

Strategic Risk Register – December 2021

| Ref | Risk Category – levels 1 & 2 | | Lead | RAG | Change / Comment |
|----------|-------------------------------------|--|------|----------|-------------------------------|
| 1 | COMPLY WITH THE LAW | | | | |
| 1A | Governance | 1. Information Governance Failure | CR | A | Reviewed and updated |
| | | 2. Governance failings implementing service changes | CEO | A | Reviewed and job title change |
| 1B | Regulatory | 1. Non-Compliance with Health & Safety | CEO | A | Reviewed and updated |
| | | 2. Respond to legislative change | CEO | A | Reviewed & job title change |
| | | 3. Impact of Climate Change | HRPR | A | Reviewed and unchanged |
| 2 | SECURE SERVICES TO USERS | | | | |
| 2A | Process | 1. Adequacy of Internal Control | CR | R | Reviewed and updated |
| | | 2. Failure in Child Safeguarding | CYP | R | Reviewed and updated |
| | | 3. Non-delivery of transformational change | CEO | R | Reviewed and updated |
| | | 4. Elections not conducted efficiently or effectively | CEO | G | Reviewed & job title change |
| | | 5. Serious Adult Safeguarding concerns | COM | R | Reviewed and unchanged |
| 2B | Technology | 1. ICT not fit for purpose/does not meet business needs | CR | A | Reviewed and updated |
| | | 2. Cyber Security breaches corrupt or locks down systems or data | CR | R | Reviewed and updated |
| 3 | DEVELOP STAFF & PARTNERS | | | | |
| 3A | Workforce | 1. Loss of constructive relations | CEO | A | Reviewed and updated |
| | | 2. Maintain sufficient management capacity & capability | CEO | A | Reviewed and updated |
| | | 3. Pace of change negatively impacts service delivery & morale | CEO | A | Reviewed and updated |
| 3B | Partnerships | 1. Multi-agency governance leads to ineffective partnership working | CEO | A | Reviewed and updated |
| | | 2. Agree integrated delivery models for local health and care services | COM | A | Reviewed and updated |

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|----------|-------------------------------|---|------|------------------|------------------------|
| 4 | SERVICES REPRESENT VFM | | | | |
| 4A | Procurement | 1. Failure to manage suppliers and procurement programmes. | CR | A | Reviewed and updated |
| | | 2. Global commodity price increases/supply chain shortages | CR | A | Reviewed and updated |
| 4B | Performance | 1. Failure to manage performance leads to service failure | CEO | A | Reviewed and updated |
| | | 2. Delivery of Building for Lewisham fails | HRPR | A | Reviewed and updated |
| | | 3. Comply with RSH Consumer Standards | HRPR | A | Reviewed and updated |
| 5 | MANAGE WITHIN BUDGET | | | | |
| 5A | Financial | 1. Financial failure unable to maintain delivery within balanced budget | CR | R | Reviewed and updated |
| | | 2. Unforeseen expenditure/loss of income from funding streams | CR | A | Reviewed and updated |
| | | 3. Loss of income - debt collection | CR | A | Reviewed and updated |
| 5B | Bus. Continuity | 1. Failure to contain impacts of emergency | CR | A | Reviewed and unchanged |
| | Covid | 2. Contain the impacts of Covid-19 and deliver services | CEO | A | Reviewed and unchanged |
| 6 | OTHER | | | | |
| | | 1. | | | |

Scoring

5x5 Likelihood and Impact with 1 Low and 5 High. See Risk Management Strategy for guidance on assessing impact and likelihood

RAG rating

- △ Red
- Amber
- ★ Green

Direction of Travel

- ↗ Better
- Same
- ↘ Worse

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|--|--------------------------------|----------------|---------------|--------------|------------------|--------------------|--|--|--|--|
| 1. Comply with the Law: A. Governance | | | | | | | | | | |
| 1.A.1 | Information Governance failure | ● | 9 | 6 | ★ | ➔ | Executive Director for Corporate Resources | <p>Developed new data protection course for all staff taking into account current hybrid working arrangements.</p> <p>New data protection training has been pushed out to all staff as of January 2022.</p> <p>The first phase of security training and awareness has been pushed out to all staff as of January 2022. This includes raising cyber awareness around risks of malicious e-mail.</p> <p>Established policy framework</p> <p>Information asset and security environment audits undertaken</p> <p>Regular EMT briefings - Director has been invited to and will attend EMT with an update on IG work and activities</p> <p>New SIRO and MD of shared service briefed and aware of past vulnerabilities</p> | <p>Policy review for 2022 has already begun.</p> <p>Quarterly report to Executive Directors giving updates on data breaches and DPA training completion rates.</p> | <p>End of Q1, 2022</p> <p>January 2022</p> |
| | Impact | | 3 | 3 | | | | | | |
| | Likelihood | | 3 | 2 | | | | | | |

