
25	ECONOMIC	SRR 2.2	Staffing and recruitment - Internal A key risk here is retention of Consultant in Public Health staff.	Rob Howard	4	4	16	4	3	12	31/12/25	16	↔
26	ECONOMIC	SRR 2.2	Staffing and Recruitment - External A national skill shortage and recruitment crisis in conjunction with Leicester being a challenging area in comparison to neighbouring areas creates difficulties.	Rob Howard	4	4	16	4	3	12	31/12/25	16	↔
27	ECONOMIC	SRR 2.3	Commissioning 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.	Rob Howard	4	4	16	4	2	8	31/12/25	16	↔

Appendix 3 - Leicester City Council Operational Risk Register

Risk Register Owner: Alison Greenhill, COO

RISK REF	RISK THEME / CATEGORY <i>Establish which category the risk falls into using PESTLE definition. See Process tab for more information</i>	LINK TO STRATEGIC RISK <i>Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which</i> https://leicestercitycouncil.sharepoint.com/sites/sec025/SitePages/Risk-management.aspx	RISK	CONSEQUENCE/EFFECT:	EXISTING ACTIONS/CONTROLS	RISK SCORE			RESPONSE STRATEGY / ACTION	FURTHER MANAGEMENT ACTIONS/CONTROLS			TARGET SCORE	COST	RISK OWNER	TARGET DATE
			<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>	<i>What would occur as a result, how much of a problem would it be, to whom and why?</i>	<i>What are you doing to manage this risk now?</i>	Impact	Probability	Risk	<i>Select from the 4T's (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate</i>	Impact	Probability	Risk				
STRATEGIC AREA - City Development and Neighbourhoods																
1	POLITICAL ECONOMIC LEGAL	SRR 1.1 SRR 2.1 SRR 2.2 SRR 2.3 SRR 5.1	Housing - Budget Pressures - Increase in inflationary pressures have led to increasing pressures on the Housing Revenue Account and the Housing General Fund. 2023/24 budget has been set with significant savings required and more savings potentially still to be found over the course of the year. The rent increase is capped below inflation for 23/24 and at CPI + 1% for 24/25 and again for 25/26, further limiting options to address this risk. - Homelessness Financial risks amount primarily to increased demand on temporary accommodation forcing use of nightly paid and bed & breakfast in ever increasing numbers, as well as lack of move-on increasing length of stay and further impacting cost. However, additional pressure resulting from the need for an increased staffing base. Heavy reliance on grant funding. Increased burden on the city from the impact of immigration and asylum (See "Refugees").	Budget overspend. Insufficient budget to balance the budget without reducing service offer or capital investment Impact on the resilience of services and their ability to manage and adapt to further change. The erosion of service areas and what we can and can't do. Expectations will need to be managed in the face of potential impacts on services. Negative PR / reputational damage / potential increase in complaints / legal challenges and fines. - LCC Housing stock does not meet decent homes standard - Housing Regulator intervention	- Senior Management Team (SMT) monitor and address financial challenges Year-end forecasting process with Finance team. - Heat metering and billing project (direct consequence of budget pressures on HRA) 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. Review of all existing HRA budget to identify potential savings to include in the 24/25 HRA budget 'Homelessness financial pressure and controls: - B&B elimination plan developed and lodged with DLUCH. - Additional GF budget funding of £10m in 24/25 towards additional TA costs - Homelessness Prevention Grant - £1.07m initially for 24/25 and increase in the HPG for 25/26 - Homelessness Strategy challenging supply and types of temporary accommodation - Ongoing continuous recruitment exercise in place alongside agreement to recruit over-establishment. Currently successfully up to 30 FTE HPOs - Maximising opportunities to bring in further funding - Exploring all avenues with different models of temporary accomm, including in the interim moving to establish more block booking arrangements and contacts re nightly paid accommodation to drive down B&B costs. - Touchdown beds established to absorb some pressure from Singles. - Focus on spending where will make biggest impact - prevention initiatives that prevent entry to TA. - Reviewing our projections (including financial) monthly, and ensuring all projections and tolerances are understood, including contingency measures which need to be implemented. should it be identified that we the authority is failing to maintain legal compliance and support vulnerable households. - HRA Budget for 24/25 approved as a balance budget and 25/26 also approved as a balanced budget addressing £5m of budget pressures - Full Council approved an additional £45m to buy 225 units of accommodation, lease 125 units and add 25 staff	4	4	16	Treat	- 5 and 30 year capital investment strategy being developed - FBR savings proposed in Housing GF proposals of savings of over £900k - Bidding to secure additional external funding towards existing costs - Ongoing external bidding for funding 'Homelessness financial pressure and controls: - Delivery of the £45m 225 TA units / 125 leases and 25 staffing ongoing - Actions as set out in the Homelessness risk above, - Forecasting of the Homelessness budget pressures in tandem with projected New Housing delivery to identify next steps, - Longer term planning for Housing delivery beyond 2027 to ID a pipeline of delivery to continue to tackle this pressure - Additional steps to proactively tackle the Homelessness budget pressures through reducing down prices on TA units, increasing own TA units, further increasing staffing and access to PRS market.	4	3	12	Staff time	Chris Burgin	Ongoing, 31/01/2026 review
2	ECONOMIC SOCIO-CULTURAL LEGAL POLITICAL	SRR 2.1 SRR 2.2 SRR 3.1 SRR 3.2 SRR 5.1 SRR 1.1	Housing - Homelessness - summary Ongoing pressure and risks associated to statutory homeless responsibilities, exaggerated by cost of living crisis, housing crisis, asylum pressures, budget pressures, state of PRS, low LCC stock and high waiting times. Compounded by a relatively inexperienced team members and staff retention. Further impact following the decision to release offenders earlier causing further pressures on homelessness services. Managing partner and stakeholder expectations. Uncertainty around external uncontrollable factors that impact on level of demand and financial pressure. Risks: - Reputational Suitability of Accommodation Orders are being contravened - leaving us open to legal challenge. - Duty of Care - safeguarding and provision of critical services. Not being able to meet the needs of increasingly, chaotic, vulnerable and complex housing needs of customers due to the risks presented i.e. arson or failing to provide adequate support and safeguarding for vulnerable individuals or those at risk of Domestic violence resulting in serious case reviews / DHRs - Reputational, Governance & People Understaffing issues and staff caseloads are excessive, creating a risk of error, maladministration, or unlawful practice - leaving us open to legal challenge. Additional risk of harm or death to those in Council's care. - Impact on Strategic Objectives & Reputational - Risk that performance shown on National Statutory Statistic Returns will worsen in excess of benchmarked changes elsewhere. Funding - No indication of spending review under new Govt. in relation to additional funding to support homelessness pressures and rough sleeping. Multi year homelessness funding under a new formula / metric which can't be used to support TA cost pressures, potential for finding to be at lower rates than in previous years - Legislative changes - the introduction of the Renter Reform Act particularly and the impact on the PRS - Budgets & Finance - Significant financial pressures due to cost of TA. Potential for a rise in LGSCO cases where recommendations may include financial compensation equating to thousands causing a financial burden.	Coverage in Local press, or National press. Reputational damage with partners, leading to political lobbying. Inability to meet demand for preventative homelessness services impacting on crisis management, lowered prevention outcome, subsequently leading to increased costs of temporary accommodation and additional pressures in move-on demand for a large cohort of those accommodated. Failure to deliver statutory homelessness services under Part 7 of the Housing Act 1996. Risk of harm to clientele, in worst case - death or injury of customer. Reputational damage due to risk of legal challenges including financial burden due to associated costs. Current burdens causing pressures on staff leading to retention issues, further compounding available resources and pressures. 'Significant increase in numbers in temporary accommodation compounding Financial Risk (see below). The lack of suitable accommodation for applicants with high risks and complex needs. Lack of move-on impacting on other local authority strategic objectives e.g. Leaving Care Protocol. St Mungos who provide EET have decided to withdraw services from Leicester from the beginning of the financial year 25/26 (gap in services) St Mungos have now withdrawn services from Leicester, leaving an EET gap in services for Homelessness Service users.	- Service recovery plan in place with long term objectives to build resilience and manage the increase in pressures as much as possible. - Continuous recruitment and finding ways to retain staff and increasing FTE within Housing Options & Transitions Workers - Intensive Caseload Reviews and case management meetings for officers with their manager - Working in tandem with other stakeholders and parties on the Homelessness Charter is delivering and focussing services - Working in conjunction with partners and hosting events like the families in TA summit to support families by identifying new approaches and initiatives - Funding and engaging with partners like (Help the Homeless) HTH to host events in support of families in TA to secure PRS solutions and other types of support - Risk of Rough Sleeping assessment tool launched as of Dec 2024 to help reduce the number of rough sleepers and those at high risk in becoming entrenched rough sleepers causing risk to life - Homelessness Strategy developed with consultation and published. Year 1 actions to be delivered. Different accommodation options for move on through homeless pathways being reviewed. - Focus on improved prevention of homelessness to limit ingress to TA , including more face to face contact from the Dawn Centre and further plans to increase face to face contact from community centres / HUBS, launched face to face to face appointments from Beaumont Leys Library once a week. Face to face advice is also available from JCP from February 2025 - PRS Strategy developed to enable more housing options and help to prevent and sustain current PRS households. This continues to be working progress. - 'Call before you serve' for private landlords has commenced alongside enhanced PRS Prevention activity with PRS Tenants, leading to better outcomes for this cohort. To be extended and promoted - Maximising use of LCC Council stock for this cohort & utilising all new acquisitions and new build for this cohort - Work to develop and improve various pathways - e.g. Prison Release - An extended Private Rented Sector (PRS) landlords offer to attract more PRS accommodation for those facing Homelessness is now in effective operation - PRS Schemes reviewed upper operating limit increased to LHA+35%. LHA increased in April 2024, scheme to be reviewed alongside. The LHA has been increased and matched to remain at 35% above current LHA rate. - Maximising use of Home Come stock and PRS solutions for this cohort - Pressures and trends taken into consideration in review and implementation of new Homelessness & Rough Sleeping Strategy, and to be taken into consideration alongside adopting or taking on new pressures or projects. - Working with voluntary sector to share burdens where possible. Full Council approved an additional £45m to buy 276 units of accommodation, lease 125 units and add 25 staff. - Utilisation of new large acquisitions (ZIP/Citygate towards move on accommodation for those in TA) - Working alongside Advisors from MHCLG to discuss best practice, promote B&B elimination ideas and access additional funding streams where available - Household Support Fund extended March 2025 to March 2026 supporting the prevention activities with over £1m towards Homelessness prevention activities - In process of launching the family TA units to move families out of unsuitable B&B into self contained accommodation -- Separate action plans to reduce the use of general needs TA for customers impacted by domestic abuse and separate risk assessments in place for this work. - Review of Severe Weather Emergency Protocol Provision (SWEP) and develop a sit up service to reduce financial burden of significant use of B&B during cold weather (sub-zero temperatures)	4	4	16	Treat	- Roll out of homelessness strategy actions (preventative) to enhance and expand on existing control; (ongoing) - Delivery of a new Board with partners to oversee these actions (September 24) - Enhanced communications strategy; - From year 25/26 funding Open Hands to support non-statutory cases with PRS solutions - Build new Social Housing & acquire houses to use as Social Housing (ongoing) - Review of the existing PRS strategy (Sept 24 to Dec 24 extended into 2025). - Continue to bid for available external funding - Delivery of the approved business case to deliver new housing outside of the HRA for the Council - Business case to buy 254 units of TA in GF and 125 leased properties for this cohort (ongoing to October 2025) - Development of a second business case to deliver additional acquired affordable housing above what is currently being delivered to meet this need. (October 25) - Work with Changing Futures to integrate & maximise their service offer for Homelessness clients - Ongoing review delivery of B&B Elimination Plan. - Creation of a Temporary Accommodation Policy that considers the balance of suitability of offer with financial cost, with a specific focus on out of area placements, and time-limited stays. - Organisational review - Following the service recovery plan, recommendations for reviewing structures and service delivery to continue to meet statutory responsibilities, and to operate more effectively in prevention & relief outcomes. - Make better use of powers in the LAs favour such as 'Non-Cooperation' for ceasing duty where reasonable to ensure we can enforce reasonable expectations on applicants, with regard to their responsibilities to work with us to resolve their housing situation pragmatically. - Continue to roll out improvement to the PRS Schemes and ensure Officers are able to communicate this effectively to reduce expectations and pressures on social housing. - Continue to develop closer working relationship with voluntary sector to be developed via joint working with the Charter and through the launch of the new Homelessness Strategy. - Deliver PRS Growth report actions - Contract to deliver MDC (Prevention Hub) by early 2026. Risk of Rough Sleeping assessment tool to be developed and piloted in Leicester and working closely with HTH to support non-priority need rough sleepers to find rented accommodation - Due to the gap St Mungos have left we are exploring EET provision from the new MDC hub once this is launched and established - Carrying out review of housing allocations policy to ensure best use of stock.	3	4	12		Chris Burgin	Ongoing, Individual cases shown for each item
3	ENVIRONMENTAL / ECONOMIC	SRR 5.1 SRR 2.3	Neighbourhood and Environmental Services - Ash Dieback - Epidemic of Ash Trees 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. - Damage to property including animal injury, buildings, parked and moving vehicles, various infrastructure and parks and street furniture. - 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. - A capital bid of £130k for an elevated platform to allow working at height was approved in the 2023/24 programme and introduced in 2024. Launch of the Ash Die Back Action Plan and on-line educational page on LCC website now live to make residents/ public aware of Ash Dieback. 26 trees felled in 2021/22, 276 felled in 2022/23, 380 felled in 2024/25 (YTD)	4	4	16	Treat	- Effective and timely reactive responses, utilising existing revenue budget and prioritising the Trees & Woodlands work programme. - Continue to monitor spread of disease and record on a central register, removal of trees which reach category 3/4.	4	3	12	N/A	Sean Atterbury	Ongoing, 31/01/2026 review
4	SOCIO-CULTURAL POLITICAL / ECONOMIC	SRR 3.5 SRR 1.2 SRR 2.3	Neighbourhood and Environmental Services - Decreasing availability of burial space 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 over the past 5 years. Financial losses from lack of new burial space reducing cemetery income (estimated £1m plus per annum).	- Significant distress to families requiring a burial if no new burial plots are available. - Some faith communities do not permit cremation as an alternative. - Damage to LCC reputation and significant negative press and community tensions arising from failure to meet needs. - Reduction in service provision.	- 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. - EBS Capital Projects team commissioned to commence a new cemetery by 2026/27. One site identified for feasibility to date, potential for others being investigated by EBS. - £150k budget for feasibility studies agreed. - Mitigation action to reduce demand for graves without a burial proposed, until point of need. - Feasibility of extra deep graves is being explored.	4	4	16	Treat	- Identify alternative site/s for new burial space. - Secure capital funding (c£6m -£10m) and planning permission for new cemetery construction. - Public consultation on future needs. Update - possibility to gain additional burial space by expanding the city boundary	4	3	12	£150k + £6-10m	Sean Atterbury	Planning permission, 2026
5	ECONOMIC	SRR 2.3	Neighbourhood and Environmental Services - Age and Condition of Infrastructure and assets Limitation to the ability to afford capital and leverage to potential borrowing this is likely to limit the ability to undertake critical end of life replacement. E.g. maintenance of neighbourhood centres, leisure centres and equipment, parks and open spaces fleets and street cleansing equipment, which has an adverse impact on service delivery, meeting customer expectations and achieving ambitious future income growth targets and FBR savings.	- Inability to run key services resulting in service closures or loss of provision of services	Condition surveys in place across the division, strategic assessments being undertaken, costs identified, key risks are costed. Client account plan in place, close working with EBS and Libraries and Communities Needs Assessment comprehensive review. - Currently have £1m to invest under capital programme.	4	4	16	Treat	Consolidate building to reduce overheads. Develop shared service plans for the division. Shared asset register Review divisional assets and ownership with a view to reduce	4	3	12	N/A	Sean Atterbury	1/01/2026 review
6	ECONOMIC	SRR 2.3	Neighbourhood and Environmental Services - Budgets Insufficient funding for services to operate effectively.	- Reduction of service level and performance - Viability of service to continue to operate - Loss of reasonable service provision to communities - Inability to deliver statutory functions - Reduced community cohesion - Increased likelihood of services being delivered by community groups being handed back to the Council, including return of Community Asset Transfers	- Ensuring effective financial governance is in place, including programme boards - Building a culture of financial transparency - Engagement to understand community impacts - LLR Partnership working - New ways of working have been implemented to encourage entrepreneurial opportunities - External funding opportunities are routinely explored, for example HLF, DEFRA, Forestry Commission, Home Office	4	4	16	Treat	- Strategic management and analysis, promoting systems leadership and understanding the consequential impact of actions across the division alongside opportunities for further reductions.	3	3	9	N/A	Sean Atterbury	Ongoing, 31/01/2026 review
7	ECONOMIC	SRR 2.2	Planning Development and Transport - Recruitment and Retention of staff to deliver key projects, programmes and strategies. 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 - Financial implications. - Poor service level. - Additional pressures on overtime and agency use, increased complaints, reputation issues, stress levels and sickness .	- Service specific progress monitoring meetings with Director. - Prioritising recruitment and replacement of staff as soon as they leave. - Extend Graduate programme. - Comprehensive Planning Workforce Action Plan / Organisational Review consultation now concluded to address the recruitment and retention issues in the service- significant funding required where possible. - Organisational review of Transport Team underway - Succession planning for Transport & Highways in development - Highways service Review being developed with focus in retention and recruitment objective	4	4	16	Treat	- Escalation of risk reporting to higher management and political level. - Consultant and legal advice to minimise risk. Explore new options around capacity support other than via Reed - Expedite HR, Procurement, Legal and Financial processes.	3	4	12		Andrew L. Smith	1/01/2026 review
8	ECONOMIC	SRR 2.1	Planning Development and Transport - Difficulty in securing suitable contractors. Managing compliance with new Procurement Regulations constraints and timelines.	- Delay to projects and programmes; cost increases; funding slippage; potentially politically sensitive on high profile projects	Reviewing options for securing contractors including through frameworks	4	4	16	Tolerate / Treat	Alternative procurement options are being considered	3	4	12		Andrew L. Smith	1/01/2026 review

