

South Ayrshire Council

**Report by Chief Governance Officer
to Cabinet
of 23 September 2025**

Subject: Strategic Risk Management

1. Purpose

1.1 The purpose of this report is to update Members on the reviewed Strategic Risk Register (Appendix 1) in line with the agreed reporting framework.

2. Recommendation

2.1 It is recommended that the Cabinet :

2.1.1 considers the reviewed Strategic Risk Register (Appendix 1) updated by Chief Officers; and

2.1.2 notes the 16 key risks and endorses the work currently being undertaken or proposed by risk owners to mitigate these risks.

3. Background

3.1 The Strategic Risk Register is reported in accordance with the framework within the Corporate Risk Management Strategy.

3.2 The Strategic Risk Register was reported to the Audit and Governance Panel of 3 September 2025 for scrutiny and referred to Cabinet for endorsement.

3.3 Risk Management is also undertaken at Directorate level, within the Health and Social Care Partnership and by leads undertaking complex projects.

4. Proposals

4.1 The Strategic Risk Register has been reviewed by Chief Officers / Risk Owners and updates provided on progress against implementation of proposed risk mitigations. Risks are referenced against the themes of Governance, Protection and Resources. 16 Strategic Risks are being managed and these are listed as follows:

	<i>Risk</i>	<i>Risk Rating</i>	<i>Theme</i>
1.	Decision Making and Governance	8	Governance
2.	External Factors including Contingency Planning	10	Governance
3.	Strategic Planning	8	Governance

	Risk	Risk Rating	Theme
4.	Integrity	8	Governance
5.	Internal Audit Actions	6	Governance
6.	Transformation	9	Governance
7.	Child and Adult Protection	10	Protection
8.	Public and Employee Protection	10	Protection
9.	Sustainable Development and Climate Change	12	Protection
10.	Financial Inclusion	12	Protection
11.	Ash Tree Die Back	10	Protection
12.	Prevent – Counter-terrorism	10	Protection
13.	Financial Constraints	16	Resources
14.	Employee Absence	9	Resources
15.	ICT – Digital Resilience, Protection and Capability	8	Resources
16.	Management of Assets	6	Resources

4.2 Full detail of strategic risk management arrangements is provided within the register (Appendix 1). Ownership is assigned to ensure there is clear accountability and responsibility in terms of risk management. The cause, potential effect, risk score and current mitigations are also recorded.

4.3 Unless considered 'ongoing' throughout the life of the risk register, proposed risk mitigations have a target completion date, and their progress is outlined by use of a percentage completion bar in the report. A status icon is also included which indicates whether or not the specific initiative is on target.

4.4 Members are requested to note that the Health and Social Care Partnership (HSCP) provide information on the risk management of Child and Adult Protection within the Council's Strategic Risk Register. HSCP also develop and report on wider Partnership risk issues within their own bespoke Strategic Risk Register which is presented to the HSCP Performance and Audit Panel on a 6 monthly basis for scrutiny. A link to the most recent HSCP risk register and related reports is provided on page 10 of Appendix 1.

4.5 Members are also requested to note that Chief Officers regularly consider new or emerging risks and there is a process whereby significant operational risks, managed at directorate level, can be elevated to strategic level as required.

4.6 It is anticipated that Members will consider the strategic risk management arrangements outlined within this report and be assured that there is a robust system in place for identifying and managing those threats which could have a significant impact on the successful delivery of the Council's objectives.

5. Legal and Procurement Implications

5.1 The recommendations in this report are consistent with legal requirements.

5.2 There are no procurement implications arising from this report.

6. Financial Implications

6.1 There are no cost implications associated with the recommendations in this report.

7. Human Resources Implications

7.1 There are no human resource implications associated with the recommendations in this report.

8. Risk

8.1 *Risk Implications of Adopting the Recommendations*

8.1.1 Risks have been identified and assessed in line with the Council's Risk Management process. This report seeks to confirm that risk mitigation at Strategic level is ongoing and that risks are being managed in line with an agreed approach and methodology.

8.2 *Risk Implications of Rejecting the Recommendations*

8.2.1 Rejecting the recommendations may give rise to external criticism, breach of statute or legal challenge.

9. Integrated Impact Assessment (including Equalities)

9.1 The proposals in this report allow scrutiny of performance. The report does not involve proposals for policies, strategies, procedures, processes, financial decisions and activities (including service delivery), both new and at review, that affect the Council's communities and employees, therefore an equality impact assessment is not required.

10. Sustainable Development Implications

10.1 ***Considering Strategic Environmental Assessment (SEA)*** - This report does not propose or seek approval for a plan, policy, programme or strategy or document otherwise described which could be considered to constitute a plan, programme, policy or strategy.

11. Options Appraisal

11.1 An options appraisal has not been carried out in relation to the subject matter of this report.

12. Link to Council Plan

12.1 The matters referred to in this report contribute to the delivery of all Council strategic objectives.

13. Link to Shaping Our Future Council Yes No

13.1 Not applicable.

14/

14. Results of Consultation

14.1 Consultation has taken place with Councillor Brian Connolly, Portfolio Holder for Corporate and Strategic, and the contents of this report reflect any feedback provided.

15. Next Steps for Decision Tracking

15.1 If the recommendations above are approved by Members, the Chief Governance Officer will ensure that all necessary steps are taken to ensure full implementation of the decision within the following timescales, with the completion status reported to the Cabinet in the 'Council and Cabinet Decision Log' at each of its meetings until such time as the decision is fully implemented:

Implementation	Due date	Managed by
Adopt recommended approach to Strategic Risk Management	30 September 2025	Risk and Safety Co-ordinator

Background Papers **Report to Audit and Governance Panel of 3 September 2025 – [Strategic Risk Management](#)**










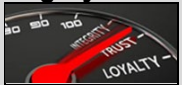






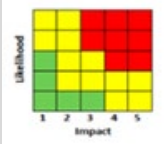
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Date: 3 September 2025

SOUTH AYRSHIRE COUNCIL - STRATEGIC RISK REGISTER (DRAFT – July 2025)

Appendix 1

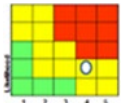


The following risks of strategic significance have been identified by Chief Officers in line with the themes of Governance, Protection and Resources.

Governance	Protection	Resources														
1. Decision Making and Governance $4 \times 2 = 8$ 	7. Adult and Child Protection $5 \times 2 = 10$ 	13. Financial Resilience $4 \times 4 = 16$ 														
2. External Factors including Contingency Planning $5 \times 2 = 10$ 	8. Public and Employee Protection $5 \times 2 = 10$ 	14. Employee Absence $3 \times 3 = 9$ 														
3. Strategic Planning $4 \times 2 = 8$ 	9. Sustainable Development and Climate Change $4 \times 3 = 12$ 	15. ICT – Digital Resilience, Protection & Capability $4 \times 2 = 8$ 														
4. Integrity $4 \times 2 = 8$ 	10. Financial Inclusion $4 \times 3 = 12$ 	16. Management of Assets $3 \times 2 = 6$ 														
5. Internal Audit Actions $3 \times 2 = 6$ 	6. Transformation $3 \times 3 = 9$ 	11. Ash Tree Die Back $5 \times 2 = 10$ 														
12. Prevent (Counter-terrorism) $5 \times 2 = 10$ 		<table border="1" style="font-size: small; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Risk Rating</th> </tr> <tr> <th>Impact</th> <th>Likelihood</th> </tr> </thead> <tbody> <tr> <td>1 Minor</td> <td>1 Unlikely</td> </tr> <tr> <td>2 Moderate</td> <td>2 Possible</td> </tr> <tr> <td>3 Major</td> <td>3 Likely</td> </tr> <tr> <td>4 Critical</td> <td>4 Very Likely</td> </tr> <tr> <td>5 Catastrophic</td> <td>5 Almost Certain</td> </tr> </tbody> </table> 	Risk Rating		Impact	Likelihood	1 Minor	1 Unlikely	2 Moderate	2 Possible	3 Major	3 Likely	4 Critical	4 Very Likely	5 Catastrophic	5 Almost Certain
Risk Rating																
Impact	Likelihood															
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Input is provided by Risk Owners identified at Strategic level to ensure clear responsibility in terms of their management. Detail is provided on risk mitigations – both current and proposed. Target dates are recorded in respect of the achievement of the proposed mitigations, unless agreed as ‘ongoing’. The successful mitigation of these risks will support the delivery of the Council Plan.