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| 1. Comply with the Law: A. Governance | | | | | | | | | | |
| 1.A.2 | Governance (opportunities and threats) in the implementation of service changes | ● | 8 | 8 | ★ | ➔ | Director of Law, Governance & Elections | <ul style="list-style-type: none"> Corporate Strategy to 2022 adopted Member and Director finance training delivered and additional budget briefing sessions organised .This will continue for future years 21/22 budget agreed by Council following a new, themed approach New corporate programme management office established to ensure consistent approach to major programme and projects with grip and delivery central elements. | <ul style="list-style-type: none"> Implementation of 21/22 service changes in line with Budget to live within financial limits. Readying the organisation for end of lockdown following Government's roadmap, Planning for "recovery" is taking shape, aligned with London Recovery Board and missions | End of March 2022 Done April 12 th ; May 17 th and June 21 st 19 th July 2021 all subject to review by Govt |
| | Impact | | 4 | 4 | | | | | | |
| | Likelihood | | 2 | 2 | | | | | | |

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| 1. Comply with the Law: B. Regulatory | | | | | | | | | | |
| 1.B.1 | Non-compliance with Health & Safety legislation | ● | 12 | 6 | △ | ➔ | Chief Executive | <ul style="list-style-type: none"> • Directorate H&S Working Group meets quarterly with representation from across all divisions and reports to Unions | <ul style="list-style-type: none"> • CH&S Board monitoring progress with fire risk works and statutory & planned building maintenance works | Next Qtly meetings Jan 22 |
| | | | | | | | | <ul style="list-style-type: none"> • Programme of H&S training available. Programme initiated in conjunction with HR. | <ul style="list-style-type: none"> • Continued to work with HR to ensure adequate training (induction & bespoke) is available | Ongoing |
| | | | | | | | | <ul style="list-style-type: none"> • Recording, monitoring and comparison of incident reporting figures. Statistics shared and discussed with Directorates at quarterly meetings | <ul style="list-style-type: none"> • Continual monitoring to ensure incident reporting process is followed | Ongoing |
| | | | | | | | | <ul style="list-style-type: none"> • Corporate H&S guidance updated and includes post-COVID practices. | <ul style="list-style-type: none"> • Continue to implement changes to H&S governance as part of LBL restructure. • Reviewing revisions to service H&S risks for assessments impact of Covid risks | Ongoing |
| | | | | | | | <ul style="list-style-type: none"> • Corporate H&S manual - draft issued for comment. | <ul style="list-style-type: none"> • Second draft to be completed upon receipt of feedback | | |
| | | | | | | | <ul style="list-style-type: none"> • Review of existing fire & first aid arrangements, post COVID | <ul style="list-style-type: none"> • Proposal to give mandatory fire training to all staff | | |
| | | | | | | | <ul style="list-style-type: none"> • Self-assessments/ questionnaires submitted for comment/approval | <ul style="list-style-type: none"> • To be rolled out to Directorates | Jan 22 | |
| | | | | | | | <ul style="list-style-type: none"> • Risk mapping assessments submitted to Directorates | <ul style="list-style-type: none"> • To be rolled out to Directorates | Jan 22 | |
| | | | | | | | <ul style="list-style-type: none"> • Building Statutory Compliance – fire, water and asbestos risk assessment programme in place | <ul style="list-style-type: none"> • Review and tender of services | Mar 22 | |

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| 1. Comply with the Law: B. Regulatory | | | | | | | | | | |
| | | | | | | | | <ul style="list-style-type: none"> • Building Statutory Compliance – property inspections to audit completion of statutory compliance maintenance and reactive works • Action in progress to identify the individuals responsible for all Council Operational buildings • Water, Fire and Asbestos policies currently under review (further to COVID, council re-structure, etc) | <ul style="list-style-type: none"> • Ongoing • Directorates to be kept informed of status/issues • Required training to be provided to all these people ensure understanding of responsibilities, particularly asbestos, legionella and fire risk • Finalise drafts | Ongoing |
| | Impact | | 4 | 3 | | | | | | |
| | Likelihood | | 3 | 2 | | | | | | |

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| 1. Comply with the Law: B. Regulatory | | | | | | | | | | |
| 1.B.2 | Failure to anticipate and respond appropriately to legislative change | ● | 8 | 8 | ★ | ➔ | Director of Law, Governance & Elections | <ul style="list-style-type: none"> Keeping up to date and engaged with relevant professional bodies and government departments Data observatory established Regular policy briefings prepared for review and to aid insight | <ul style="list-style-type: none"> If appropriate to provide reports to Council on changes necessary to reflect legislation. Responding to Govt consultations and lobbying in various areas of political change Update relevant documents to reflect legislative changes; provide training on any new legislative arrangements | Regularly reviewed in legal and policy teams Done June 2021 Next Sept 2021 Dec 2021 March 2222 |
| | Impact | | 4 | 4 | ★ | | | | | |
| | Likelihood | | 2 | 2 | ★ | | | | | |