Appendix 3 - Leicester City Council Operational Risk Register																		
Risk Register Owner: Alison Greenhill, COO																		
Risks as at: 30/09/2025																		
RISK REF	RISK THEME / CATEGORY <i>Establish which category the risk falls into using PESTLE definition. See Process tab for more information</i>	LINK TO STRATEGIC RISK <i>Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which</i>	RISK <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: <i>What would occur as a result, how much of a problem would it be, to whom and why?</i>	EXISTING ACTIONS/CONTROLS <i>What are you doing to manage this risk now?</i>	RISK SCORE			RESPONSE STRATEGY / ACTION <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
		https://leicestercitycouncil.sharepoint.com/sites/sec025/SitePages/Risk-management.aspx				Impact	Probability	Risk			Impact	Probability	Risk					
9	POLITICAL SOCIO-CULTURAL LEGAL	SRR 1.2 SRR 3.5 SRR 5.1	Planning Development and Transport - Duty to Protect - 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.	- Maintaining regular catch up meetings with CT Police Team. - Establish single point of contact for schemes with CT implications within the public realm. - Project records to include reference to compliance / agreement of alternatives / non agreement and associated rationale with CT Police requirements. - Training sessions being delivered - Need to ensure requirement for CT measures is considered and record all decisions. - City Centre PPZ Security measures being delivered in liaison with CT Police Team. - NEW PPZ security bollard system went live on 13th May 2025. Monitoring in process and additional work at Cheapside identified.	5	3	15	Treat	- Consider inclusion of reference to CT measures in the revised Street Design Guide.	5	2	10				Andrew L Smith	1/01/2026 review
10	POLITICAL	SRR 1.1	Planning Development and Transport - Change in county council politics - new Reform UK minority cabinet have yet to outline key policies or approaches; large amount of work is cross-boundary, delivered in partnership, or relies upon tools and contracts that have been established and shared between the authorities	Could be severe - loss of access to tools required to deliver statutory functions related to planning, air quality, or road , impacts to the ability to deliver on projects	Early engagement with county officers at senior level to understand changes in direction, policy, or instruction issued by cabinet	5	3	15	Tolerate	Ongoing engagement Review/visit MoUs							Andrew L Smith	1/01/2026 review

Appendix 3 - Leicester City Council Operational Risk Register

Risk Register Owner: Alison Greenhill, COO

RISK REF	RISK THEME / CATEGORY <i>Establish which category the risk falls into using PESTLE definition. See Process tab for more information</i>	LINK TO STRATEGIC RISK <i>Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which</i>	RISK <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: <i>What would occur as a result, how much of a problem would it be, to whom and why?</i>	EXISTING ACTIONS/CONTROLS <i>What are you doing to manage this risk now?</i>	RISK SCORE			RESPONSE STRATEGY / ACTION <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	
		https://leicestercitycouncil.sharepoint.com/sites/sec025/SitePages/Risk-management.aspx				Impact	Probability	Risk					Impact	Probability	Risk		
STRATEGIC AREA - Corporate Services																	
11	TECHNOLOGICAL	SRR 4.1 SRR 4.3	Corporate Services - Loss of Key Divisional IT Systems / Data Compromised Failure of a critical IT system or cyber attack affecting the division, systems such as HR system, Xpress, Agresso systems- staff may be unable to deliver their roles, duties etc. If this was to exceed to more than 2 days, this would significantly impact on service delivery and financial targets. The data held within the current systems is not available, robust or accurate to allow adequate management reporting.	<ul style="list-style-type: none">- Adverse effect on budget/finances.- Reputational damage.- Services cannot be delivered.- Current systems may not be able to support the required level of management information regarding performance, staff, electorate, media relationships etc.- Management decisions/process decisions/system improvements cannot be met.	<ul style="list-style-type: none">- IT DRP is in place. Back-ups taken across systems in the division.- Business Continuity plans are in place and regularly reviewed to identify ways to continue service delivery should systems be unavailable.- Desktop exercises to test plans in relation to ICT loss have been undertaken for the division to ensure plans are robust and plans revised as appropriate in light of the learning from these- Ongoing awareness raising with staff about cyber security risks and lessons learned activity undertaken post cyber-incident..- Continue to operate desk top training exercises.- Completed assessment of critical systems using the Cyber Assessment Framework (CAF) as part of the Future Councils engagement.	4	5	20	Treat	Implementing Active-Active Data Centres which will improve resilience for critical systems. Work with other LGAs and 3rd parties to improve staff awareness of Cyber Security responsibilities and to share best practice in respect of cyber preparedness. Implement mandatory Cyber Security training with OD. Develop a revised Digital Operating Model taking account of NSCS '10 steps to Cyber Security' framework and which will include measures to improve our organisational footing and resilience. Reflect increased risk of Cyber Attack in Corporate Risk Register. Post cyber incident debrief and lessons learned event learning points to be discussed and so specific divisional learning can be identified. Core infrastructure for active-active DCs are now in place and tested under DR scenario and outputs submitted to internal audit to close outstanding action. Will bring high-availability following loss of a data centre or an internet pipe albeit at reduced capacity. Majority of applications servers now shared across DCs awaiting installation of network equipment to improve capacity.	4	4	16			Andrew Shilliam	Ongoing, 31/01/2026 review
12	ECONOMIC	SRR 2.2	Corporate Services - Shortages in terms of staff, capacity, key skills and knowledge Capacity - HR and DDaT teams specifically experiencing capacity challenges because of organisational support demands, loss of key personnel because of retirement mainly, and because of internal movement to other roles. Knowledge - the loss of some experienced individuals in HR specifically through retirement could have an impact on our operational resilience. Skills - specific technical skills such as ICT development posts are competitive to recruit to, and as we move towards a different structure within HR we may experience some disruption to advice provided as staff migrate to new roles. 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. Ageing workforce - risk of loss of critical knowledge, experience and expertise. 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">- Increase in key person dependency and increased dependency on line managers to deliver a number of technical capabilities.- Lean staffing structures put pressure on staff.- Existing staff health and wellbeing may deteriorate, including morale.- Service demand cannot be met and members demand/expectations cannot be met.- Tasks are not completed/delivered and/or critical projects may be halted.- Statutory/regulatory requirements may not be adhered to and deadlines breached.-Reputational damage if service operations fall below requirements and/or decisions aren't adequate.- Adverse effect on finances because interim resource arrangements are more costly.- Specialist expertise and knowledge is not available to deliver the required duties.- Corporate memory diminishes when staff leave the Council.- Highly skilled technical roles cannot easily be filled- Perception of blame culture leads to senior and/or skilled staff leaving<ul style="list-style-type: none">- Inadequate/inappropriate decisions are made by management, resulting on increased involvement by HR and/or other services in a reactive capacity- Changes may not be made quickly and effectively and/or changes may be made prior to all parties consent.- Poor and risky management practices.	Corporate approach to workforce planning being implemented so divisions and services have a better understanding of weaknesses in their respective areas, and have targeted initiatives/actions in place to address. Divisional action plan being prepared so to address the key staff capacity, skills and knowledge based challenges confronting Corporate Services. Review of services + roles that might be well suited to creating pilot career pathways so we can attract new talent and address our aging workforce challenges.	4	5	20	Treat	Review of current rollout of corporate workforce planning framework so the organisation has better resilience. This has to include developing better visibility required over (1) POSTS, and (2) PEOPLE that we consider to be of a highly specialist skillset and that are considered to be both more difficult to recruit to (reasons required) and where the current postholders are flight risks. It also has to include consideration of the workforce profile and where we have specific issues around age, knowledge retention etc. Use of DMU internships and other placement opportunities to add short-term capacity and to link with grow our own approach.	3	5	15			Andrew Shilliam	Ongoing, 31/07/2026 review
13	TECHNOLOGICAL	SRR 4.1	Corporate Services - Cyber Security Increasing profile and expertise of threat actors such that they are able to circumvent established defences and which therefore increases the vulnerability of LCC systems and data.	<ul style="list-style-type: none">- Data hacked and released into public domain;- Reputational damage - seek alternative more expensive solutions;- Fines from ICO;- Staff stress increases;- Damage to identified individuals;- Denial of service / major service disruption	Enhanced technology defences. Targeted follow up's. Built into new system standards from 3rd party applications (secure passwords, TLS). Daily back-up of systems. Maintain clear Major incident Management processes. Understand RPO and RTO capability for recovering critical systems. Appointed Security Operations Centre Lead to review and respond to threat intelligence. 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. Implemented new XR End Point security. Completed NCSC Cyber Assessment Framework (CAF) as part of DLUHC Future Councils and develop a remediation plan. Amended SOC Playbook so they may unilaterally shutdown systems if a potential cyber security incident is identified. New Cyber Security Training, Simulation and Awareness campaign introduced. New SOC Appointed May 2025. Introduced Supply Chain controls to assess their Cyber Security - e.g. Minimum Cyber Essentials plus. Reviewed where we currently are against the NCSC Cyber Assessment Framework (CAF) as part of DLUHC Future Councils and developed a remediation plan. Reviewed technical skills of DDaT Security Team - Appoint into two security roles (09/25) All servers now compliant with Cyber Essentials	4	5	20	Treat	Continually Assess and implement new Technology solutions as appropriate to address any changing/new threats Monitor Staff Cyber Security Training and Simulation maturity (09/25). Continually ensure Cyber Security evaluation of partners is undertaken during procurements as part of DDaT playbook. Work with other LGAs and 3rd parties to improve staff awareness of Cyber Security responsibilities. Undertake Cyber Essentials assessment following change of criteria.	3	4	12			Andrew Shilliam	Ongoing, 31/01/2026 review
14	ECONOMIC	SRR 2.3	Corporate Services - Loss of Income Opportunities Commercial arrangements such as trading with schools are lost due to heightened market competition, rising costs and therefore increased prices, and due to a lack of staff resources and expertise to undertake marketing and business development. The withdrawal of specific LCC traded services could create angst amongst 'customer base' and reduce appeal of other services. Our reduced shopping basket of services provided to schools puts the remaining services at greater risk when it comes to other providers who may be able to provide multiple services.	<p>Reduced income opportunities against increasing budget pressures.</p> <p>Loss of available budget reallocations from the centre e.g. HRA.</p> <p>Reputational damage.</p> <p>Requirement to reduce headcount if service discontinues or reduces and potential associated costs of redundancy etc.</p> <p>Possible impact on the schools / Council relationship, which leads to greater appetite in schools to move away from our schools family.</p>	<ul style="list-style-type: none">- Business development manager formally working on the City Catering offer now focused on improving our arrangements re the HR offer to schools.	4	4	16	Treat	Competitive analysis required of our HR traded services around model, price point, feedback/satisfaction, opportunities for further trade etc. Explore joint trading/account management arrangements - ensure that relevant functions continue to focus sufficiently on income opportunities and business development. Assess the sensitivity of remaining traded services to schools because of the cessation of City Catering, and consider whether some account management activities need to be enhanced. Refocus our traded services into a key package/offer of 'support' that includes both services that we have to charge for and other services that they receive (at our cost) that are provided by LCC.	4	3	12			Andrew Shilliam	Ongoing, 31/01/2026 review
15	ECONOMIC	SRR 2.3	Corporate Services - Ongoing Budget Pressures and Savings Impacting on Service Delivery Division unable to meet future level of savings required. The level of future savings required leads to unsustainable services/loss of services and support to the organisation impacting on the ability of the Council to operate effectively, lawfully and deliver particularly on its statutory obligations. Financial position of the Council and local government more generally will add increased pressure on the need to make substantial savings and therefore consequent impacts of this along with the impacts of the wider cost of living crisis and a weak national economy	<ul style="list-style-type: none">- Unable to generate additional income, e.g. via trading with schools to help sustain budgets. Potential for a significant budget income gap.- Savings are not delivered, division overspends and puts pressure on corporate budgets- Statutory requirements are not met resulting in risks to service users and legal/reputational issues- Impact on the quality and levels of services being provided.- Impact on staff health and wellbeing.- Vacant posts are not appointed, increasing pressure on the existing workforce	Divisional outturn was an underspend for 2023/24 for majority of the division with the exception of City Catering.	4	4	16	Treat	HR organisational review by calendar year end required so to realise first round of savings and to create a clearer and fit for purpose structure in HR, to remove numerous honoraria that are currently in place, and so we're ready to support the wider organisation as part of the likely need to restructure. 1:1 discussions around specific cost centres required, and opportunities to drive further reductions in mainly non-staffing expenditure as well as opportunities to increase income. Competitive analysis of HR traded services model and delivery. Clarity around model of delivery. Implement 'Corporate Services Financial Sustainability Board' so there are more controls around what we're doing to deliver savings.	3	3	9			Andrew Shilliam	31/01/2026 31/01/2026 31/01/2026
16	ECONOMIC	SRR 2.3	Corporate Services - Technology Costs: Potential shortfall of IT OpEx Revenue fundings to cover increasing costs of IT licencing, support and services in light of WoW, a migration to consumption-based licencing and cloud platforms	<ul style="list-style-type: none">- A need to review service provision and potentially reduce the functionality and scope of services e.g. laptops versus desktops, reduced cyber security capabilities.	Reprofiling services funded from reserves into Revenues to provide forecasts. Worked with Finance to profile Reserves against anticipated spend. Consideration of funding options as part of medium-longer term budget planning. Reviewed options to rationalise MS licence estate. Implement role-based profiling for devices. Implemented zero-usage mobile phone policy. Created Capital Bid forecasting plan.	5	3	15	Treat	Consider a shared costing model to recharge services for new platform-based services. Rationalise and consolidate systems using Netcall Libert platforms. Introduce role-based profiling. Force services to give up DD telephone lines. Rationalise mobile phone estate.	4	3	12			Andrew Shilliam	Ongoing, 31/01/2026 review
17	LEGAL	SRR 1.1	Corporate Services - Impacts Arising from Future Legislation 'Martyn's Law' - Council is unprepared to respond to the potential requirements of forthcoming legislation related to counter-terrorism and therefore falls in the duty to protect people	<ul style="list-style-type: none">- LCC fails to respond effectively to a terrorist attack and places staff and public lives in danger- LCC services which fall under the scope of the requirements are unprepared and could be subject to enforcement- Additional cost implications and pressure on budgets- Reputational impacts	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.	5	3	15	Treat	'Working group to be brought back together by new REBR manager + organisational review and action plan required in response to the new legislation.	5	2	10			Andrew Shilliam	Ongoing, 31/01/2026 review