SOUTH AYRSHIRE COUNCIL - STRATEGIC RISK REGISTER (DRAFT – July 2025)



Risk 1	Risk Title – Decision Making and Governance				Risk Theme - Governance	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – ELT Responsible – CLT Risk Owner – Chief Governance Officer	There is a risk that key decisions are taken on behalf of the Council which may contradict agreed Council Plan objectives or increase risk exposure to the organisation.	Updates to Government legislation and advice. Changes to political structure. Levels of scrutiny on information made available or provided.	Lack of compliance. Failure to meet statutory requirements. Poor best value audit. Financial Impact Reputational damage.	 4 x 2 = 8	1. Members are supported by a range of training programmes to ensure effective Panel participation and good decision making. 2. Service Leads ensure there is full consultation with PFH's on Panel reports. 3. Webcasting/live broadcasting allows both hybrid meetings and public access. External public website has an area dedicated to this where meetings are live streamed, the future meeting schedule is visible and recordings of the meeting archive can be viewed. 4. Reports outline key headings on legal, procurement, financial, HR, risk, equalities and sustainable development implications of decision making. 5. The Council Plan is complete and approved, as are the associated Service Plans across all Directorates. (Cross reference - Risk 3 - Strategic Planning).	
Proposed Mitigations (with dates)					Status	Progress Bar
1. Members are supported to deliver good decision making through training and briefings. Officers in conjunction with Members felt that Members would benefit from further training on scrutiny and two training sessions were delivered on scrutiny of business cases by the Improvement Service. Both new and more experienced Members of the Service and Performance and Audit and Governance Panels felt this improved their understanding of scrutiny. A & G Panel also undertook a self-assessment and officers are implementing the recommendations identified by the Panel. Specific recommendations were previously made for one-to-one meetings with Members to assess training needs and produce an individualised plan. These take place by request from Members utilising the Improvement Service's Political Skills Self- Assessment tool and this allows Members to consider particular areas that they would benefit from training on. Further steps are being taken by the leads of Democratic Governance and Organisational Development to analyse this process and to fine tune the personal development process for Members. Members' briefings are available online and group officers encourage Members to access these, as well as maintaining records on uptake for future audit purposes.						

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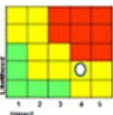
SOUTH AYRSHIRE COUNCIL - STRATEGIC RISK REGISTER (DRAFT – July 2025)

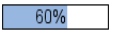
Risk 2		Risk Title – External Factors including Contingency Planning			Risk Theme - Governance		
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations		
Accountable – ELT Responsible – CLT Risk Owner – Chief Governance Officer	There is a risk that a range of external factors out with the Council's control such as pandemic, Brexit, Ukraine, cost of living crisis, inflation, industrial action, disruptive weather or other, may adversely impact on ability to fulfil Council objectives and deliver critical services.	Adverse incidents or Civil Emergencies. Factors imposed upon the Council such as legislative change, Government policy change, cost-of-living crisis, implications of Brexit, Ukraine, political change nationally or locally. Unanticipated updates to Government legislation and advice.	Requirement to re-allocate resources, failure to deliver services to an acceptable level or drive desired improvements. Restrictions on budget, reputational damage.	 5 x 2 = 10	1. Continued Horizon scanning to anticipate and respond to risks – four main civil contingencies risks identified for Ayrshire. 2. Watching brief and continual discussion on funding requirements for any unanticipated emergencies. 3. Dissemination of information to Officers and Members around CoSLA and Chartered Institute of Public Finance and Accounting (CIPFA) briefings. 4. The Ayrshire Civil Contingencies Team (ACCT) supports the Ayrshire Local Resilience Partnership (ALRP). Chief Executive attends Strategic ALRP. 5. The level of interaction between Health / Councils and partners has increased and allows for more efficient collaboration in emergency planning. The HSCP Risk and Resilience Forum is well established. 6. 24/7 on call service in place via Civil Contingencies for response and assistance in coordinating the Council emergency input to major incidents. 7. Staffing and resourcing arrangements are in place to support those individuals and families arriving in South Ayrshire from Ukraine. 8. <i>Cross reference to mitigations at Risk 10 – Financial Inclusion.</i>		
Proposed Mitigations (with dates)						Status	Progress Bar
1. Practitioner Ayrshire Local Resilience Partnership (ALRP) and Strategic Ayrshire Local Resilience Partnership meet with required frequency to co-ordinate individual responses from all agencies to major incidents or adverse events. Ayrshire wide Tactical Groups are established where circumstances dictate. Additionally, the Ayrshire ALRP identifies and manages 4 concurrent civil contingencies risks to support an Ayrshire response. These are 1. Pandemic or Emerging Infectious Diseases, 2. Marauding Terrorist Attack, 3. Disruptive Weather and 4. National Electricity Transmission System (NETS) Failure (Power Resilience/Black Start) (<i>ongoing</i>)							<i>Ongoing</i>
2. Risk and Safety Team and the Ayrshire Civil Contingencies Team continue to support SAC civil contingency and business continuity arrangements. SAC Civil Contingencies Response Plan is reviewed every three years and Council Incident Officer training has been rolled out to key Chief Officers, operational Service Leads and Coordinators. Civil Contingencies exercises to test plans continue to be developed and rolled out (<i>ongoing</i>). Council Managers undertake a rolling review of Service Business Continuity Plans on a 6 monthly basis.							<i>Ongoing</i>
<i>(New)</i> 3. To further implement and embed the Business Continuity process in the Council, a review of the BC Strategy is currently underway. A formal BC testing exercise programme has been developed (for both Corporate and Service Led testing) and will be rolled out. A review of the current scrutiny and reporting arrangements will be undertaken. (Dec 2025)							 30% <i>New</i>
4. The Council is anticipating new legislation (Martyn's Law) governing public safety at events. A business case has been prepared outlining the preliminary indicative resourcing required to demonstrate compliance. Future work in this regard will also allow for the establishment of a bespoke South Ayrshire Council Safety Advisory Group. A part-time seconded officer has been appointed since January 2025 and is currently investigating best practice across Ayrshire and the wider Scotland Local Authorities to develop a robust process to ensure that all events taking place in South Ayrshire are considered in advance of a decision to refer to the Safety Advisory Group (target date TBC)							 40%

SOUTH AYRSHIRE COUNCIL - STRATEGIC RISK REGISTER (DRAFT – July 2025)