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|-------|--|----------------|---------------|--------------|------------------|--------------------|-----------------------------|---|--|---|--|
| 1. | Comply with the Law: B. Regulatory | | | | | | | | | | |
| 1.B.3 | Impact of climate change (e.g. air quality, extreme weather, flooding, compliance with new requirements/standards for service delivery). | ● | 12 | 6 | △ | ➔ | Executive Director for HRPR | <p>Climate Emergency Strategic Action Plan published 2020, update approved by Mayor and Cabinet in March 2021</p> <p>Borough Resilience Forum has produced a Multi-Agency Flood Plan and held a flooding exercise in April 2021.</p> <p>Air Quality Management Area Plan 22-27 consulted on. Strategic Air Quality Board meets quarterly.</p> | <p>Acton Plan to be reviewed annually by Sustainable Development and M&C</p> <p>Internal Audit of Climate Emergency work in progress. To complete in Q3 21/22</p> <p>Lobbying Government and other for resources to deliver on the Climate Emergency Action Plan</p> <p>Consulting on an updated Flood Risk Management Strategy in Q3 21/22. New Strategy to be presented to M&C in Q4 21/22.</p> <p>Final Air Quality Management Strategy approved and published.</p> | <p>Q3 21/22 Q4 21/22</p> <p>Q3 21/22 Ongoing</p> <p>Q4 21/22</p> <p>Q4 21/2</p> | |
| | Impact | | 4 | 3 | | | | | | | |
| | Likelihood | | 3 | 2 | | | | | | | |

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| 2. Secure Services to Users: A. Process | | | | | | | | | | |
| 2.A.1 | Adequacy of Internal Control Framework | △ | 16 | 8 | △ | ➔ | Executive Director for Corporate Resources | <ul style="list-style-type: none"> Internal audit, risk & anti-fraud work – Anti-fraud, Anti-money laundering, whistle blowing policies and hot lines in place Annual National Fraud Initiative (NFI) & data matching Coordination/ joint working with central Govt. agencies (DWP, HMRC, BA), LH and other local housing providers. Quarterly reports to Exec Directors, ICB, Audit Panel monitoring trends & progress Implemented various phases of Oracle project - Finance, PBCS, payroll and self-service live. Implemented Liquid Logic (LAS/LCS and Controc) system and processes for CSC and ASC, aligned with service operating models and procedures | <ul style="list-style-type: none"> Next phase to get wider business improvements from Oracle to realise benefits of investment – HR PID and related finance dashboards to be built being finalised. Then project to be put into action Internal Audit focus on ensuring recommendations implemented and on core financial audits for 21/22 and 21/22 plan agreed Counter fraud work focused on Covid grant assurance and data matching – ongoing Revisit arrangement for monitoring and preparing code of governance and annual governance statement for EMT and external reporting | <p>In progress, next milestone Mar 22</p> <p>Reported to Audit Panel Dec 21. Next milestone Mar 21</p> <p>Next milestone Mar 22</p> <p>Mar 22</p> |
| | Impact | | 4 | 4 | | | | | | |
| | Likelihood | | 4 | 2 | | | | | | |

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| 2.A.1 Failure in Child Safeguarding | ▲ | 25 | 20 | ★ | → | ED CYP (PG) Dir. CSC (LH) | <ul style="list-style-type: none"> .A quality assurance and performance framework in place to monitor practice. reviewed monthly. A range of management oversight panels are in place to monitor high risk cases. Management supervisory oversight span does not exceed 6 social workers. Supervision takes place fortnightly. Practice Standards & bottom lines introduced to minimise variability. Workforce Development strategy delivering CPD offer to increase skill levels in staff managing safeguarding work. Corporate parenting strategy completed | <p>Continue to embed all of that referenced in the previous column</p> <p>Recruitment campaign to fill staff vacancies and attain permanent consistent staffing.</p> | <p>Ongoing</p> <p>Jan 2022</p> |
| IMPACT | | 5 | 5 | ★ | → | | | | |
| LIKELIHOOD | | 5 | 4 | ★ | → | | | | |

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| 2. Secure Services to Users: A. Process | | | | | | | | | | |
| 2.A.3 | Strategic programme to develop and implement transformation change does not deliver | △ | 15 | 10 | ● | → | Assistant Chief Exec | <ul style="list-style-type: none"> Assistant Chief Executive appointed Develop an Organizational Development Strategy, reviewed and agreed by EMT in 2021. Directorate PMO support in place. Build focus and capacity to develop and implement change Head of Service capacity focused on delivery of transformation and change, in addition to PMO introduced Strategic programmes and projects agreed along with new governance structure Strategic change board arrangements in place and operational, and making a positive impact Review of PMO and transformation arrangements carried out and reported to EMT October 2021 | <ul style="list-style-type: none"> Growth bid to ED for Resources submitted to build stability, capacity and organisational ability Insight, Transformation and Organisational Development team created and being recruited to Continue to develop reporting to strategic change board in line with PMO review 10/21 | <p>Completed</p> <p>New structure implemented by June 2021 - Done</p> <p>Ongoing</p> <p>1st of March 2022</p> |
| | Impact | | 5 | 5 | | | | | | |
| | Likelihood | | 3 | 2 | | | | | | |