Appendix 3 - Leicester City Council Operational Risk Register																
Risk Register Owner: Alison Greenhill, COO																
RISK REF	RISK THEME / CATEGORY Establish which category the risk falls into using PESTLE definition. See Process tab for more information	LINK TO STRATEGIC RISK Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which https://leicestercitycouncils.harepoint.com/sitepages/Risk-management.aspx	RISK What is the problem; what is the cause; what could go wrong? What is it that will prevent you from achieving your objectives?	CONSEQUENCE/EFFECT: What would occur as a result, how much of a problem would it be, to whom and why?	EXISTING ACTIONS/CONTROLS What are you doing to manage this risk now?	Risks as at: 30/09/2025			RESPONSE STRATEGY / ACTION Select from the 4T's (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate	FURTHER MANAGEMENT ACTIONS/CONTROLS	TARGET SCORE			COST	RISK OWNER	TARGET DATE
						Impact	Probability	Risk			Impact	Probability	Risk			
18	TECHNOLOGICAL	SRR 4.1	Finance - Unit 4 Finance System Implementation	The council does not have a finance system that enables, payments, collection of debt, reporting or has sufficient controls.	1. Full project in place for Re-implementation 2. Project Managers appointed 3. Timeline in place, and full communication across the service 4. Governance structure	5	3	15	Treat	Continuous review against the project plan and oversight of the project.	3	2	6		Amy Oliver	Ongoing, 01/04/2027 review
19	POLITICAL	SRR 1.2	Legal - Workloads & Pressure - Client Care 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.	- Timely legal advice from clients not sought. - Failure to comply with laid down guidelines. - Breach of regulations or law e.g. data protection. - Council found to act unlawfully. - Challenges to procurement processes. - Cost implications from requirements not being followed/deadlines being missed/ not delivering value for money for Council. - Award made against council etc. - Staff demotivated - Negative Press/Reputation of Council	- Reviewing practices to be improve flexibility of approach. - Channel Shift. - Raising awareness - corporate messages. - Early engagement - feeding into deadlines. - Attending project boards. - Projects to look at new ways of working. - Improved use of technology e.g. Electronic Signatures/Virtual Hearings.	4	4	16	Treat	- Review of practices. - Increase comms program/training and awareness of current practices (deadlines with project plan).	4	3	12		Kamal Adatia	Ongoing, 31/01/2026 review
STRATEGIC AREA - Social Care and Education																
20	ECONOMIC	SRR 2.2	Children's Social Care and Community Safety - Workforce - availability Diminishing availability of experienced skilled social workers	- National shortage of qualified SW's impacting on local recruitment; recruitment challenges in other specialist roles e.g. psychiatrist, youth justice officers etc; - Increased reliance on agency staff to fill vacancies - Increased SW case loads - Increased budget pressures; - Lack of continuity of staff in roles	- Developing a workforce recruitment and retention strategy including international recruitment	4	4	16	Treat	ASYE Programme Apprenticeship Programme Grow our own Programme International Recruitment Phase 2; Frontline programme; Career progression scheme	4	3	12		Damian Elcock	Ongoing, 30/04/2026 review

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Risk Register Owner: Alison Greenhill, COO

RISK REF	RISK THEME / CATEGORY <i>Establish which category the risk falls into using PESTLE definition. See Process tab for more information</i>	LINK TO STRATEGIC RISK <i>Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which</i>	RISK <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: <i>What would occur as a result, how much of a problem would it be, to whom and why?</i>	EXISTING ACTIONS/CONTROLS <i>What are you doing to manage this risk now?</i>	RISK SCORE			RESPONSE STRATEGY / ACTION <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	
		https://leicestercitycouncil.sharepoint.com/sites/sec025/SitePages/Risk-management.aspx				Impact	Probability	Risk					Impact	Probability	Risk		
21	POLITICAL & LEGAL ECONOMICAL	SRR 1.1 SRR 1.2 SRR 2.3 SRR 5.1	Education, SEND and Early Help Impact of post-16 SEND transport policy implementation following consultation and decision making	Possible risk to life/reputational damage to the council/significant financial impact/legal challenges. Parents may not understand when they can apply if the policy has to change again. If the policy is challenged the overspent budget could contribute to s114 risk. Judicial review likely and may mean policy implementation is paused. Increase in parent complaints.	Current review of policy with review of independent travel training sufficiency to follow. System procurement to promote efficiency. Stakeholder communication re consultation and barrister guidance obtained. Policy now published and due to be implemented in next academic year unless prevented by JR.	4	4	16	Treat	Plans to mitigate and limit impact in place and considered in the planning stages. Most likely consequence is legal challenge.	4	2	8			Sophie Maltby	Ongoing, 31/01/2026 review
STRATEGIC AREA - Public Health																	
22	TECHNOLOGICAL	SRR 4.1	Data LA requirements for data often not understood by external providers/national governing bodies which can cause delays in Information Sharing agreements or restrictions in data flows into public health for information required to deliver objectives. Self reported data that is difficult to verify for activity based contracts leads to uncertainty over financial position and potential over payments 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. The English Devolution White paper which details the development of new Strategic Authorities and Mayoral responsibilities will involve reorganisation of local government, which may result in boundary changes which will impact Public Health Data sets.	Delay or complete stoppage in obtaining information will restrict understanding of the local population characteristics, health outcomes and health inequalities required to make timely decisions for service users. This may result in outdated data that is not useful for commissioning and partnership work. - Distress to service users - Reputational damage to LCC - Potential financial burden or incorrect overspend for activity - Potential litigation claims for failure to deliver - Increased stress on LCC staff - Difficulties in workload management and timely production of existing reports and statutory functions as well as making capacity management difficult. - Impact on service delivery and response agility - Reduced data provision and indicators potentially being missed or identified later than they may have been delaying (or preventing) mobilisation - 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 public health / LCC. Analysis and ongoing management of service quality is severely hampered without insight or access to incident data. - 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 - Boundary changes will have data collection, analysis and trend implications, both locally and for online data sources. Data sets will require re-working to fit new boundaries.	- Work-around arrangements in place with key organisations to share basic information - Working with wider network of organisations to establish data sharing protocols and file transfers - Engagement with information governance to ensure that any risks of data sharing are identified and managed. - Increased relationship building and engagement across system partners - Continued close communication and engagement with Integrated Care Board / Leicestershire Health Informatics Service (LHIS) regarding the issues surrounding data availability and access. - 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. - Close working relationship with IT, procurement, and information governance to establish and maintain data sharing agreements with services external to LCC - Additional resource added to data function - 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 have been built into the new Section 75 agreement with LPT to ensure robust governance is in place around serious incidents. This has been signed off by the Public Health Clinical Governance Group.	4	5	20	Treat / Tolerate	- Ongoing engagement with information governance and partners to resolve existing and arising issues - Undertake an exercise to identify all organisations and data needs and perform gap analysis - 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). - 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 - Agree a corporate LCC stance on NHS Patient Safety framework changes	5	3	15			Rob Howard	Ongoing, 31/01/2026 review
23	SOCIO-CULTURAL	SRR 3.2	Health Protection Public health protection capacity is limited to a consultant lead and single infection prevention control specialist (IPC). Three additional staff members (TB, screening and immunisation) are on temporary short term contracts using external time limited funding. The IPC role remains a single point of failure and is currently the only IPC support provided for care homes in the city. Projection for TB rates show an increasing trend and Leicester currently has the highest rates in England. Screening and immunisation uptake in Leicester is generally significantly lower than the national average and is a key contributor to health inequalities within the city. Vaccine preventable disease outbreaks continue to occur, particularly in areas of deprivation. ICB funding for both TB and screening and immis inequality work in the future is highly likely to be cut and/or managed regionally rather than locally. The lack of a permanent health protection team within the council impacts on a) our ability to respond to infectious disease outbreaks - working with our communities and local schools, driving up vaccination uptake, providing IPC support and advice to care homes and the care sector; b) improving the standard and quality of IPC procedures in the care sector ; c) develop meaningful and ongoing relationships with our communities to address vaccine hesitancy, low vaccination and screening uptake; d) work with communities and organisation stakeholders to raise awareness and knowledge, and reduce stigma around TB and so increasing access to testing and treatment; e) be prepared and have capacity to deal with a potential future pandemic. Low vaccination uptake increases the risk of future disease outbreak. Low screening uptake widens inequalities around late cancer diagnosis and treatment.	-Widening inequalities including increased vaccine preventable disease outbreak, increased TB rates, increased late cancer diagnosis and treatment. Reduced ability to respond adequately to disease outbreaks leading to increased transmission and health impacts on the population. Reputational damage to the authority if outbreaks are poorly managed. IPC service objectives unable to be met leading to increased risk of outbreak in vulnerable settings, increasing potential for individual harm, reduced IPC standards leading to poor quality care and reputational damage to the authority. Pressure on sole member of staff to provide an unreasonable level of cover for one person. Ongoing and increasing vaccine hesitancy and mistrust in health systems reducing access to treatment for TB. Significant operational impact on division in the event of a scenario comparable to Covid 19. Potential serious impact on health and wellbeing of whole population, particularly those most vulnerable Static or widening health inequalities Needs increase over the longer term as a result of secondary impacts requiring increased (and sustained) resource and budget to tackle	Continued efforts to source additional funding to maintain a health protection team within the authority. Close working relationships with system partners including UKHSA and the ICB to pool resources where appropriate; use of internal resources including teams within public health (e.g. community wellbeing champions) and within the authority (e.g. comms and social care). Support/supervision of IPC staff member to manage workload; service objectives set within context of limited capacity. Training offered to social care staff to increase IPC knowledge. Monitoring of at risk health areas to determine level of future need. Regular training offered to all public health staff to increase health protection knowledge. Horizon scanning to be aware of potential future health protection risks. Governance structures in place for assurance and monitoring via LLR Health Protection Board.	5	4	20	Treat	- Continue with existing controls - Increase capacity of HP team to enable more robust resilient response to current and emerging issues -Review workplans in light of likely cuts to ICB.	4	3	12			Rob Howard	Ongoing, 31/01/2026 review
24	ECONOMIC	SRR 2.3	Budget Reductions to the Public Health Budget means operating within increasingly tight financial envelopes. Continued reductions could force termination of services to ensure priority services remain available. If the authorities financial position continues to degrade then increasing financial pressures contribute to the likelihood that increased levels of funding are taken away from the public health -budget to support general council budgetary pressures. Uncertainty over non-recurrent or unconfirmed recurrent funding coupled with ambitious targets 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.	- 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. . - 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. - Levels of public health grant diverted to other council areas may draw attention and scrutiny from government and result in an audit of grant spend and possible claw back. - 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. - 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 - Risk of missing safeguarding issues impacting on council statutory duties resulting in - Serious injury or loss of life - Legal challenge - Severe reputational damage - Potential redundancy costs arising from non-recurrent or unconfirmed funding. - Decisions regarding resource allocation without up to date data may overlook current insights and hinder ability to make precise spending decisions.	- Annual public health return to Central Government to demonstrate appropriate use of grant funding - Portfolio restructure, continual review of landscape and exploration of alternative funding streams to ensure we are positioned to meet upcoming needs - Decisions taken to deprioritise or close certain services in order to meet budgets and savings targets. - 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. - 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. . - Internal governance to closely manage budgets and ensure intelligent and planned use of reserves over time to ensure maximum efficacy and sustainability - Political oversight / scrutiny - Identifying and articulating associated risks through spending review process - 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 - Customer retention plans and actions put in place to reduce subscription cancellations from customers unable to use services which would impact income generation - Strong service / programme planning to cover possible funding scenarios, allowing for adaptations to be made at pace. - Volunteer network being built and grown through community champions workstreams. - Budget monitoring discussions are held to track spending, prioritise resources, and identify potential overspends or shortfalls early to enable timely corrective action.	4	4	16	Treat / Tolerate	- Continue with existing controls - Secure additional revenue e.g. income generation through commercial opportunities. - Continue to explore a variety of potential local and national funding opportunities including commercial, government, academic, grant funding. - Investigate creation of a resource to help officers bid for funding with more guidance to increase consistency and success rate - Utilise in kind support / asset sharing where possible - 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. - Continued engagement and growth of various volunteer networks and community organisations. - 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.	4	3	12			Rob Howard	Ongoing, 31/01/2026 review