Risk 3 **Risk Title – Strategic Planning** **Risk Theme - Governance**

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – ELT Responsible – CLT Risk Owner – Service Lead Performance, Community Planning and Sustainability	<p>1. There is a risk that the Council fails to fulfil agreed strategic objectives in light of the cost-of-living crisis, staffing, budgetary or external pressures and therefore current service, financial and resource planning is not aligned.</p> <p>2. There is an associated risk that corporate and service targets and performance measures may be adversely impacted.</p> <p>3. There is a risk that the Council fails to meet the Accounts Commission Statutory Performance Information Direction (SPI).</p>	Recent pressures may have contributed to delays in Corporate and Directorate Planning processes.	<p>Failure to deliver on Corporate and Directorate Plans or achieve priority outcomes.</p> <p>Failure to meet expectations of the public, partners, service users, local businesses.</p> <p>Reputational damage</p>	 4 x 2 = 8	<p>1. Existing Council Plan with clearly defined priorities is in place, as are the individual Service Plans. Governance is included and underpinned by the enhanced requirement for performance measures and targets.</p> <p>2. Plans have been developed by each Council Service Lead to take account of future operational delivery models. These include workforce planning considerations.</p> <p>3. Delivering Good Governance framework and reporting in place. Last update provided to Audit and Governance Panel on the 25th June regarding the 2024/2025 assessment.</p> <p>4. Robust financial governance, linked to the Council Plan and priorities, is in place.</p> <p>5. The Future Operating Model has been implemented and the Council is now operating its new ways of working.</p> <p>6. Council Plan actions progress Year 2 (Q2 and Q4) were reported to the Service and Partnerships Performance Panel during 2024/2025 as part of the Council Plan 23-28 Performance Management Framework. New Council Plan and Service Improvement actions have been developed by all services as part of the 24/25 performance reporting. Performance against the Council Plan and other KPIs are also subject of an annual report to Council. Performance against Council Plan and other KPIs were the subject of a 2023/2024 Annual Performance Report which was approved by South Ayrshire Council on the 12th December 2024. Work on the 2024/2025 Annual Performance Report has begun and will be presented to Full Council in December 2025.</p> <p>8. Service Lead LGBF data packs were produced in March 2024. The LGBF data packs have been reviewed and have been updated in line with the new SPI Direction which has been produced. These data packs will be reported to Service and Partnerships Performance Panel in August and September for scrutiny.</p>

Proposed Mitigations (with dates)	Status	Progress Bar
1. Quarterly budget monitoring continues and is reported by Financial Services in order to measure impact.		<i>Ongoing</i>
2. Ensure that the Council's public performance reporting webpage is continually reviewed with relevant performance reports added		<i>Ongoing</i>
3. Service Planning session took place with service leads in Feb 24 and May 25 and new service planning guidance was made available to support planning and improvement. Service planning sessions were delivered, and new Council Plan and Service Improvement plan actions have been uploaded to Pentana. Work is currently underway with Services to Review their current Service Improvement Plans and self-evaluation templates to finalise 2025/2026 Service Improvement Plans.		 60% <i>New</i>

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SOUTH AYRSHIRE COUNCIL - STRATEGIC RISK REGISTER (DRAFT – July 2025)



Risk 4

Risk Title – Integrity

Risk Theme - Governance

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – ELT Responsible – CLT Risk Owner – Chief Governance Officer	<p>1. There is a risk that the integrity of the Council is breached through a range of failures such as Information / Asset Security, Cyber Crime, non-compliance with the General Data Protection Regulations (GDPR), CCTV Governance, Procurement Fraud, Contractual Failures, Vetting or Financial Irregularities.</p> <p>2. There is a risk of failure to maintain sources of assurance and levels of scrutiny.</p>	<p>Existing Council Policy or systems may be ineffective or inconsistently implemented.</p> <p>Lack of ownership, training or communication.</p> <p>Difficulty to respond timeously to FOI and GDPR requests.</p> <p>Additional levels of Cybercrime and Fraud because of external global events.</p>	<p>Reputational damage, financial loss, fines, prosecution, civil liability.</p>	<p>4 x 2 = 8</p>	<p>1. Current policies / encryption / firewalls, specifically mandatory online Data Protection training, robust processes for reporting and dealing with data breaches.</p> <p>2. Adherence to the Records Management Plan that has been agreed with the Keeper and is being implemented.</p> <p>3. Standing Orders relating to Contracts and to Meetings, Scheme of Delegation, Financial Regulations, Council Procurement Policy.</p> <p>4. SAC Code of Conduct, range of HR, H&S, Fleet policies, employee vetting processes.</p> <p>5. Fraud Officers, Fidelity Guarantee Insurance Policy and National Fraud Initiative.</p> <p>6. Internal Audit activity.</p> <p>7. Establishment of Integrity Group / management of Integrity Group Risks.</p> <p>8. Additional Communications with Staff and Public with advice re Cyber Crime and Fraud.</p> <p>9. CCTV governance is set out in established policy. Duty Holders in relevant premises are responsible for compliance with GDPR as it relates to CCTV.</p>	
Proposed Mitigations (with dates)					Status	Progress Bar
1. The actions referred to above are progressed by an Integrity Group, which monitors existing risks and identifies any new and emerging risks for SAC. The Group monitors and develops appropriate mitigations. The Chief Executive chairs the group and officers responsible for each key heading report on the risks. Various Service Leads attend and report on their operational areas as they relate to integrity. (ongoing).						<i>Ongoing</i>
2. The reporting process of the risks from Integrity Group to Members has been reviewed. Reporting mechanisms include regular briefings from relevant Chief Officers or Service Leads on pertinent integrity matters to assist in Member awareness and further support good decision making. This is considered to be an ongoing mitigation through the life of the integrity group. (ongoing)						<i>Ongoing</i>

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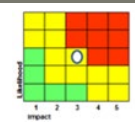


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Risk 5		Risk Title – Internal Audit Actions			Risk Theme - Governance	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – ELT Responsible – CLT Risk Owner – Chief Internal Auditor and Service Leads	There is a risk that actions identified by Internal Audit are not progressed within agreed timeframes and improvements to the control environment not achieved.	Staffing resources. Competing Service priorities. Delays in implementation of corporate or service specific systems.	Service Governance arrangements are compromised. Depending on the significance of the outstanding action the Council may be exposed to risks relating to statutory compliance, public or employee safety, financial loss, reputational damage, legal challenge.	<p>3 x 2 = 6</p>	1. The Audit Plan is formulated on an annual basis. There is also a mid-year review and approval is sought from Audit and Governance Panel for any changes. 2. Follow up Audits are undertaken for all 'red' reports as well as a sample of 'amber' reports, where resources permit. These include testing to confirm the service has evidence to support the completion of internal audit actions. 3. Progress against actions is included in Internal Audit update reports the Audit and Governance Panel. 4. Senior Management require to confirm they are willing to accept the risk in areas where audit recommendations are not accepted. The Audit and Governance Panel are advised of this through the quarterly progress reports. 5. Service Leads are required to attend Audit and Governance Panel to explain any 'red' reports, any overdue or outstanding actions from these and further explanation of requests for more than 2 extensions to due dates. They may be required to bring a formal report to Panel if deemed appropriate. 6. Through the dissemination of Audit reports, Service Leads are reminded to ensure relevant risk registers are updated to reflect risks highlighted in the Audit reports where required. Managers are required to record progress against implementation of all actions in Ideagen (Pentana) and this is the information that is included within the Internal Audit update reports to the AGP.	
Proposed Mitigations (with dates)					Status	Progress Bar
Current mitigations in place are deemed sufficient to manage the risk to an acceptable level, therefore, no further action required at this stage. Continue to monitor and review.						<i>Ongoing</i>


SOUTH AYRSHIRE COUNCIL - STRATEGIC RISK REGISTER (DRAFT – July 2025)



