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		Current Impact	Current Likelihood	Overall RAG Status	Risk Owner / Updater	Management Assurance	Council/ Cabinet	Scrutiny	Other	Internal Audit	Other Bodies	External Audit			Audit Plan Area
Risk ID 175  Risk Title Freedom of Information and Subject Access Requests  Risk Level Corporate	IF we repeatedly fail to respond to FOIs and SARs and requests for erasure of personal data within the statutory timescales THEN we risk the number of overdue requests leading to an Enforcement Notice from the ICO requiring us to deal with the				Meredith / Kim Collis	> FOI and other information requests are all logged centrally and dispersed to a network of FOI officers embedded in different service units across the authority. Every service unit has an FOI officer. The workflow process for information requests is manual but will be automated. GOSS software has been purchased. Further improvements to the process are listed in 'Progress to Date' > Purchase and implement new				>Internal audit of FOI / SAR / EIS on rolling audit cycle					Service Specific Assurance / Cross Cutting
	backlog and improve performance.	Medium	High	Red	Tracey	workflow process software									

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		Current Impact	Current Likelihood	Overall RAG Status	Risk Owner / Updater	Management Assurance	Council/ Cabinet	Scrutiny	Other	Internal Audit	Other Bodies	External Audit			Audit Plan Area
Risk ID	If the council					>Communication to			>Member of	>Various	>Public	>WAO	>Range of	>IT audits	
Risk ID 222  Risk Title Digital, data and digital security  Risk Level Corporate	does not have robust cyber, data and digital security measures and systems and behaviours in place, embedded and working as best as they can be then it will not be protected from cyber threats, disruption to service delivery, possible loss of information including confidential information and associated fines and reputational damage.	Very High	Medium	Red	Sarah Lackenby / Jo Harley	scommunication to users to keep up awareness >Constant monitoring and surveillance of cyber risks by Security Office using system and tools in place. Situation reported monthly to Digital Services Board and Information Governance Board chaired by SIRO >DR test training completed for Digital Services team. >Simulated test of a cyber attack. Training to be provided to HoS and CMT >Simulated cyberattacks on staff carried out periodically to measure their actions, identify weaknesses and improve knowledge >Cyber security guidance and cyber scams staffnet page >Cyber security strategy in place >Digital services continually working with internal audit and emergency planning to further improve the ICT disaster recovery plan >LRF Cyber exercise >SIRO training			>Member of the Cyber Security Information Sharing Partnership which is a joint industry and government initiative to exchange cyber threat information >Part of Wales Warning Advice and Reporting Point to share cyber threats and defences with other public bodies >New regional multi-agency cyber cell meetings being attended to share intelligence and actions >PSN Certification Achieved >Cyber essential accreditation achieved >Member of Wales WARP & CISP sharing knowledge of threats.	>Various IT / System audits in Audit Plan. >GDPR audits.	Services Network (PSN) complianc e certificate - tested annually.	review undertake an IT audit each year as part of reviewing financial accounts >WAO undertook an all Wales review last year and the findings were shared in closed sessions with G&AC and Cabinet / CMT	Prange of IT audits in the plan to be completed as part of the rolling audit schedule.	included in the 2024/25 plan as per the rolling programm e and additional ICT reviews as a result of the annual consultation exercise and review of risk registers.	Service Specific - Digital & Customer Services and IT Audits - Transformation and Future Council

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Ī						>Comms. Issued to			>Discussed at						
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						detailing impact of			standing						
						cyber attack at other			agenda item						
						councils.			Ĭ						
						>Software purchased									
						to protect against									
						malware attacks									
						>More use of secure									
L						cloud storage.									