Appendix 3 - Leicester City Council Operational Risk Register

Risk Register Owner: Alison Greenhill, COO

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	
		Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which council's haredpoint.com/site/s/section25/SitePages/Risk-Management.aspx	What is the problem; what is the cause; what could go wrong? What is it that will prevent you from achieving your objectives?	What would occur as a result, how much of a problem would it be, to whom and why?	What are you doing to manage this risk now?	Impact	Probability	Risk	Select from the 4T's (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate	Impact	Probability	Risk					
25	ECONOMIC	SRR 2.2	Staffing and recruitment - Internal A key risk here is retention of Consultant in Public Health staff. One consultant recently left to take up a post within the NHS, where staff with equivalent qualifications and experience can earn approx. £20k to £30k more per annum. 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 public health challenges. Unsuccessful recruitment or approval to recruit delays for existing and new posts places capacity and timeframe pressures on ongoing delivery and rollout of new initiatives that would benefit from proceeding at pace. In addition key staff retiring, going on maternity leave, leaving the division or moving into new posts within the division creates disruption, the risk increases if there are multiple departures simultaneously. Potential risks to wider public health aims or outcomes if there are significant losses in other LCC service areas. 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. LCC Pay Scales pay less for professional posts than other LAs in their region. This means that flight to authorities that pay more is also a real risk. e.g. Northants lead commissioner earns £12k p.a. more than LCC. PH manager in Notts earns £10k p.a. more.	<ul style="list-style-type: none">- 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.- 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.- Loss of key specialist skills, knowledge and expertise, and working relationships that are very difficult to replace due to national shortage of skilled workers- Significant loss of capacity means programme targets are delayed or not achieved, or need to be revised downwards to match ability to deliver.- Cover for posts splits capacity between existing workstreams negatively impacting both.- Backfilling posts on a fixed-term basis offers less stability than permanent cover.- 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).- Negative impacts on delivery of work and an inability to meet emerging objectives of individual services as well as divisional strategic objectives.- Reduction in ability to front run issues and adequately assess complex situations before being required to act.- Loss of in-year funding available if staff / initiatives cannot be put in place in a timely fashion.- Delay in advertising / filling vacant posts exacerbating capacity issues- Gap in leadership / delivery of public health functions- Capacity issues may lead to elements of work being deprioritised.- Potential loss of staff with significant experience, skills and knowledge.	<ul style="list-style-type: none">- Close management and oversight of individual workloads and projects- General training and development opportunities and organisational development utilised- Upskilling team - public health supporting staff to undertake a Masters in Public Health and for staff to follow work based public health training pathways- 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.- Early identification of potential staffing needs / vacancies with early engagement with HR to ensure timeframes to recruit are sensible- Capacity in across the team increased and analysis of need ongoing.- Team restructure undertaken to more efficiently redistribute capacity and portfolios- 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.- Recruitment concerns escalated- Contracts staff are being trained and developed across the whole Public Health portfolio in order to reduce single points of failure and reduce impact of staff loss. This approach is also encouraged across commissioning teams. Handover plans are being developed for the HIAP portfolio.- Ongoing development of the PH workforce development action plan to provide high quality internal divisional opportunities for learning and professional and career development to support retention of staff- Review options to replace the market supplement arrangements for Consultants in Public Health (the only staff in the council on these supplements according to the Pay report 24/25) with an appropriate alternative grade that recognises the highly trained and specialist nature of these roles.	4	4	16	Treat	<ul style="list-style-type: none">- Continual audit of needs and skills against public health key skills framework to identify and fill key knowledge and skills gaps across division- Produce a public health workforce strategy including succession planning. Task and Finish group working on this and we are linking in with regional and national Public Health workforce planning initiatives.- Business continuity plan review and update regularly scheduled to ensure succession planning and key staff availability plan is adequate.- Ongoing identification of single points of failure and planning / documentation to mitigate risk of project lead unavailability- Consideration within service plans for posts and building in long time scales for recruitment as standard practice to be considered in forward planning- Continued monitoring of capacity needs and fixed term recruitments to mitigate issues where appropriate- Continued focus on employee wellbeing and provision of adequate support where necessary- Centralising of important data and guides detailing workflow processes ongoing to minimise impacts of loss of key staff and knowledge and to increase pace of training new staff.- Partnership working with DMU has provided temporary additional support through an acting-up Consultant, who brings valuable expertise to the department.	4	3	12			Rob Howard	Ongoing, 31/01/2026 review
26	ECONOMIC	SRR 2.2	Staffing and Recruitment - External 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, as well as sexual health specialists. Disruption to workforce of NHS or other partners due to strikes or industrial action. 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. Providers struggle to maintain staff levels due increasing payroll costs and budgetary pressures. ICB has to reduce running costs by approx.. 30% which will likely result in substantial redundancies. This will have an impact on the reach of public health projects, prevention and health inequalities as there will be fewer people in the ICB to work on these areas.	<ul style="list-style-type: none">- Impact on front line service delivery of statutory functions- Knock-on impact on capacity and ability to deliver of non-participating staff impacted by strike action- Negative impact on service users- 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. This could also present a risk of increase to the likelihood of serious incidents occurring leading to:<ul style="list-style-type: none">- Serious injury or loss of life- Legal challenge- Severe reputational damage- 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	<ul style="list-style-type: none">- Close monitoring and communication with commissioned services by Lead Commissioners and Group Manager- Scrutiny and support from contract management team- 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.- Ongoing work to make Leicester a more attractive location for Health Visitors to attract and retain skilled workers.- Providers to be queried over planned response specifically around occurrence of strike action and widespread loss of staff and holding of adequate BCP's to manage incidents. How will delivery be maintained / how will affected service users be captured and engaged etc.	4	4	16	Treat / Tolerate	<ul style="list-style-type: none">- Continual oversight of supplier business continuity plans and engagement on current pressures / concerns- Continual internal public health business continuity plans review ongoing with consideration given to response in the event of risks presenting- Ongoing close monitoring of suppliers and skill / workforce concerns- Supplier business continuity plans audit to be undertaken in rolling fashion	4	3	12			Rob Howard	Ongoing, 31/01/2026 review
27	ECONOMIC	SRR 2.3	Commissioning 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. 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. 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. 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.	<ul style="list-style-type: none">- 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.- Failed tenders. Capacity required to assess and alter the specification / tender and go to market again, Disruption to, or reduced / ceased delivery of statutory services. Potential legal and governance implications for LCC if delivery ceased.- 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.- Our offer may not be attractive to new providers during tenders creating a risk of failed procurement or reduced competition and sub-optimal suppliers being awarded contracts to fulfil needs leading to sub-standard delivery- 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- Decreased morale and reputational damage to LCC- 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.- Underspenders 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- Increased costs due to reduction in economy of scale due to moving form a joint to solo re-procurement	<ul style="list-style-type: none">- Strong forward planning, bespoke procurement methods, and robust internal governance- Clinical governance board in place for improved oversight and robust governance framework to ensure that commissioned services are robustly reviewed and monitored.<ul style="list-style-type: none">- Performance review group provides oversight, early issue identification, and escalation process- Both of the above boards are having ToR and framework re-assessed to ensure optimal oversight of services- Lead Commissioners and contracts team within Public Health undertake regular performance and quality reviews with continual engagement and communication with providers and partners- Timely briefing of lead members to highlight potential risks and consequences- Expertise within team to assess choices, identify and profile future need in a proactive fashion, and inform management briefings / options appraisals- Advocacy by LCC Director of Public Health with national bodies- 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<ul style="list-style-type: none">- 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.- Close working with internal departments (legal / procurement / contract management / finance)- Services jointly commissioned where possible / appropriate to increase efficiencies relating to economies of scale and cross border activity as well as available resource to mitigate issues- Relationships built and maintained with partnership organisations to retain collegiate working environment and aid flow of information. Public health consultant employed to stimulate engagement throughout and across the system.- Supplier business continuity plans review and audit ongoing to ensure continual sight of level of supplier resilience. Internal audit of this area by County colleagues is ongoing.	4	4	16	Treat / Transfer	<ul style="list-style-type: none">-Continue with existing controls;-Continue to joint commission where appropriate (internal with LCC, and external with county and regionally)- Continued exploration of new and novel approaches to commissioning including encouraging consortium applications and use of section 75- Continued monitoring and increased engagement of suppliers to pre-emptively identify potential issues- Regularly review Business Continuity Plans to ensure minimal service disruption in the event of supplier failure.- Use of small PH Grant increase to support and mainstream existing programmes could mitigate risk significantly.	4	2	8			Rob Howard	Ongoing, 31/01/2026 review

Counter Fraud Update

Governance and Audit Committee

Date of meeting: 26th November 2025

Lead director: Amy Oliver

Useful information

- Ward(s) affected: All Wards
- Report author: Stuart Limb (Corporate Investigation Manager, Veritau)
- Author contact details: 01904 555652 stuart.limb@veritau.co.uk
- Report version number: Version 1

1. Summary

- 1.1 The purpose of this report is to inform the Committee of the work conducted by the Corporate Investigations Team during 1st April 2025 to 30th September 2025. It is important to note that this report relates to activities undertaken prior to the transfer of the investigation function to Veritau Public Sector Ltd. All counter fraud activities conducted after 1st October 2025 will be carried out by Veritau and will be presented to the committee at future meetings.

2. Recommendations

The Governance and Audit Committee is recommended to:

- a) Receive and comment on the report.
- b) Make any recommendations it sees fit to the Executive and/or the Director of Finance.

3. Background

- 3.1 This report includes statistical information on fraud cases identified, referred and, where appropriate, investigated by the Corporate Investigations Team.
- 3.2 As part of its work, the Corporate Investigations Team investigated suspected financial irregularities and makes recommendations to reduce the risk of further losses and improve performance, efficiency, effectiveness, and economy in the use of resources by the Council.

4. Detailed report

- 4.1 The work of the Corporate Investigations Team included proactive data matching and reactive referrals received relating to suspected financial irregularities. These two work types covered the majority of activity. Some examples of the work areas and savings are listed below. These are not exhaustive, and the total savings are detailed in the table at 4.8 of the report.
- 4.2 The team conducted background checks on every Right to Buy application on council homes and this remains a key objective to ensure that all purchases are valid. This includes checks to ensure the tenant was still resident at the property and that the source of the funding to purchase the property was legitimate and evidenced. Where irregularities or concerns are raised, the issues were shared with Legal Services and the Right to Buy

Team. This not only identified irregularities that may prevent a sale, but also provided a higher level of assurance for those sales that did proceed. The team identified 13 Right to Buy applications that were invalid and the assessed savings during the first 6 months of the financial year 2025/26 from the loss of rents had invalid sales proceeded was £616,000.

- 4.3 The Team undertakes an annual review of long term empty residential properties to ensure that the council tax discounts awarded are correct. Where a property is identified as being occupied the account is corrected and recovery of the council tax owing is pursued. Together with related checks such as single person discount, savings for the period covered by this report total £189,000 which related to 92 properties that were in fact occupied.
- 4.4 The Team also worked in close partnership with the school admissions section to validate the details submitted in the applications for school places. The validation exercise checks that the data submitted is accurate and that the school places allocated are valid. This is to ensure that those children who are allocated a school place are based on their correct addresses. This has identified 14 secondary school where the applicant had applied from a false address in an effort to get a school place at their preferred school.
- 4.5 The Council continued to benefit from membership of the National Anti-Fraud Network (NAFN), which alerts member authorities to the latest phishing emails and frauds. These alerts have been shared across the Council to ensure awareness is raised and efforts to prevent attempted fraud are enhanced. They are an excellent fraud prevention tool as they help to ensure new emerging risks nationally are highlighted. Where the risks relate to school frauds they are shared with schools across the city.
- 4.6 The Corporate Investigation Manager considered management requests for access to the records of employees' emails, internet access, computers, and the building access system (which gives staff access to Council buildings). Supported requests are then presented to the Director of Finance for authorisation. Many of the requests were for information from more than one system and some requests were for information relating to several users. During the first six months of 2025/2026, 14 requests were received and processed in accordance with internal policy and national legislation.
- 4.7 During the remainder of the financial year the National Fraud Initiative (NFI) datasets will continue to be reviewed by the service areas and any irregularities can be referred to Veritau for potential investigation. Each report of matches includes guidance on how to check the matches.
- 4.8 Fraud Awareness training courses were delivered in person to the Concessionary Travel team and numerous teams within the Housing Department in April and June 2025. The E Learning package is available to all staff and is mandatory for all new starters.

4.9 Table of savings 1st April 2025 to 30th September 2025

Case Category (Financial Savings)	Number of cases	Total amount
Blue Badge Parking Charges	1	£2,340.00
Concessionary Travel	1	£500.00
Council Tax Exemption	2	£3,326.36
Council Tax SPD	8	£8,081.52
Council Tax Support	8	£30,396.10
Council Tax support – Penalty	2	£749.30
Empty Homes Bonus	92	£189,980.00
Parking Permit Cancellation	1	£2,340.00
Case Category (Notional Savings)	Number of cases	Total amount
Housing Application	2	£63,875.00
Possession of LCC Property	6	£285,150.00
Right To Buy	13	£616,340.00
School Place - Secondary	14	£274,232.00
Totals	150	£1,477,310.28

5. Financial, legal, and other implications

5.1 Financial implications

Fraud can cause the Council significant loss; hence activity to prevent and detect fraud is a clear financial investment and a key component of good financial control and governance.

Stuart McAvoy, Head of Finance
18 November 2025

5.2 Legal implications

Fraud is a criminal offence and therefore represents breach of the law. Other forms of financial irregularity, though not criminal, may be in breach of regulation. The conduct of counter-fraud work of all kinds is bound by law and regulation and the Council is careful to ensure that its activities in this area are properly discharged.

