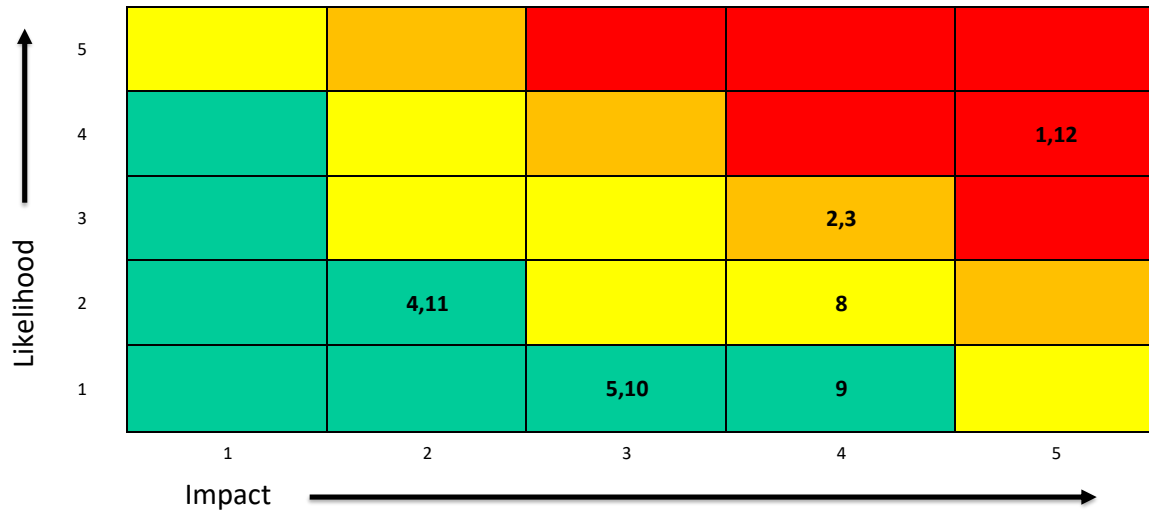


Adult Care and Health Risk Register



| Risk Ref | Risk Description | Gross Risk Rating | Net Risk Rating |
|----------|-------------------------------------------------------------------------------|-------------------|-----------------|
| 1 | Failure to deliver Financial Strategy | 25 | 20 |
| 2 | Failure to deliver effective Adult Social Care services | 16 | 12 |
| 3 | Failure to deliver effective Learning Disability services | 16 | 12 |
| 4 | Deprivation of Liberty | 16 | 4 |
| 5 | Recruitment and Retention - ASC | 20 | 3 |
| 8 | Inability to deliver an effective Public Health service | 12 | 8 |
| 9 | Business Interruption / Emergency Planning | 10 | 4 |
| 10 | Data Collections | 9 | 3 |
| 11 | Failure to deliver partial implementation of Health & Social Care Integration | 6 | 4 |
| 12 | Adult Social Care Reform | 25 | 20 |

Adult Care and Health Risk Register

Q2 2022/23

| REF | DIVISION | RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title) | RISK CAUSE & EFFECT | RISK CATEGORY | GROSS RISK RATING (See next tab for guidance) | | | | | EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK | CURRENT RISK RATING (See next tab for guidance) | | | | | FURTHER ACTION REQUIRED | RISK OWNER |
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| | | | | | LIKE LIHO OD | IMPACT | RISK RATING | LIKE LIHO OD | IMPACT | | RISK RATING | | | | | | |
| 1 | All | Failure to deliver Financial Strategy | <p>Cause(s):</p> <ul style="list-style-type: none"> - Continual reduction in Central Government funding - Uncertainty of Government grant funding - Demographic changes - Increased demand for services - Demand led statutory services (c. 80% of operations) which can be difficult to predict - Increasing cost volatility due to rise of complex, high cost families or placements requiring services. - Potential employer liability issues for direct payment users - Impact of COVID-19 pandemic - Unpreparedness to deliver the new Adult Social Care Reforms <p>Effect(s):</p> <ul style="list-style-type: none"> - Lower than anticipated levels of financial resource - Failure to achieve a balanced budget - Failure to secure economy, efficiency, and effectiveness of use of resources leading to a Qualified Independent Auditors' Report - Objectives of the service not met - Reputation is impacted - Wider goals of the Council are not achieved | Financial | 5 | 5 | 25 | <ul style="list-style-type: none"> - Budget monitoring and forecasting - Regular review of medium term strategy - Regular reporting to CLT and Members via the Committee reporting process - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Monitor demographics, economic indicators and develop insight into future demand - Match financial planning to Council priorities - Internal audit framework - Early intervention with service users - Constantly reviewing service operations for potential efficiencies - Developed a series of commissioning plans, with mitigating actions, for Adult Social Care (Mental Health, Learning Disabilities and Older People) including mitigating actions addressing financial pressures - Growth and mitigation discussions - Service strategies in place to mitigate growth - Establishment of an Adult Social Care Reform Programme Board to oversee the implementation of the White Paper led by the Directors of Adult Services and Finance. | 4 | 5 | 20 | <ul style="list-style-type: none"> - Delivering commissioning actions in ASC Transformation Board programme. - Process to ensure employer liability insurance is held by direct payment users when appropriate - Processes and capacity in place to understand implications of Fairer Funding policy implementation - Undertake the work to prepare and implement the changes embedded within the Adult Social Care Reform paper 2021 | Director, Adult Services Kim Carey | | | | |
| 2 | Adult Social Care | Failure to deliver effective Adult Social Care services The Council is unable to deliver an effective adult social care service to fulfil its statutory obligations including the safeguarding of Adults | <p>Cause(s):</p> <ul style="list-style-type: none"> - Increasing demand - Above compounded by associated longer waiting lists leading to deteriorating condition and ultimately increased service user/ carer costs - Failure to deliver effective safeguarding arrangements - Failure to comply with statutory requirements including the Care Act - Potential instability in social care workforce - Impact of COVID-19 pandemic <p>Effect(s):</p> <ul style="list-style-type: none"> - Impact on life chances and outcomes for service users - Failure to keep vulnerable adults safe from harm or abuse | Legal | 4 | 4 | 16 | <p>Care Act - Redesigned processes, including amending forms, and operational procedures in place and Care Act compliance training</p> <p>Improved Better Care Fund - Programme overseen by the Joint Assistant Director of Commissioning and the CCG</p> <p>Safeguarding - 1. Multi Agency Bromley Adult Safeguarding Board (BSAB) in place. 2. BSAB Training programme (E Learning and Face to Face). 3. Awareness training for vulnerable groups. 4. Care Act compliance training</p> <p>Recruitment - Dedicated HR programme of support in place to recruit social workers to front line posts</p> <p>Performance Monitoring Framework - Review of Performance Management Indicators</p> <p>Procurement and Contract Monitoring - Effective procurement framework and contract monitoring arrangements to ensure acceptable quality of service provision and value for money</p> <p>Re-structure of assessment and care management service. Consultation for a new structure in the service which aims to improve outcomes for Bromley residents by creating a more effective social care pathway. Phase 2 of this re-structure will seek to further enhance services by developing OT, reablement and Carelink services</p> | 3 | 4 | 12 | <ul style="list-style-type: none"> - Actions as part of LBB's Adult Social Care Transformation Plan | Director, Adult Services (Kim Carey) | | | | |
| 3 | Learning Disability Service | Failure to deliver effective Learning Disability services Failure to assess service users, establish eligibility criteria and carry out the review process. | <p>Cause(s):</p> <ul style="list-style-type: none"> - Failure to identify and meet service users' needs - Provision of service to ineligible clients - Provision of service prior to/without appropriate authorisation - Failure to manage the transition process of service users from Children's Services to Adult Services leading to increased risk of Judicial Review - Potential instability in social care workforce <p>Effect(s):</p> <ul style="list-style-type: none"> - Costs associated with Legal process - Ongoing care package costs as a result of Legal process outcome - Placement predictions leading to financial pressures (cross refer Budget risk) | Legal | 4 | 4 | 16 | <ul style="list-style-type: none"> - Close monitoring of placements and eligibility criteria - Budget monitoring and forecasting - Regular review of medium term strategy - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Hold provider to account for poor performance - Monitor demographics, economic indicators and develop insight into future demand - Learning Disability Strategy agreed | 3 | 4 | 12 | <ul style="list-style-type: none"> - Learning Disability Strategy Action Plan in development - Actions as part of LBB's Adult Social Care Transformation Plan | Director, Adult Services (Kim Carey) | | | | |

Adult Care and Health Risk Register

Q2 2022/23

| REF | DIVISION | RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title) | RISK CAUSE & EFFECT | RISK CATEGORY | GROSS RISK RATING (See next tab for guidance) | | | | | EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK | CURRENT RISK RATING (See next tab for guidance) | | | | | FURTHER ACTION REQUIRED | RISK OWNER |
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| | | | | | LIKE LIHO OD | IMPA CT | RISK RATI NG | LIKE LIHO OD | IMPA CT | | RISK RATI NG | | | | | | |
| 4 | Adult Social Care | Deprivation of Liberty Failure to prevent unlawful deprivation of liberty | <p>Cause(s):</p> <ul style="list-style-type: none"> - Risk increased due to change in legislation introducing the Liberty Protection Safeguards (LPS) increasing scope. - Any claim by service user with a community package of care if DoL not in place - Any claim by service user relating to a gap in DoLS authorisation/period of unauthorised deprivation <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to comply with statutory requirements pursuant to Section 4 (Section 4A) and paras 129, 180 and 182 of Schedule A (Schedule A1) of the Mental Capacity Act 2005 (as amended to incorporate the Deprivation of Liberty Safeguards 2009) - Failure to comply with Mental Capacity (Amendment) Act 2019 when implemented if adequate preparations are not in place. | Legal | 4 | 4 | 16 | <ul style="list-style-type: none"> - Core administrative function maintained and all received referrals are assessed for DoLS - Framework in place to deliver the functions of the Best Interest Assessor and the 'Section 12' doctors through the use of independent providers - LiquidLogic is providing up to date performance data on expired DoLS and is followed up to ensure no gap in DoLS cover for known service users. - The staffing resource for Community DoL now sits in the DoLS team to enable co-ordination across all Deprivation of Liberty. - Scoping of potential deprivation of liberty cases in the community completed and recorded on Liquidlogic and cases prioritised accordingly. Monthly data to be produced by Performance Team and added to Management Digest. - Organisational wide LPS planning and scoping to identify potential cases and minimise legal risks before the actual date of LPS implementation.. - On-going work with health commissioners, hospitals and care homes in planning for the implementation of the new legislation of Liberty Protection Safeguards - Joint working with Children's Services on data and impact of DoLS and LPS on the 16 - 17 year olds - First draft of LPS impact assessment and costing has been completed and to be updated in June 2022. - The Government published draft consultation on the Code of Practice on 16/03/2022. Bromley submitted a Partnership Group response. | 2 | 2 | 4 | <ul style="list-style-type: none"> - ASLT to be kept up to date with development in LPS implementation. - LPS Local Impact Assessment to be updated as more information is available | Director, Adult Services (Kim Carey) | | | | |
| 5 | Adult Social Care | Recruitment and Retention - ASC Failure to recruit and retain key skilled staff with suitable experience/qualifications | <p>Cause(s):</p> <ul style="list-style-type: none"> - Failure to compete with other organisations to recruit the highest quality candidates to build an agile workforce - Small pool of experienced adult's Social Workers <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to identify and meet service user needs - Provision of service to ineligible clients - Provision of service prior to/without appropriate authorisation - Lack of skill set results in an inability to deliver effective adults' services to fulfil statutory safeguarding obligations, impacting on life chances and outcomes | Personnel | 5 | 4 | 20 | <ul style="list-style-type: none"> - Joint meetings held between HR and employment agencies to improve the quality and speed of locum assignments - Review of the current Recruitment and Retention package through Recruitment and Retention Board - Recruitment drive to convert locums to permanent staff - Commissioning of improvements to the Council's recruitment web site to include a video virtual tour of the Council - Support in effectively managing staff performance - Provision of training measures to include targeted leadership and management training programmes including partners and other stakeholders - Tailored individual career plan for staff - Bespoke training for first line managers - Training and quality assurance of practice - Dedicated HR worker to focus on Adult Social Care recruitment - Senior management team in place with 82% permanent staff - Wake up to Care programme to recruit, support the training and oversee the development of care workers in Bromley including LBB staff. | 1 | 3 | 3 | | Director, Adult Services (Kim Carey) Director, Human Resources (Charles Obazuaye) | | | | |
| 8 | Public Health | Inability to deliver an effective Public Health service The Council is unable to deliver an effective Public Health service to fulfil its statutory obligations | <p>Cause(s):</p> <ul style="list-style-type: none"> - Reduced budget which has led to funding cuts and withdrawal of non-statutory services. - Potential fluctuating medicines market and increased costs - Localised COVID-19 outbreaks - Lack of capacity for contract tracing <p>Effect(s):</p> <ul style="list-style-type: none"> - Increased clinical risk to patients and Bromley residents - Reputational risk to council - Gaps and potential blocks in health service between NHS and Local Authority | Professional, Legal | 3 | 4 | 12 | <ul style="list-style-type: none"> - Working with partners including the CCG and Hospital Trust to jointly deliver Public Health functions and mitigate impact of reduced funding - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Outbreak Control Plan published which provides framework for prevention and management of local outbreaks - Frameworks in place for response to COVID-19 outbreaks in specific settings and with vulnerable groups - Communication and engagement plans in place for potential COVID-19 outbreaks | 2 | 4 | 8 | <ul style="list-style-type: none"> - Plans for further integration of some functions and services with CCG | Director, Public Health (Nada Lemic) | | | | |

Adult Care and Health Risk Register

Q2 2022/23

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| | | | | | LIKE LIHO OD | IMPACT | RISK RATING | LIKE LIHO OD | IMPACT | | RISK RATING | | | | | | |
| 9 | Adult Social Care Public Health Strategy, Performance & Corporate Transformation | Business Interruption / Emergency Planning Failure to provide Council services or statutory requirements of mass illness/fatalities scenario following a business interruption or emergency planning event | Cause(s): - Business Interruption could be caused by Loss of Facility (fire, flood etc.), Staff (illness, strike) or IT (cyber attack). - Mass fatalities or illness has a range of causes and this risk to the council could be caused by council staff being impacted resulting in failure to manage statutory requirements of mass illness/fatalities scenario (e.g. registering of deaths within timescales) Effect(s): - Business interruption - failure to deliver services, loss of customer / resident satisfaction. - Emergency planning - failure to deliver statutory duties. | Personnel | 2 | 5 | 10 | - Business Interruption - Civil protection and emergency planning policies in place at corporate level overseen by the Corporate Risk Management Group - Business Continuity Plans in place at service level. Reviewed and updated. - Contracts contain business continuity provision - Communication to all staff prior to all impending industrial action, informing of any possible service disruption as well as explaining implications of strike action for individual staff members Emergency Planning - Robust plans in place, including Outbreak Plan, Flu Plan and Pandemic Flu Plan - Alert system via the South East London Health Protection Unit (SEL HPU) - Annual Flu vaccination programme in place - Introduction of Humanitarian and Lead Officer (HALO) role | 1 | 4 | 4 | - Business Continuity Plans reviewed annually. | Director, Adult Services (Kim Carey) Director Public Health (Nada Lemic) Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry) | | | | |
| 10 | Strategy, Performance and Corporate Transformation | Data Collections Failure to undertake statutory statistical data collections; including key housing and adults' social care information, thereby adversely affecting government grant allocations and performance assessments | Cause(s): - Business Interruption Effect(s): - Failure to commission effectively - Adverse impact on the timing and quality of decision making | Data and Information | 3 | 3 | 9 | - Schedule of statutory returns has been incorporated into the Performance and Information team's work programme - Specialist members of the team for each area - Other staff trained to provide 'back up' for specialist members of the team - Good project planning in place to co-ordinate all data collections including contributions from other services | 1 | 3 | 3 | - Post LoiquidLogic Go Live, all data reports established to ensure delivery of statutory returns | Assistant Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry) | | | | |
| 11 | Adult Services | Failure to deliver partial implementation of Health & Social Care Integration | Cause(s): - Difficulty in achieving rapid change in a system as complex as health and social care - Rising social care costs due to ageing population and people living longer with increasing complex needs - Difficulties with agreeing budgets (given likely funding reductions going forward), complex governance arrangements and workforce planning - Need to focus on collaborative working (cultural differences) - Pressure for social care services to be accessible 7 days a week in terms of our own workforce and contracts with external providers in line with NHS priority to deliver 7 day working across the health sector - LBB will need to contribute to a whole system review (led by BCCG) to ensure that funding follows the patient Effect(s): - Failure to deliver statutory duties - Failure to achieve our Making Bromley Even Better priorities | Financial Compliance /Regulation | 2 | 3 | 6 | - Continued work with health partners to deliver the main transformation programmes eg Bromley Well and the transformation of prevention - Building on the work already delivered through S31 agreement with Oxleas and being implemented through the Better Care Fund workstreams eg Winter Resilience work, Transfer of Care Bureau, Integrated Care Records, Discharge to Assess. Single Point of Access for hospital discharge implemented in April 2020 - New governance structure between LBB and BCCG with links to emerging SEL ICS governance - Joint Assistant Director of Integrated Commissioning in post April 2020; Integrated Placements, Brokerage and Direct Payments agreed for implementation in 2021/22; senior commissioner Integrated Children and Young People Commissioning appointed - Using the learning from the Health and care whole systems response to the COVID-19 pandemic to deliver joined up responses to the population. | 2 | 2 | 4 | - Ongoing discussions around the developing Integrated Care System with Bromley CCG; taking learning from the joint health and care response to the COVID-19 pandemic | Director, Adult Social Care (Kim Carey) | | | | |

Adult Care and Health Risk Register

Q2 2022/23

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| | | | | | LIKE LIHO OD | IMPACT | RISK RATING | LIKE LIHO OD | IMPACT | | RISK RATING | | | | | | |
| 12 | Adult Services | Adult Social Care Reform Failure to deliver on Adult Social Care Reform legislation including Fair Cost of Care and Care Cap | <p>Cause(s):</p> <ul style="list-style-type: none"> - Continual reduction in Central Government funding - Uncertainty of Government grant funding - Demographic changes - Increased demand for services - Demand led statutory services (c80% of operations) which can be difficult to predict - Increasing cost volatility due to rise of complex, high cost families or placements requiring services. - Potential employer liability issues for direct payment users - Impact of COVID-19 pandemic - Unpreparedness to deliver the new Adult Social Care Reforms <p>Effect(s):</p> <ul style="list-style-type: none"> - Lower than anticipated levels of financial resource - Failure to achieve a balanced budget - Failure to secure economy, efficiency, and effectiveness of use of resources leading to a Qualified Independent Auditors' Report - Objectives of the service not met - Reputation is impacted - Wider goals of the Council are not achieved | Financial, Legal | | | 5 | 5 | 25 | <ul style="list-style-type: none"> - Establishment of an Adult Social Care Reform Programme Board to oversee the implementation of the White Paper led by the Directors of Adult Services and Finance. - Understand the number of self-funders in the Bromley - Budget monitoring and forecasting - Regular review of medium term strategy - Regular reporting to CLT and Members via the Committee reporting process - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Monitor demographics, economic indicators and develop insight into future demand - Match financial planning to Council priorities - Early intervention with service users - Constantly review service operations for potential efficiencies - Review commissioning plans, with mitigating actions, for Adult Social Care (Mental Health, Learning Disabilities and Older People) including mitigating actions addressing financial pressures and service gaps in relation to the Reforms. - Growth and mitigation discussions - Service strategies in place to mitigate growth - Adult Social Care Reform Strategy agreed. | | | 4 | 5 | 20 | <ul style="list-style-type: none"> - Adult Social Care Reform Action Plan in development - Action Plan details how the measures of success in the White Paper (People at The Heart of Care) will be delivered in Bromley, which aligns with the ACH Portfolio Plan for 2022-2023. - Development plan devised and agreed to support the Care Cap and System Changes required in the legislation. - Work to develop the communications strategy begun. - Embedding lessons learnt and good practice from the Trailblazer sites. | Director, Adult Services Kim Carey |

Risk Assessment Guidance

| | | | | | | | | | | | | | | | |
|-------------------|--------------------|----------------------------------------------------------------------|-----------|--------------|-----------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------|---------|----------------------------------------------------------------------|-------|-----------------------------------------------------------------|-------|-----------------------------------------------------------------|
| Likelihood | Almost Certain (5) | 5 | 10 | 15 | 20 | 25 | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="background-color: red;">15+</td><td>High Risk - review controls and actions every month</td></tr> <tr><td style="background-color: orange;">10 - 12</td><td>Significant Risk - review controls and actions every 3 months</td></tr> <tr><td style="background-color: yellow;">5 - 9</td><td>Medium Risk - review controls and actions every 6 months</td></tr> <tr><td style="background-color: lightgreen;">1 - 4</td><td>Low Risk - review controls and actions at least annually</td></tr> </table> | 15+ | High Risk - review controls and actions every month | 10 - 12 | Significant Risk - review controls and actions every 3 months | 5 - 9 | Medium Risk - review controls and actions every 6 months | 1 - 4 | Low Risk - review controls and actions at least annually |
| | 15+ | High Risk - review controls and actions every month | | | | | | | | | | | | | |
| | 10 - 12 | Significant Risk - review controls and actions every 3 months | | | | | | | | | | | | | |
| | 5 - 9 | Medium Risk - review controls and actions every 6 months | | | | | | | | | | | | | |
| | 1 - 4 | Low Risk - review controls and actions at least annually | | | | | | | | | | | | | |
| Highly likely (4) | 4 | 8 | 12 | 16 | 20 | | | | | | | | | | |
| Likely (3) | 3 | 6 | 9 | 12 | 15 | | | | | | | | | | |
| Unlikely (2) | 2 | 4 | 6 | 8 | 10 | | | | | | | | | | |
| Remote (1) | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | |
| | | Insignificant (1) | Minor (2) | Moderate (3) | Major (4) | Catastrophic (5) | Impact | | | | | | | | |

| Risk Likelihood Key | | | | | |
|---------------------|-------------|------------|-----------|-----------|-----------|
| | Score - 1 | Score - 2 | Score - 3 | Score - 4 | Score - 5 |
| | Remote | Unlikely | Possible | Likely | Definite |
| Expected frequency | 10 - yearly | 3 - yearly | Annually | Quarterly | Monthly |

| Risk Impact Key | | | | | |
|------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Risk Impact | Score - 1 | Score - 2 | Score - 3 | Score - 4 | Score - 5 |
| | Insignificant | Minor | Moderate | Major | Catastrophic |
| Compliance & Regulation | Minor breach of internal regulations, not reportable | Minor breach of external regulations, not reportable | Breach of internal regulations leading to disciplinary action Breach of external regulations, reportable | Significant breach of external regulations leading to intervention or sanctions | Major breach leading to suspension or discontinuation of business and services |
| Financial | Less than £50,000 | Between £50,000 and £100,000 | Between £100,000 and £1,000,000 | Between £1,000,000 and £5,000,000 | More than £5,000,000 |
| Service Delivery | Disruption to one service for a period of 1 week or less | Disruption to one service for a period of 2 weeks | Loss of one service for between 2-4 weeks | Loss of one or more services for a period of 1 month or more | Permanent cessation of service(s) |
| Reputation | Complaints from individuals / small groups of residents Low local coverage | Complaints from local stakeholders Adverse local media coverage | Broader based general dissatisfaction with the running of the council Adverse national media coverage | Significant adverse national media coverage Resignation of Director(s) | Persistent adverse national media coverage Resignation / removal of CEX / elected Member |
| Health & Safety | Minor incident resulting in little harm | Minor Injury to Council employee or someone in the Council's care | Serious Injury to Council employee or someone in the Council's care | Fatality to Council employee or someone in the Council's care | Multiple fatalities to Council employees or individuals in the Council's care |

INSTANT GUIDE TO RISK MANAGEMENT

| The Process | Identify your risks | Assess your risks | Control your risks | Monitor and Review your risks |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Risk Management is an important element of the system of internal control. It is based on a process designed to identify and prioritise risks to achieving Bromley's policies, aims and objectives.</p> <p>The Risk Management process is a continuous cycle:</p> <p>Using your objectives Identify your risks> Assess your risks > Control your risks> Monitor and Review your risks.</p> <p>Useful definitions:</p> <p>Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives.</p> <p>Risk is the chance of something happening which will have an impact on objectives.</p> <p>The message is that if you don't manage your risks then you are unlikely to achieve your objectives</p> | <p>Brainstorming session using IE&E plans and departmental objectives, to identify threats and opportunities.</p> <p>Useful analytical tools:</p> <p>Political Economic Social Technological Legal Environmental</p> <p>PESTLE provides a simple and useful framework for identifying and analysing external factors which may have an impact on your service.</p> <p>Strengths Weaknesses Opportunities Threats</p> <p>Using the PESTLE output SWOT is a technique that can help a service to focus on areas for improvement and opportunities that could be pursued.</p> <p>Remember if it can go wrong it will go wrong.</p> | <p>We use a 5 x 5 matrix to assess risks (see Risk Assessment Guidance tab).</p> <p>Risk is scored using a traffic light system:</p> <p>Red = High Amber = Significant Yellow = Medium Green = Low</p> <p>There are two risk variables that make up the overall risk rating:</p> <p>Impact – how minor / severe is it when it happens?</p> <p>Likelihood – how likely is it / how often does it happen?</p> <p>The Risk Management Toolkit provides detailed guidance on how to score these.</p> <p>Some of these assessments can be based on past experience. In other cases you will need to take a view.</p> <p>We measure both gross risk (before any controls are taken into account) and net or residual risk.</p> | <p>Consider the controls you have in place to mitigate or reduce the risk.</p> <p>What further controls are required? Record these as actions until they are completed.</p> <p>Consider the cost of any controls against the potential benefit gained.</p> <p>What is our Risk Appetite? An element of risk is unavoidable or we would never do anything!</p> <p>AVOID a risk – stop doing the activity</p> <p>REDUCE a risk – put additional controls in place</p> <p>TRANSFER a risk – by insuring or passing the risk to a third party</p> <p>TAKE a risk – monitor to ensure the impact and likelihood do not change</p> <p>Risk of service failure can be minimised by ensuring effective Business Continuity Plans are in place. For guidance contact Laurie Grasty x4764..</p> | <p>Risks should be reviewed at least annually and whenever your business plans change.</p> <p>Remember risks evolve and change over time. Are the controls still effective?</p> <p>Your aim should be to:</p> <p>Manage threats that may hinder delivery of priorities and maximise opportunities that will help to deliver them.</p> <p>The Bromley Risk Register is maintained centrally by Audit and includes details of the risks, risk owners, controls and actions. Contact James Newell x4842.</p> <p>Further guidance on Risk Management can be found in the Managers' Toolkit on onebromley. This also provides links to the Risk Management Strategy, Risk Management Toolkit and Risk Register.</p> <p>The site also provides a link to the Health and Safety Unit who carry out H&S risk assessments. For guidance contact the Corporate Safety Advisor Charlotte Faint x7584.</p> |