Risk 6		Title – Transformation			Risk Theme - Governance		
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations		
<p>Accountable – CLT</p> <p>Responsible – Director Communities & Transformation</p> <p>Risk Owners – Director of Communities and Transformation, Assistant Director – Transformation, Service Lead - Transformation</p>	<p>There is a risk that the Council will fail to deliver its vision for transformation 'Shaping Our Future Council' set out in the four priority transformation areas (our workforce; our assets; our technology; our delivery model).</p> <p>There is a risk the Council will fail to deliver the projects and programmes defined in the Transformation Portfolio.</p> <p>There is a risk that staff will not engage with the Councils transformation requirements or develop 'change fatigue'</p>	<p>Lack of understanding from elected members and officers of the scope and breadth of change required to meet 'Shaping Our Future Council' aspirations.</p> <p>Officers are not empowered to drive forward the required changes across the Council and services.</p> <p>Services do not have capacity/ capability required to support and deliver the transformation agenda.</p> <p>Staff and services are misinformed/ uninformed on the Councils transformation agenda and delivery activity.</p>	<p>The long-term financial sustainability of the Council cannot be achieved.</p> <p>Transformation cannot be executed in a planned and managed way that delivers the best outcomes for the Council, staff, customers and stakeholders.</p> <p>Instead of a joined up, strategic approach to transformation - 'salami slicing', service closure or cessation is adopted to meet financial pressures.</p> <p>Transformation and change projects and programmes cannot be delivered due to lack of support from required Council services to take activity forward.</p> <p>Transformation fails due to lack of elected member or staff buy in.</p>	 <p>3 x 3 = 9</p>	<ol style="list-style-type: none"> 1. Transformation Portfolio approved by Transformation Board (August 2024). 2. Transformation Reporting and Scrutiny Schedule is in place with 6-monthly reporting schedule to SPP. 3. Scheme of Delegation reviewed to reflect requirements to drive forward Transformation activity at officer level and necessary authority required for approvals. 4. Transformation Network has been launched. 5. Tier 1 Project Briefs presented to Transformation board. 6. Transformation Communications Plan has been finalised and rolled out. 7. The Council's Corporate Leadership Team undertook a benchmarking and self-evaluation exercise of its adoption of the five Audit Scotland transformation principles. An update was provided to AGP in January 2025. Remedial activity is ongoing. 8. A report from Audit Scotland under a thematic review of Transformation was received in Spring 2025 and an update provided to AGP in March 2025. Actions to address the recommendations are now being taken forward. 9. There are specific examples of staff/ service buy-in or engagement not meeting expectations. Issues continue to be discussed openly at the Transformation Board and escalated to the Chief Executive where appropriate. 10. Full review of the Strategic Change Programme and Lessons Learned complete. Remedial activity, as agreed with CLT, progressing. 		
Proposed Mitigations (with dates)						Status	% Progress
1. Business Cases presented to Transformation Board including investment requirements and proposed benefits. (ongoing - various)							<i>Ongoing</i>
2. Portfolio issue escalation to Chief Executive. (ongoing - Director Communities and Transformation)							<i>Ongoing</i>

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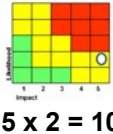
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Risk 6 (Continued....)	Title – Transformation	Risk Theme - Governance	
3. Remedial actions identified via CLT self-evaluation exercise and legacy Strategic Change Programme review. Owners identified and timescales for completion assigned (Ongoing and by June 2025) – Corporate Leadership Team		✓	<div style="border: 1px solid black; width: 50px; height: 15px; background-color: #ADD8E6; margin: 0 auto; display: flex; justify-content: space-between; align-items: center;"> 100% </div> <i>Increased from 60%</i>
4. Remedial actions identified in Audit Scotland report. (Ongoing and by September 2025)		▶	<div style="border: 1px solid black; width: 50px; height: 15px; background-color: #ADD8E6; margin: 0 auto; display: flex; justify-content: space-between; align-items: center;"> 75% </div> <i>Increased from 50%</i>
5. Transformation Partner procured to carry out an opportunities assessment. First phase of the work is complete and a report is being concluded with recommendations for future delivery. Timescale – TBC		TBC	TBC

SOUTH AYRSHIRE COUNCIL - STRATEGIC RISK REGISTER (DRAFT – July 2025)






Risk 7 **Risk Title - Adult and Child Protection** **Risk Theme – Protection**

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – ELT Responsible - CLT Risk Owner – Director of Health and Social Care and Chief Social Work Officer (CSWO).	1. There are increased levels of hidden harm in our community as a result of a range of external factors leading to more complex family and adult needs. 2. There is a risk of failure to provide adequate protection and the necessary level of support to vulnerable adults and children. 3. There are additional risks facing the SAHSCP and these are being managed, monitored and reviewed via the HSCP Performance and Audit Panel and other governance groups.	Deprivation, cost of living crisis, changing demographic and challenges in the care sector.	Potential harm to clients and vulnerable service users. Potential for litigation, financial loss or reputational damage.	 <p>5 x 2 = 10</p>	1. Chief Officer Group (Public Protection) are convened quarterly. 2. Chief Officer Group meet to receive updates from established public protection groups: <ul style="list-style-type: none"> • Child Protection • Adult Protection • Alcohol and Drug Partnership • Multiagency Public Protection Arrangements • Multi Agency Risk Assessment Conference • Prevent 3. Escalation process is clearly established to deal with emergent or urgent risks. 4. HSCP Directorate Management Team meets regularly to provide leadership and oversight. 5. Established governance in place via Clinical and Care Governance, Social Work Governance, Health and Care Governance and Adult Governance Groups. 6. APC and CPC meet regularly and have robust subgroup structures to monitor and progress improvement actions inspection and national and local reviews. 7. The Community Services Collaborative Group supports in house and commissioned services and provides assurance on a range of issues to key local and national stakeholders. 8. Audit and scrutiny process and procedures in key areas such as Case File Audit, Child Protection Initial Referral, Adult Support and Protection referrals, Child Concerns and Adult Concerns. 9. CSWO engages with operational staff in relation to complex cases in both adult and children’s services where there are complex risk factors 10. Child Protection Lead Officer and Adult Support and Protection Lead Officer available to all operational workforce to provide guidance and support when required. 11. Increase in multiagency resource in public protection with establishment within NHS Ayrshire and Arran of Public Protection Health Team, Public Protection Evaluation Group, Police Scotland with increased focus on improvement arising from Inspection and emergent issues.

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					Risk Theme – Protection	
Risk 7 (Continued...)		Risk Title - Adult and Child Protection				
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
					<p>12. HSCP strategic and operational risk registers are complete and approved by HSCP Performance and Audit Committee.</p> <p>13. New Adult Services structure fully implemented including the establishment of Connect online, in person and via telephony to ensure people can get the right support at the right time.</p> <p>14. Signs of safety approach is fully embedded and operational within Childrens and Families with good assurance around the impact on the safety and wellbeing of our young people.</p> <p>15. The ADP has developed a strategy and resource relation to risk around drug related deaths. Regular meetings have been established and we are working with Public Health Scotland and other agencies to share information / analyse trends and provide information to public and employees in regard to safety and harm reduction.</p> <p>16. The ADP has opened Compass a multiagency one stop shop for those experiencing issues with substances to receive support and assistance to safeguard them and promote recovery.</p> <p>17. Both Adult Services and Childrens and Families Justice services operate an out of hours cover of senior managers working in Partnership with Ayrshire Out of Hours Service and Ayrshire Urgent Care Service.</p> <p>18 Process for Learning Reviews / Large Scale Investigations is in place with reporting to the relevant governance groups.</p> <p>19. SAHSCP established lead on the Ayrshire Civil Contingencies Panel.</p>	
Proposed Mitigations (with dates)					Status	Progress Bar
1. In line with the current work of the Care Inspectorate relating to the role of Chief Officers Group reflection and review of current COG, structure and reporting.						
<p>Further explanation on progress to date in terms of implementation of the above mitigations can be found by cross-referencing to the Health and Social Care Strategic Risk Register Performance and Audit Committee - 18th February 2025 - Health and Social Care Partnership. Additional information is also provided within this document on a range of other risks being managed by the Partnership including; Climate Change & Sustainability, Communication and Reputation, External Factors including Contingency Planning, Financial Position, Good Governance, Strategic Planning and Business Resilience, ICT, Population, Premises, Provider Organisations, Service Quality, Workforce Protection and Workforce Capacity and Capability.</p>						

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Risk 8 **Risk Title - Public and Employee Protection** **Risk Theme – Protection**

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – ELT Responsible – CLT Risk Owners – Service Lead – Risk and Safety and Service Lead – Asset Management	1. There is a risk of failure to provide the agreed standards of protection to the Public and Council Employees in line Health and Safety Executive and Scottish Fire and Rescue Service legislation and guidance. 2. There is a risk that health & safety risk assessments in some areas may not currently identify adequate mitigations to safeguard employees / service users from hazards such as Violence and Aggression. 3. There is a risk that proposals by Scottish Fire and Rescue Service to reduce response to fire alarms will impact people safety and property protection.	Staffing resourcing pressures. Budget constraints across Services. Ambiguity around responsibilities or inconsistent application of policy	Accident, incident, injury or ill health to employees /service users. Prosecution and Civil litigation. Damage to Council's reputation. Financial impact of claims, increased premiums, or fines.	<p style="margin: 0;">5 x 2 = 10</p>	1. Existing H&S Policies and procedures. H&S Guidance prepared and issued. Range of resources, information, links and training on H&S CORE page and Learn Pro platform. Sample H&S Risk Assessments developed for Service use. 2. Central H&S team undertake H&S Audits and Fire Risk Assessments (FRAs) over a 1,2 and 3-year rolling programme. Risk Assessment self-evaluation process rolled out. 3. The PDR process allows for identification of key H&S training requirements for all Council employees. 4. Risk Assessment Training & Support, plus Council Standard and a range of courses on Management of Actual or Potential Aggression, Dealing with Difficult Behaviour, De-escalation etc. 5. V&A measures across services including a range of security systems, Campus Police Officers, '2 to attend' protocols, panic buttons in offices, modifications to office design. 6. Review of causes of 'Unwanted Fire Alarm Signals' (UFAS) complete – processes in place to tackle via FRA programme. 7. Revised guidance has been issued along with new online training modules to reflect the changes implemented by SFRS on 1 July 2023. Asset Management team has rolled out bespoke fire panel training to all Council Duty Holders. Change in practice has now been implemented in order to mitigate false alarms including checking double knock systems are working.

Proposed Mitigations (with dates)	Status	Progress Bar
1. Review and refresh a range of health and safety policies, guidance, sample risk assessments and work procedures. Development of new online health and safety training modules for managers / employees. (December 2025)		 65% <i>No change</i>
2. Asset Management team continue to review and action, based on risk priority, compliance and/or property related issues raised through Fire Risk Assessments, Health and Safety Audits and Vacant Property Inspections. These include the statutory HSB Engineering Inspections (ongoing).		<i>Ongoing</i>
3. All duty holders / building managers monitoring and updating outstanding H&S actions via Pentana (ongoing)		<i>Ongoing</i>
4. Continue to utilise self-evaluation method to ensure all Services have identified significant hazards and fully developed their H&S risk assessments – (Internal Audit Action). (Ongoing)		<i>Ongoing</i>

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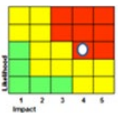

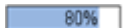
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Risk 9		Risk Title - Sustainable Development and Climate Change			Risk Theme - Protection	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – ELT Responsible – CLT Risk Owners; Service Leads – Performance, Community Planning and Sustainability, Asset Management (buildings) and Neighbourhood Services (for Fleet)	There is a risk of failure to meet climate change duties, reduce emissions and support the community to adapt and mitigate risks in relation to climate change. Risk of failure to ensure a just transition and a green recovery.	Services do not necessarily recognise the role they need to play, lack of input and accountability by services leaving key areas inadequately addressed. Decisions and infrastructure while meeting short term goals are currently not fit for the future. Actions in place are currently not fully coordinated across services.	Reduction in emissions not achieved to 1.5 degrees scenario therefore accelerating the pace of climate change. United Nations Sustainable Development Goals not adequately addressed. South Ayrshire may not be resilient. Effect may be further detriment to those already disadvantaged, increasing inequalities and exacerbating deprivation. Communities may be unprepared for a low carbon future.	<p>4 x 3 = 12</p>	<ol style="list-style-type: none"> Council approved Sustainable Development and Climate Change Strategy Baseline data on Sustainable Development and Climate Change now assembled to allow future progress to be measured. Proposals endorsed by the MOWG agreed at Cabinet and assigned for implementation. Carbon budgeting in place. Pan Ayrshire Energy Masterplan has recently been produced with 22 actions 	
Proposed Mitigations (with dates)					Status	Progress Bar
1. Fully implement Climate Change Strategy (target date 2024, at which point strategy will be reviewed). Review to be pursued to ensure delivery of strategy outcomes in a changed landscape with increased national targets and new duties and supporting the new Local Outcome Improvement Plan (LOIP) which was approved in April 2024. In addition, there has been a new Scottish Government template released in draft form for all Scottish Local Authority Climate Change Strategies. The Co-ordinator will meet with key Service Leads spring time to agree their new targets and actions in relation to the template (along with a wider consultation process) which will form the basis of the refreshed strategy which will be published during 2025 (revised to Dec 2025).						 Increased from 50%
2. Review the means of 'cross cutting' the Strategy by embedding within Council policy making, as well as service planning. This is now going forward as part of the integrated impact assessment led by Performance, Policy and Community Planning with further climate literacy and service planning work required and likely to be included in the refreshed strategy. (Revised to Dec 2024). Full roll-out of the Integrated Impact Assessment (IIA) (following a test phase) was approved by Cabinet on the 25 th September 2025 and is now being used across the Council. Briefing sessions were provided for staff. All completed IIAs and Summary Reports (along with guidance documents) can be accessed on a sharepoint site.						 Increased from 50%
3. Investigation of scope 3 accounting methodologies for Council procurement emissions to develop existing carbon budgeting process. A final decision on this has been deferred pending the outcome of national research. Consultation has now been undertaken by Scottish Government on scope 3 reporting. We aim to build the outcomes into our forward pathway to be set out in refreshed strategy. (Revised to December 2025)						 No change
4. A Net Zero Estate Strategy review was completed in November 2021. Following this a Net Zero Board group was established in 2022 to drive forward this agenda. The Board has 6 agreed workstreams (noted in Cabinet log) and progress is being measured against each of these in order that the Council can meet both its own and SG's commitment to 'net zero' in 2045 (ongoing to 2045)						Ongoing
5. Adopt fleet decarbonisation strategy in line with targets and duties alongside ULEV (Ultra Low Emission Vehicles) infrastructure for both fleet (SAC) and public charging (ARA). Current position on small SAC vehicles reflects a position where 60 of 80 are now electric. NS continue to implement charging points for staff access and are investigating a charging 'hub' at a location within the vicinity of County Buildings. Ongoing progress is captured as part of Service Plan Improvement Action for NS and forms part of Service Plan Performance Reports to Council.						 No change
6. Local Heating Energy Efficiency Strategy (LHEES) strategy has been approved in Sept 2024 by South Ayrshire Council. Post funded by Scottish Government for 5 years (up to 2028) to support this strategy. Action plan has been completed and approved by Council in April 2025.						 Increased from 10%


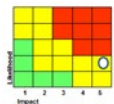

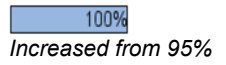

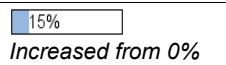
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Risk 10	Risk Title – Financial Inclusion				Risk Theme – Protection		
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations		
Accountable – ELT Responsible - CLT Risk Owner - Assistant Director of Communities and Service Lead Thriving Communities	There is a significant risk that the cost-of-living crisis, rising inflation and the current economic climate is having a detrimental impact on the local community, both public and employees.	Rising energy and food costs. Economic uncertainty. War in Ukraine.	Specific low-income groups are hardest hit. Current crisis is bringing unaccustomed hardships to groups who have previously managed financially. Impact on lowest paid Council staff.	 4 x 3 = 12	<p>Measures in place at National level; Withdrawal of the National Insurance increase.</p> <p>Measures in place at Scottish Government level; Increasing the Scottish Child Payment to £25 per week from 14 November 2022 Winter Heating Payments. Rent Freeze Bill - 'Protecting Tenants during Cost-of-Living Crisis Bill' temporary powers to protect tenants and landlords. Bridging Payments. Best Start Grants. 'One stop shop' website to help those struggling financially. National media campaign. Funding for Scottish Welfare Fund (Crisis Grants & Community Care Grants) and Discretionary Housing Payments</p> <p>Measures in place at local level; The Community Planning Partnership has a Financial Inclusion Strategic Delivery Group (SDP) who provide direction, identify any gaps in support and direct resources to areas of most need and demand. They consider themes linked to food, energy, money and community wellbeing.</p> <p>A range of Council services provide support to people most affected by the cost of living crisis. These include Thriving Communities, Housing Services, the Information and Advice Hub and Revenues and Benefits. Cabinet approved a report on 23 May 2023 Financial Inclusion - Cost of Living Crisis which outlined trends identified and the provision of current help available across all Council Services to support residents. There was also a Cabinet paper in January Food Pantries and then again in May Food Pantries that provided information on the food pantries and projects that SAC has funded.</p> <p>A Member Officer Working Group for the Cost-of-Living Crisis has been established to consider the activities being undertaken by the Council to mitigate the impact of the cost-of-living crisis.</p>		
Proposed Mitigations (with dates)						Status	Progress Bar
On 23 May 2023, Cabinet approved the development of a Strategy and Action Plan to address the agenda on Financial Inclusion - Cost of Living Crisis. This work is aligned to the Member / Officer Working Group and reports to Cabinet £1.055m was identified to support Financial Inclusion projects. Service Leads have completed requests for funding and a cabinet paper has agreed key projects in support of financial inclusion across SAC and partners. The financial inclusion projects that were funded continue to support a range of interventions and services and including Education, Information and Advice hub and Housing. Progress of these projects is being monitored and will be reviewed by the Service and Partnership and Performance Panel and CPP Financial Inclusion and Growth SDP. Concerns have been raised about the short term and temporary nature of these projects due to the funding that is available. Officers are exploring external funding opportunities and new ways of working that will support and mitigate some of the risks beyond the funding. SAC committed an additional £125,000 per annum for two years to support financial inclusion work. Projects are being progressed by Services. Funding for 2026/27 will support the continuation of Information and Advice Hub service.							

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Risk 11	Risk Title - Ash Tree Dieback				Risk Theme - Protection	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – ELT Responsible – CLT Risk Owner – Assistant Director – Housing and Operations	There is a risk of injury / damage to SAC residents and infrastructure as a result of Ash Dieback – a disease proliferating through SAC woodland. Disease has been identified and is spreading.	Principle cause is the spread of Ash Dieback throughout South Ayrshire /Scotland. Neighbourhood Services is currently not resourced to manage the extent of Ash Die Back.	Potential for fatality / injury to residents / employees. Potential for damage to property, listed structures, headstones, power / phone lines. Potential of falling Ash trees/limbs on roads/pavements/ footpaths within public open space and schools and associated obstruction to roads. Increased liability to Council in respect of above potential incidents. Financial pressure in terms of significant increased expenditure to mitigate risk including costs for replanting, cost of recruiting skilled operatives. Availability of skilled operatives likely to be restricted by market demand - this is a national problem. Potential for increased flooding risks for changes in waterways eg. banking failures due to tree failure. Loss of Ecosystems- air quality, biodiversity loss, increases in noise levels adjacent to roads, loss of visual screens. Increased liability and insurance premiums for residents due to property risks. Risk to European protected species (roosts/ food source). Loss of biodiversity of species dependant on Ash.	 <p>5 x 2 = 10</p>	1.Survey of trees within lands managed by Neighbourhood Services has commenced. 2.Communication with ARA has taken place and regular meetings have been set up. 3.An Ash Dieback Plan has been developed and approved by Cabinet. This includes an inspection programme and cost projections for full implementation. 4.Year 1 delivery of plan almost complete. Yearly target exceeded. 5. SAC is collaborating with recognised arboricultural bodies on managing this disease. A communication plan is being developed to reflect the SAC Ash Dieback plan. Proposed text is with the Tree Council and the Forestry Commission for review and will form the basis of standard text to be used by a number of authorities. Awaiting feedback on this. Communications team involved.	
Proposed Mitigations (with dates)					Status	Progress Bar
1.Funding for Year 2 of Ash Dieback Plan approved by Cabinet in January 2024, commenced in April 2024. Work is ongoing. A second survey has been completed and, at this moment in time, we have felled or managed 19% of the trees identified. With regards to year 3, there is concern around future funding in order to implement the ash tree dieback plan. Update Report is going to Cabinet in Feb 2025 in which information of works completed and expenditure is detailed. Funding for the new financial year is being requested to continue delivery. To date we have removed 601 Cat 4 trees; 760 Cat 3; 274 Cat 2 and 58 Cat 1. Second survey shows that 757 trees have progressed from Cat 1 to Cat 2; 114 from Cat 1 to 3. In Cat 2 ,337 progressed to Cat 3 and 155 to Cat 4. In Cat 3 247 have progressed to Cat 4. As of Mid Feb we are 95% complete for year 2.						
(New) 2. At Cabinet of 18 th February 2025 Council agreed to provide funding for year 3 of Ash Dieback Plan. Work on year 3 commenced 1 st April and progressing, there have been delays as teams still clearing up timber after storm Eowyn.						

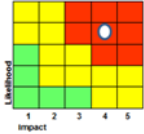



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Risk 12		Risk Title – Prevent (Counter-terrorism)		Risk Theme - Protection		
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Accountable – ELT Responsible – CLT Risk Owner – Mark Inglis, Prevent Single Point of Contact (SPOC)	There is a risk that of terrorist attack or event, with the potential of causing mass casualties and/or fatalities.	The unfettered development of radical groups, and local networks who are enabled to organise and coordinate significant fear and alarm in South Ayrshire for Political or Religious reasons.	<p>Potential of causing mass casualties and/or fatalities.</p> <p>Terrorist attack which could cause significant infrastructure damage, to buildings, transport networks (including Prestwick Airport, Ferry Terminal and Train travel) and power and energy supply.</p> <p>Resulting in civil disobedience and reaction towards minority people groups who are misunderstood to hold similar radicalised and terrorist views, such as Islamic Fundamentalist and the impact upon law abiding Muslims in South Ayrshire.</p>	<p>5 x 2 = 10</p>	<p>1. The use of the National Prevent strategy in South Ayrshire, together with Partners, specifically Police Scotland and their Prevent Specialist team.</p> <p>2. The understanding of risk groups nationally will come from the Local Contest Delivery strategy, published by Scot Gov. every three years.</p> <p>3. South West issues will be identified through Contest boards or Prevent data based on our region.</p> <p>4. Local issues which become apparent will be passed to the SPOC to inform the Prevent Risk Assessment and appropriate mitigations on emergent risks will be enacted as and when required</p>	
Proposed Mitigations (with dates)					Status	Progress Bar
1. The implementation of the Prevent strategy in South Ayrshire						<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%
2. Raise awareness across all South Ayrshire Directorates, through the completion of the COAST Prevent Module, (likely to be revised to the New Home Office, Prevent duty training - GOV.UK.)						<div style="width: 50%;"><div style="width: 50%;"></div></div> 50%
3. Policies and procedures, for staff, commissioned services and use of SAC buildings and property to align with Prevent. This will ensure that:-						<div style="width: 20%;"><div style="width: 20%;"></div></div> 20%
<ul style="list-style-type: none"> • Staff understand how to raise a Prevent concern and that SAC Prevent PMAP process supports the prevention of vulnerable (or non vulnerable) individuals being drawn into Radicalisation and Terrorist activity • all SAC commissioned services understand the Prevent duty and have clear awareness raising approaches in place and know how to raise a concern into the SAC Prevent PMAP process. • SAC have clear policies and procedures in place to address radicalisation with staff groups and know how to raise a concern • SAC has a clear policy and procedure in place for letting and use of all Council properties and buildings, that non are used for the purpose of radicalisation or terrorist propagation and recruitment. 						
4. Annual Audit and report to COG for Governance of Prevent and its application in SAC.						<div style="width: 70%;"><div style="width: 70%;"></div></div> 70%
(New) 5. The establishment of a South Ayrshire Prevent Oversight Group which ensures that emergent risks are understood and that there is a whole Council ownership and response to the Prevent Duty and to ensure actions and mitigations are monitored and reviewed on a Quarterly basis.						<div style="width: 10%;"><div style="width: 10%;"></div></div> 10%

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Risk 13						Risk Title – Financial Resilience		Risk Theme – Resources	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations				
Accountable – ELT Responsible – CLT Risk Owner – Chief Financial Officer	1. There is a risk that current, planned or expected levels of service cannot be delivered.	UK and Scottish Government reductions in real term funding over a number of years. Impact of inflation on Council cost base.	Failure to deliver key services or meet change in service demands.	 <p style="text-align: center;">4 x 4 = 16</p>	<ol style="list-style-type: none"> Annual 2025/26 budget prepared and approved in February 2025 Council agreed a £4m contribution to uncommitted reserves at part of the 2025/26 budget thereby increase uncommitted reserves to circa 3% which is above the desired minimum level of 2% and improves the overall financial resilience of the Council. £5m Transformation Fund established in February 2024 as part of the budget setting process. With a Transformation team being set up within the newly established Communities and Transformation Directorate in March 2024 to oversee change activity throughout the Council. Maintain pressure on Scottish Government to agree settlements which reflect Local Authority needs through participation in CoSLA groups. Updated five-year Medium Term Financial Plan approved by Council in December 2024 (next update due December 2025) Annual Treasury Management Strategy prepared and approved by Council March 2025. Details credit and counterparty risk. Next update due in March 2026. Treasury Management Practices (TMP's) updated annually to reflect Treasury risk such as credit and counterparty risk management, liquidity risk management, interest rate risk management and exchange rate risk management. 				
Proposed Mitigations (with dates)						Status	Progress Bar		
1. Lobby Scottish Government through discussions via CoSLA, Directors of Finance and Solace to ensure required funding continues to be made available to Local Government (ongoing).							<i>Ongoing</i>		
2. Rolling annual update of new five-year Medium Term Financial Plan to be implemented (next update due December 2025)							<i>Ongoing</i>		
3. Assess the impact/outcomes from the new deal between Local Government and the Scottish Government signed in June 2023 (Verity House Agreement) and the associated new Fiscal Framework is being developed. (Ongoing) – Limited progress has been achieved between SG & Cosla to date but discussions are ongoing							<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;"> 30% </div> <i>No change</i>		

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Risk 14		Risk Title – Employee Absence			Risk Theme - Resources	
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
<p>Accountable – ELT</p> <p>Responsible – CLT</p> <p>Risk Owner – Chief HR Officer</p>	<p>1. There is a risk that employee absence levels fall below the standards which can be sustained by the organisation.</p> <p>2. There is a risk that the cost of staff absence significantly increases the financial risk and budgetary constraints already impacting on the achievement of Council objectives. In 2023/24, the average number of days lost per employee due to absence was 9.01 days. In 2024/25, this figure has increased to 9.62 days per employee. However, despite this increase, the cost of absence has decreased by 5% for Local Government Employees (LGE) and 16% for Teachers. Notably, the Council ranked first for both LGE and Teachers when compared to its Local Government Benchmarking Framework family group. The Annual Absence report is currently being prepared and will be considered by SP&P in September.</p> <p>3. There is a risk that the impact of employee absence creates an unsustainable burden and significant extra pressure on colleagues at all levels who are required to assume additional workloads as a result.</p> <p>4. There is a risk that employee absence has an adverse effect on workforce planning arrangements.</p>	<p>Key reasons reported for employee absence;</p> <p>Psychological Musculoskeletal Hospitalisation</p> <p>Impact of employee 'culture'</p> <p>Further statistical information via report to SP&P</p>	<p>Additional risk to Service Users, gaps in Service delivery, slippage on achievement of targets.</p> <p>Additional cost of temporary, agency, supply staff or other additional unbudgeted spend.</p> <p>Adverse impact on health of 'attending' employees.</p>	<p>3 x 3 = 9</p>	<p>1. Maximising Attendance Framework – A structured approach to improving employee attendance and well-being.</p> <p>2. Occupational Health Services – The Council has recently appointed a new Occupational Health provider, receiving positive feedback from both employees and line managers.</p> <p>3. Employee Assistance Programme (EAP) – A comprehensive support service offering 24/7, year-round, in-the-moment telephone support for employees, including access to professional counselling services. Cognitive Behavioural Therapy (CBT) remains available through Occupational Health.</p> <p>4. Physiotherapy Services – Supporting employees with musculoskeletal health and rehabilitation.</p> <p>5. Employee Self-Referral to 'Access to Work' – A fully funded initiative providing non-medical interventions, support, and signposting to assist employees in maintaining workplace well-being.</p> <p>6. Flexible Working and Family-Friendly Policies – A range of HR policies designed to promote work-life balance and accommodate employees' needs.</p> <p>7. Mentally Healthy Workplace Training – Online training available to both managers and employees to support mental health awareness and resilience in the workplace.</p> <p>8. Be Well Live Well programme – providing a range of employee events to support health and wellbeing has been developed. A dedicated LWBW page is available on the Core, providing employees with access to further information and resources.</p> <p>9. The Mental Health First Aid training has been successfully rolled out, with additional sessions to be provided as needed. A lifestyle screening health check pilot was also implemented and received positive feedback. Officers are currently coordinating future screening dates.</p>	
Proposed Mitigations (with dates)					Status	Progress Bar
1. A draft Supporting Employee Wellbeing Policy has been developed and is scheduled to undergo formal consultation prior to seeking the necessary approvals. Progress in this area has been delayed due to the prioritisation of other policies by the administration, which have recently been approved by Council. Work on the Supporting Employee Wellbeing Policy will now resume, with full project completion anticipated by January 2026.						
2. The wellbeing initiatives currently being led by HR and the Trauma-Informed Officer will be integrated into the next iteration of the Council's Workforce Plan for the period 2026–2030.						

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Risk 15 **Risk Title – ICT Digital Resilience, Protection and Capability** **Risk Theme - Resources**

Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations
Accountable – ELT Responsible - CLT Risk Owner/s – Service Leads - ICT	There is a risk that major or widespread ICT failure will adversely affect delivery of Council services. ICT failure risks include non-compliance, failure of business systems, cyber-attack, and failure of ICT equipment.	Lack of corporate ICT planning in a robust and consistent manner. Cyber intrusion. Outdated / obsolete equipment and systems. The Business Continuity Plans of some Services may lack effective arrangements for ICT loss.	Inability to provide key services and recover quickly. Reputational damage, financial loss, litigation.	 4 x 2 = 8	<ol style="list-style-type: none"> 1. Resilient infrastructure in place with a fault tolerant primary data centre and many services migrated to a cloud hosting environment (Microsoft Azure). 2. External contracts established with service providers for technical support and expertise across critical technologies. 3. A bespoke ICT Risk Register in place, which is subject to review as part of standard operating practice. 4. The Integrity Group meets regularly to consider cyber security issues and develop further mitigations as required. 5. Compliance standards established as part of technology and process governance framework. 6. Service BC plans include some level of 'manual work around' for resilience in respect of ICT failure. Updates to all BC plans are required on a regular basis. 7. Rolling replacement plans are now in place, as part of the ICT Capital Programme, for technology towers. 8. Remediation security works are scheduled into business as usual activities, which are a considerable resource/staffing demand.