Kamal Adatia, City Barrister & Head of Standards
18 November 2025

5.3 Equalities implications

5.4 Climate Emergency implications

5.5 Other implications

6. Background information and other papers:

- Local Government Act 1972
- Leicester City Council's Anti-Fraud, Bribery and Corruption Policy
- Leicester City Council's Finance Procedure Rules
- Leicester City Council's Constitution
- Leicester City Council's Code of Conduct for Behaviour at Work
- Leicester City Council's Information Security Policy Statement
- Leicester City Council's Prosecutions Policy
- Leicester City Council's Investigators Code of Conduct
- Public Bodies Corrupt Practices Act 1889
- Chartered Institute of Public Finance & Accountancy (CIPFA) publication *Managing The Risk of Fraud*
- The Prevention of Social Housing Fraud Act 2013

7. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

No

8. Is this a "key decision"?

No



Review of the Anti-Fraud, Bribery and Corruption Policy

Governance and Audit Committee

Date of committee meeting: 26 November 2025

Lead director: Amy Oliver, Director of Finance

Useful information

- Report author: Daniel Clubb (Assistant Director – Corporate Fraud, Veritau)
- Author contact details: daniel.clubb@veritau.co.uk
- Report version 1

1. Purpose of report

- 1.1 This report presents the Governance and Audit Committee with an updated Anti- Fraud, Bribery and Corruption Policy. The report outlines that the proposed update reflects that Leicester City Council's fraud service is now provided by Veritau Public Sector Ltd (Veritau).

2. Recommendations

- 2.1 It is recommended that the Governance and Audit Committee:
- a) approve the updated Anti-Fraud, Bribery and Corruption Policy included at Appendix 1.

3. Background

- 3.1 Fraud is the most common offence in the UK, accounting for approximately 41% of all crime¹. It represents a significant risk to the public sector as the financial losses it can cause reduce the funding available for key services and can lead to reputational damage if left unaddressed.
- 3.2 Estimates from the National Audit Office place the cost of fraud and error between £55 and £81 billion in 2023/24². It is crucial that public sector organisations take action to tackle fraud and protect public funds.
- 3.3 From 1 October 2025, the Council transferred its counter fraud function to Veritau who provide fraud prevention, detection, and investigation services to a number of local authorities. This move strengthens the Council's counter fraud resource by enhancing opportunities to embed best practice gained through Veritau's experience from working across a range of public sector organisations, and wider professional networks. The fraud service will also be more closely aligned to the Council's internal audit function, also provided by Veritau.
- 3.4 Veritau will work with relevant services managers to review the counter fraud support that can be provided. We will expand the range of services that

¹ [Progress combatting fraud \(Forty-Third Report of Session 2022-23\)](#), Public Accounts Committee, House of Commons, published March 2023.

² [An overview of the impact of fraud and error on public funds](#), National Audit Office.

routinely engaged with the Council's fraud service, providing targeted awareness training and developing working relationships with officers at all levels.

- 3.5 Leicester City Council will not tolerate fraud, bribery, or corruption against it. The Anti-fraud, Bribery and Corruption policy details considerations for managing fraud risks, criminal offences that may affect the Council, the responsibilities of staff across the organisation, and the nature of work undertaken by the counter fraud team to detect and investigate instances of fraud.
- 3.6 The Anti-fraud, Bribery and Corruption Policy forms part of a suite of policies and procedures that address fraud and other wrongdoing. Veritau will undertake a review of these policies within the next six months, alongside relevant officers where appropriate, and present any necessary updates to this or other relevant committees.
- 3.7 The updated Anti-Fraud, Bribery and Corruption Policy for approval is included at Appendix 1.

4. Review of the Anti-fraud, Bribery and Corruption Policy

- 4.1 The Anti-fraud, Bribery and Corruption policy is presented to the Governance and Audit Committee at least every three years, or sooner where updates are required. The transfer of service to Veritau coincides both with this three year cycle, and the need to amend the policy to reference Veritau.
- 4.2 The policy has been updated to remove references to the former in-house Corporate Investigations Team and now names Veritau's Counter Fraud Team, including their contact details for reporting concerns. A reference to internal audit being provided by Veritau is also now included.
- 4.3 Minor language and formatting amendments to improve the readability of the policy.
- 4.4 No other updates are proposed at this time.

5 Financial, legal and other implications

5.1 Financial implications

There are no direct financial implications arising from this report. However, theft, fraud and corruption, including bribery, are all offences of a financial nature and can cause significant financial loss to the Council.

Stuart McAvoy, Head of Finance
18 November 2025

5.2 Legal implications

The Bribery Act 2010 applies to the Council and/or senior Council personnel (Officers and/or Members) to the extent that it is covered by the offences of bribing another person, being bribed and bribing a foreign public official. Council Officers could be liable for offences committed with their 'consent or connivance'.

In addition, to the extent that it engages in commercial activities, the Council (and any company established by it) is also covered by an offence of failure to prevent bribery (subject to the defence that is available). A defence is available in respect of the offence of failing to prevent bribery if the Council (or company) can show that it had in place adequate procedures designed to prevent persons associated with the Council from undertaking such conduct (bribery).

When reviewing the Policy and the procedures underpinning it, Committee should satisfy itself that the Council is complying with the 6 Key Principles set out in the Policy and that it is doing all it can to prevent persons associated with it from committing acts of fraud, bribery or corruption.

The Committee reviews of the policy on a 3 yearly cycle; however this should be sooner where required to reflect any changes in legislation or guidance. A review may also be appropriate in response to a major incident or an adverse risk assessment.

Kamal Adatia, City Barrister & Head of Standards.
18 November 2025

5.3 Climate Change and Carbon Reduction implications

5.4 Equalities Implications

6. BACKGROUND PAPERS – LOCAL GOVERNMENT ACT 1972

http://www.legislation.gov.uk/ukpga/1972/70/pdfs/ukpga_19720070_en.pdf

Leicester City Council Anti-Fraud, Bribery and Corruption Policy

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Policy statement

Preventing fraud is an integral part of ensuring that tax-payers money is used to protect resources for our services. The cost of fraud to local government is estimated at £2.2 billion a year. This is money that can be better used to support the delivery of our front- line services and make savings for our tax-payers.

Leicester City Council is committed to maintaining a zero tolerance towards fraud, bribery and corruption and to the prevention, deterrence, detection and the investigation of all forms of fraud, bribery and corruption affecting its activities.

Aims of the policy

This policy sets the standard and makes clear the Council's zero tolerance against fraud, bribery, and corruption and that ALL cases will be investigated thoroughly and dealt with in the appropriate manner.

Who this policy applies to

This policy applies equally to the City Mayor, Members and officers, agency staff, consultants, those contracted to deliver services for or on behalf of the Council and agents of the Council as well as to third parties including members of the public and third-party organisations.

Introduction

Leicester City Council has a responsibility for the provision of effective and efficient services to clients and to ensure the protection of the public purse. The Council recognises that failure to implement effective anti-fraud measures can undermine the standards of our public services.

The Council does not, and will not, engage indirectly in or otherwise encourage bribery, nor does it wish to be associated with any organisations that does or has done so. This extends to all third parties whether such conduct is associated with business on behalf of the Council or not.

The Council will not commit the offence of failing to prevent bribery, providing that we can show that we have adequate procedures in place to prevent bribery. We provide adequate investigative resources to support managers to deter detect and prevent fraud, bribery and corruption.

In an effort to establish and promote a culture of integrity, openness and honesty in the conduct of the Council's business, thereby reducing levels of fraud, bribery, corruption and financial irregularity, the Council follows the key six principles as set out in the Bribery Act 2010.

1. Proportionate Procedures

Adequate bribery prevention procedures are proportionate to the bribery risks that the Council faces.

The procedures & policies of the Council are put in place to prevent bribery and are designed to mitigate identified risks as well as to prevent deliberate unethical conduct on the part of associated persons.

2. Top Level Commitment

Continued support from the Senior Managers fosters a culture of integrity where bribery is unacceptable. With this support from Members and Directors we can promote a zero-tolerance culture and ensure that we make sure that our staff understand that bribery is not tolerated and to take the necessary action to address any risks.

3. Risk Assessment

Risk management is all about managing the Council's threats and opportunities. By managing the Council's threats effectively, we will be in a stronger position to deliver the Council's objectives. It is acknowledged that risk is a feature of all business activity and is an attribute of the more creative of its strategic developments. The Council accepts the need to take proportionate risk to achieve its strategic obligations but expects that these are properly identified and managed. By managing these opportunities in a structured process, the Council will be in a better position to provide improved services and better value for money.

The Council will undertake to: -

1. Identify, manage and act on opportunities as well as risks to enable the Council to achieve its objectives and integrate risk management into the culture and day to day working of the Council.
2. Manage risks in accordance with best practices and comply with statutory requirements.
3. Ensure that a systematic approach to risk management is adopted as part of Service Planning and Performance Management.
4. Anticipate and respond to changing social, environmental and legislative requirements.
5. Keep up to date and develop our processes for the identification/management of risk.
6. Have in place a defined outline of individual roles and responsibilities.
7. Raise awareness of the need for risk management to those involved in developing the Council's policies and delivering services.
8. Demonstrate the benefits of effective risk management by:
 - Cohesive leadership and improved management controls;
 - Improved resource management – people, time, and assets;
 - Improved efficiency and effectiveness in service and project delivery;
 - Better protection of employees, residents and others from harm;
 - Reduction in losses leading to lower insurance premiums; and,
 - Improved reputation for the Council.
9. Ensure risk assessments (identification of, and plans to manage, risk) are an integral part of all plans and proposals to the Executive; Corporate Management Board, and Strategic Directors.

10. Recognise that it is not always possible, nor desirable, to eliminate risk entirely, and so have a comprehensive insurance programme that protects the Council from significant financial loss following damage or loss of its assets.

4. Due Diligence

We need to know exactly who we deal within the Council and to protect our organisation from taking on people who are less trustworthy.

The Council conducts Due Diligence checks on all third parties that they form a partnership with. It is encouraged that if there are any material changes to the business or relationship, Due Diligence is re-evaluated to ascertain if the relationship and its risk level have changed.

5. Communication (including training)

The Council seeks to ensure that its bribery prevention policies and procedures are embedded and understood throughout the organisation through internal, including training, that is proportionate to the risks it faces.

The Council will ensure that all levels of employees are aware of this policy via internal processes.

We ensure that fraud and bribery and awareness training is conducted with new staff, existing and members.

6. Monitoring and Review

We face the risk of the effectiveness of our procedures and these may change over time. We will measure the level of fraud and corruption across the Council and introduce and maintain measures ensuring that policies and procedures are kept up to date with any changes in the bribery risk by utilising the full range of integrated actions available to prevent, detect, sanction and seek redress for fraud, bribery and corruption.

We ensure that policies and procedures designed to prevent and deter fraud; bribery and corruption are adopted and consistently implemented across the Council.

For the purposes of this policy fraud, bribery and corruption are defined as follows:

Fraud – dishonestly making a false representation, failing to disclose information which there is a legal duty to disclose or abuse of position to make a gain for their self or another, or to cause loss to another or to expose another to a risk of loss.

Bribery - giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so.

Corruption - Forms of corruption vary, but include bribery, extortion, patronage, and embezzlement. By its nature corruption can be difficult to detect as it usually involves two or more people entering into a secret agreement.

The Fraud Act 2006

The act defines fraud as being committed in three main ways:

Fraud by false representation

A person commits an offence when they dishonestly make a false representation and intends by making:

- A gain for himself or another
- Cause loss to another person
- Expose another to a risk

Fraud by failing to disclose information

The offence is committed where a person is dishonestly fails to disclose information where there is a legal duty and intends to do this by making:

- A gain for himself or another person
- To cause a loss or expose another to the risk of a loss

Fraud by abuse of position

This offence is intended to prevent the dishonest abuse of those in a position who are considered being in a role of trust and safeguarding and not acting against the Council financial interests and intends to abuse the position by:

- Making a gain for himself or another
- To cause a loss or expose another to the risk of a loss

The following actions could constitute a fraud or corruption may include and is not limited to:

- Forging or altering Council documents or accounts
- Forging or altering cheques, bank drafts or any other financial documents
- Misappropriation of funds or other assets
- Receiving a financial gain from releasing inside knowledge or Council activities
- Disclosing confidential information to outside parties
- Failure to declare an interest
- Giving and receiving of high-end Gifts and Hospitality during tenders or new business ventures and contracts

The Bribery Act 2010

Criminal

The introduction of this new corporate criminal offence places a burden of proof on companies to show they have adequate procedures in place to prevent bribery. The

Bribery Act also provides strict penalties for active and passive bribery by individuals as well as companies.

Individuals found guilty can face an unlimited fine and imprisonment up to ten years. Where Leicester City Council itself is found guilty of any of the key offence then the penalty is an unlimited fine.

An employee of the Council who performs the function or activity and is in a position of trust, even if it has no connection with the United Kingdom and is performed in a country or territory outside the United Kingdom can still be prosecuted under this legislation.

Basic Definitions of Bribery:

- To secure or keep a contract
- To secure an order
- Gain an advantage over a competitor
- Giving of facilitation payments to government officials

Section 1 of Bribery Act 2010

General Offence of offering, promising and giving

Section 2 of Bribery Act 2010

Agreeing, Receiving and Accepting

Function or activity to which bribe relates

Any function of a public nature,
Any activity connected with a business,
Any activity performed during a person's employment
Any activity that is expected to perform in good faith.
Performing a function or activity that is expected to perform it impartially.

Section 6 creates an offence relating to the bribery of a *foreign public official*. The definition applies to individuals who hold a position or exercise a public function.

Common examples include:

- Government ministers and civil servants
- Local government members and officials
- Police
- Security agencies such as immigration and border controls

Facilitation Payment

The definition of a facilitation payment is one where a payment is made to a public official intended to secure an official action. These types of payments are a form of bribery that may also be referred to as 'kickbacks' and 'backhanders'.

Section 7

This section creates the corporate liability for failing to prevent bribery on behalf of the organisation. The Council will be liable to prosecution if a person associated with it bribes another person intending to obtain or retain business or an advantage in the conduct of business for that organisation. The Council will have a full defence if it can show that despite a case of bribery it nevertheless had adequate procedures in place to prevent persons associated with it from bribing.

Please note: **The timing of gifts & hospitality is most relevant shortly before, after or during a tendering process and is inappropriate as this can be construed as a bribe, offered with the intention to 'close a deal'. Therefore, staff should not accept any during this process.**

Summary of Gifts & Hospitality

All employees must not receive any reward or fee other than their proper remuneration. As a rule, you should tactfully refuse offers of gifts, hospitality or services from organisations or persons who do, or might, provide work, goods or services to the City Council or who require a decision from the City Council and/or within the tender process.

The full guidance can be found at 7.7 in the Code of Conduct for Council employees.

The giving and receiving of cash are prohibited.

It is of vital importance that the possibility of you being deemed by others to have been influenced in making a business decision, because of accepting such hospitality, should be avoided at all costs, for your own protection.

All interests you may have must be declared to your line manager by recording them on MyView. If you are unable to access My View a 'Register of Interests form' can be obtained from your line manager and returned to the Employment Services Centre.

Role of Human Resources

Whilst most individuals appointed into positions within the Council are on their own merit and experience, HR are responsible for ensure that all staff are screened and made aware of their responsibility and contractual obligations in relation to anti-fraud, bribery and corruption policies and procedures.

The Council has in place a Contra Indicator Risk Assessment Process – Criminal Record Information policy that must be adhered to.