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| 2.A.4 | Elections not conducted in line with law | ★ | 5 | 4 | ★ | ➔ | Returning Officer Director of Law, Governance & Elections Head of Elections | <ul style="list-style-type: none"> • Preparing for London Mayoral and Assembly elections in May 2021 to be run in a Covid secure manner • Acting on Directions from GLRO • Preparing for four by elections May 2021 to be run in a Covid secure manner • Overall project plan on track and in line with milestones currently • Extensive staff training and engagement • Census completed, awaiting feedback on completion rates. | <ul style="list-style-type: none"> • Deliver Covid safe elections 2021 - Done Implement Boundary Commission changes once confirmed New Target record for Local Elections – May 22 | Ongoing to May 2022 |
| | Impact | | 5 | 4 | | | | | | |
| | Likelihood | | 1 | 1 | | | | | | |

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| 2.A.5 Failure in Adult Safeguarding (including Mental Capacity Bill and Domestic Homicide) | ▲ | 20 | 20 | ★ | → | Director of AdultSocial Care Director of Communities, Partnerships and Leisure | <p>LSAB provided with regular reports on practice, performance and activity data</p> <p>Monthly case audits in place that identify any practice and performance issues.</p> <p>Monitoring of Performance is overseen by DMT.</p> <p>Review completed and actions implemented in June 2021.</p> <p>Adherence to policy and procedures ensuring Care Act compliance.</p> <p>SAR Board meets regularly to approve cases that meet the criteria for a statutory Safeguarding Adult Review. Governance arrangements and a referral process are in place to implement lessons learnt.</p> <p>Proactive monitoring of referrals received to mitigate & address institutional abuse.</p> | <p>Safeguarding processes are being reviewed throughout operational and provider services and partner organisations.</p> <p>Safeguarding performance is scrutinised by the LSAB and DMT. Cases that meet the threshold for a statutory safeguarding audit review are referred to the Safeguarding Adult Review Board meets monthly</p> <p>Deprivation of Liberty Safeguards applications continue to rise. To mitigate the risk of legal challenge for unauthorised detentions community DOLS are being processed on time and applications are being monitored. Demands on Legal Services continue to increase.</p> <p>New system Liberty Protection safeguards will be implemented in April 2022 now that government legal sign off process completed.</p> <p>Task and Finish Group in place to monitor all actions from DHR's</p> <p>These are reviewed at Safeguarding Boards and Safer Lewisham Partnership</p> <p>Agreed actions are signed off by the CSP (Community Safety Partnership) and regularly monitored regarding progress / case audit and practice review</p> | <p>LSAB quarterly meetings and SAR monthly meetings</p> <p>DMT performance monitored monthly</p> <p>Monthly quality assurance and call over sessions are in place to monitor practice, trends and quality provision</p> <p>Monthly reviews are in place to monitor practice trends.</p> <p>Quarterly</p> |
| IMPACT | | 5 | 5 | ★ | → | | | | |
| LIKELIHOOD | | 5 | 4 | ★ | → | | | | |

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| 2. Secure Services to Users: B. Technology | | | | | | | | | | |
| 2.B.1 | IT is not fit for purpose and/or does not meet business needs (2) | ● | 6 | 4 | ● | → | Executive Director for Corporate Resources | <p>Directorate participation in corporate PMO arrangements being introduced</p> <p>Review business continuity plans with emergency planning team</p> <p>Key line of business systems include: Academy – revs & bens Ash – income collection Go Place – asset register Oracle – fin, HR, & payroll PBCS – oracle budget tool LCS/LAS and Controc - social care Icasework - customer serv. Microsoft office suite – all services</p> <p>Now Working with newly formed PMO in CX Directorate to ensure technology elements of change projects is aligned to objectives.</p> | <p>Specific risk around Registrars running Lotus Notes – being replaced with RAFTS</p> <ul style="list-style-type: none"> Specific risk around planning system which is obsolete and not optimised for running on modern infrastructure - regularly failing availability SLA Shared Service Investment Roadmap requires conformed funding to ensure ongoing adequacy of underlying infrastructure | <p>End Jan 22</p> <p>Unknown</p> <p>Feb 22</p> |
| | Impact | | 3 | 4 | | | | | | |
| | Likelihood | | 2 | 1 | | | | | | |

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| 2. Secure Services to Users: B. Technology | | | | | | | | | | |
| 2.B.2 | Cyber Security breaches corrupt or locks down Council systems or data. | △ | 15 | 5 | △ | ➔ | Executive Director for Corporate Resources | <p>Legacy 2003 servers removed from estate</p> <p>Improved controls implemented around administrator level access</p> <p>Cyber strategy and cyber response policy approved by EMT</p> <p>Offline back-ups delivered</p> <p>SICTS infrastructure plan to be funded in budget planning going forward</p> <p>Outstanding security audit actions closed down</p> <p>Shared Service have developed a disaster recovery test plan</p> | <ul style="list-style-type: none"> • Move to cloud based authentication through MS365 project • Scope and secure funding for an Applications and Data Security project • Shared Service Investment Roadmap requires confirmed funding to ensure ongoing security of underlying infrastructure • Out of support mobiles need to be removed from estate to ensure continued PSN accreditation | <p>Jul 22 (slipped Mar 21)</p> <p>Mar 22 (slipped Mar 21)</p> <p>Feb 22</p> <p>Feb 22</p> |
| | Impact | | 5 | 5 | | | | | | |
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| 3. Develop Staff and Partners: A. Workforce | | | | | | | | | | |
| 3.A.1 | Loss of constructive employee relations | ● | 9 | 6 | ● | ➔ | ACE | <ul style="list-style-type: none"> Refreshed people management framework in the light of Covid 19 Continued employee assistance programme Extended Union engagement Launched Pulse surveys across a diagonal slice of staff Established and strengthened staff networks across the organisation | <ul style="list-style-type: none"> Continue to run regular Pulse surveys for staff Review key HR policies to ensure they are fit for purpose and reflective of a modern, agile workforce. Refreshing Directorate Consultative Committees with Trade Unions Works Council to be reinstated Review the timing of the next Staff Survey | <p>Ongoing</p> <p>Ongoing</p> <p>Completed</p> <p>Ongoing</p> <p>Ongoing</p> |
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| 3. Develop Staff and Partners: A. Workforce | | | | | | | | | | |
| 3.A.2 | Failure to maintain sufficient management capacity & capability to deliver business as usual and implement transformation changes | ● | 12 | 6 | △ | ➔ | Chief Executive | <ul style="list-style-type: none"> All EMT posts filled with permanent appointments All Director level posts appointed to permanently with start dates agreed. | <ul style="list-style-type: none"> Complete further transformational service changes and recruit as appropriate Additional spend and recruitment controls remain in place | Ongoing Ongoing Next review Apr 22 |
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| 3.A.3 | Pace of change negatively impacts service delivery and employee morale | ● | 12 | 12 | ★ | ➔ | ACE | <ul style="list-style-type: none"> Regular staff and manager communications from CEX on Council direction Together Lewisham staff engagement network empowering employee voice and opportunities for staff to influence and shape future direction and new initiatives Leading together Lewisham – all manager engagement on council priorities and direction of travel and expectations. Providing opportunity for managers to engage and give feedback Staff pulse surveys conducted to gain insight on how staff feel about new initiatives SLT engagement and opportunity to feedback and shape initiatives New appraisal process launched Outplacement support package for staff Further 'Future Working' ED Q&A events to continue engagement with managers and staff to disseminate key messages rolled out | <ul style="list-style-type: none"> Training for managers on managing and leading through change – Future Working Continue to work with TU colleagues to develop/improve working relationships People Management strategy developed as part of OD strategy (post Covid version) Manager induction programme All staff transformation / restructures programmes should be accompanied by a learning and development plan to support transition to new structure and staff development | <p>Completed</p> <p>Ongoing</p> <p>May 2022</p> <p>Completed</p> <p>Ongoing</p> |
| | Impact | | 4 | 4 | | | | | | |
| | Likelihood | | 3 | 3 | | | | | | |

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| 3. Develop Staff and Partners: B. Partnerships | | | | | | | | | | |
| 3.B.1 | Multi-agency governance leads to ineffective partnership working - (See also 3.B.2 Health) | ● | 8 | 4 | ● | ➔ | EMT | <ul style="list-style-type: none"> Regular meetings and liaison in place between Council and key partners/stakeholders Met Police; VCS; LFB; TfL; Lewisham Homes; Registered Providers; Ofsted; schools/FE; etc. Ongoing strategic partnership boards in place and actively supported and engaged with Future Lewisham Leaders' Summit convened in October 21 to bring all key partners, leaders together to discuss the priorities and challenges for the Borough and partners. | <ul style="list-style-type: none"> Continue regular meetings and liaison in place between Council and key partners/stakeholders Met Police; VCS; LFB; TfL; Lewisham Homes; Registered Providers; Ofsted; schools/FE; etc. Continue with ongoing strategic partnership boards Following feedback from the Leaders' summit and the LGA Corporate Peer Challenge, ensure Future Lewisham acts as a bridge into the next Corporate Strategy in May 2022. Use the Leaders' summit discussion as a building block for the new Corporate Strategy. | <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> |
| | Impact | | 4 | 4 | | | | | | |
| | Likelihood | | 2 | 1 | | | | | | |

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|--|--|----------------|---------------|--------------|------------------|--------------------|--|--|--|--|
| 4. Develop Staff and Partners: A. Procurement | | | | | | | | | | |
| 4.A.1 | Failure to manage strategic suppliers and related procurement programmes. (13) | ● | 12 | 6 | △ | ➔ | Executive Director for Corporate Resources | <ul style="list-style-type: none"> Published work on community wealth building as part of inclusive growth strategy development Growth in service for additional x2 posts Rolled out quarterly procurement training courses for all appropriate officers Fees and charges report published in 20/21 Current years Social Value report was published in Aug 20 Contract management toolkit and supporting training Contract management dashboard for performance tracking in place | <ul style="list-style-type: none"> Work on memorandum trading accounts for priority services re commercial work Ensure Contract Management Dashboard Reporting is tabled quarterly at DMTs Hold the 'Meet the Buyer' event with all Lewisham Deal participants The Annual Compliance checklist for all contracts | <p>Slipped due to Covid Next Mar 2022</p> <p>Start Nov 21 - Done</p> <p>Nov 21 - Done</p> <p>June 22</p> |
| | Impact | | 4 | 3 | | | | | | |
| | Likelihood | | 3 | 2 | | | | | | |

Strategic Risk Register – December 2021

| Risk | Risk | Current status | Current score | Target score | Current v target | Direct'n of travel | Responsible | What have we done & source of assurance | What are we planning to do | By when |
|---|---|----------------|---------------|--------------|------------------|--------------------|--|--|--|--|
| 4. Develop Staff and Partners: A. Procurement | | | | | | | | | | |
| 4.A.2 | Global commodity price increases/supply chain shortages | ● | 12 | 6 | △ | ➔ | Executive Director for Corporate Resources | <p>Live Contracts: Monitor prices in current contracts via the contract management framework; Use variation clauses to amend scope;</p> <p>Procurements: Market engagement and benchmarking;</p> | <p>Use variation clauses to amend scope of existing contracts</p> <p>Review specifications; Identify supply chain shortages in key projects (Capital, Catering, Energy, Transport, Care Services) and seek acceptable alternatives where possible.</p> | <p>Quarterly contract management reporting</p> <p>Monthly financial reporting</p> <p>Contingencies being considered as part of the Budget for 22/23 - Mar 22</p> |
| | Impact | | 4 | 3 | | | | | | |
| | Likelihood | | 3 | 2 | | | | | | |

Strategic Risk Register – December 2021

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|--|--|----------------|---------------|--------------|------------------|---------------------|-----------------|--|---|--|
| 4. Services Represent VFM: A. Performance | | | | | | | | | | |
| 4.B.1 | Failure to manage performance leads to service failure | ● | 12 | 4 | △ | ➔ | Chief Executive | <ul style="list-style-type: none"> Transferred reporting of risk to Audit Panel Director sessions, as part of Senior Leadership Team (SLT) held regularly to improve alignment, embed collaborative working, help shape new policies and ways of working and monitor key service activity, forecasts etc Good collaborative work, and a One Council approach, evidenced during response to Covid19 and through themed approach to budget 21/22 development Following creation of an Insight, Transformation and OD team, service data & performance priorities have been revisited and updated performance reports are being reported to EMT regularly | <ul style="list-style-type: none"> Continue to embed the programme and project management approach across the Council Continue to embed the culture of manager's being responsible for gripping their budgets and for delivery of agreed savings Performance Management Framework plans Performance reporting plans Evaluation of Corporate Strategy Tracker | <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> |
| | Impact | | 3 | 2 | | | | | | |
| | Likelihood | | 4 | 2 | | | | | | |

Strategic Risk Register – December 2021

| Ref | Risk | Current status | Current score | Target score | Current v target | Direction of travel | Responsible | What have we done & source of assurance | What are we planning to do | By when |
|--|--|----------------|---------------|--------------|------------------|---------------------|-------------------------|--|--|---|
| Services Represent VFM: B Performance | | | | | | | | | | |
| 4.B.2 | Delivery of the Building for Lewisham programme fails to make full use of available funding streams and/or exceeds the Councils financial parameters | ● | 12 | 8 | ● | ➔ | Executive Director HRPR | <ul style="list-style-type: none"> Regular holding of risk workshops with LH and LBL Split programme into tranches to consider risks appropriately; under construction, planning, approved pipeline, unapproved pipeline. Agreed changes to planning schemes to improve viability, including agreement to use of 40% RTB receipts. Have secured high level of GLA grant – approved at M&C in November. Have reviewed implications of First Homes guidance Have implemented a buy backs scheme, using GLA grant, which will delivery up to 100 homes. | <ul style="list-style-type: none"> Urgent work to consider options to improve scheme viability, programme viability and provide clarity on deliverable social homes starts and completions on approved and unapproved pipeline schemes, which may result in a review if tenure mix. Develop Shared Ownership strategy including analysis of risk and exit strategy and develop appropriate management agreement with LH. Continued monitoring of the buy back scheme, working closely with the LH assets function | <p>Q2 2021/22 and ongoing</p> <p>Q4 2021/22</p> <p>Q3 2021/22 and ongoing</p> |
| | Impact | | 4 | 4 | | | | | | |
| | Likelihood | | 3 | 2 | | | | | | |

Strategic Risk Register – December 2021

| Risk | Risk | Current status | Current score | Target score | Current v target | Direct'n of travel | Responsible | What have we done & source of assurance | What are we planning to do | By when |
|---|---|----------------|---------------|--------------|------------------|--------------------|------------------------------|---|---|---------|
| Services Represent VFM: B Performance | | | | | | | | | | |
| 4.B.3 Failure to comply with consumer standards set by the Regulator of Social Housing | Our Housing Management providers (Lewisham Homes, RB3, TMO) found to not meet one of the four consumer standards set by the Regulator of Social Housing | ● | 9 | 6 | ● | ➔ | Director of Housing Services | The Council is closely monitoring the implementation of the Lewisham Homes Lessons Learnt Action Plan as well as implementing the Action Plan from the Independent Review following the case reported in the media in September 21. | Our clienting arrangements has been reviewed and a new framework established. The clienting of Lewisham Homes now includes monitoring progress towards specific KPIs in the LH Disrepair Action Plan and implementation will be tracked monthly at Clienting meetings, Strategic Clienting and at EMT meetings The new clienting framework also incorporates clienting of the TMO, RB3 and Lewisham Homes so that there is effective oversight of all housing management and the service received by our tenants and leaseholders. | |
| | Impact | | 3 | 3 | | | | | | |
| | Likelihood | | 3 | 2 | | | | | | |

Strategic Risk Register – December 2021

| Ref | Risk | Current status | Current score | Target score | Current v target | Direct'n of travel | Responsible | What have we done & source of assurance | What are we planning to do | By when |
|--|---|----------------|---------------|--------------|------------------|--------------------|--|--|--|---|
| 5. Manage within Budget: A. Financial | | | | | | | | | | |
| 5.A.1 | Financial Failure and inability to maintain service delivery within a balanced budget | △ | 25 | 4 | △ | ➔ | Executive Director for Corporate Resources | <p>Audited financial statement and VFM – unqualified</p> <p>MTFS, regular monitoring of reserves and provisions, and balanced budget</p> <p>Financial planning addresses historic pressures, emerging demand / costs, and cuts needed in future years.</p> <p>Financial planning considers commitments across collection fund, general fund, schools, housing, pension fund, and capital plans</p> | <ul style="list-style-type: none"> Prepare work on 22/23 budget timetable and approach – HRA, DSG, Capital, TMS and delivery of cuts. Thematic cuts work launched in Sept. Review MTFS and treasury plans with updated capital strategy for budget Monitor local government finance changes – covid and spending review – to ensure changes required are made in good time PMO/EMT to monitor cuts are implemented as agreed or alternatives found to keep budget balanced – new ASC Board chaired by CX, as well as Resources Board for other cuts. Unwind Covid funding from BAU service delivery to ensure budget remains balanced through recovery work | <p>Next - Jan 22 Done</p> <p>Done Next - Mar 22</p> <p>Next - Jan 22 Done</p> <p>Reported in finance monitor Next - Feb 21</p> <p>Ongoing as part of budget build for 22/23 above</p> |
| | Impact | | 5 | 4 | | | | | | |
| | Likelihood | | 5 | 1 | | | | | | |

Strategic Risk Register – December 2021

| Ref | Risk | Current status | Current score | Target score | Current v target | Direct'n of travel | Responsible | What have we done & source of assurance | What are we planning to do | By when |
|--|---|----------------|---------------|--------------|------------------|--------------------|--|---|--|--|
| 5. Manage within Budget: A. Financial | | | | | | | | | | |
| 5.A.2 | Lack of provision for unforeseen expenditure or loss of income in respect of Council's liabilities or funding streams | ● | 12 | 6 | △ | ➔ | Executive Director for Corporate Resources | <ul style="list-style-type: none"> Pension Fund triennial actuarial valuation Annual actuarial review of insurance provisions and claims Provision and Reserves strategy regularly reviewed to support monitoring and medium term financial planning positions Monitor and contribute to consultations on future of local government finance Working with LG Futures to support monitoring of the Collection Fund and income assumptions for CTax and NNDR | <ul style="list-style-type: none"> Prepare for Business Rates devolution – now on hold and London pool stopped Implement investments strategy following the Pension Fund valuation – LCIV and Storebrand Assess impact of LGFS following the Chancellor's Autumn Budget, CSR & FFR with Autumn Chancellor's budget. Review bad debt provisions and write offs required post Covid to ensure return to effective income collection part of recovery planning – part of accounts (will follow accounts work) | <p>As per Gov't timetable that has been delayed</p> <p>LCIV done Storebrand – Mar 22</p> <p>Ongoing Oct/Nov 21 Done</p> <p>Accounts delayed to Nov Next Mar 22</p> |
| | Impact | | 4 | 3 | | | | | | |
| | Likelihood | | 3 | 2 | | | | | | |

Strategic Risk Register – December 2021

| Ref | Risk | Current status | Current score | Target score | Current v target | Direct' n of travel | Responsibl e | What have we done & source of assurance | What are we planning to do | By when |
|--|---|----------------|---------------|--------------|------------------|---------------------|--|--|---|---|
| 5. Manage within Budget: A. Financial | | | | | | | | | | |
| 5.A.3 | Loss of Income to the Council – Failure to collect debt | ● | 12 | 9 | ★ | ➔ | Executive Director for Corporate Resources | <ul style="list-style-type: none"> • ASC charging now all on latest policy. All financial assessments re-done. • Ash review for sundry debt concluded to move with a manual solution to: <ul style="list-style-type: none"> ○ Avoid more IT risk & time ○ Have immediate impact ○ Realise Oracle & Controcc benefits • Additional resource into debt collection team for support improved collection rates • For 20/21 and into 21/22 due to impact of Covid-19 focused on monitoring of income collection positons for all types of debt. • LL and Controc systems aligned to Oracle for ASC and CSC | <ul style="list-style-type: none"> • As part of wider consultancy review of ASC, look to improve finance assessment and self-funding recovery • Review Collection Fund debt collection processes to improve performance as part of recovery work as part of unwinding Covid support and return to BAU | <p>Sept 21 Work underway. Next Mar 22</p> <p>New Director in post. Next update Mar 22</p> |
| | Impact | | 3 | 3 | | | | | | |
| | Likelihood | | 4 | 1 | | | | | | |

Strategic Risk Register – December 2021

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|--|--|----------------|---------------|--------------|------------------|---------------------|--|--|--|---|
| 5.Manage within Budget: B. Emergency Planning and Business Continuity | | | | | | | | | | |
| 5.B.1 | Failure to effectively contain the impacts of an emergency affecting the public, business, environment and/or organisation | ● | 10 | 8 | ★ | ➔ | Executive Director Corporate Resources | <ul style="list-style-type: none"> On-call Emergency Planning rota Ongoing Training of all on-call staff London wide standardised training packages ensure consistency and reassurance if mutual aid is required Business Continuity Management Programme runs on annual basis Provide assurance of our capability through the Resilience Standards for London Borough Resilience Forum meets 4 times a year to maintain an overview of the Borough risks and to maintain partnership working Maintain the Borough risk register Maintain and review lessons learned document for all incidents both internal external and COVID related Annual exercises to test plans | <ul style="list-style-type: none"> Run a Council Emergency Planning exercise annually Run an internal Business Continuity Exercise annually Provide table top exercises on BC and Emergency Planning throughout the year Run exercises around key risk themes through Borough Resilience Forum Restarted Resilience Board to oversee arrangements and key issues. | <p>Ongoing to inform future planning</p> <p>Immediate plans delayed with reinstatement of emergency response arrangements from November in response to Omicron wave. Plans to be revisited.</p> |
| | Impact | | 5 | 4 | | | | | | |
| | Likelihood | | 2 | 2 | | | | | | |

Strategic Risk Register – December 2021

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|-------------------------------|---|----------------|---------------|--------------|------------------|---------------------|-----------------|---|--|---|
| COVID- 19 Overall Risk | | | | | | | | | | |
| 5.B.2 | Failure to effectively contain the ongoing impacts of Covid-19 and deliver services | ● | 10 | 9 | ★ | ➔ | Chief Executive | <ul style="list-style-type: none"> • Strategy and objectives. • Covid risk register identifies key areas of concern and responsibilities • Multi-agency partnership working following a command and control structure. • Sub groups established to deal effectively with key areas of response • Service priorities determined to support the critical functions of the council • Support critical functions from non-critical services through Covid Action Team. • Community Champions programme established to ensure communications are effectively reaching all areas of the community • Communications strategy • Targeted testing for identified critical key workers to limit the impacts. • Provide support to the Vaccination Programme • Weekly EMT Covid meetings led by Public Health, including London reporting | <ul style="list-style-type: none"> • Continue to respond to changes in guidance and legislation • Continue to provide support to staff and residents through services and communications • Move Covid emergency response management to 'business as usual' under Public Health from July 2021 • Review need to sustain as separate risk or return to BAU | <p>Ongoing – with engagement of Members and Senior Leadership Team</p> <p>Done</p> <p>Quarterly</p> |
| | Impact | | 5 | 3 | | | | | | |
| | Likelihood | | 2 | 3 | | | | | | |