Proposed Mitigations (with dates)	Status	Progress Bar
1. Live services are provided by McCall's Avenue Data Centre, which has enterprise facilities management services, or via cloud hosting environments. Work is complete in terms of live services being moved from County Buildings to McCall's Avenue, with low volume items remaining which have longer term timelines. (completed Dec 2024)	✓	<i>Completed</i>
2. A significant number of services are now live in Microsoft Azure and phase 2 migrations were completed in Dec 2024. Remaining on premises services will require to be redesigned and are subject to work with specific services. Phase 3 is looking at how best to complete this transition. The expectation is that the small number of remaining servers will be hosted in the current on premises data centre until they are replaced. Investigations are currently underway to determine a timescale for this work.	▶	90%
3. PSN Accreditation achieved for 2024 and works is ongoing. Submission will be made in September 2025. This remains a recurring annual activity and includes an ICT Health check and associated remediation, which is a resource intensive activity each year. It is planned that further accreditations will be considered in 2025, and this may include Cyber Essentials. (ongoing).	▶	<i>Ongoing</i>
4. In light of the new hybrid hosting model, with services migrated to a cloud data centre, work is required with all services to redefine the ICT element of their Business Continuity Plans. Scenario based planning exercises will require to take place in 2025 with services to take cognisance of increasing cyber threats from various threat actors including organised criminal gangs and state sponsored groups. (target date December 2025).	▶	10% <i>Increased from 0%</i>
5. A full Cyber roadmap will be planned, which will be a multi-year programme to augment/increase the digital security which is currently in place. This will be developed as part of the ICT Capital Programme and progressed via existing governance arrangements. Preparations are currently underway. (December 2025)	▶	15% <i>Increased from 10%</i>
6. Approval has been granted to move forward with a change of M365 licensing in order that the Council can make use of the increased security that Microsoft offers. The initial focus will be on telephony which must be replaced by October 2025 as Skype for Business is being retired and a new solution must be in place. Network and data security projects will be developed to ensure we are taking best advantage of the new licenses. Power BI is included within the higher-level licensing and would allow an enterprise approach to analytics and reporting.	▶	20% <i>New</i>

Page Break


SOUTH AYRSHIRE COUNCIL - STRATEGIC RISK REGISTER (DRAFT – July 2025)



Risk 16		Risk Title – Management of Assets			Risk Theme – Resources		
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations		
<p>Accountable – ELT Responsible – CLT Risk Owner – Service Leads – Asset Management, Professional Design Services and Housing</p>	<p>1. Delivery of the agenda linked to Transforming the Estate may be impacted by a range of factors which could delay any resulting financial gains.</p> <p>2. There is a risk of delay to projects within the General Services capital programme due to inflation of construction costs which could impact on deliverability of the programme.</p> <p>3. There is a risk that Council property insurance valuations are out of date – last property valuation exercise was undertaken in 2015.</p>	<p>Decisions re asset rationalisation, delays on asset disposal, staff placing logistics.</p> <p>Inflation</p> <p>Cost of Living Crisis</p> <p>Lack of capacity and funding.</p>	<p>Impact on efficient recovery of Council services.</p> <p>Failure to deliver Asset Management Plan.</p> <p>Project delay or additional costs.</p> <p>Adverse incidents and compliance failure.</p> <p>Damage to Council's reputation.</p> <p>In the event of a loss, where properties are underinsured, insurers will apply average clause – this would result in financial loss to the Council.</p> <p>When insurance valuation exercise is undertaken, and if there is a significant increase in values, then service will incur a significant additional insurance premium. Such mid-term policy adjustments are costs which require to be met by service.</p>	<p>3 x 2 = 6</p>	<p>1. The Transforming the Estate project is underway and has superseded the former Asset Management Plan.</p> <p>2. Professional Design Services continue to monitor construction costs and contractor's ability to progress and deliver works.</p> <p>3. Quarterly Capital Monitoring Reports are taken to Cabinet, updating on the progress of the General Services and Housing Capital Programmes. For 2024/25, the most recently approved reports were the P12 year-end outturn General Services and Housing reports which were approved by Cabinet on the 17th June, 2025. Reports will continue to be taken to Cabinet quarterly during 2025/26, the first of which will go to Cabinet on the 26th August, 2025 reporting on P3 to 20th June. 2025.</p>		
Proposed Mitigations (with dates)						Status	Progress Bar
<p>1. The proposed approach to the rationalisation of Council assets was approved by Cabinet on 23 May 2023 in a strategy 'Transforming the Estate'. It has been agreed to note the strategic recommendations following conclusion of an external consultant's review and undertake further work to review the proposals for each asset type and validate cashable benefits and costs for the Council. Substantial progress across each of the strategic themes has been made since May 2023. A report on progress and delivery has been approved by Service and Performance Panel in May 2025.</p>							
<p>2. A revised and updated 12 Year Capital Plan is taken to full Council each year, with the next being taken in February, 2026, which will cover the period 2026/27 to 2037/38. In addition, a Capital Review paper is planned to be taken to Council on the 18th September, 2025 which will review the General Services programme. Quarterly Capital Monitoring Reports will be taken to Cabinet in August and November 2025 and February and June 2025, updating on the progress of the General Services and Housing Capital Programmes. These reports will include any issues that required to be highlighted and any adjustments requested in light of this.</p>							
<p>3. <i>Non-Residential Property Re-Valuation' Update:</i> Asset Management Service lead is sourcing a budget from various budget schemes and will go out to Tender (September 2025)</p>							
<p>4. <i>'Residential Property Re-Valuation' Update:</i> Housing and Asset Management to confirm processes for instigating revaluation and resourcing. Conditions surveys received and further discussions with Housing regarding properties to be taken back into the HRA. (September 2025)</p>							

SOUTH AYRSHIRE COUNCIL - STRATEGIC RISK REGISTER (DRAFT – July 2025)

Guidance - Recording Risks

Risk No. x		Risk Title - xxxx		Risk Theme – Resources / Protection / Governance		
Ownership	Potential Risk	Cause	Potential Effect	Risk Score	Current Mitigations	
Who is accountable and responsible for managing the risk?	What could go wrong?	What may have caused this risk?	Possible outcomes or adverse effects?	 P	What is already in place to manage the risk?	
S				A		
M				L		
E						
Proposed Mitigations (with dates)					Status	Progress Bar
1. What is planned to mitigate the risk further? (and when it is due to be completed) <enter date>					▶	<input style="width: 50px;" type="text" value="33%"/> <i>Increased from...?</i>

A status icon (Figure 3) is displayed along with a calculation from Risk Owners on percentage completion of the mitigating actions. This information is closely scrutinised by Chief Officers via CLT and Elected Members through the Audit and Governance Panel and Cabinet and this assists in determining decisions on reducing or increasing risk ratings utilising the matrix at Figure 1.

New risk identification is considered against a broad range of risk types and these are represented at Figure 2. Risk types are cross-cutting and not considered in isolation.

Further explanation of SAC Council Risk Management Methodology is available within the Corporate Risk Management Strategy [RM Strategy](#)

Fig 1

Risk Themes			
Governance	Protection	Resources	
Risk Rating			
Impact		Likelihood	
1	Minor	1	Unlikely
2	Moderate	2	Possible
3	Major	3	Likely
4	Critical	4	Very Likely
5	Catastrophic	5	Almost Certain



Fig 2

Fig 3 Status	
✔	Completed
▶	On Target
⚠	Not on target – some concerns
🚫	Not on target – major concerns
⚙	Not yet started