All applicants are required to complete an application form and must declare any criminal convictions. It is a requirement that the Council conducts a police check under the Disclosure and Barring Service (DBS).

Further information can be found on this policy under HR Policies.

Role of Employees

Failing to prevent bribery is an offence on its own, so ALL staff have a requirement to report any suspicious fraud, theft, bribery or corruption. The penalties for not reporting a bribe are of the same level of receiving and giving of a bribe.

It is important that employees do not try to handle the issue themselves.

Poorly managed investigations or improper interference could potentially disrupt prospective criminal investigations/prosecutions. There are several procedures which must be followed.

The Council encourages all staff to report any suspicious activities and will be treated seriously and in confidence and will protect those who have done so (even if the suspicion is unfounded and not made maliciously.) This is set out in the Whistleblowing policy.

Role of Management

Managers are in the best position to promote and encourage the reporting of all suspicious activity and provide support to employees.

Managers are responsible for maintaining their own internal controls and identify risks that are exposed and conduct risk assessments where required and all controls are being complied with.

Internal Audit

The function of Internal Audit is undertaken by Veritau Public Sector Ltd as an independent and objective service, there to help the City Council achieve its objectives by providing assurance on the management of its risks.

They review how well the procedures and controls in place within the system or process prevent the risk occurring or lessen its potential impact. They do this by testing to see whether the procedures are operating effectively. They report to Managers and Members on whether risks have been identified and whether they are being well managed.

Veritau Counter Fraud Team

Veritau's Counter Fraud Team can and will conduct criminal investigations of any internal and external allegation when it is deemed applicable. This can result in action at criminal and/or civil courts. The Council will also look to take the appropriate actions of the retrieval of any goods or money.

Reporting Concerns

You can report your concerns in several ways:

- Contacting Veritau directly by email Counter.fraud@veritau.co.uk or on 0800 9179 247.

- Using the Whistleblowing line. This procedure is set out in the Council policy.
- Reporting to your line manager or the most appropriate employee.

Detection

The Council has in place numerous measures in detecting and preventing fraud, bribery and corruption. Veritau coordinates the National Fraud Initiative (NFI) data matching exercise which is a mandatory exercise as required by the Cabinet Office. The NFI measures and assesses the risk of fraud and corruption using Council systems, e.g. exception reporting of payroll data may identify individuals who regularly receive amounts more than their contracted salary, indicating potential excessive amounts of overtime and expenses.

The Council is currently leading a group of 10 Local Authorities in a project funded by the Department for Communities and Local Government (DCLG) to identify and isolate multiple potential frauds being committed against members in other Local Authorities by verifying applications and to identify potential irregularities. This project looks to share best practice and create a single intelligence hub which will hold hundreds of thousands of records which can be interrogated.

All other irregularities, including those reported via the Whistleblowing process will be considered for investigation by Veritau.

Whistleblowing

Leicester City Council is committed to conducting its business with honesty and integrity and it expects all staff to maintain high standards of conduct. All organisations, however, face the risk of things going wrong from time to time, or of unknowingly harbouring illegal or unethical conduct. A culture of openness and accountability is essential to prevent such situations occurring or to address them when they do occur.

The whistleblowing policy sets out the parameters of reporting any illegal and unethical conduct.

Staff are encouraged to report suspected wrongdoing as soon as possible, in the knowledge that their concerns will be taken seriously and investigated as appropriate and that their confidentiality will be respected.

Management are to reassure staff that they should be able to raise genuine concerns without fear of reprisals, even if they turn out to be mistaken.

The whistleblowing policy however is NOT to be used to raise concerns with personal circumstances, such as the way staff member is treated at work or if they have a grievance against another member of staff.

If a member of staff prefers not to approach their manager, staff can report their concerns directly with the Monitoring Officer.

- External disclosure – The law recognises that in some circumstances it may be appropriate for you to report your concerns to an external body such as a regulator. It will very rarely if ever appropriate to alert the media.

Courses of Action

Under their work section 7.4 of the City Council's Finance Procedure Rules, Veritau has authority to:

- access any City Council property.
- access all data, records, documents and correspondence relating to any financial or any other activity of the City Council.
- access any assets of the City Council.
- require from any member, employee, agent, partner, contractor or persons engaged in City Council business any necessary information and explanation.

Disciplinary

Veritau will make recommendations for disciplinary action to be considered when relevant circumstances arise.

Prosecution

Veritau can and will conduct criminal investigations of any internal and external allegation when it is appropriate. This may result in action at criminal and/or civil courts.

Consequences

Failing to comply and prevent under the Bribery Act 2010 could result in an unlimited fine or imprisonment for an individual and for the Council, an unlimited fine.

Failure to adhere to the internal policies and procedures may lead to gross misconduct and the dismissal of the employee. In all cases of financial loss the Council will seek recovery in full.

Desired outcomes of the policy

- A high profile and awareness of fraud, bribery and corruption throughout the Council.
- Greater management awareness of the risk of fraud, bribery and corruption.
- Improved management controls arising from better risk assessments.
- Improved compliance with Council policy, procedures and practices, for example Finance Procedure Rules and Contract Procedure Rules as evidenced by on-going management monitoring, Internal Audit reviews and the level identified fraud and irregularity.

Measuring success

The following indicators will be used to monitor the effectiveness of the Anti- Fraud and Corruption Policy and Strategy:

- The number of suspicions of fraud identified by, or referred to, Veritau.
- The number of cases investigated in which fraud or corruption is proven.
- The value of amounts misappropriated (of all kinds including employee time), both in absolute terms and as a proportion of the Council's annual budget.
- The number of employees disciplined for offences involving fraud, bribery or corruption.

Review & monitoring of the Policy

The revisions to the Anti-fraud, Bribery and Corruption Policy and the guidance on managing this policy are held with the Governance and Audit Committee.

However, the onus lies with Managers to ensure that they have in place processes that place sufficient measures to ensure compliance with the Bribery Act.

Conclusion

The Council is committed to the high profile and awareness of fraud, bribery and corruption. Improved compliance within Council policies and practices, for example Finance Procedure Rules and Contract Procedure Rules, as evidenced by on-going management monitoring, Internal Audit reviews and the level of identified fraud and irregularity and promote its zero tolerance on fraud, bribery and corruption.

Appendix 1

Managing the Risk of Fraud and Bribery

Comprehensive advice on managing risk is available on INSITE. This guidance is intended to help Directors and Managers manage the risk of fraud and bribery so avoiding the loss of public funds, the risk of prosecution and reputational damage.

1. Identify the risk

- Do you or your team handle cash?
- Do you or your team award contracts, procure goods or services, approve grants, deal with schools' admissions, grant licenses, allocate tenancies, approve planning applications, have access to payroll, Housing Benefit and other payment systems?
- Are there any areas within your work area that may face the risk of bribery?

2. Assess the risk

- What is the likelihood of fraud or bribery occurring?
- What would be the impact if it did happen – what losses would the Authority suffer and what consequences might the Authority face?

3. Manage the risk

There are four options available to you once you have completed the steps above.

- Tolerate the risk, in other words accept it
- Treat the risk, take steps to introduce controls to prevent or deter fraud or bribery, and measures to ensure that any fraud or bribery committed is swiftly identified, including those responsible
- Transfer the risk
- Terminate the risk

4. Monitor the Risk

- Have you implemented the chosen control measures? Are the controls working?
- Are there any new problems?

5. Reviewing and Reporting

- All information relating to the identified risk should be recorded on a risk assessment form or risk register and a named individual should be identified who will be responsible for introducing, implementing and managing the effectiveness of each control measure.



Anti-Money Laundering Policy

Governance and Audit Committee
Date of committee meeting: 26 November 2025
Lead director: Amy Oliver, Director of Finance

Useful information

- Report author: Daniel Clubb (Assistant Director – Corporate Fraud, Vertiau)
- Author contact details: daniel.clubb@veritau.co.uk
- Report version 1

1. Purpose of report

- 1.1 The purpose of this report is to request the Governance and Audit Committee to approve the 3 yearly review and associated updates to the Council's Anti-Money Laundering Policy.

2. Recommendations

- 2.1 It is recommended that the Governance and Audit Committee:
- a) approve the Anti-Money Laundering Policy included at Appendix 1.

3. Background

- 3.1 Criminals “launder” money to disguise its unlawful origin. Money is converted into legitimate assets which may then be used to fund further criminality (including terrorism) or used to enrich individuals involved in criminality.
- 3.2 Money-laundering activities constitute criminal offences. Examples include:
- Concealing, disguising, converting or transferring criminal property or removing it from the UK.
 - Entering into or becoming concerned in an arrangement which you know, or suspect facilitates the acquisition, retention, use or control of criminal property by or on behalf of another person.
 - Acquiring, using or possessing criminal property (including an attempt, conspiracy or incitement to commit such an offence; or aiding, abetting, counselling or procuring such an offence).
 - Becoming concerned in an arrangement facilitating concealment, removal from the jurisdiction, transfer to nominees or any other retention or control of terrorist property
 - Failure to disclose knowledge or suspicion of another person(s) involvement in money laundering.
 - Tipping off or making a disclosure which is likely to prejudice an investigation being carried out by a law enforcing authority, knowing that such an investigation is in motion.

- 3.3 Although local authorities are not specifically targeted by anti-money laundering legislation and regulations, some types of council activity can fall under the requirements of the law. It is therefore best practice for local authorities to have a policy that addresses these risks.
- 3.4 The Anti-Money Laundering Policy at appendix 1 explains the responsibilities of officers and the process for raising suspicions of potential money laundering. It highlights signs of potential money, the associated criminal offences, and details processes for verifying customers as part of a due diligence process.
- 3.5 The Council's counter fraud function transferred to Veritau on 1 October 2025. It has conducted the policy review.

4. Review of the Anti-Money Laundering Policy

- 4.1 The Anti-Money Laundering Policy is presented to the Governance and Audit Committee at least every three years, or sooner where updates are required. The Policy was introduced in November 2022 and has been reviewed by Veritau for any necessary updates.
- 4.2 The Policy has been updated to:
- clarify the money laundering offences that can be committed
 - remove the cash transaction limit
 - reflect the penalties for criminal offences, in line with changes to statutory fine amounts
 - reflect the move of "tipping off" offences to section 333A of the Proceeds of Crime Act 2002
 - provide a link the Financial Action Task Force website for access to the latest information on high risk and other monitored jurisdictions.
- 4.3 Minor language and formatting amendments have been made to improve the readability of the policy.
- 4.4 No other updates are proposed at this time.

5 Financial, legal and other implications

5.1 Financial implications

The Anti-Money Laundering Policy will further bolster the Council's efforts to ensure it is not used for money laundering purposes.

Stuart McAvoy, Head of Finance
18 November 2025

5.2 Legal implications

The Proceeds of Crime Act 2002, the Terrorism Act 2000 and the Money Laundering Regulations 2007 place obligations on the Council and its employees to establish internal procedures to prevent the use of their services for money laundering. This policy details the controls to prevent and protect against money laundering and terrorist financing.

Kamal Adatia, City Barrister, ext 37 1401
18 November 2025

5.3 Climate Change and Carbon Reduction implications

5.4 Equalities Implications

LEICESTER CITY COUNCIL
ANTI-MONEY LAUNDERING POLICY

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1. Introduction

- 1.1 Money Laundering is the process by which criminally obtained money or other criminal property is exchanged for “clean” money or other assets with no obvious link to their criminal origins. The term is used for a number of offences involving the integration of “dirty money” (i.e. the proceeds of crime) into the mainstream economy. The aim is to legitimise the possession of such monies through circulation, and this effectively leads to “clean” funds being received in exchange.
- 1.2 Although local authorities are not directly covered by the requirements of The Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017, guidance from the Chartered Institute of Public Finance and Accountancy (“CIPFA”) indicates that they should comply with the underlying spirit of the legislation and regulations.
- 1.3 Leicester City Council is committed to establishing and maintaining effective arrangements to prevent and detect attempts to launder money using Council services. The Council requires all Members and employees to demonstrate the highest standards of honesty and integrity, and this includes compliance with appropriate legislation. The Council is committed to working constructively with the National Crime Agency (NCA), Police, and other relevant agencies in relation to combating money laundering and ensuring compliance with the legislation.
- 1.4 This policy should be read in conjunction with the Council’s Anti-Fraud and Corruption Policy. The Council will seek to ensure the corporate stance on money laundering is widely publicised and that employees and Members have access to the appropriate guidance. A breach of these procedures may lead to disciplinary and/or criminal action being taken.

Scope

- 1.5 This policy applies to Leicester City Council, and as a consequence it applies to Members and all employees of the Council, including temporary and agency staff as well as those employed in wholly owned entities of the Council. It contains specific sections to advise employees and Members of the process to be followed to enable the Council to comply with its legal obligations.
- 1.6 This policy sets out the actions required by the Council, employees, and its Members, to prevent, exposure to money laundering and to comply with all legal and regulatory obligations. This includes the reporting of suspected or actual cases in line with disclosure requirements.

2. What is Money Laundering?

- 2.1 The Proceeds of Crime Act 2002 (as amended by the Crime and Courts Act 2013, Serious Crime Act 2015 and the Criminal Finances Act 2017), Terrorism Act 2000 (as amended by the Criminal Finances Act 2017) and the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 (as amended by the Money Laundering and Terrorist Financing (amendment) Regulations 2019) cover a range of activities and offences in relation to money laundering. The primary offences are listed below. Further details are provided in Appendix A: Offences Table.

- Concealing, disguising, converting or transferring criminal property or removing it from the UK.
- Entering into or becoming concerned in an arrangement which you know, or suspect facilitates the acquisition, retention, use or control of criminal property by or on behalf of another person.
- Acquiring, using or possessing criminal property (including an attempt, conspiracy or

incitement to commit such an offence; or aiding, abetting, counselling or procuring such an offence).

- Becoming concerned in an arrangement facilitating concealment, removal from the jurisdiction, transfer to nominees or any other retention or control of terrorist property
- Failure to disclose knowledge or suspicion of another person(s) involvement in money laundering.
- Tipping off or making a disclosure which is likely to prejudice an investigation being carried out by a law enforcing authority, knowing that such an investigation is in motion.

2.2 These offences cover a range of activities, which do not necessarily need to involve money or laundering, regarding the proceeds of crime. This means that potentially any employee or Member, irrespective of what sort of Council business they are undertaking, could commit an offence if they become aware of, or suspect the existence of criminal property, irrespective of the size of the benefit gained, and/or fail to report their concerns.

2.3 Where an employee/Member suspects money laundering and reports, or are aware that someone else has, they must exercise caution in what is discussed with others. An offence of “tipping off” may be committed if, knowing or suspecting a disclosure has been made, the employee/Member takes any action which is likely to prejudice any potential investigation (i.e. by the suspect becoming aware of concerns).