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Ris Em Pla Res Bus Cor	k Title ergency nning, silience and siness ntinuity k Level porate	If we do not have sufficient emergency planning, resilience and business continuity arrangements in place, then we will not be able to respond effectively in an emergency, provide the necessary civic leadership or continue to run vital services and ensure compliance with the legal requirements of the Civic Contingencies Act 2004 as a Category 1 Responder, which may lead to reputational damage, a loss of political and community confidence, increased potential for loss of life, prolonged	Medium	Medium	Amber	Ness Young / Craig Gimblett	As a Category 1 responder under the Civil Contingencies Act, Swansea Council has a legal requirement to plan for and respond to emergencies, to do this the following will be maintained and monitored by the CHSEMWS manager, with any gap or area of concern escalated to the CX. >The authorities Major Incident Plan will be reviewed annually, and tested on a 3 yearly basis unless activated, after which a review of the response will be provided to CMT, including any areas for improvement or additional resources needed to ensure we meet all legal obligations and can effectively respond to an emergency. >An annual delivery plan which clearly identifies priorities to address any gaps, or coming statutory needs, will be developed and delivered by the Emergency Management Service,	>EMS Manager briefs leader/cabinet as required>CMT receives regular updates on key planning and agreement as required from EMS manager. >EMS manager meets monthly with the portfolio holder for political oversight and visibility. EMS Manager represents Swansea Council at Strategic level within SWLRF and Pan Wales Forums.	>EMS have been called to several Scrutiny panels, with none currently in the calendar.	>Multi agency exercising and training >Internal development/ training of new officers including newly created assistants post. >Joint work programs and information sharing with Welsh Civil Contingencies managers and South Wales Resilience Team. >Service Manager part of the National and Regional PSPG group and CONTEST Group with local PSPG arrangements in-place. >EMS is embedded within the SWLRF at Executive, Strategic and Tactical levels BC plans in-place with each HoS.	>EMS were audited in Nov 22 with an outcome of High assurance rating.	>EMS have been part of the consultatio n group for Welsh Governme nts Civil Contingen cies review this will lead to independe nt external audit of Civil Contingen cies when final structures are establishe d in 2023. > The Protect Act, which places responsibil ity for CT planning based on organisati onal risk, as part of this a new Regulator will be appointed to enforce complianc e/breache s and audit	>Independe nt external Audits will by conducted through Welsh Government and the new regulator appointed to enforce the Protect Duty in 2023/24 to establish maturity and mitigation.	>Standard audits in the plan cover this area on rolling basis.	>Audits in the plan to be completed in as part of the rolling programm e include disaster recovery & Business Continuity, Emergenc y Planning & Business Continuity	Service Specific Audits – Communications / ICT / Council wide assurance

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		Current Impact	keli	ð	) ie	Management	0 ""	0 "	0,11		011				F F
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recov						to ensure compliance			>Plans and		arrangeme				
follov	wing a					and			Action cards		nts.				
	r/busines ntinuity					maintenance of our ability to effectively			reviewed annually and						
	ent which					respond and protect			EMS audited						
will d						the organisation and			in 2022.						
servi	ce to the					communities .			>Collaborative						
	c and					>Maintain and review			working with						
incre						on an annual basis all			SWP on call						
opera						subordinate plans,			out protocols						
costs	3.					including Mass			in-place and						
						Fatalities, Flood,			reviewed.						
						Offsite			>ACT App and						
						COMAH Plan, Rest			free training						
						Centre Plan. with exercising as			promoted across						
						appropriate			Authority.						
						>Deliver a duty officer			Local Partner						
						rota to effectively			CT comms						
						respond to			strategy and						
						emergencies available			alerts system						
						24 hours per day, 365			established.						
						days per									
						year, this will be									
						shared with all key									
						external and internal partners including									
						CMT to ensure a									
						timely									
						response can be									
						acheived.									
						>Annually review all									
						identified risks, with									
						relevant partner									
						agencies that are									
						present within the									
						borders of									
						Swansea Council to ensure control									
						measures remain									
						relevant and									
						proportionate.									
						>Ensure that all HoS									
						review their business									

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					continuity Plans on an annual basis, with a confirmation provided to ensure governance is in-place via reporting to CMT for compliance									
					all significant risks the Emergency Management Service (EMS) guidance, procedures and action cards. >Arrange for appropriate Strategic									
					& Tactical Officer to be delivered by SWLRF, to ensure ongoing competence within key officers, this will be augmented by internal training and exercise participation to protect the organisation, and maintain our ability to									

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		Current Impact	Current Likelihood	Overall RAG Status	Risk Owner / Updater	Management Assurance	Council/ Cabinet	Scrutiny	Other	Internal Audit	Other Bodies	External Audit			Audit Plan Area
Risk ID	If the		1			To ensure the	>H&S	>H&S	>Member of	>H&S	> H&S		>Standard	>Health,	
Risk ID 236  Risk Title Health & Safety  Risk Level Corporate	Authority does not have a robust framework of Health & Safety Policies and procedures that are reviewed regularly, or in the event of significant change, it may lead to legal non-compliance, the realisation of adverse events including reputational damage, injury, financial loss and litigation by regulators.	High	Low	Amber	Ness Young / Craig Gimblett	Authority meets it's legal responsibilities the following will be implemented and monitored. >Review the statutory Corporate H&S Policy and arrangements under full consultation with the organisation and TU's on a 3 yearly cycle, or when there is significant statute change or on the appointment of a new CX or Leader. Communicate changes to the Corporate H&S Policy to the organisation via H&S Alert and published on Staffnet. >HR to provide a copy of the Corporate H&S Policy to all new starters prior to commencement of employment, and be covered during induction, and completion of Mandatory H&S training to meet legal compliance, clarify roles and responsibilities and avoid accidents, ill health, reputational damage and the potential for legal/financial penalties.	Manager provides regular updates, reports, presentations, and statistics. to CMT. >H&S Manager meets monthly with portfolio holder to provide briefing and political oversight and awareness. >Accident Statistics and investigations finding provided to all H&S Committees' and sub groups.	Manager has provided updates to numerous scrutiny panels, none currently in diary.  > Service has been fully audited internally in 2019.	Pritish Association of Counsellors and Psychotherapi sts (Bacp). >Directors H&S Committees & Sub Safety Groups >Increased accessibility to H&S training via teams and online. >Policy development and review plan in-place under full consultation. >Officer representation at trade union meetings. >Additional resources placed in Occupational Health (31/03/230 & Stress Management and Counselling, with extension of Psychological Support project until 31/03/23	Audit Plan	Manager represents Swansea on a Pan Wales/regi onal basis as part of the Managers forum to share best practise and coproduce where appropriat e.		audits in the plan already cover this area.	Saftey & Wellbeing audit completed in 22/23 on the rolling programm e	Service Specific Audits – Communications / ICT / Council wide assurance

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						>Each Director or their delegated HoS to ensure a minimum of a Bi-annual H&S Committee, which will receive all minutes of lower level H&S Groups, statistics and information from the CHSEMWS, including any regulatory activity from the HSE/M&WWFRS and agree actions to resolve any unaddressed risks, with an agreed timeframe for completion. >Review all H&S policies and guidance under full consultation every 3 years, in the case of significant change through legislation or if an adverse incident identifies the need for review. Monitor and report as part of the Corporate HSW action plan, which will be updated on-line quarterly, with reports on progress submitted to each Directors H&S committee with a formal update on an annual basis to CMT. >Publish a Health, Safety & Wellbeing Action plan on a rolling			> New CORITY OH management software management package due for implementatio n March 2023. > SEQOHS accreditation submission and assessment due March 2023. > Application for evaluation for Welsh Government Gold Corporate Health Standard October 2023.						

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					2-year basis, which									
					will be ratified by the									
					CX. This will set out its									
					priorities, setting clear									
					targets for actions									
					such as training and									
					development to									
					maintain competence,									
					improvements and									
					KPI's. This will be									
					monitored by the									
					CHSEMWS Manager									
					with non-compliance									
					or areas of concern									
					escalated to CMT who									
					will receive an annual									
					update.									
					>A planned schedule									
					of H&S Audits and									
					Inspections, including									
					Fire Safety will be									
					carried out across the									
					authority based on									
					Risk. This will result in									
					a report submitted to									
					the manager/HoS									
					identifying best									
					practise and any areas for									
					improvement, including action plans									
					where required. This									
					will be monitored by									
					the CHSEMWS									
					Manager and fed into									
					the Departmental H&S									
					& Directors H&S									
					Committees to ensure									
					action.									
					>An annual									
					programme of H&S									
					training will be									
					delivered to ensure									
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					staff are trained, and									
					to maintain									
					competence as a legal									
					requirement all Health,									
					Safety & Wellbeing Training delivered by									
					the service will be									
					corporately. All HoS									
					are required to									
					annually review									
					mandatory, statutory									
					and role specific									
					training for their									
					23/11/2023 Tolerate 31/03/2024									
					Current Control									
					Measures Last Update									
					Projected									
					Risk Response									
					Completion									
					areas, and ensure all									
					locally arranged and									
					delivered training is									
					recorded. >All accidents/near									
					misses will be									
					reported to the									
					CHSEMWS, with initial									
					investigation by the									
					service area.									
					All RIDDOR reportable									
					incidents will be									
					reported to HSE, investigated, with a									
					formal accident report									
					and action plan as									
					required. This									
					information will be									
					provided to H&S									
					committees to prevent									
					reoccurrence which									'
					could lead to injury, loss and legal									'
					penalties. An annual									
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					accident report									
					complete with trend analysis will be									
					submitted to CMT,									
					with any identified									
					gaps (i.e. Training									
					agreed as priority									
					areas for development									
					in the following year,									
					or sooner if required).									
					>The Authority is									
					required by law to									
					Have a Corporate H&S Policy and									
					arrangements in-									
					place, signed by									
					the Chief Executive &									
					Leader. This will be									
					reviewed under full									
					consultation with the									
					organisation and TU's									
					on a 3 yearly cycle,									
					significant statute									
					change or on the appointment of a new									
					CX or Leader, this will									
					be communicated to									
					the organisation via									
					H&S Alert, and									
					published on Staffnet.									
					> A copy of the									
					Corporate H&S Policy									
					will be provided by HR									
					to all new starters prior to commencement of									
					employment, and be									
					covered during									
					induction, and									
					completion of									
					Mandatory H&S									
					training to meet legal									
					compliance, clarify									
					roles and									
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Busines	s Risk	Current Impact	Current Likelihood	Overall RAG Sta	Risk Owner / Updater	Management Assurance	Council/ Cabinet	Scrutiny	Other	Internal Audit	Other Bodies	External Audit			Audit Plan Area
Risk ID 335 Risk Title Workforce recruitment and retention Risk Level Corporate	If the Council is not able to recruit and retain the right staff, then there may be reduced workforce capacity and capability, leading to lower staff morale and productivity, poor work quality, increased staff costs and reduced staff wellbeing / higher sickness rates.	Medium	Low	Amber	Rachael Davies / Rachael Davies	avoid accidents, ill health, reputational damage and the potential for legal/financial penalties.  > Each Director or their delegated HoS is responsible for ensuring a minimum of a Bi-annual H&S Committee, this will receive all minutes of lower level H&S Groups, statistics and information from the CHSEMWS, including any regulatory activity from the HSE/M&  > Review the existing recruitment policy and assess weaknesses in application processes and selection processes for improvement by April 2023, to ensure the most appropriate application and selection techniques are being used to hire talent into the organisation.  > Quarterly reporting provided to Directorates for PFM to highlight areas of concern and consider targeted approaches accordingly	>Cabinet Member briefings, Cabinet reports where applicable	>Regular reporting to Scrutiny Working Group - Regular reporting to Organisational Development CDC	>Quarterly reporting provided to Directorates for PFM to highlight areas of concern and consider targeted approaches accordingly. Quarterly reporting to Workforce Transformatio n Programme Board	>Internal audit of recruitment procedures			>Standard rolling audit schedule, repeated based on audit risk score.	>Audits included on rolling programm e in HR & OD / Service Centre. Includes Recruitme nt and Staff Contracts	), Service Ce

Business Risk						Level and Source of Assurance						Internal	Planned		
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		Current Impact	Current Likelihood		Risk Owner / Updater		Council/ Cabinet	Scrutiny	Other	Internal Audit	Other Bodies	External Audit			Audit Plan Area
Risk ID 336	If the Council does not					>Regular Quarterly and annual reports to	>Cabinet Member	>Scrutiny Panels in	>Mandatory Corporate	>Internal Audit of	>HSE where		>Standard rolling	>Safeguar ding cross	
Risk Title	implement, monitor and					CMT on compliance levels by Directorate.	briefings, Cabinet	place to scrutinise	Training available for	mandatory training	applicable CIW/EWC		audit schedule,	cutting audit is	Centre
Mandatory	ensure the					novolo by Birociorato.	reports where	Social	all Staff and	complianc	where		repeated	included in	Ö
Training	completion of mandatory						applicable	Services Work and	Members. Reports to	e Governan	applicable		based on audit risk	rolling programm	& OD, Service
Risk Level	training, then							Performance,	CMT on	ce and			score.	e	Se
Corporate	the Council may not fulfil							of which safeguarding	progress and actions	Audit Committee				>Corporat e Learning	8
	its statutory				S			training is	required	reporting				&	∞ (
	and				avie			included;						Developm	¥,
	regulatory obligations or				<u></u>			Scrutiny Working						ent team audit due	<u>इं</u>
	ensure the				chae			Group –						for	Aud
	safe and effective				Rac			Workforce in place						2024/25 following	jĘic∵:
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	delivery of services.				Ness Young / Rachael Davies									implement ation	Service Specific Audits
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Business Risk		thood hood Status			e	Level 1	Level 2 Level 3								
				Status	Updat		Othe	Other <u>Internal Assurance</u> Other <u>Independent</u> Assurance			ssurance	, resus	Work	n Area	
		Current Impact	Current Likelihood	Overall RAG Status	Risk Owner / Updater	Management Assurance	Council/ Cabinet	Scrutiny	Other	Internal Audit	Other Bodies	External Audit			Audit Plan Area
Risk ID 350 Risk Title Successful and	If the council does not successfully deliver the Successful					> Transformation Delivery Board to receive quarterly progress reports on all programmes within the									Council
Sustainable Sustainable Swansea Corporate Transformation Plan	and Sustainable Swansea Corporate Transformatio n Plan it will					CTP to monitor progress and address any performance issues should they arise. > Ensure effective									- 1
Risk Level Corporate	struggle to deliver its wellbeing objectives and to respond effectively to the external challenges it is facing up to 2028.	High	Low	Amber	Ness Young / Ness Young	governance arrangements are in place and maintained to oversee implementation of the CTP and undertake annual review of arrangements in March each year to ensure ongoing suitability.									Cross Cutting Audits/Miscellaneous

Last Updated: 08/02/24