2.4 It is impossible to give a definitive list of ways in which to spot money laundering or how to decide whether to make a report. Facts which tend to suggest that something ‘odd’ is happening may be sufficient for a reasonable suspicion of money laundering to arise. Risk factors which may, either alone or cumulatively with other factors, suggest the possibility of money laundering activity are provided at Appendix B: Possible Signs of Money Laundering.

2.5 Potentially any employee or Member could be caught by the money laundering provisions if they suspect money laundering and either become involved with it in some way and/or do nothing about it. Heavy penalties, including unlimited fines and up to 14 years imprisonment for individuals, and unlimited fines for organisations, can be handed down on conviction.

Requirements of the Money Laundering Legislation

3.1 The Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 impose specific obligations on “relevant persons”.

3.2 The term ‘Relevant Person’ relates to the following activities carried out in the course of business; tax advice; accounting services; treasury management; investment or other financial services; credit institutions; audit services; legal services; estate agents; services involving the formation, operation or arrangement of a company or trust.

3.3 Some activities undertaken by local authorities could be included within the scope of the money laundering regulations. Therefore, to ensure compliance with the regulations and legislation and for the purposes of this Policy and Guidance, the Council is considered a relevant person when acting in the course of business and activities carried on by them.

3.4 The obligations include the following requirements.

- Appointment of a Money Laundering Reporting Officer (MLRO).
- Obtain sufficient knowledge to ascertain the true identity of customers in certain circumstances,

by applying customer due diligence measures.

- Know the intended nature of business relationships and undertake ongoing monitoring of them (to identify unusual transactions).
- Implement a procedure for assessing and controlling risk and reporting suspicions of money laundering.
- Maintain record keeping procedures (e.g. for evidence of identity obtained, details of transactions undertaken, for at least 5 years).

3.5 The European Union 4th Money Laundering Directive requires a focus on risk assessments in relation to anti-money laundering; in particular the need to evidence that an organisation's exposure to risk is considered as part of ongoing business. As such Assistant Directors/Service Managers should maintain engagement with Internal Audit as business operations change with regard to undertaking appropriate and proportionate assessments.

4 The Money Laundering Reporting Officer (MLRO)

4.1 If an individual becomes aware that their involvement in a matter may amount to money laundering then they must report it to the Money Laundering Reporting Officer (MLRO) and not take any further action until they have received consent from the MLRO, who may have to be granted such consent by the National Crime Agency (NCA).

4.2 The Council has designated the Director of Finance as the Money Laundering Reporting Officer (MLRO). In the absence of the MLRO or in instances where it is suspected that the MLRO is involved in suspicious transactions, concerns should be raised with the Chief Operating Officer.

4.3 The MLRO will nominate an officer to act as their deputy except in the instance where it is suspected that the officer is involved in suspicious transactions.

5 Due-Diligence Procedure

5.1 Where the Council is carrying out activities in the course of business (paragraph 3.2), extra care needs to be taken to check the identity of the customer – this is known as carrying out customer due diligence. This is covered in Regulations 27-38 of the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017. Details of the process to be undertaken is provided in Appendix C: Customer Due Diligence Procedure Flowchart.

5.2 The requirement for customer due diligence applies immediately for new customers and should be applied on a risk basis for existing customers. Ongoing customer due diligence must also be carried out during the life of a business relationship but should be proportionate to the risk of money laundering and terrorist funding, based on the officers' knowledge of the customer and a regular scrutiny of the transactions involved.

Cash Payment Procedure

5.3 Where cash in excess of £1000 is received from customers, employees should ask for, and inspect, identification (Appendix D: Verification of Customer Identity). This will help to identify and report any suspicious transactions.

5.4 Electronic or cheque payments to the Council are easily traceable through the banking system. As traceability is key and an individual walking in to pay a debt with cash is not necessarily traceable, it

is best practice to insist on payment electronically from a UK Clearing Bank.

Satisfactory Evidence of Identity

5.5 The Council require only the most basic of identity checks (e.g. signed, written instructions on the organisation in question's headed paper at the outset of a particular matter) documented on a Verification of Customer Identity Checklist. The following factors suggest these minimum level checks are appropriate for the Local Authority.

- For Members, employees and contractors of the Council, the Council already has detailed information through recording systems and internal processes.

In General:

- Any services that may be defined as regulated business activities are provided to customers who are UK local authority/public bodies and
- are subject to defined, robust public sector governance and financial management controls.

Record Keeping Procedures

5.6 Each area of the Council must maintain relevant records of every customer due diligence record, preferably electronically, and details of all relevant transactions carried out for customers for a minimum of five years from the date of (as appropriate) the transaction/end of any client relationship. This is to meet the requirements of the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 (Regulation 40) and may be used as evidence in any subsequent investigation/inspection by the relevant supervising body.

5.7 Records must be capable of providing an audit trail during any investigation, for example distinguishing the customer and the relevant transaction and recording in what form any funds were received or paid. In practice, the business areas of the Council will be routinely making records of work carried out for customers in the course of normal business and these should suffice in this regard.

5.8 Any record keeping should be in line with GDPR and the originating department's Privacy Statement.

6. Reporting Procedure for Suspicions of Money Laundering

6.1 Where an employee or Member suspects money laundering activity they must disclose this as soon as practicable to the MLRO. The disclosure should be within "hours" of the information coming to your attention, not weeks or months later.

6.2 Disclosures should be made to the MLRO in line with the procedure outlined at Appendix E: Suspicious Transactions Reporting Procedure. The standard pro-forma report attached at Appendix F should be used for this purpose. The report must include as much detail as possible, i.e.

- Full details of the people involved (including employee or Member, if relevant).
- Full details of the nature of their involvement.
- The types of money laundering activity involved (see Appendix B, Possible Signs of Money Laundering).
- The dates of such activities, including whether the transactions have happened, are ongoing or

are imminent.

- Where they took place.
- How they were undertaken.
- The (likely) amount of money/assets involved.
- Exactly why there are suspicions (the NCA will require full reasons).
- Any other relevant available information to enable the MLRO to make a sound judgment as to whether there are reasonable grounds for knowledge or suspicion of money laundering and to enable them to prepare their report to the NCA, where appropriate.

- 6.3 If an employee or Member becomes concerned that their own involvement in a transaction would amount to an offence under sections 327 – 329 of the Proceeds of Crime Act 2002 or Regulations 86 - 88 of the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 (see appendix A, Offences Table), then the report must include all relevant details. Consent will be required from the NCA, via the MLRO, for the individual to take any further part in the transaction. This is the case even if the customer gives instructions for the matter to proceed before such consent is given. Employees and Members should therefore make it clear in the report if such consent is required and clarify whether there are any deadlines for giving such consent (e.g. a completion date or court deadline).
- 6.4 Once the matter has been reported to the MLRO then any subsequent directions provided must be followed. Further enquiries into the matter should not be made by the employee or Member; any necessary investigation will be undertaken by the NCA.
- 6.5 Should allegations be raised regarding employees of the Council then the Council's Disciplinary and Dismissal Procedure will also apply.
- 6.6 Should allegations be raised regarding Members of the Council then the Money Laundering Reporting Officer should be contacted.
- 6.7 Reference of any reports being made to the MLRO should not be recorded on client files – should the client exercise their right to see their records, then such a note/reference will tip them off to the report having been made and may render the employee or Member liable to prosecution. The MLRO must keep the appropriate records in a confidential manner.
- 6.8 Any information containing personal and/or sensitive data which is supplied or processed during the course of a money laundering investigation shall not be processed wider than is absolutely necessary for the purposes of determining whether a money laundering offence has been committed.

7. Review

- 7.1 This Policy will be reviewed every three years or as soon as any significant changes to anti-money laundering legislation, regulations, or guidance occurs.

8. Version Control

Policy name		Anti-Money Laundering Policy		
Policy description		Regulated Authorities must have provisions in place relating to Money Laundering, as a Local Authority Leicester City Council are not legally obliged to apply the provisions of the Money Laundering Regulations 2007. However, as a responsible public body, Leicester City Council who do not undertake any such regulated activities should employ policies and procedures which reflect the essence of the UK's anti-- terrorist financing, and anti-money laundering regimes. Such legislation has been considered by professional bodies, resulting in best practice guidance being issued that requires local authorities to establish internal procedures to prevent the use of their services for money laundering.		
Responsible Officer		Stuart Limb, Corporate Investigations Manager Veritau		
Version number	Date approved	Reason for update	Author	Review date
1.1		To introduce a corporate anti- money laundering policy	Stuart Limb / Stephen Langford	October 2022
1.2		3 yearly review.	Daniel Clubb	November 2025

9. Appendix A

OFFENCES TABLE

Section Ref.	Type of Offence	Definition
S327 Proceeds of Crime Act 2002	Money Laundering Offence: Concealing Criminal Property	A person commits an offence if they conceal, disguise, convert or transfer criminal property or if they remove criminal property from England, Wales, Scotland or Northern Ireland. This is punishable by a maximum term of imprisonment of 14 years at the Crown Court, an unlimited fine, or both. At Magistrates Court it is 6 months, an unlimited fine, or both.
S328 Proceeds of Crime Act 2002	Money Laundering Offence: Arrangements	This offence requires a person to become actively involved in some arrangement which helps someone else to get, keep, use or control the proceeds of a crime. The punishment is as for S327.
S329 Proceeds of Crime Act 2002	Money Laundering Offence: Acquisition, Use and Possession	This offence is committed by anyone that has criminal proceeds in their possession provided they know or suspect that it represents the proceeds of a crime unless they paid 'adequate consideration' for it. Someone who pays less than the open market value is therefore guilty of the offence but someone who pays the full retail price, despite knowing or suspecting they are stolen goods is not guilty. The punishment is as for S327.
S330 Proceeds of Crime Act 2002	Failure to Disclose Offence: Regulated Sector	This offence is committed by an employee of a business in the regulated sector who has knowledge or suspicion of another person's involvement in money laundering and does not make a report through the appropriate channels. Negligence is not a defence as the employee will be tried upon what they should have known given their experience, knowledge and training. This is punishable by a maximum term of imprisonment of 5 years at the Crown Court, an unlimited fine, or both. At Magistrates Court it is 6 months, an unlimited fine, or both.

S331 Proceeds of Crime Act 2002	Failure to Disclose Offence: Nominated Officers in the Regulated Sector	This offence is committed by a nominated officer (MLRO) of a business in the regulated sector who has knowledge or suspicion of another person's involvement in money laundering and does not make a report through the appropriate channels without an acceptable excuse under the legislation. Negligence is not a defence as the nominated officer will be tried upon what they should have known given their experience, knowledge and training. The punishment is as for S330.
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S332 Proceeds of Crime Act 2002	Failure to Disclose Offence: Other Nominated Officers	This offence is committed by a nominated officer (MLRO) of a business outside of the regulated sector who has knowledge or suspicion of another person's involvement in money laundering and does not make a report through the appropriate channels without an acceptable excuse under the legislation. The officer will be tried on what they knew or suspected not on what they might have been expected to know or suspect. The punishment is as for S330.
S333A Proceeds of Crime Act 2002	Tipping Off Offence	This offence is committed if an officer or Member makes a disclosure which is likely to prejudice an investigation being carried out by a law enforcing authority, knowing that such an investigation is in motion. This is punishable by a maximum term of imprisonment of 2 years at the Crown Court and an unlimited fine. At Magistrates Court it is 3 months and an unlimited fine, or both.
Reg 86 Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer)	Contravening a relevant requirement	A person commits an offence if they have not followed any relevant guidance issued by the European Supervisory Authorities, Financial Conduct Authority or any other relevant supervisory authority approved by the Treasury. This is punishable by a maximum term of imprisonment of 2 years at the Crown Court, a fine, or both. At the Magistrates Court a term of 3 months, a fine, or both.

Regulations 2017		
Reg 87 Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017	<u>Prejudicing an investigation</u>	<p>This offence is committed when a person who knows or suspects that an appropriate officer is acting (or proposing to act) in connection with an investigation into potential contravention of a relevant requirement which is being or is about to be conducted. The offence is committed if either they make a disclosure which is likely to prejudice the investigation or they falsely, conceal, destroy or otherwise dispose of, or cause to permit the falsification, concealment, destruction or disposal of, documents which are relevant to the investigation.</p> <p>The punishment is as for Reg. 86 above.</p>
Reg 88 Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017	Providing false or misleading information	<p>There are two separate offences under regulation 88. Under regulation 88(1) a person commits an offence if:</p> <ol style="list-style-type: none"> 1. In purported compliance with a requirement imposed on him by or under the MLR 2017, provides information which is false or misleading in a material particular and knows that the information is false or misleading; or 2. Is reckless as to whether the information is false or misleading. <p>In respect of both offences, the punishment is the same as Reg. 86.</p>

10. Appendix B

POSSIBLE SIGNS OF MONEY LAUNDERING

Types of risk factors which *may*, either alone or along with other factors suggest the possibility of money laundering activity:

General

- A new customer with no previous 'history' with the Council.
- A secretive customer: for example, one who refuses to provide requested information without a reasonable explanation.
- Concerns about the honesty, integrity, identity of a customer.
- Illogical third-party transactions: for example, unnecessary routing or receipt of funds from third parties or through third party accounts.
- Involvement of an unconnected third party without logical reason or explanation.
- Payment of a substantial sum in cash (but it's reasonable to be suspicious of any cash payments particularly those over £1,000.00).
- Overpayments by a customer.
- Absence of an obvious legitimate source of the funds.
- Movement of funds to/from overseas, particularly to and from a higher risk country as defined by the Financial Action Task Force (FATF)¹.
- Where, without reasonable explanation, the size, nature and frequency of transactions or instructions is out of line with normal expectations.
- A transaction without obvious legitimate purpose or which appears uneconomic, inefficient or irrational.
- Cancellation or reversal of an earlier transaction.
- Requests for release of customer account details other than in the normal course of business.
- Poor business records or internal accounting controls.
- A previous transaction for the same customer which has been, or should have

¹ FATF update this list three times a year. It can be accessed at <https://www.fatf-gafi.org/en/topics/high-risk-and-other-monitored-jurisdictions.html>

been, reported to the MLRO.

Property Matters

- Unusual property investment transactions with no apparent investment purpose.
- Instructions to receive and pay out money where there is no linked substantive property transaction involved (surrogate banking).
- Regarding property transactions, funds received for deposits or prior to completion from an unexpected source or where instructions are given for settlement funds to be paid to an unexpected destination.

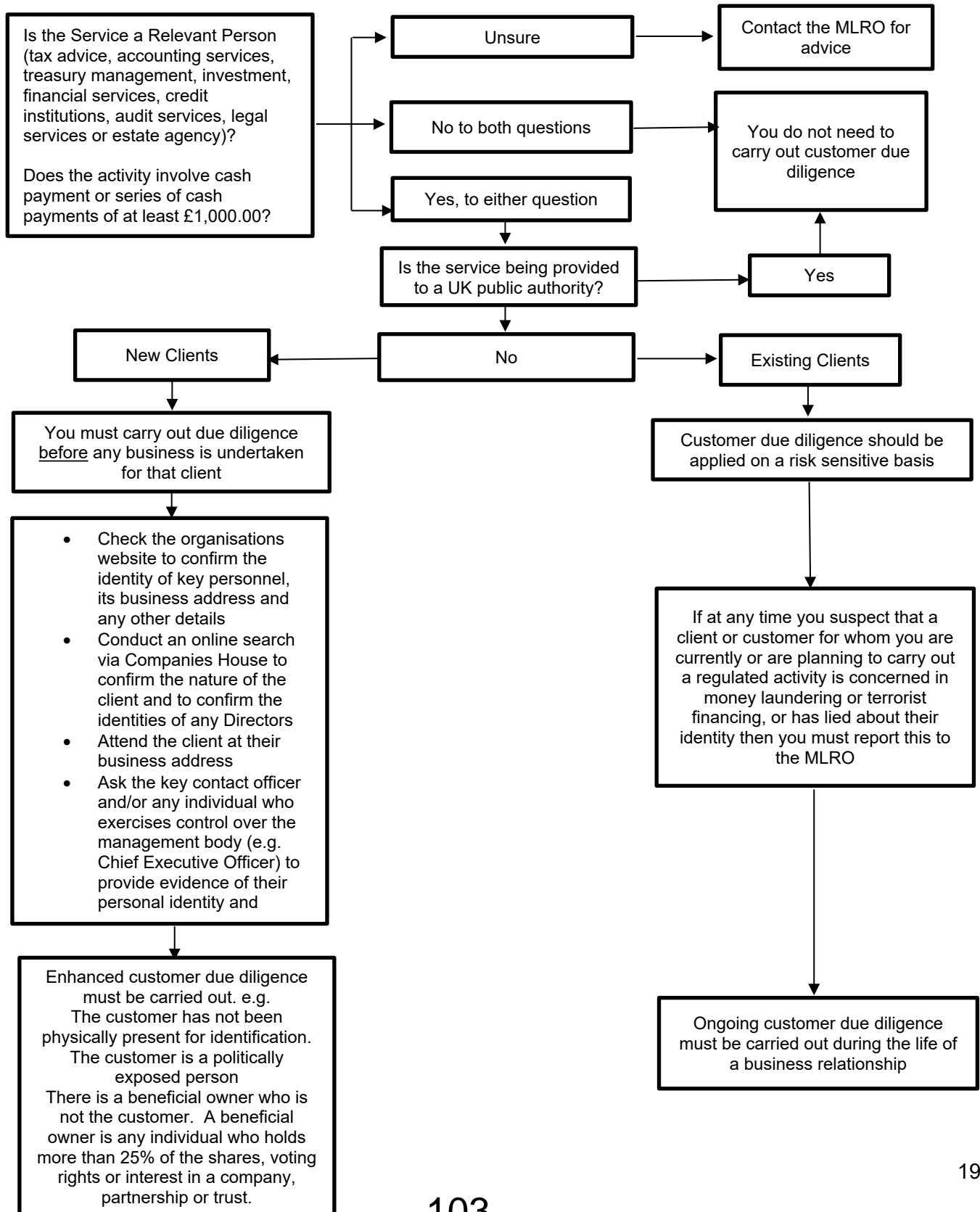
The following table sets out the types of activities that might be suspicious and where the Council may be susceptible to money laundering activities. It is not intended to be exhaustive, and just because something is not on the list, it does not mean that it should not be reported.

ACTIVITY	The types of activity that may be affected
New customers with high value transactions	<ul style="list-style-type: none"> • Selling property to individuals or businesses • Renting out property to individuals or businesses • Entering into other lease agreements • Undertaking services for other organisations
Secretive clients	<ul style="list-style-type: none"> • Housing benefit claimants who have sums of money entering into/ out of their bank account (even if we do not award them benefit, we should still consider money laundering implications) • People buying or renting property from the Council who may not want to say what it is for • People receiving grant funding who refuse to demonstrate what funding was used for
Customers who we think are acting dishonestly or illegally	<ul style="list-style-type: none"> • People paying for Council services who do not provide details about themselves • People making odd or unusual requests for payment arrangements
Illogical transactions	<ul style="list-style-type: none"> • People paying in cash then requesting refunds • Requests for the Council to pay seemingly unconnected third parties in respect of goods/ services provided to the Council • Requests for the Council to pay foreign currencies for no apparent reason
Payments of substantial sums by cash	<ul style="list-style-type: none"> • Large debt arrears paid in cash • Refunding overpayments • Deposits / payments for property
Movement of funds overseas	<ul style="list-style-type: none"> • Requests to pay monies overseas, potentially for "tax purposes"
Cancellation of earlier transactions	<ul style="list-style-type: none"> • Third party "refunds" grant payment as no longer needed / used • No payment demanded even though goods/ services

	<ul style="list-style-type: none"> have been provided Sudden and unexpected termination of lease agreements
Requests for client account details outside normal course of business	<ul style="list-style-type: none"> Queries from other companies regarding legitimacy of customers Council receiving correspondence / information on behalf of other companies
Extensive and over- complicated client business structures / arrangements	<ul style="list-style-type: none"> Requests to pay third parties in respect of goods/ services Receipt of business payments (rent, business rates) in settlement from seemingly unconnected third parties
Poor accounting records and internal financial control	<ul style="list-style-type: none"> Requests for grant funding / business support indicates third party not supported by financial information Companies tendering for contracts unable to provide proper financial information / information provided raises concerns Tender for a contract which is suspiciously low
Unusual property investment or transactions	<ul style="list-style-type: none"> Requests to purchase Council assets / land with no apparent purpose Requests to rent Council property with no apparent business motive
Overcomplicated legal arrangements / multiple solicitors	<ul style="list-style-type: none"> Property transactions where the Council is dealing with several different parties

11. Appendix C

CUSTOMER DUE DILIGENCE PROCEDURE FLOWCHART



12. Appendix D

Example of VERIFICATION OF CUSTOMER IDENTITY

Verification of Customer Identity Checklist for customer:

Name: _____

NB: If you are receiving funds from a Council customer in any transaction **above £1,000.00 cash**, the identity of the customer must be checked.

All suspicions, regardless of amount, should be reported to the MLRO via the Money Laundering Reporting Form.

A. Evidence not obtained - reasons:

1. Customer previously identified in: Month _____ Year _____
2. Other - state reason fully _____

B. Evidence obtained to verify name and address:

(GROUP A) - Acceptable on their own:

- Full national passport.
- Full national driving licence with photo.
- Pension book.
- Armed Forces ID Card.
- Signed ID card of employer known to you.

(GROUP B) - Acceptable with two of next group below:

- Young person **NI** card (under 18 only).
- Pensioner's travel pass.
- Building Society passbook.
- Credit Reference agency search.

- National ID Card.
- Copy Company Certificate of Incorporation if a limited company.
- Company and 2 Directors personal identify as above.

(GROUP C) - *NOT acceptable on their own:

- Gas, electricity, telephone bill.
- Mortgage statement.
- Council tax demand.
- Bank/Building Society/credit card statement.
- Young persons medical card (under 18 only).
- Home visit to applicants address.
- Check of telephone directory.
- Check electoral roll.

**Suitable for proof of address only*

NB BEST PRACTICE is to have one of Group (a) plus two of Group (c)

C. Evidence obtained for unquoted company or partnership:

- Certificate of Incorporation or equivalent.
- Certificate of Trade or equivalent.
- Latest report and audited accounts.
- Principal shareholder/partner (*personal ID*).
- Principal Director (*personal ID*)
- Screenshot of the customers' website to confirm their business address.
- Screenshot of Companies House website detailing the nature and business of the customer and confirming the identities of directors.
- A written instruction on the organisation in question's headed paper.

D. Disadvantaged Customers:

e.g. Confirmation of identity from Social Worker or Bail Officer, Police, School, Courts etc.

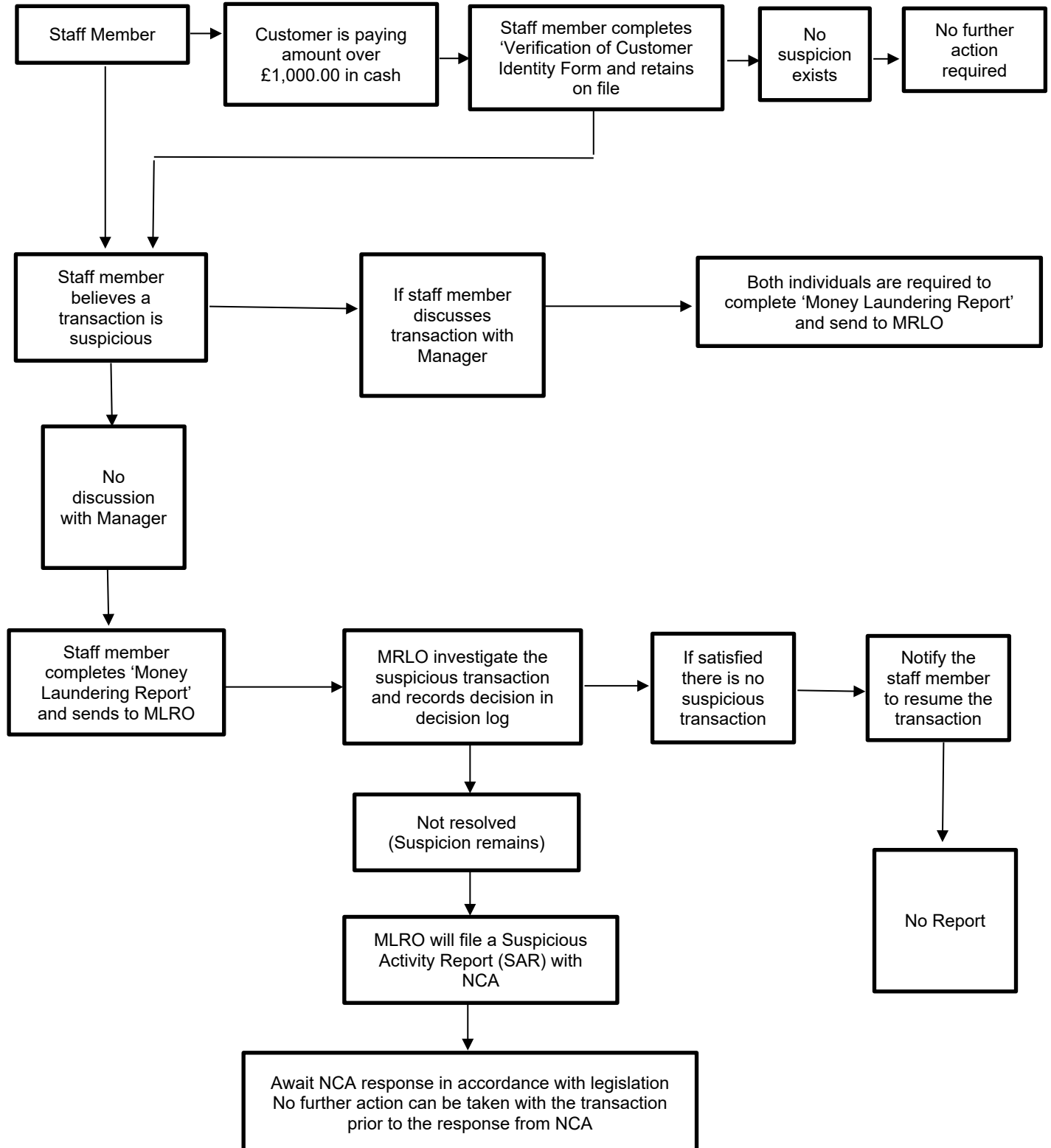
E. If evidence not obtained for the reasons in A, do you have any suspicions regarding identity? _____

I confirm that I have seen the originals of the documents indicated above and have identified the above Customer(s)

Signed _____ **Date** _____

NB Wherever possible TAKE PHOTOCOPIES of the identification evidence TO PLACE ON **FILE**. Copies should be notarised to indicate a copy and signed to evidence sight of the original.

SUSPICIOUS TRANSACTION REPORTING PROCEDURE FLOWCHART



14 Appendix F

OFFICIAL - SENSITIVE

MONEY LAUNDERING REPORT

To: Money Laundering Reporting Officer

From:

{insert name of officer}

Directorate: Ext/Tel No:

{insert post title and Service Area}

DETAILS OF SUSPECTED OFFENCE

Name(s) and address(es) of person(s) involved:

{if a company/public body please include details of nature of business}

Nature, value and timing of activity involved:

{Please include full details e.g. what, when, where, how. Continue on a separate sheet if necessary}

Nature of suspicions regarding such activity:

{Please continue on a separate sheet if necessary}

Has any investigation been undertaken (as far as you are aware)?

YES / NO

If yes, please include details below:

--

Have you discussed your suspicions with anyone else? YES / NO

If yes, please specify below, explaining why such discussion was necessary:

--

Do you feel you have a reasonable excuse for not disclosing the matter to the **NCA**? (e.g. are you a lawyer and wish to claim legal professional privilege?) **YES / NO**

If yes, please set out full details below:

Are you involved in a transaction which might be a prohibited act under sections 327- 329 of the Proceeds of Crime Act 2002 or Regulations 86 - 88 of the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 and which requires appropriate consent from the NCA? (See Appendix A, Offences Table): **YES / NO**

If yes, please enclose details in the box below:

Please set out below any other information you feel is relevant:

Signed: Dated:

Please do not discuss the content of this report with anyone else and in particular anyone you believe to be involved in the suspected money laundering activity described. To do so may constitute a tipping off offence, which carries a maximum penalty of 5 years' imprisonment.

THE FOLLOWING PART OF THIS FORM IS FOR COMPLETION BY THE MLRO

Date report received:

Date receipt of report acknowledged:

CONSIDERATION OF DISCLOSURE:

Action Plan:

OUTCOME OF CONSIDERATION OF DISCLOSURE:

Are there reasonable grounds for suspecting money laundering activity?

If there are reasonable grounds for suspicion, will a report be made to the NCA? **YES / NO**

If yes, please confirm date of report to the NCA and complete the box below:

Details of liaison with the NCA regarding the report:

Notice Period: to

Moratorium Period: to

Is consent required from the NCA to any ongoing or imminent transactions which would otherwise be prohibited acts? **YES / NO**

If yes, please enclose details in the box below:

Date consent received from the **NCA**:

Date consent given by you to employee:

If there are reasonable grounds to suspect money laundering, but you do not intend to report the matter to the **NCA**, please set out below the reason(s) for non-disclosure:

[Please set out any reasonable excuse for non-disclosure]

Date consent given by MLRO to employee for any prohibited act transactions to proceed:

Date:

Other relevant information:

Signed: Dated:

THIS REPORT TO BE RETAINED SECURELY FOR AT LEAST FIVE YEARS

Earliest disposal date: