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AYLESBURY VALE DISTRICT COUNCIL Democratic Services

Please ask for: Bill Ashton; bashton@aylesburyvaledc.gov.uk;
Switchboard: 01296 585858
Text Relay Prefix your telephone number with 18001

28 September 2015

CABINET

A meeting of the **Cabinet** will be held at **6.30 pm** on **Tuesday 6 October 2015** in **The Olympic Room, Aylesbury Vale District Council, The Gateway, Gatehouse Road, Aylesbury, HP19 8FF**, when your attendance is requested.

NOTE: There will be an informal session starting at 6.15 pm to give Members the opportunity to comment on issues on the Agenda. The press and public may attend as observers.

Membership: Councillors: N Blake (Leader), S Bowles (Deputy Leader), J Blake, A Macpherson, H Mordue, C Paternoster and Sir Beville Stanier Bt

Contact Officer for meeting arrangements: Bill Ashton; bashton@aylesburyvaledc.gov.uk;

AGENDA

1. APOLOGIES

2. MINUTES (Pages 1 - 8)

To approve as a correct record the Minutes of the meeting held on 1 September, 2015, attached as Appendix A.

3. DECLARATIONS OF INTEREST

Members to declare any interests.

4. FOOD SERVICE PLAN (Pages 9 - 40)

Councillor Sir Beville Stanier
Cabinet Member for Environment and Waste

To consider the report attached as Appendix B.

Contact Officer: Jacqui Bromilow (01296) 585498

5. RISK MANAGEMENT STRATEGY AND STRATEGIC RISK (Pages 41 - 66)

Councillor Mordue
Cabinet Member for Finance, Resources and Compliance

To consider the report attached as Appendix C.

Contact Officer: Tamsin Ireland (01296) 585004

Agenda Item 2

MINUTES OF THE PROCEEDINGS OF A MEETING OF THE AYLESBURY VALE DISTRICT COUNCIL

1 SEPTEMBER 2015

PRESENT: Councillor N Blake (Leader); Councillors S Bowles (Deputy Leader), J Blake, A Macpherson, H Mordue, C Paternoster and Sir Beville Stanier Bt

IN ATTENDANCE: Councillors M Bateman, S Lambert and M Rand

1. MINUTES

RESOLVED –

That the Minutes of the meeting held on 14 July, 2015, be approved as a correct record.

2. DECLARATIONS OF INTEREST

There were none.

3. EMPLOYEE INDEMNITY

It was normal practice for Councils, and other employers, to indemnify all of their employees against any expenses, liability, loss, claim or proceedings arising from doing, or not doing, something in the course of their employment (other than conduct of a reckless or wilful nature) whether they were acting for the Council itself or another person or body with the Council's consent. A number of exceptions and other conditions applied to this indemnity and this would be detailed in the Indemnity Resolution.

AVDC, in line with other businesses, had put in place an indemnity resolution, passed by the Personnel Committee in 1997, although it had not been reviewed for 16 years. It was important for the Council to update it to reflect changes in legislation and the regulatory framework since 1997. There were several sets of regulation where both the authority and individuals might be in a position to have to defend themselves against criminal proceedings where there was a 'reverse burden of proof', i.e. where it was for the defendant to convince the court that they had done enough to comply with the law.

A recent incident at the Depot had highlighted the need to update what is an outdated policy. For example, levels of fines and costs had increased significantly since 1999 with the council having to ensure that it is capable of defending itself adequately. Since the recent review by the Sentencing Council, far more severe sentences were being actively sought for health and safety offences including 32 custodial sentences since November 2014.

Included at Appendix 1 to the Cabinet report was the recommended text for an updated Indemnity Resolution. Opportunity had been taken to increase the applicability with regards to the Road Traffic Act and other primary Fire and Health and Safety Legislation with our insurers via our Insurance Officer. The wording of the indemnity covered both the applicability of the Council's existing Employers' Liability Policy (Appendix 2 to the Cabinet report) and should AVDC have a different insurance provider in the future.

Cabinet was mindful that recent reviews of criminal justice and the reduction of legal aid meant that courts were less likely to award costs if someone was acquitted. This review had been part of a wider review of Health and Safety including the Council's 'Critical Incident Plan' and health and safety arrangements.

There was also no cover for a breach of Environmental Legislation such as the Environmental Protection Act 1990, for which the Council would have to meet any defence costs from reserves.

RESOLVED –

That Aylesbury Vale District Council's 'Indemnity Resolution' be updated, as detailed at Appendix 1 to the Cabinet report.

4. AYLESBURY WATERSIDE THEATRE CONTRACT REVIEW

Cabinet received a report advising Members of the outcome of the 5 year review of the Aylesbury Waterside Theatre contract, that had looked at the proposed financial terms of the management contract and other items jointly proposed by the Council and the Ambassador Theatre Group (ATG).

The five year review of the Aylesbury Waterside Theatre (AWT) contract with the Ambassador Theatre Group (ATG) had been conducted in accordance with the provisions of the current 15 year contract. Prior to review meetings being held, a comprehensive review looking at the original submission from ATG and the actual delivery over the last 5 years had been conducted by a specialist Theatre and Arts Consultancy, Artservice. That review had reached the conclusion that ATG had delivered a first class programme of events and productions but due to a number of factors, primarily the worldwide recession and less disposable income since 2010, it had taken considerably longer to build audiences, group bookings and repeat business than was expected at the time of the bid. A copy of the detailed Artservice report had been included with the confidential section of the Cabinet agenda, given the commercial details it contained.

Options for the Council that Artservice had considered had included re-tendering the management contract, establishing a charitable trust, in house operation, partnering with an existing trust or local authority or including in a larger cultural/leisure contract. In terms of the way forward, the report had recommended the continuation of the current agreement with ATG, via re-negotiation of the lease and terms of the management agreement as the most sensible option. This would allow the Council to continue the good relationship it had built up with ATG and to build on the foundations laid in the first 4-5 years of operation. The option of granting a longer lease should also be explored with a view to encouraging some capital investment in the Theatre to upgrade and re-design key areas of operation with a view to increasing income from ancillary trading, hires and events and making the second space more suitable for live arts use by amateur, community and educational organisations.

Regarding the management fee, the consultant had commented that the annual subsidy paid to ATG was in line with the national average for this type of management arrangement. However there might be scope to reduce it if the Theatre could build on the encouraging estimated financial outturn for 2014/15, and if it could increase income from ticket sales and ancillary trading and events. There was a limit to how much cost cutting was advisable in flexible areas of the budget such as staffing and marketing, as cutting costs further could have a negative impact on performance and, especially on the Theatre's ability to generate increased ticket sales; to undertake commercial development function; and to increase trading income.

In terms of other operators, there were only 1 or 2 comparable theatre management companies in the market place. ATG was the accepted market leader and was also the largest theatre management company in the world following the recent merger and financing changes. It was thought there would be little to be gained by terminating the

current contract with ATG and going out to the market place. Furthermore, this could result in a worse/more expensive outcome for the Council in terms of cost and quality and scope of programme offered.

In summary, over the last 5 years a very strong relationship had been forged between the Council and ATG. The Council recognised the important role the theatre had in terms of town centre regeneration and economic benefit. Furthermore, the Council was very happy with the quality and range of programme and events offered. Consequently, the best scenario was to negotiate new acceptable terms with ATG, that were on more favourable and less expensive terms.

The contract had commenced in October 2010 and included a six year funding agreement which terminated on 9 October 2016 and a formal contract review in year 5. The initial annual management fee payable to ATG had been agreed at £350,000 p.a. with a 3% uplift each year from October 2011. The contract included a review in year 5 to consider how the contract was performing and to review the current financial arrangements. Any agreed changes would become effective from October 2016. There was currently no financial agreement beyond September 2016 although the contract remained in force until October 2025.

The consultants' report had been received in June, following which informal negotiations had been conducted at a local level between AVDC and ATG to find common ground. Formal contract review meetings had taken place in June-July and a series of joint proposals had been discussed and agreed. Details were provided of these proposals, which included:-

- (a) That AVDC continues to acknowledge and champion the theatre's pivotal role and contribution to the development of Aylesbury town centre and night time economy.
- (b) That AVDC continues to use its best endeavours to ensure that coach drop off and pick up arrangements remain a high priority and that signage, way-marking and the public realm continue to be improved wherever practicable, for visitors, both pedestrians and by vehicles to the theatre.
- (c) That AVDC continues to work with ATG to seek affordable solutions to reduce maintenance and utility costs for mutual benefit.
- (d) To confirm the 6 year Funding Agreement from October 2016 until 31 March 2023 as detailed in the confidential appendix.
- (e) To include a formal review of the contract in year 5 (2021/22) to seek a new funding Agreement for the remaining period of the contract and any other relevant considerations at that time.
- (f) ATG will pay AVDC an agreed percentage of the gross proceeds arising from the Building Levy once ticketed admissions exceed the threshold of 250,000 p.a., payable annually in arrears in order to help with maintenance costs, as detailed in the confidential appendix.
- (g) AVDC and ATG will each make an agreed annual payment to the "Special Maintenance" sinking fund in accordance with the current contract Agreement in new contract years 1 – 6, as detailed in the confidential appendix.

- (h) All Contract Terms and Specification to be updated to reflect date changes and to remain as now except those details referred to above or that have been previously jointly agreed during the first five years.

The AVDC negotiating team was very pleased with the outcome of the negotiations and considered the terms were the best possible outcome for the Council at the present time. The ATG Board had considered the proposals and were in support of the joint recommendations. Accepting the proposals also meant that the Council would reduce substantially the cost of the management fee over a tapering 5 year period. This financial information had also been included within the confidential section of the Cabinet agenda, given the commercial details it contained. A report on the theatre contract review and proposals would be taken to the Finance and Services Scrutiny Committee on 12 October 2015 as part of their scheduled work programme.

As referred to earlier in this Minute Cabinet received commercially sensitive information as defined in Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act, 1972 relating to the financial terms for the theatre management contract and on the contract review which were taken fully into account in reaching the decision referred to below.

RESOLVED –

- (1) That the financial terms and other proposals set out in the Cabinet report for the management and operation of the Aylesbury Waterside Theatre by the Ambassador Theatre Group be approved.
- (2) That Officers be instructed to progress the required updated contract documentation with the Ambassador Theatre Group.

5. VALE LOTTERY

Cabinet received a report seeking agreement to the launch of an on-line Vale Lottery to help fund discretionary support to the local voluntary and community sector (VCS) and to enable good causes to raise funds directly. AVDC was seeking to become the first council in the country to run a lottery in this form.

AVDC had historically provided substantial financial support for the VCS across the Vale, helping to deliver a number of corporate aims, and currently distributed around £1m p.a. through Service Level Agreements as well as through Community Chest grants (ending in 2017) and other one off support.

As budget pressures continued to grow on all aspects of the council's work there would inevitably be an impact on the funding available for good causes during the medium term. The concept of an AVDC lottery had been considered for some time as a partial new source of income to help mitigate budget pressures, however the struggle with its development had been a combined one of how this would be delivered, and how it would fit with existing funding for good causes. The report addressed these issues and provided a model for implementation of a Vale Lottery.

The concept of a Vale Lottery also fitted in with the ethos of the Council's New Business Model (NBM) approach to exploring new ways of increasing income, reducing processes, bureaucracy and costs. Part of the NBM programme was considering how AVDC could sell more services to the general public, wider public sector and private sector to increase the income position of the Council. It would also help to move the

Council away from being a provider of all services to a more diverse model of buying and selling services, as well as the public and groups being able to 'self help'.

Lotteries had long been a way of smaller organisations raising income and were regulated by the Gambling Act 2005. There were different types of lotteries available, however the Cabinet report only discussed 'society lotteries'.

Society lotteries were promoted for the benefit of a non-commercial society. A society was non-commercial if it was established and conducted:

- for charitable purposes.
- for the purpose of enabling participation in, or of supporting, sport, athletics or a cultural activity.
- for any other non-commercial purpose other than that of private gain.

In all cases, lotteries had to deliver a minimum of 20% of proceeds to good causes – the report recommended that a minimum of 50% of proceeds would go to good causes in the Vale Lottery. This compared favourably to other well-known lotteries such as Euromillions and the National Lottery (who shared 28% of lottery monies with good causes) and the Health Lottery (who shared 20% of lottery monies with good causes). As a local authority, AVDC would have to be licensed by the Gambling Commission.

There were no Vale wide lotteries currently being delivered, and there was only one other council known to be a licensed operator in the country. There were however a number of community groups / charities who either ran lotteries or lottery-like fundraising within the Vale.

An AVDC lottery would need to have a set of aims or unique selling points. It was felt that there was a place for a lottery that was focused on:

- *Delivering the proceeds locally* – an AVDC lottery would deliver benefits only to local causes, unlike any other provider – players could be assured that the proceeds would stay in the Vale.
- *Maximising benefits to the community* – to bolster support and to help in continuing the good work AVDC already did, there needed to be a significant benefit being delivered to the Voluntary & Community Sector (VCS). The proposal was for 58% of proceeds to be given to good causes, with the additional benefit of none of the proceeds generated being taken by AVDC.
- *Minimising costs* – whatever delivery route was adopted it would need to minimise set-up costs, meaning the lottery would need to be largely self-financing, and any funding distribution mechanism should tap into existing distribution routes.
- *Delivering winners locally* – whilst anyone could play, it was likely that players would be locally based and hence it would be easier to maximise the value from winners' stories and encourage more participation.
- *Facilitating a wider benefit* – whilst the lottery would help current funding of good causes, it would also enable local good causes to fundraise in partnership with AVDC. This could be seen as the Council enabling good causes to help themselves, by reducing the barriers to lottery type funding such as licensing and administration. It would also open up a way for good causes to create new links with repeat donors.
- *Helping to shift residents' perceptions* – of what AVDC could do, and was here for, in line with the commercial approach being taken by the Council to move from a provider to an enabler.

A review of available delivery options for the lottery had been undertaken. In doing so, it had been difficult to assess the number of actual players that might take up a Vale Lottery. Officers had worked with different elements of the industry and had considered

a number of variants and operating models to identify a product that would deliver against the aims mentioned in the Cabinet report. One overriding issue was that the lottery would have to be online. This was due to the costs of distribution and sales in any other way. This fitted with AVDC's digital approach and the lottery would be able to be accessed via desktop, mobile and tablet.

The suggested model would operate at two levels:-

Vale Lottery – operating Vale-wide, with profits generated distributed through existing mechanisms used by AVDC to local voluntary and community organisations.

Specific Vale Good Causes –enabling groups to 'sign up' to take part in the lottery and would specifically raise a 50% share for their good cause. By signing up they would have their own web page for the lottery helping them in engaging players and raising income.

AVDC would be the overall license holder and control the good causes joining the scheme. Players buying tickets through specific web pages would know that the profits were for that specific good cause. This in turn motivated the group to gain more players to support their specific cause. This option in effect operated as an 'umbrella' scheme within the main Vale Lottery.

The Council would retain some (8%) of the proceeds to help existing funding streams for the VCS, while local organisations would also have the platform to fundraise independently. Annex A to the Cabinet report set out a draft criteria that organisations would need to adhere to on joining the umbrella scheme, and information on fund allocations.

All sales for the lottery (no matter which version the player chose) would operate via a dedicated website (specific good causes would have their own landing pages), and be funded via an online direct debit or payment card for tickets. This approach was needed to keep operating costs at a minimum.

The proposal had also looked at options for the delivery of the lottery through either an in-house management or through an external lottery manager (ELM) and it had been found that, on balance, the preferred option would be to use an ELM, taking into consideration set up costs, unknown player numbers and the skills base needed to run a lottery.

During the scoping of the work, officers had worked with two competing providers to develop the exact form of the lottery. The main difference between the them was their ticket price model, i.e. Provider A – a £1 per ticket model versus Provider B – a £2 per ticket model. For a number of reasons, it was clear that selecting a ticket price would have a significant bearing on the success of the lottery. Public perception of appropriate lottery ticket pricing was the most significant factor to consider when selecting a preferred model for the lottery. As such, it was recommended that Provider A was the most suitable ELM to operate a Vale Lottery. Due diligence was currently being undertaken on the provider.

Based on the recommendations in the Cabinet report, the Vale Lottery structure would operate as follows:-

- Ticket price - £1 per week
- Draw frequency – once per week
- 2 modes of operation:

Vale Lottery (unspecified good cause) the funds of which would be delivered through existing good cause distribution routes.

Specific Vale Good Cause directly signing up to the Vale Lottery umbrella scheme, enabling them to fundraise for their own cause within the wider Vale Lottery process.

Proceeds Apportionment				
	Specific Vale Good Cause		Vale Lottery ^A (no specific good cause)	
	<i>% Allocation</i>	<i>£ Allocation per ticket</i>	<i>% Allocation</i>	<i>£ Allocation per ticket</i>
Specific Good Cause	50	£0.50	-	-
Prizes	20	£0.20	20	£0.20
Vale Lottery Good Causes	8	£0.08	58	£0.58
External Lottery Provider	18	£0.18	18	£0.18
VAT	4	£0.04	4	£0.04
Totals	100	£1.00^B	100	£1.00

Cabinet considered further information on the number selection and prize structure (top prize was £20,000), and player modelling that indicated that a very conservative level of players would generate a considerable income for good causes across the Vale.

All day to day management would be conducted by the ELM. This included processing new players, distributing prizes and income for good causes. The ELM would also provide significant tailored marketing support to good causes and AVDC, and assist players should they experience difficulties. The ELM would send newsletters to all good causes signing up to the lottery providing updates on their lottery. AVDC would help publicise the Vale Wide lottery and support its take up. Apart from licensing and marketing costs, the lottery would be self-funding.

Based on the report and factors it had identified, Cabinet were of the view that the Vale Lottery would not significantly increase problem gambling, and that the benefits to good causes in the Vale from the proceeds of the lottery outweighed the possible negative issues.

The timetable put forward to deliver the lottery was:-

- Early September – report to Cabinet for decision.
- Late September – Launch event for VCS
- End October – License Approved (subject to Gambling Commission)
- Mid November – First Draw

RESOLVED –

- (1) That Council be recommended to give approval for AVDC to launch an online Vale Lottery, as detailed in the Cabinet report.
- (2) That the Chief Executive, after consultation with the Cabinet Member for Business Transformation, be authorised to agree the final arrangements for launching the online Vale Lottery.

6. EXCLUSION OF THE PUBLIC

In connection with minute 4 above, Members received the following commercially sensitive information included in the confidential section of the agenda in accordance with Section 100(A)(4) of the Local Government Act, 1972:-

Aylesbury Waterside Theatre 5 year contract review (Paragraph 3)

The public interest in maintaining the exemption outweighs the public interest in disclosing the information because the report contains information relating to the financial or business affairs of organisations (including the Authority holding that information) and disclosure of commercially sensitive information would prejudice negotiations for contracts and land disposals/transactions.

7. AYLESBURY WATERSIDE THEATRE CONTRACT REVIEW

As referred to above, Cabinet received commercially sensitive information relating to the contract negotiations in connection with the management of the Waterside Theatre.

FOOD SERVICE PLAN

Councillor Sir Beville Stanier

Cabinet Member for Environment and Waste

1 Purpose

- 1.1 To note the content of the 2015 – 16 Food Service Plan, which has been to the Environment and Living Scrutiny Committee, and to review the need for continued inclusion of the Plan within the Council's Policy Framework.

2 Recommendations

- 2.1 That, having regard to any comments the Environment and Living Scrutiny may have made, the Food Service Plan be noted and commended for adoption by full Council.
- 2.2 That, for the reasons outlined in this report, Council be recommended to remove the Plan from the Policy Framework, and in future approval of the Plan be delegated to the Cabinet Member for Environment and Waste, after having been the subject of scrutiny.

3 Supporting information

- 3.1 The report attached as an Appendix to this report was submitted to the Environment and Living Scrutiny Committee on 22 September, 2015. As stated in the attached report, the Food Standards Agency (FSA) is the regulatory body for ensuring food safety standards. The FSA has developed a framework agreement which provides for the production by each local authority a Food Service Plan.
- 3.2 The existing Plan has recently been updated and the attached report summarises the key features of the revised Plan. The existing Plan was subject to audit by the FSA in October, 2012 and found to be adequate. It is anticipated that the FSA will revisit during 2015/16.
- 3.3 As previously mentioned, the revised Plan was submitted to the Environment and Living Scrutiny Committee on 22 September and any substantial comments will be reported at the Cabinet meeting. As part of the Council's Policy Framework, the revised Plan, incorporating any Scrutiny Committee suggestions, will be submitted for approval by full Council on 22 October.
- 3.4 The principal reason for bringing this report to Cabinet is to enable Cabinet to consider recommending Council to remove the Plan from the Policy Framework, and in future delegating approval to the Cabinet Member for Environment and Waste. Future revised Plans will however still be subject to review by the Scrutiny Committee, whose comments will be taken into account by the Cabinet Member. The reasons for this proposal are summarised below.
- 3.5 The FSA sets out how official food controls should be delivered by local authorities in the Food Law Code of Practice guidance document. Each local authority has to have an up to date documented Food Service Plan which is readily available to consumers and businesses and which states how they intend to deliver food controls in their area, including the delivery of food enforcement activity.

- 3.6 When drafting the Food Service Plan, the FSA states that local authorities must have regard to any advice issued by the FSA and the Local Government Association. Consequently the structure and content of the Plan is largely dictated by FSA requirements and the Food Law Code of Practice, with limited discretion to deliver local food controls differently. Bearing this in mind, the existing adoption process is unnecessarily cumbersome.
- 3.7 A more appropriate approval mechanism would be to submit the Plan for Scrutiny, after which final sign off would be the responsibility of the Cabinet Member. Scrutiny is still considered to be an essential element in the adoption process, particularly as future decisions might involve targeting the limited resources available to high risk rather than low risk businesses.

4 Options Considered/Resource implications/Reasons for recommendations

- 4.1 As far as the approval process is concerned, this could be left as it is but as outlined above this is unnecessarily cumbersome and the intention is still to retain the scrutiny element as an important part of that process.
- 4.2 As far as resource implications are concerned, as indicated in the attached Scrutiny Committee report, the staffing and financial resources required to deliver the programme of food inspections required to meet FSA standards, are set out in the Plan.

Contact Officer
Background Documents

Lindsey Hone (01296) 585152
Report Environment and Living Committee on 22 September, 2015.

FOOD SERVICE PLAN 2015-16**1 Purpose**

- 1.1 To allow scrutiny committee to review the 2015-16 food service plan and suggest any comments for inclusion in future plans.

2 Recommendations

That members:

- 2.1 Note the contents of the 2015-16 Food Service Plan
- 2.2 Make any relevant comments or suggest information for inclusion in future food service plans.

3 Supporting information

- 3.1 Under European food law the Food Standards Agency (FSA) are deemed to be the competent authority. To ensure these powers are exercised consistently across the country by local authorities the FSA has developed a framework agreement part of which includes the production by each local authority of a food service plan.
- 3.2 Service plans are seen as an important part of the process to ensure that national priorities and standards are addressed and delivered locally.
- 3.3 The details to be contained in the plan are specified by the FSA. Plans must contain the following information.
- Service Aims and Objectives
 - Background
 - Service Delivery
 - Resources
 - Quality Assessment
 - Review
- 3.4 The Aylesbury Vale Food Service Plan for 2015-16 is attached to this report as Appendix 1.
- 3.5 The key features of the plan are:
- There are 1714 registered food businesses in Aylesbury Vale
 - All premises are given a risk rating, A to E. Priority is given to using our limited resources to ensure that all higher risk premises (A, B, Non-compliant C and Unrated) are inspected in accordance with the FSA Code of Practice.
 - In 2014/15 98.7% of programmed inspections of A, B and C rated premises were carried out. This is an improvement compared to the previous year (2013/14 96.7%).
 - The number of premises which are deemed to be “broadly compliant” with the law was 96.93%.
 - The plan identifies some areas of improvement or exploration including the use of partial inspections or audits of premises. There have been changes to the qualifications and experience requirements by the FSA of officers who undertake food enforcement and this will be implemented.

- There are a number of food businesses that consistently perform compliantly and are subject to external audit. During 2015/16 we want to explore the possibility of extending the scope of our Alternative Enforcement Strategy to include more of our compliant food businesses. This would enable us to further target resource to risk as well as reducing 'red-tape' for complaint businesses. This approach (if implemented) would currently fall outside of the FSA Food Law Code of Practice guidance.
- 3.6 This plan is a development of the 2012/13 plan updated to reflect the current situation and legislative changes. The 2012/13 Food Service Plan was subject to a full audit by the FSA in October 2012 and found to be adequate. It is anticipated that the FSA will revisit during 2015/16.

4 Resource implications

- 4.1 The plan sets out the staff and financial resources required to deliver the programme of food inspections required to meet FSA targets.

Contact Officer	Lindsey Hone (01296) 585043
Background Documents	None

Official Food Controls Service Plan
Aylesbury Vale District Council 2015/16

1. Service Aims & Objectives

1.1 Aims and Objectives

The food controls service plan sets out Aylesbury Vale District Council's intentions for taking forward corporate and service level objectives in relation to food hygiene and safety in the Vale.

2. Background

2.1 Profile of the Local Authority

Aylesbury Vale covers 350 square miles and makes up more than half of the County of Buckinghamshire in the centre of Southern England. It is located approximately 40 miles north-west of London and 65 miles south-east of Birmingham. Good transport links are provided via three major road routes – the M1, M25 and M40.

Aylesbury Vale has a population of approximately 184,500 of which approximately 78,000 reside in Aylesbury itself. Of the local population approximately 14% come from ethnic minority groups. Aylesbury Vale's population is based in the three major settlements of Aylesbury, Buckingham and Wendover and many mid to small rural parishes of which over half have less than 500 residents. As such the Vale has a mixed economic profile with large areas of predominantly agricultural activity as well as small hubs of commercial and industrial activity. Parts of Aylesbury Vale have been designated for their landscape quality, either as forming part of the Chilterns Area of Outstanding Natural Beauty, Areas of Attractive Landscape or Local Landscape Areas. Aylesbury is the administrative centre for both the District Council and the County Council.

2.2 Organisational Structure

Aylesbury Vale District Council has a governance structure which consists of the Leader of the Council and 6 Cabinet Members each with a specific portfolio area of responsibility broadly based on service delivery areas. The official food controls service reports to the Cabinet Member for Environment and Waste. The Environmental Health and Licensing service consists of three teams:

- Environmental health (split into two geographical area based sub teams)
- Licensing
- Environmental Health Customer Services

The Environmental Health and Licensing service underwent a major restructure during 2014, and the organisation of the service changed from 1 April 2015. It is not anticipated that the changes to the structure of the service will have an impact on food service delivery.

The provision of official food controls rests with the Environmental Health Team. Within the team there are two Environmental Health Managers. One leads primarily on residential matters and the other on commercial. The Environmental Health Manager (EHM) who leads on commercial activities is the Lead Officer for food controls and reports to the Environmental Health and Licensing Manager. She reports to a Director. All EHOs are fully generic and undertake food activities (dependant on competence etc.), irrespective of whom their line manager is.

There are currently 4 District Environmental Health Officers (EHOs) covering all aspects of Environmental Health Work across the Vale, including the provision of official food controls. The EHOs are supported by 4 Environmental Health Technical Officers (EHTOs) who cover all aspects of Environmental Health work excluding food safety inspection and audit because they are not suitably qualified as required by the Food Law Code of Practice. Two of our EHTOs are currently undertaking the qualifications to become EHOs. The level of food activity that they undertake is dependant on qualification and experience. There are also two Senior Technical Officers who are specialists in pollution and housing matters. It is not expected that they will undertake food control activity.

In the last four years, due to restructure and the deletion of posts, it has been necessary to outsource some food controls to a suitably qualified contractor to ensure that food service targets can be met. This will again be necessary during the period 2015-16 and budget has been allocated to resource this. Where contractors are used to carry out food controls competencies are assessed prior to food controls being allocated. In addition work carried out is appropriately monitored and audited by the EHM to ensure that food controls are implemented effectively and a high standard of consistency for businesses is maintained as far as is possible.

Corporately we are reviewing our services and the way that they are delivered. Known changes include the development of a Customer Delivery Service where many administrative functions will be undertaken by a central team rather than individual departments. We may also further investigate charging for food business advice as many other local authorities are already doing. This is an ongoing development for the Council.

2.3 External contacts and provision

AVDC is a member of the Bucks Food Liaison Group which consists of the other Buckinghamshire local authorities; South Bucks District Council, Chiltern Borough Council, Wycombe District Council and Milton Keynes Council as well as Bucks and Surrey County Council's Trading Standards, Milton Keynes Council Trading Standards, a representative from the Food Standards Agency and a representative from Public Health England, Colindale. The Bucks Food Liaison Group has agreed terms of reference with regard to the shared common interests of the provision of official food controls in Buckinghamshire.

As is required the Environmental Health team also work with the South East (Thames Valley) unit of Public Health England (PHE) and the Consultant in Communicable Disease Control. AVDC is a member of the Buckinghamshire Environmental Health Liaison Group which is chaired by Public Health England and consists of the other Buckinghamshire local authorities (as above, except Milton Keynes Council who attend a different regional group) and a representative from NHS Buckinghamshire.

Specialist services such as microbiological and chemical analysis of food and water samples are outsourced to UKAS accredited laboratories as required.

2.4 Scope of the Food Service

The food controls service is delivered by the EHMs and 4 EHOs alongside other aspects of proactive and reactive Environmental Health work which include health and safety, public health, statutory nuisance, licensing and planning consultation, pollution control and housing standards.

The service is driven by a combination of demand (reactive), inspection (proactive), education and intelligence.

- Demand – e.g. investigation of food and food premises complaints, investigation of notifications of infectious disease, responding to food incidents and alerts, request for re-rating by food businesses under the national Food Hygiene Rating Scheme
- Inspection – e.g. programmed food inspections and interventions as required by the Food Law Code of Practice, maintenance of an annual sampling programme as agreed by Bucks Food Liaison Group
- Education – the provision of advice and support to new and existing food businesses in the Vale, the promotion of food safety to residents and visitors to the Vale and via the national Food Hygiene Rating Scheme
- Intelligence – responding to food incidents and alerts, participation in PHE led national sampling programmes, acting on food safety issues and trends as raised by the Food Standards Agency.

2.5 Demands on the Food Service

Food premises profile in Aylesbury Vale by risk category:

Business Type	Premises Risk Category							Total
	A	B	C	D	E	U (unrated)	Outside of programme	
Primary Producers	0	0	2	7	16	4		29
Manufacturers/Packers	0	6	10	4	10	1		31
Importers/Exporters	0	0	0	1	5	1		7
Distributors/Transporters	0	0	1	4	18	3		26
Retailers	1	5	20	46	158	12	39	281
Restaurants/caterers	2	35	243	436	434	185	5	1340
Total no. of food premises	3	46	276	498	641	206	44	1714

Premises which are classed as “outside” are premises which we have determined our outside of our annual intervention programme. They are registered with us, but do not receive routine programmed interventions.

Within the premises profile there are 14 approved establishments. This is an increase of 2 from 2014/15. The new approved premises are egg packing centres. Approved establishments are food premises that prepare and handle foods of animal origin for sale or supply to other businesses. These premises must meet additional legislative food safety requirements and will generally require greater officer resource than other food premises.

There are several annual events that take place in Aylesbury Vale that require additional resource. These include the Moto GP and British Grand Prix at Silverstone, Bucks County Show and ad hoc markets, licensed large scale (i.e. music events) and community events.

The Environmental Health Service is delivered from the Council Office at The Gateway, Gatehouse Road, and Aylesbury during Council opening hours of 08.45 – 17.15 Monday – Thursday and 08.45 – 17.00 Fridays. There is no out of hours service provided by Environmental Health however it is recognised that Officers may sometimes need to work outside of these hours where food premises open solely in the evening or where an incident occurs.

2.6 Regulation Policy

The Council has adopted the Government's 'Enforcement Concordat' on the principles of good enforcement. The Environmental Health & Licensing department operates to an Enforcement Policy Statement and Divisional Enforcement Policy (QPMS-04) which aims to ensure a clear and consistent approach to enforcement within the department, including in the delivery of the food service. The Policy was reviewed in May 2014, and has regard to the requirements of the Regulators' Code.

The Enforcement Policy adopts a tiered approach to enforcement and the action that will be taken by the Council to secure compliance with legislative requirements. The Policy applies the principles of proportionality in applying the law and securing compliance, consistency of approach, targeting of enforcement action and transparency about how we will operate and what the duty holder may expect. The enforcement policy is operated with regard to the Council's Equal Opportunities Policy.

3. Service Delivery

3.1 Interventions at Food Establishments

Interventions undertaken at food establishments result from a mixture of proactive programmed interventions (inspections or other interventions scheduled to be undertaken during 2015/16 generated from the Food Standards Agency Code of Practice, Annex 5 risk rating process) including food sampling and reactive interventions. Reactive interventions may result from a complaint from an employee or member of the public, from unsatisfactory food sampling results or from

intelligence received from another food authority or the Food Standards Agency e.g. in relation to a Food Alert.

Number of interventions due by risk category 2015/16 as of 1st April 2015

	Total	A	B	Non-comp C	Comp C	Non-comp D	Comp D	E
Programmed food interventions 2014/15 (inclu outstanding interventions 2013/14)	694	3	45	16	141	2	291	195
New unrated premises interventions (exclu low-risk categories)	67							
Total	761	3	45	16	141	2	291	195

In addition to the numbers specified above the authority receives between 15 and 20 new food business registrations a month throughout the year. These numbers also have to be factored into the inspection allocation for these periods.

There is a backlog of 67 new unrated premises awaiting inspection. It is important to note that within this number there will be a proportion of businesses which have registered with us, but have not yet commenced trading and therefore we are unable to inspect. It is better to visit a premises once it has begun trading so the officer can see the practices which are actually being carried out on site.

In the 2012/13 period a new procedure for dealing with low risk new premises registering with the authority was introduced to try and target the limited resource available towards premises more likely to be involved in higher-risk food activities. As a result in 2015/16 in line with this procedure, childminders that do not prepare or handle open high-risk foods, small-scale domestic cake-makers (some of the cake makers indicate making less than 5 cakes per month, or supplying mainly friends and family) and halls and sports clubs for community use/hire will not receive an

inspection from the authority unless information or intelligence is received that justifies the need to do so. Should a complaint be received regarding one of these premises then this is likely to trigger an inspection or intervention. As a result of the departmental restructure the way that inspections are allocated to officers, has changed. This revised allocation procedure should ensure that the new premises are inspected with more priority.

New unrated premises currently awaiting inspection (as of 1st April 2015)

Total no. of unrated food premises awaiting inspection	221
Child-minders awaiting inspection	79
Low-risk premises awaiting inspection (church halls etc.)	33
Low-risk domestic premises cake-makers awaiting inspection	42
Total no. of remaining unrated premises awaiting inspection (excluding categories above)	67

The authority aims to reduce the time taken to inspect a new unrated premises in 2015/16 by employing the services of a qualified contractor to assist with these inspections. There has been budget allocated for this period to resource this.

In order to target resource where the risk to health is the greatest, premises are inspected in accordance with a risk prioritisation scheme specified within the Food Hygiene Intervention Policy and Alternative Enforcement Strategy (AES) (QPMS-59) which was introduced in the 2012/13 period. The aim of this is to allow the Council to target a limited resource where the risk to public health is likely to be the greatest. In 2015/16 programmed interventions are to be carried out in accordance with date due and in the following priority order;

- 'A' rated,
- 'B' rated,
- non-compliant 'C' rated
- new unrated businesses awaiting inspection
- compliant 'C' rated
- non-compliant 'D' rated
- complaint 'D' rated

- 'E' rated

A business that receives a score of more than 10 for any of the three risk rating areas; food hygiene and safety, structure and confidence in management, at the time of risk rating is considered to be a 'non-compliant' premises. A business that receives a score of 10 or less in each of the three risk rating areas is considered to be a 'compliant' premises. This is in line with the FSA definition of 'broadly compliant' with regard to food law requirements and with Annex 5 of the Food Law Code of Practice.

Compliant 'D' rated and 'E' rated premises will be subject to an Alternative Enforcement Strategy (AES) which will involve a mixture of inspection/audit and other interventions including the use of self-assessment questionnaires.

There is a backlog of 67 new premises (excluding low risk categories) in Aylesbury Vale who have registered with the Council but not received an intervention. It is the Council's view that these premises should take priority for intervention in 2015/16 in line with the risk prioritisation scheme (as outlined above). This is because without any knowledge of the processes and activities going on within these businesses we cannot make risk judgements about them. Although there is a requirement for businesses to register with us 28 days before they commence trading we find that businesses will either register far in advance or not register prior to commencement of trading. Officers will often pick up information about new businesses via other intelligence sources. These new premises will be prioritised over our compliant 'C' rated premises which are those premises that we know from our previous interventions are 'broadly compliant' with food law requirements and are less likely to pose a significant compliance or health risk.

3.2 Childminders

In January 2014, changes were made at a national level concerning the registration of childminders as food businesses with environmental health departments. There is now an agreement between the Food Standards Agency and Ofsted that information will be supplied to environmental health departments by Early Years Departments

regarding childminders who register with them as an early years provider. Due to this change there is no longer a need for childminders to directly register with district councils. For Aylesbury Vale information should be supplied to us by Buckinghamshire County Council.

All childminders that the Council is made aware of receive a questionnaire at the time of notification which allows us to collect information about the number of children they look after and the type of food they prepare and provide to children in their care. In accordance with the Food Hygiene Intervention Policy and Alternative Enforcement Strategy (AES) (QPEMS-59) childminders that only provide low-risk snacks such as fruit, biscuits and cereal are not identified as requiring inspection by the authority and are instead risk rated on the basis of the information they provide. Those that prepare and provide higher risk foods are identified as requiring inspection and added to the list of new unrated premises awaiting inspection.

3.3 Outstanding Inspections from 2014/15

There are 71 overdue interventions from 2014-15 which are from the following categories:

Rating	Outstanding
A	0
B	0
C	9
D	49
E	13
Total	71

Of these 87% of the outstanding interventions were from the lowest risk categories and many of these would have been subject to a questionnaire instead of an inspection visit. These businesses would have been sent a questionnaire but it may not have been returned despite EHTOs attempting to make contact with the business. It is likely that a number of these businesses may have ceased trading and not informed us. EHTOs will target these premises during 2015/16 in order to establish their status and remove them from the database if appropriate.

3.4 Alternative Enforcement Strategy (for low-risk food businesses)

Premises currently due an AES intervention (as of 1 April 2015)

	Total	Compliant D rated	E rated
Low-risk premises overdue intervention from 2014/15	14	8	6
Premises due for AES intervention 2015/16	309	148	161
Total no. of premises that may be subject to AES in 2015/16	309	148	161

Currently our AES questionnaires are sent out by post. Our corporate website is being relaunched during 2015, and we are investigating what services can be completed by customers using online transactions. As part of this process we will investigate if it is possible for businesses to complete questionnaires online. It has not been possible to do this prior to the launch of the new website and therefore this was not progressed during the 2014/15 period (as proposed in the previous Food Service Plan).

The policy relating to the inspection of food premises is detailed in the Food Hygiene Inspection Procedure (QPEMS-55). This document sets out what food businesses can expect from EHO's and expands in a practical way the Council's Divisional Enforcement Policy. In recognition that most businesses want to comply with the law, EHO's help food businesses and others meet their legal obligations without

unnecessary expense, whilst taking firm action against those who fail to comply with the law, including prosecution where appropriate.

This Service Plan is focused towards directing our resources towards the highest risk and most non-compliant businesses. European food law states that all food businesses should receive an intervention, however AVDC along with all other Bucks Food Liaison Group members formally agreed in June 2015 that the following premises would be classed as having a 'non-inspectable risk'. This does not exempt these businesses from meeting food law requirements, but they will not be subject to programmed interventions.

- Retailers where the sale of low-risk food is ancillary and/or seasonal, e.g. clothes and card shops
- Service sector businesses only serving drinks and biscuits, e.g. hairdressers and car sales showrooms
- Religious groups only serving drinks and biscuits after events
- One-off events such as charity fundraisers and fetes
- Food brokers that do not actually handle food, i.e. offices
- Grain haulage businesses as Trading Standards will cover them if serving feed businesses
- Community halls offered for hire by others (individual businesses operating regularly from these will be expected to register and be subject to official controls)
- Child-minders that only provide milk, other drinks and low-risk snacks or serve food provided by the parents

AVDC seek to ensure that resources are targeted and applied where they are most required and can be most effective. There are a number of food businesses that consistently perform compliantly and/or have a number of external audits each year. During 2015/16 we want to explore the possibility of extending the scope of our Alternative Enforcement Strategy to include more of our complaint food businesses, however this would mean that we were acting outside of the FSAs Code of Practice. The FSA and Department of Business, Innovation and Skills have been reviewing the option of earned autonomy for businesses and the outcomes of this will inform our own work in this area.

3.5 Revisits

The Food Hygiene Inspection Procedure details the action to be taken when non-compliance following inspection is found and identifies when to carry out a revisit. During 2014/15 we undertook 39 revisits which took approximately 85 officer hours, including administrative time.

3.6 Health Certificates

The division provides health certificates to several manufacturers within the Vale to assist with the export of products of fish or plant origin to countries outside of the European Union. Health certificates are provided for companies that have received an inspection or audit of the premises and this service is charged for. Last year the division generated £19,800, an increase of nearly £2000 from the previous year, from health certification. During 2015/16 we will be reviewing the process we use for issuing the certificates.

3.7 National Food Hygiene Rating Scheme (FHRS)

The authority is part of the Food Standards Agency's national Food Hygiene Rating Scheme (FHRS). The scheme is intended to give consumers information to assist them in making choices about where they buy their food from. AVDC promotes the scheme through various channels including social media, and articles in Council publications.

We have seen an interest in the ratings we award to businesses from the local media and have been contacted by members of the public for advice about premises following rating. Under the food hygiene rating scheme businesses that have taken steps to address the issues of non-compliance raised at the time of their initial inspection can request a revisit to the premises for the purpose of re-rating. In the 2014/15 period the number of requests for revisit received by the authority was 4.

3.8 Food Complaints

In the 2014/15 period the authority received 104 food related complaints. The complaints can be broken in to two distinct areas; complaints regarding food itself (22 complaints) and complaints about premises (82 complaints). The resource involved in investigating these complaints by the EHOs was approximately 167 hours. This does not take into account time spent on telephone contact and data entry by the Customer Services Team. It is anticipated that the number of food complaints received in the period 2015/16 is likely to be similar.

3.9 Home Authority Principle and Primary Authority Scheme

The Council does not act as either a Home Authority or a Primary Authority partner for any food businesses within the Vale. The Home Authority Principle and Primary Authority Scheme are adhered to by Officers when undertaking interventions in multi-outlet businesses. Officers will contact the Primary Authority where an agreement exists, on policy or enforcement issues relating to food hygiene for national food businesses.

There are several large manufacturers within the Vale with whom a Primary Authority agreement could be possible. This is an area in which the Council is interested and would consider further if an approach was made.

The scope of the Primary Authority scheme is currently under review nationally and is likely to be increased to cover more small and medium sized businesses. This provides a greater opportunity for AVDC to explore and develop Primary Authority partnerships with business.

3.10 Advice to businesses

Officers routinely provide advice and guidance to businesses during programmed interventions. However there are also a number of contacts received each year from businesses requesting advice regarding their existing business or from those looking to set up a new food business in the Vale.

In 2014/15, 48 requests for general food business advice were received by the authority. Of these 13 related to information requests regarding the setting up of a

new food business. The resource involved in providing this advice to businesses by the department was approximately 40 hours. Officers now have some general advice which they can email out to a new business. It is acknowledged that this area of work is not fully recorded on our system as we are sometimes contacted for advice before a business has found a premises in the Vale in which to be established. In addition if a premises asks for advice this may be recorded against the premises record rather than as a service request and hence the time taken is a lot less than the previous year. This does not take into account time spent on telephone contact and data entry by the Customer Services Team. Although improvements were made to how data regarding new food business advice contacts is recorded during the 2012/13 period, there is still evidence that it is not fully recorded.

We are currently working closer with colleagues in our Economic Development Team and in the South East Midlands Local Enterprise Partnership (SEMLEP) region. SEMLEP are working on a project called "Better Business for All" which is about developing and understanding the benefits of the relationships regulators have with businesses. This is an area which is in development for the department.

On occasions we may also make direct contact with a particular sector of food businesses to advise them regarding new legislation or guidance that may affect their businesses. This contact is generally made either in writing or via email and has not been considered in the resource allocation above. We are aware that there are ongoing issues concerning the service of rare burgers and this is an area where officers are keeping up to date in order that we are able to supply the appropriate guidance once it is issued by the Food Standards Agency.

3.11 Food Sampling Programme

Food sampling is undertaken in line with the Food Sampling Policy and Procedure. The objectives of the food sampling programme are to protect the consumer from contaminated foods that may pose a risk to health. The Council participates in both proactive and reactive sampling activity. Proactive sampling involves participation in national sampling programmes coordinated by Public Health England , Bucks Food

Liaison Group and the Food Standards Agency. The information obtained through the national sampling programmes helps to identify food hazards and provides a knowledge base for food authorities. Reactive sampling is also undertaken in food businesses in the Vale where it is necessary to validate food processes, activities and procedures and to investigate contamination and food poisoning incidents.

The 2015/16 proactive sampling plan is based on the Public Health England (PHE) UK Co-Ordinated Microbiological Sampling Programme 2015/16. In addition the authority will be undertaking sampling on locally agreed areas informed by the Bucks Food Liaison Group and local intelligence and information. The PHE study plans relate to salads from takeaway premises and self service bars. There is likely to be a reactive study later in the year which will pick up an area of concern which has been identified through the year. It is anticipated that the Council will participate in the first study, and potentially others depending on whether we have premises which are included in the scope of the surveys.

An imported foods programme was introduced in 2013/14 and this will be built upon in 2015/16. In addition a number of reactive samples will be taken during the course of the year to both validate food processes and procedures and investigate where there may be concerns regarding contamination.

In 2014/15 a total of 20 proactive and reactive samples were taken from food businesses in the Vale. In addition we took part in a survey which involved swabbing wooden platter boards and slates to monitor the effectiveness of cleaning. The resource involved in taking these samples and the associated administration by the EHOs was approximately 4 hours. This does not take into account time spent on data entry by the Customer Services Team, or time taken to organise and plan the sampling programme. . The four Environmental Health Technical Officers working with the Environmental Health division are authorised to take informal food samples and will be involved in proactive sampling for the national sampling programme. Two of the EHTOs have also been given a greater responsibility in organising the sampling process and hence it is anticipated a greater number of samples will be taken. In the event that a formal food sample needs to be taken where legal action

may result an Environmental Health Officer would undertake this sampling. Officers received update training on food sampling during 2014/15.

Samples requiring microbiological analysis are submitted for analysis to the Food and Water Laboratory at Public Health England in Colindale, London. Food sampling analysis credits are provided by the PHE and used and shared by the food authorities in Buckinghamshire. Aylesbury Vale DC liaises with the other food authorities in Buckinghamshire via the Bucks food Group to coordinate sampling across the County.

There maybe occasions when samples need to be sent to the Public Analyst. Examination maybe for chemical contamination or composition analysis. Our appointed Public Analyst is Worcester Scientific Services.

3.12 Control and Investigation of Outbreaks and Food Related Infectious Disease

Food poisoning notifications and outbreak controls are carried out in accordance with the Control of Infectious Disease Procedure (QPMS-11).

In 2014/15 the number of notifications of infectious disease received by the Council was 135. Not all of these were necessarily food related, and it is extremely rare to be able to associate them with a premises. PHE directly investigate a number of infectious diseases with the patient and only notify the Council where there find links with a premises or are given information which is of concern. The Council directly investigates Campylobacter and Salmonella in vulnerable people or where it is known the patient is a food handler. Many of our investigations are undertaken via a postal questionnaire. It is considered likely that a similar number of notifications will be received by the authority this year. The resource involved in processing and investigating these notifications by the department was approximately 65 hours. This does not take into account time spent on data entry and the production of standard letters and questionnaires by the Customer Services Team. The majority of notifications are administered by the Customer Services Team and the Environmental Health Technical Officers who categorise the disease case by risk group and send out and administer questionnaires as necessary. In some cases it is

necessary to carry out visits to infected persons to provide advice or assistance with the collection of faecal sampling at the request of PHE. The information collected is provided to PHE as requested to inform and assist with trend analysis.

In the event of an outbreak of infectious disease the investigation process follows that detailed within the PHE Thames Valley Health Protection Team Outbreak Plan and would be led by an Environmental Health Officer. In the event of an outbreak resources have to be pulled from other work streams to enable investigation of the outbreak as necessary. A number of non-food related outbreaks associated with swimming pools occurred in 2013/14 and resources were redirected as part of these investigations. The investigation of one of these continued in 2014/15. This resource cannot be allocated on a day-to-day basis because of the unpredictability of occurrence and can place high demands on other areas of service provision at the time of the outbreak.

3.13 Food Safety Incidents

Food Safety incidents are dealt with in line with the Food Incident Policy and Procedure and in line with the requirements of the Food Law Code of Practice. In 2014/15 a small number of food safety incidents required action from the authority. The authority is regularly informed of incidents and product recalls which have taken place such as due to undeclared allergens. These are read and action taken if directed by the FSA.

3.14 Liaison with Other Organisations

The Authority has liaison arrangements with various outside bodies and neighbouring local authorities. The Buckinghamshire Food Liaison Group meets every two months to discuss current enforcement issues and ensure consistency in approach and joint working. The Food Liaison Group has agreed shared food terms of reference across Buckinghamshire. A representative from the FSA and from PHE also attends and contributes to the Food Liaison Group as well as a representative from Buckinghamshire County Council Trading Standards department and Milton Keynes Council Trading Standards department. The Food Lead Officers for each

organisation often liaise outside of meetings if necessary. In 2014/15 the resource involved in attending and contributing to Food Liaison Group was approximately 66 EHM hours. It is anticipated that the resource implications for the period 2015/16 will be similar. The format of meetings changed slightly in 2014/15 to enable the environmental health representatives to focus on future priorities and to enable more detailed discussion regarding Food Hygiene matters. The revised format will continue in 2015/16.

Aylesbury Vale District Council is also a member of the Thames Valley Health Protection Agency Environmental Health Liaison Group (EHLG) which meets twice annually to review infectious disease and food safety issues. In 2014/15 the resource involved in attending and contributing to EHLG was approximately 45 EHM hours. It is anticipated that the resource implications for the period 2014/15 will be similar.

3.15 Food Safety Promotional Work and other Non-official Controls Interventions

There is limited resource available for the provision of food safety promotional work in the 2015/16 period. The Council utilised the media toolkits produced by the Food Standards Agency concerning promoting FHRs around Christmas and Valentines' Day. The local newspaper has also run several articles on FHRs and this has raised awareness of the scheme. It is anticipated in 2015/16 that we will continue to use the FSA media tool kits which enable us to use both traditional press releases and social media. Articles will also be included in the Council newspaper 'Vale Times' which is distributed to every house in the Vale. It is anticipated that around 20 hours will be spent on food safety promotional work.

On the 1st April 2013 responsibility for public health transferred from the NHS to local government. Public Health England has been established to coordinate the strategic delivery of local public health interventions based on community need. It is likely that the new public health agenda will shape local delivery of food controls to some extent as there is the opportunity to expand on our current intervention with food businesses to deliver this agenda e.g. through the provision of healthy menu advice. In addition Buckinghamshire and Surrey County Council Trading Standards has a

healthy eating award scheme for catering premises called “Eat Out , Eat Well” and EHOs are promoting the scheme during inspections to businesses which meet the criteria.

In December 2014 the Food Information Regulations came into force. These are primarily enforced by Trading Standards, however environmental health has been given some enforcement powers concerning the requirements which now apply to catering establishments. All officers attended training on the new requirements and compliance is checked during routine inspections. In addition officers have provided advice to retail premises and some manufacturers to help them comply with the new requirements. This is an example of an area where we could potentially charge for this advice in the future.

3.16 FSA Audit

A full FSA Audit was undertaken in October 2012, and a revisit to confirm progress occurred in October 2013. It was deemed that satisfactory progress was made on the original action plan, however there were a small number of items which were outstanding. One of these related to an electronic document management system. This was purchased and implemented in December 2013. It is anticipated that the FSA will revisit during 2015/16 to look at the progress made on the final outstanding items.

4. Resources

4.1 Financial Allocation

The overall level of expenditure allocated for the provision of the food service in the 2015/16 period is as indicated below:

Staff Costs (and internal recharges – Marketing, Finance etc.)	£179,000
IT Costs recharge	£13,500
Legal Costs recharge	£7,200

Equipment/printing	£4,000
Specialist advice (including payments for contractor inspections)	£10,000
TOTAL	£214,200

The estimated level of food service demand during the 2015/16 period is as indicated below:

Food service demand 2015/16	Anticipated resource requirement (hours)
216 inspections (programmed A rated to non-compliant D rated premises plus outstanding C rated premises from 2014/15)	432 EHO hours
135 -180 new inspections (premises registering during the 2015/16 period) plus 67 new inspections carried over from 2014/15	472 EHO hours
80-100 compliant D and E rated premises inspections (not suitable for AES)	140 EHO hours
400 compliant D and E rated premises AES interventions (suitable for AES)	150 EHTO hours 150 EHO hours 100 CSA hours
Revisits to non-compliant premises	240 EHO hours
FHRS administration and revisits to re-rate premises	15 EHM hours 35 EHO hours
Infectious disease investigation	200 EHTO hours 80 EHO hours
Food complaint investigation	270 EHO hours
Sampling activity	10 EHM hours 80 EHO hours 50 EHTO hours
Address remaining outstanding FSA audit items (ldox	20 EHM hours

DMS, review of some procedures)	25CSA hours
Attendance/input at Bucks Food Group, EHLG and other food related forums	140 EHM hours
Food incidents and alerts	100 EHO hours
Provision of food business advice	180 EHO hours 50 CSA hours
Management and administration of food service	700 EHM hours 20 EHO hours 400 CSA hours
Formal enforcement activity and legal cases	300 EHO hours 70 EHM hours
Training and CPD	35 EHM hours 60 EHO hours 20 EHTO hours
Support of EHTOs undertaking EHO qualification (food element)	30 EHM hours 60 EHO hours
Work on implementation of public health agenda	15 EH hours
Arla Foods Ltd – on going support and familiarisation with new processes, practices and procedures	20 EHM hours 40 EHO hours
Food/Health Promotion activities	20 EHM hours 20 EHTO hours
Total	1040 EHM hours 2599 EHO hours 440EHTO hours 575 CSA hours
Grand Total	4654 hours (approx. 2.90 FTE)

A FTE post amounts to approximately 1600 working hours per annum. The above figures are an approximation based on the information available regarding the

provision of the food service in the period 2012/13 and known demands within the 2015/16 period. Due to acknowledged gaps within the database it is likely that these figures do not take into account additional factors such as the increased demand of reactive work in other areas during the summer months, staff sickness and considerable travel time to and from food premises. They also do not take into account the unpredictable demands that can be placed on the food service by incidents such as a large food poisoning outbreak, a complex prosecution case, a serious workplace accident investigation or a major pollution incident.

4.2 Staffing Allocation

The number of full-time equivalent (FTE) staff allocated to the provision of the food service is currently 2.95. This consists of 4 Environmental Health Officers and one Environmental Health Manager (EHM) as well as administrative Customer Services support. There is additional support available as the other EHM and the EHLM are both food competent. Each of the EHOs spend approximately 50% of their time on food service work. The EHM also spends approximately 50% of her time on work associated with the delivery of food controls. There is administrative support provided to these officers by the Customer Services team and the Database Administrator which is equivalent to 0.45 of a FTE post. The EHTOs provide support to the EHOs in some areas of food service work and this is reflected in the table above.

The FTE staff allocation for the provision of the 2012/13 food service was 2.95. In the 2015/16 period this staff allocation remains the same. There is a £10,000 'specialist advice' budget within the 2015/16 expenditure allocation food service budget to allow the department to buy in contractor inspections to assist with meeting intervention targets as necessary. This amount is equivalent to a 0.22 FTE post.

4.3 Staff Development Plan

Environmental Health staff involved in the delivery of Official Controls will complete a minimum of 10 hours per year of Continuing Professional Development (CPD) training. Aylesbury Vale District Council supports and engages with the CIEH Buckinghamshire Branch who run a number of low cost training courses (including food training) throughout the year. Environmental Health Officers will attend both

external and internal cascade training courses during the course of the year, some of which are organised by the Food Standards Agency. Where Officers attend courses that are of use to the rest of the Environmental Health staff this information is delivered via cascade training and course resources made available to others. Officers are required to keep records of the CPD training that they complete.

The Food Standard Agency's Code of Practice was revised in April 2015. The section concerning the Qualifications and Experience has been revised and local authorities have been given 12 months to implement the revised requirements. The FSA will be providing training to lead food officers regarding the training and the Practice Guidance which supports the Code of Practice will also be revised. Officers will receive training concerning the changes.

5. Quality Assessment

5.1 Quality Assessment and Internal Monitoring

During the 2012/13 period new procedures for monitoring the accuracy, quality and consistency of the delivery of the food service were introduced. Details of the monitoring arrangements in place are set out within the departmental procedures 'Food Database Management Procedure (QPEMS-58) and 'Food Service Monitoring, Audit and Review Procedure' (QPEMS-62). The food service is subject to a rolling programme of review by the Internal Audit Team. Consistency within the FHRS is also a rolling item on the Food Group meeting agenda.

6. Review

6.1 Review against the Service Plan

The table below details the number of interventions that formed part of the programme in 2014/15. A category A premises should receive an inspection 6 months after the previous intervention, where as a category C is inspected at 18 month intervals. A number of factors influence when an inspection is due including the number of people the business supplies food to and how compliant the business is with legislative requirements.

2014/15	A	B	C	D	E	Total
Interventions carried out	7	58	225	152	73	515
Due interventions outstanding	0	0	9	49	13	71
% due interventions achieved	100%	100%	96%	67.76%	82.19%	86.21%

The Food Standards Agency provide categorisation of when a business is deemed to be “broadly compliant” with the law based on their risk scores at inspection.

2014/15	A	B	C	D	E	Total
Total number of premises	3	46	276	498	641	1464
Number broadly compliant	1	29	254	494	641	1419
% Broadly compliant	33.33%	63.04%	92.03%	99.20%	100%	96.93%

The 2014/15 figures show a very small decrease of 0.6% in the total number of interventions achieved in comparison to the 2013/14 figures. All of our highest risk premises (A rated and B rated premises) were inspected. The number of A rated premises requiring an intervention fell by 50% compared to the previous year. There was an increase of 43% in the number of B rated premises which required an intervention compared to the previous year. There was also a slight increase in the number of D rated premises receiving an intervention. It is also important to note

that during 2014/15 the department underwent consultation with respect to a major reorganisation and officers had to undertake training activities in areas which are outside of the area of food safety. The uncertainty and training demands did have a small impact on officers' capacity to carry out food interventions.

The figures relating to compliance of food businesses remained the same as the previous periods (2012/13 96.69%, 2013/14 96.47%, 2014/15 96.93%). As 99.6% of D and E rated premises are broadly compliant, this provides justification for the targeting of resources towards A-C rated premises. It is important to note that an A rated premises is not necessarily a non-compliant business but may be high-risk because of the type of food activities it carries out.

In the period 2015/16 delivery against this service plan will be reviewed and the Environmental Health and Licensing Manager will update the Cabinet Member for Environment and Waste.

6.2 Identification of any Variation from the Service Plan

As part of the review process any variance from the service plan will be identified and detailed within the report. Reasons for the variance will be given and any necessary improvement plans for the following 6 month period identified.

6.3 Areas of Improvement

This service plan has identified the following areas for improvement in delivery of the food service over the 2015/16 period:

- The Code of Practice allows local authorities to undertake a range of interventions other than full inspections, these include partial inspections and audits. Although these were looked at when initially included in the Code the decision not to routinely use these intervention techniques will be re-evaluated.
- The Code of Practice's section regarding Qualifications and Experience has been reviewed in April 2015. The requirements of the section will be implemented during the period 2015/16 (pending guidance and training from the FSA)
- A number of our egg packing businesses are category E rated premises. The current questionnaires which we use for our lower risk premises focus upon

catering activities and a bespoke questionnaire for this type of business will be created to reduce the need to visit this low-risk business type unnecessarily.

- A review of the potential for implementing online questionnaires for the Alternative Enforcement Strategy (AES) will be carried out. This is dependant on the launch of the new Council website and software development for online forms from other Council depts.
- Following the restructure the way that inspections/interventions are distributed to the officers will require review. Any changes made will be monitored to assess impact.
- The food contractor currently focuses upon compliant C rated premises and D and E rated premises. The allocation of inspections given to the contractor may be increased to include some low risk newly registered premises, thus reducing the time between registration and a premises' first food hygiene inspection.
- The EHTOs are to focus upon targeting the D and E Rated premises who did not return questionnaires last year. If necessary inspections will be carried out. This work will improve the accuracy of our database.
- We will continue to work with SEMLEP regarding the "Better Business for All" initiative in order to assist businesses and improve the relationship between regulators and the businesses themselves (especially those which are generally compliant).
- We will keep abreast of current issues, (particularly concerning new guidance on the service of rare burgers) and cascade information to businesses as required.
- We will review the health certificate processes to ensure that we are offering the best service to our business customers. This may involve a move to secure online certification.
- We will explore the option of increasing the scope of our Alternative Enforcement Strategy to businesses which are consistently compliant, however this would mean operating outside of the FSA's Food Law Code of practice.
- *Produced by Jacqui Bromilow, Environmental Health Manager*

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RISK MANAGEMENT STRATEGY AND STRATEGIC RISK REGISTER

1 Purpose

- 1.1 To present the updated Risk Management Strategy for consideration and agreement by Cabinet.
- 1.2 To brief Cabinet on the updated Strategic Risk Register and Risk Appetite Statement.

2 Recommendations/for decision

- | |
|---|
| <ul style="list-style-type: none">2.1 To review and agree the updated Risk Management Strategy Appendix 1 and Risk Appetite Statement Appendix 22.2 To review the Strategic Risk Register Appendix 3 and identify any issues for further consideration |
|---|

3 Risk Management Strategy and Risk Appetite Statement- Supporting information

- 3.1 The risk management arrangements of the Council are a key part of the overall internal control arrangements of the Council and form part of the Annual Governance Statement.
- 3.2 The Council's risk management strategy was last updated in September 2013. A revised risk management strategy (appendix 1) has been produced to reflect changes in the Council's approach to risk and its changing risk appetite.
- 3.3 To help update the Council's Risk Management Strategy we needed to gain an insight to how we 'Think about Risk', particularly those risks associated with our emerging priorities.
- 3.4 We have held discussions with both Transition Board and Cabinet to better understand the risk appetite of the Council. This is now defined in a statement which will be reviewed and updated on an annual basis. See Appendix 2.

4 Strategic Risk Register - Supporting information

- 4.1 As part of its governance arrangements the council is required to manage risks effectively as highlighted in CIPFAs 'Good Governance in Local Government' document.
- 4.2 The Strategic Risk Register provides evidence of a risk aware and risk managed organisation. It reflects the risks that are on the current radar for transition board and are not dissimilar to those faced across other local authorities. The difference is how the risks are assessed and how they are being managed.
- 4.3 The strategic risk register was discussed by transition board on the 2nd September 2015 to review the ratings, establish how effectively the risks are being managed and where further action is required.
- 4.4 The matrix on page 1 shows a summary of the risks and how they have been rated. The ratings to assess the risks take into account the importance of the risk in terms of the impact it would have on the Council and also the confidence in managing the risk. The third dimension (size of bubble in

matrix) is how likely the risk is to change in the next twelve months. This reflects that some of the risks are “slow burning” which means there are potential longer term impacts but action to mitigate the risks may still be required.

- 4.5 The risk register is reviewed on a six monthly basis by Transition Board and Cabinet and reported to the Audit Committee.

5 Reasons for Recommendation

- 5.1 To allow Cabinet Members the opportunity to review the Strategic Risk Register and comment on the Risk Management Strategy and Risk Appetite Statement.

6 Resource implications

- 6.1 None

Contact Officer Tamsin Ireland Business Intelligence and Assurance Officer
Tel: 01296 585004

Background Documents None



Let's talk about Risk

Our Risk Management Strategy



Aylesbury Vale District Council

Risk Management Strategy – Let's talk about Risk

Context

The council is at the forefront of developing new ways of working to meet the increasing financial challenges ahead and with this comes risk and uncertainty. Our focus on commerciality, the achievements of the New Business Model and digital transformation means that we need to change the way we are organised and the way we work to allow us to make the most of our opportunities and meet customer expectations.

Our approach needs to encourage and support well-managed risk taking where staff have the ability, skills and confidence to make decisions in an environment where certainty of outcomes cannot always be guaranteed. Staff need to engage in wider conversations with others to raise awareness and understanding of risk and to take on board different views.

Risk Appetite

Part of the revised approach is to have a better understanding about the council's changing appetite for taking risks where there is a greater potential for a return but high uncertainty or where the preference is to be more cautious.

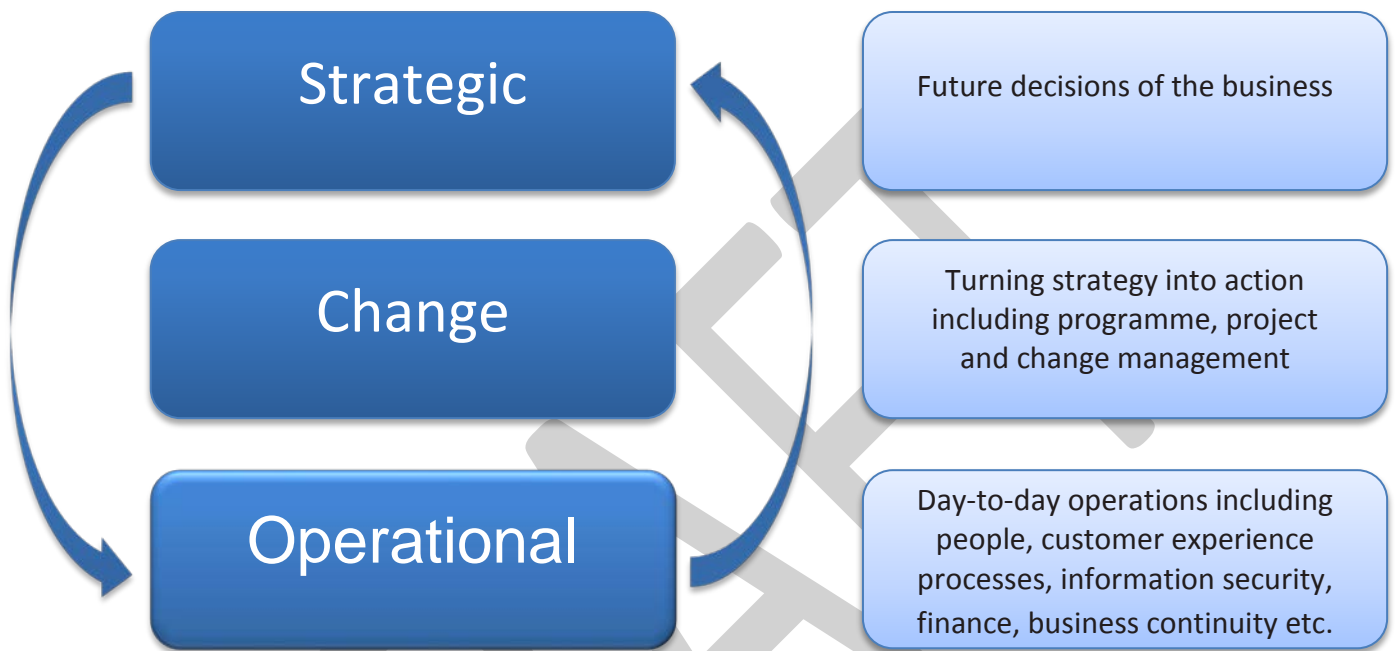
A framework has been adopted against which the broad direction of the council's appetite for risk can be defined as a guide for management and decision makers and this may change over time. See Appendix 1.

There isn't a one size fits all and each decision will still need to take into account the specific risks and opportunities. However by identifying where the risk appetite falls along the scale from "avoid" to "mature" it will set the context for developing options for any future changes or new services.

The risk appetite levels across the framework will be set by Cabinet and Transition Board and reviewed on an annual basis and reported with the Strategic Risk Profile.

Our Approach to Risk Management

Our approach to risk management is proportionate to the decision being made or the impact of changes to service delivery/ strategies. Our risk management arrangements enable us to manage uncertainty in a systematic way at all levels of the council’s business – see below.



A formal risk assessment – producing a risk register – is not required for everything we do. Risk registers are only required for:

- Strategic risks.
- Key projects and programmes.
- Complex New Business Model Initiatives.

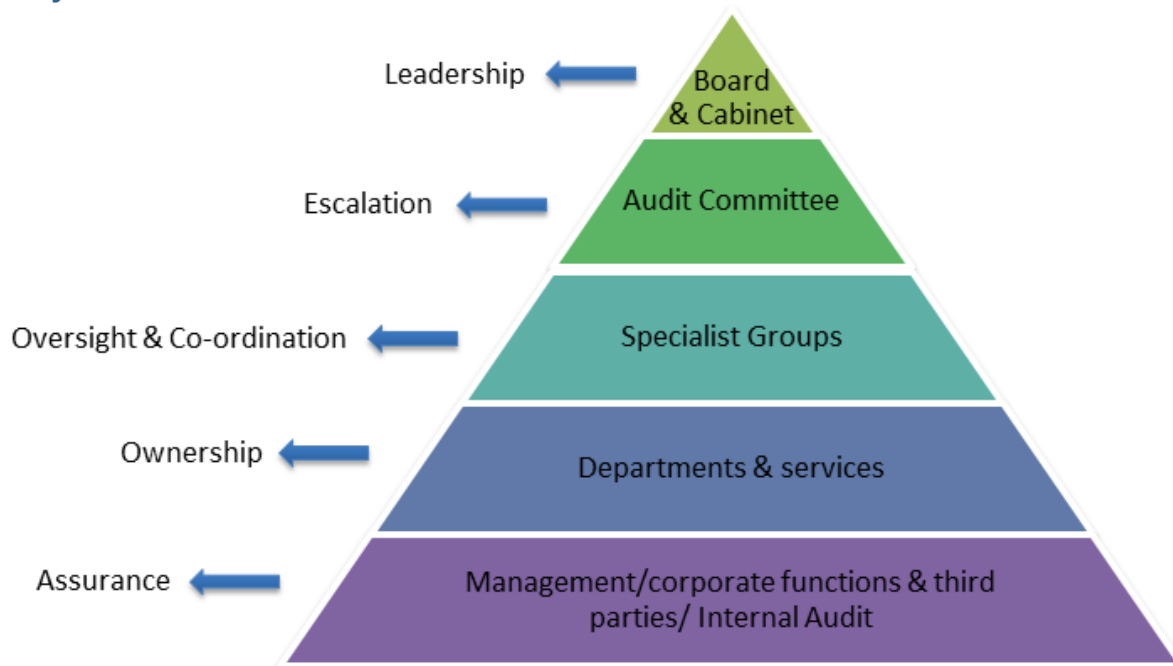
All key decisions presented to Cabinet must clearly show the key risks and opportunities associated with the decision (recommendations), the potential impact and how these will be managed. This helps promote informed decision making, particularly in an environment of uncertainty and change.

A risk calculator must be completed for all projects to help identify areas of high risk. The calculator gives each project a risk score; high, medium or low. This calculator is revisited at regular intervals during the life of the project.

All services are required to complete a service risk assurance check each year. This considers key compliance risks as well as service specific risks. The check reflects the level of risk for each service

against key areas. This in turn helps determine where further information is required on how specific risks are being managed.

Key Roles



Within this structure, each party has the following key roles:

- The Transition Board and Cabinet, on the top of the pyramid, has the ultimate accountability for the risk and related control environment, and is responsible for approving and reviewing risk policies and setting the level of risk the council is prepared to accept - its 'risk appetite'.
- The Audit Committee is responsible for overseeing the effectiveness of the council's risk management arrangements, challenging risk information and escalating issues to the board/Cabinet;
- The Specialist Groups (some of which are a statutory requirement) are responsible for the facilitation and co-ordination of risk management activity in their specialist area across the council;
- Departments and services are responsible for identifying, assessing, measuring, monitoring and reporting significant risks associated with their functions or activities;
- Management, third parties and Internal Audit give assurance on the management of risks and the operation/performance of controls.

Risk Management Assurance

The assurance arrangements for the Council are identified in the diagram below. These arrangements cover all levels of the organisation including strategic leaders and members to ensure risk information can be escalated and used as an effective tool to aid decision making. The provision of good risk intelligence promotes discussion, encourages challenge and enables us to consider risks and opportunities as an integrated part of the management of the Council.



Appendix 1 – Risk Appetite Matrix

Risk levels	0	1	2	3	4	5
Key elements	Avoid Avoidance of risk and uncertainty is a Key Organisational objective	Minimal (as little as reasonably possible) Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	Cautious Preference For safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM)	Seek Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).	Mature Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust
Financial/VfM	Avoidance of financial loss is a key objective. We are only willing to accept the low cost option as VfM is the primary concern.	Only prepared to accept the possibility of very limited financial loss if essential. VfM is the primary concern.	Prepared to accept possibility of some limited financial loss. VfM still the primary concern but willing to consider other benefits or constraints. Resources generally restricted to existing commitments.	Prepared to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on opportunities.	Investing for the best possible return and accept the possibility of financial loss (with controls may in place). Resources allocated without firm guarantee of return – ‘Investment capital’ type approach.	Consistently focused on the best possible return for stakeholders. Resources allocated in ‘social capital’ with confidence that process is a return in itself.
Compliance/regulatory	Play safe; avoid anything which could be challenged, even unsuccessfully.	Want to be very sure we would win any challenge. Similar situations elsewhere have not breached compliances.	Limited tolerance for sticking our neck out. Want to be reasonably sure we would win any challenge.	Challenge would be problematic but we are likely to win it and the gain will outweigh the adverse	Chances of losing any challenge are real and consequences would be significant. A win would be a great coup.	Consistently pushing back on regulatory burden. Front foot approach informs better regulation.
Innovation/Quality/Outcomes	Defensive approach to objectives – aim to maintain or protect, rather than to create or innovate. Priority for tight management controls and oversight with limited devolved decision taking authority. General avoidance of systems/technology developments.	Innovations always avoided unless essential or commonplace elsewhere. Decision making authority held by senior management. Only essential systems / technology developments to protect current operations.	Tendency to stick to the status quo, innovations in practice avoided unless really necessary. Decision making authority generally held by senior management. Systems / technology developments limited to improvements to protection of current operations.	Innovation supported, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery Responsibility for non-critical decisions may be devolved.	Innovation pursued – desire to ‘break the mould’ and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of delegated authority – management by trust rather than tight control.	Innovation the priority – consistently ‘breaking the mould’ and challenging current working practices. Investment in new technologies as catalyst for operational delivery. Devolved authority – management by trust rather than tight control is standard practice.
Reputation	No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation viewed with concern.	Tolerance for risk taking limited to those events where there is no chance of any significant repercussion for the organisation. Senior management distance themselves from chance of exposure to attention.	Tolerance for risk taking limited to those events where there is little chance of any significant repercussion for the organisation should there be a failure. Mitigations in place for any undue interest.	Appetite to take decisions with potential to expose the organisation to additional scrutiny/interest. Prospective management of organisation’s reputation.	Willingness to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New ideas seen as potentially enhancing reputation of organisation.	Track record and investment in communications has built confidence by public, press and politicians that organisation will take the difficult decisions for the right reasons with benefits outweighing the risks.
RISK APPETITE	NONE		LOW	MODERATE	HIGH	SIGNIFICANT

DRAFT

Risk Appetite Statement

Aylesbury Vale District Council's risk appetite statement is creative and risk aware;

'The council wishes to be creative and open to consider all potential delivery options with well measured risk taking whilst being aware of the impact of its key decisions'

Our aim is to have a better understanding about the council's changing appetite for taking risks where there is a greater potential for a return but high uncertainty or where the preference is to be more cautious.

A framework has been adopted against which the broad direction of the council's appetite for risk can be defined as a guide for management and decision makers and this may change over time.

There isn't a one size fits all and each decision will still need to take into account the specific risks and opportunities. However by identifying where the risk appetite falls along the scale from "avoid" to "mature" it will set the context for developing options for any future changes or new services.

The risk appetite levels across the framework are set by Cabinet and Transition Board and reviewed on an annual basis.

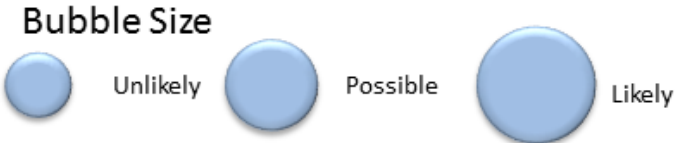
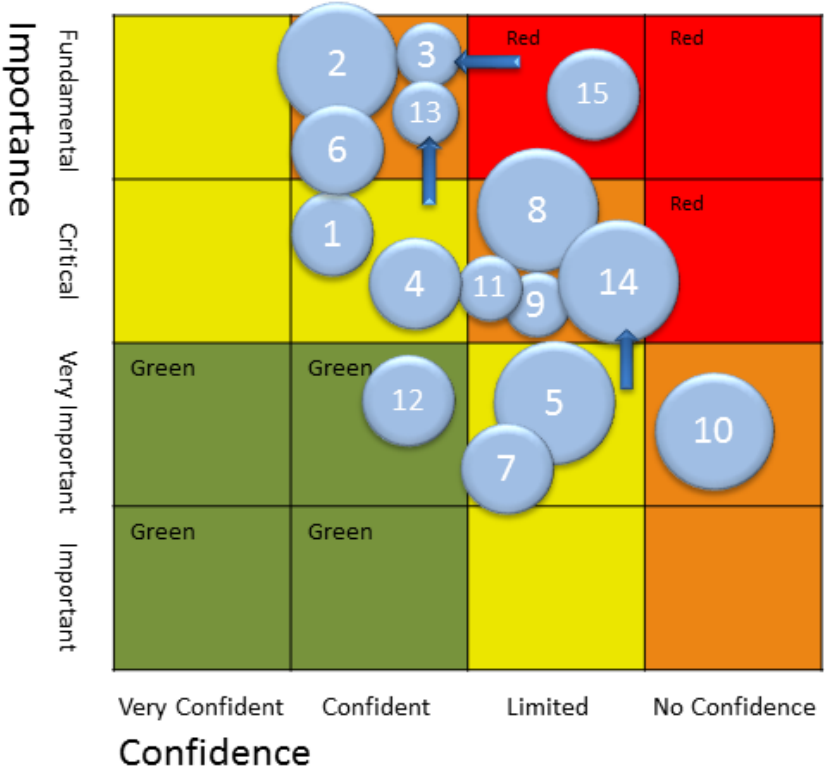
The Risk Appetite for 2015/16 is set out below.

Risk levels Key elements	3 Open Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM)	4 Seek Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).
Financial/VFM	Prepared to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on opportunities.	
Compliance/regulatory	Challenge would be problematic but we are likely to win it and the gain will outweigh the adverse consequences.	
Innovation/Quality/Outcomes		Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of delegated authority – management by trust rather than tight control.
Reputation		Willingness to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New ideas seen as potentially enhancing reputation of organisation.
RISK APPETITE	HIGH	SIGNIFICANT

Strategic Risks Summary – September 2015

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Ref	Area of Risk
1	New models of service delivery may not achieve savings
2	Ability to meet future savings requirements
3	Future Organisational capacity/resilience
4	Change management – staff ability to deal with change, loss of key talent
5	AVE not meet financial targets
6	Delivery of new Vale of Aylesbury Local Plan (Housing Growth uncertainties)
7	Information Governance, breach of data protection
8	Infrastructure funding shortage
9	Safeguarding Duties
10	New homes bonus - Government ending scheme
11	Major capital projects
12	Cloud based technology solutions do not meet complex service change requirements
13	Resilience (business continuity)
14	Occupational Health and Safety
15	Ability to orchestrate our growth ambitions/plans *NEW*



Likelihood of risk increasing in next 12 months

Risk to manage	New models of service delivery may not achieve savings	1
Key challenges	<ul style="list-style-type: none"> • Officers & Members resolution to implement changes • Legal issues relating to trading companies etc. • Institutional resistance to change • Ability to communicate to the wider organisation • Capacity & capability to implement and deliver change. 	

Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	3 Confident	3 Critical	2 Possible

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Sources of Assurance	<ul style="list-style-type: none"> • Budget monitoring, if we deliver the savings this is assurance that the NBM is working. • New transition board • Assessment centre for senior managers • Lack of complaints
Gaps in Assurance	
Early Warning Signs (Measures)	<ul style="list-style-type: none"> • Issues with staff engagement • Complaints • Union/staff side engagement
Further Action required	<ul style="list-style-type: none"> • Lots of tough decisions. • Honest conversation with the public, staff and wider members about what we can afford to do in the future. • Review resources to implement.

Risk to manage	Ability to meet future savings requirements	2
Key challenges	<ul style="list-style-type: none"> • Continual identification of new savings • Reconciling savings with politics • Keeping staff focussed and on board • Managing customer expectations. • Uncertainty around the Autumn Statement 	

Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	3 Confident	4 Fundamental	3 Likely

Sources of Assurance	<ul style="list-style-type: none"> • Figures reported as part of corporate scorecard • NBM – keeping focus on the strategy, tracking smartsheet. • Financial planning process • Departments have been given individual savings targets. • Performance monitored through budget setting and monitoring. • Clear about what savings need to be made. • New Transition Board • Focus on commercial vehicle
Gaps in Assurance	<ul style="list-style-type: none"> • Political Appetite • Public Opinion - charging for or stopping services
Early Warning Signs (Measures)	<ul style="list-style-type: none"> • Corporate Scorecard • NBM Smart sheet • NBM Board
Further Action required	<ul style="list-style-type: none"> • Deliver savings • Business Case for Unitary

Risk to manage	Future organisational capacity/resilience – fast pace and scale of change results in a de-motivated, disengaged and poor performing workforce which impacts on the council's ability to meet the financial challenges ahead.	3
Key challenges	<ul style="list-style-type: none"> • Sustainable pace of change • Shaping services to meet future needs • Clear vision of what is needed • Dealing with staff unwilling to change, although this is improving • Fill capacity needs, spend more in the short term to back fill posts and get to answer sooner. 	

Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	3 Confident	4 Fundamental	1 Unlikely

Sources of Assurance	<ul style="list-style-type: none"> • Investment in talent management processes, training and flexible working to develop and retain talented staff • Graduate talent programme • NBM work around service redesign/reviews • Assessment Centre, insight into strengths of individuals • Getting good external advice from private sector. • More confident in own abilities • Transition Board – people at forefront of change in their own area.
Gaps in Assurance	<ul style="list-style-type: none"> • External support/lack of understanding in sector. • Uncertainty about devolution, unitary and joint working
Early Warning Signs (Measures)	<ul style="list-style-type: none"> • Loss of movers and shakers • Increased complaints • Pilots for commercial ventures don't make returns. • Savings targets not met. • Pace decreases • Relationships/mutual aid goes.
Further Action required	<ul style="list-style-type: none"> • Continued development of People strategy/engagement strategy • Review of T&C's & ATR • Changes to managers group • Roll out of assessment centre • Clearer communication

Risk to manage	Change Management – Staff ability to deal with change.	4
Key challenges	<ul style="list-style-type: none"> Continually getting message to staff of need to change. Staff recognise need to change Making sure staff are fully engaged in changes to service delivery 	

Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	3 Confident	3 Critical	2 Possible

Page 55	Sources of Assurance	<ul style="list-style-type: none"> Let's get talking / NBM Champions / World Cafe Staff Consultative Committee. Cabinet Members engage with staff.
	Gaps in Assurance	<ul style="list-style-type: none"> Assuring consistent application of change management.
	Early Warning Signs (Measures)	<ul style="list-style-type: none"> Feedback from staff. Sickness rates/HSE Management Standards Turnover Increase in undesirable incidents
	Further Action required	<ul style="list-style-type: none"> Review HR Policies Review ATR

Risk to manage	Partnership Working - AVE does not meet financial targets	5
Key challenges	<ul style="list-style-type: none"> • Lease breaks or expiries in the next two years for a number of major tenants. • Satisfaction of existing tenants. • National economic conditions. • Legislative changes to Business Rates. • Performance of AVE as a vehicle • Support for vehicle at Board level. 	

Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	2 Limited	2 Very Important	3 likely

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Sources of Assurance	<ul style="list-style-type: none"> • Business planning process • On-going monitoring and monthly meetings • Partnership review • Scrutiny investigate relationships e.g. AVE business Plan • Partnership Governance
Gaps in Assurance	
Early Warning Signs (Measures)	<ul style="list-style-type: none"> • Monthly monitoring reports • Cash flow • Business Plans • Performance against targets
Further Action required	

Risk to manage	Delivery of new Vale of Aylesbury Local Plan (VALP) <ul style="list-style-type: none"> • Not being delivered on time • Being rejected again • Housing growth uncertainties • Duty to co-operate – dependency and inter-relationships • Conflicting data (e.g. HEDNA – different consultants using different methodologies) 	6
Key challenges	<ul style="list-style-type: none"> • Changes to government policy • Political context • Lack of engagement from partners 	

Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	3 Confident	4 Fundamental	2 Possible

Sources of Assurance	<ul style="list-style-type: none"> • Making sure we are adequately resourced • We are tuned into any changes that are likely and have thought about how we might respond. • Support being provided by the Planning Officers Society. • Taken Advice from Planning Inspectorate • Work through the Bucks Planning Officers Group
Gaps in Assurance	
Early Warning Signs (Measures)	<ul style="list-style-type: none"> • Keeping close to Government policy changes • Keep tuned into what is happening in our neighbouring authorities. • Keep an eye on the London Plan and what this might mean for us in terms of overspill.
Further Action required	<ul style="list-style-type: none"> • Political Interface – Leader talking to national politicians. • Keep outcomes of appeals under review. • Locally assessed need figure due September. • Ensuring we are doing enough to take all members with us.

Risk to manage	Information Governance, breach of data protection.	7
Key challenges	<ul style="list-style-type: none"> • Making sure staff understand how to reduce risk of data protection breaches • Technology as move to the cloud, need to ensure new technology will help with data security e.g. Office 365 stops mass mailings. • Despite all the training and awareness mistakes can still be made where there is potential for human error • Restructures have resulted in changes to managers and some may not be fully aware the risks in their areas • Increase in non-technical issues i.e. paper documents being sent to the wrong person. 	

Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	2 Limited	2 Very Important	2 Possible

Sources of Assurance	<ul style="list-style-type: none"> • IGG looks at ways to reduce likelihood of risks occurring, has its own action plan. • Mandatory training. • Business Assurance has undertaken RAG assessment of risk. • Investigations into data breaches.
Gaps in Assurance	<ul style="list-style-type: none"> • Don't know how effective some mitigation is being. E.g. data breaches by people who have completed the training.
Early Warning Signs (Measures)	<ul style="list-style-type: none"> • Data breaches recorded by IT • Number and type of incidents – indicate underlying problems that still need to be addressed.
Further Action required	<ul style="list-style-type: none"> • See IGG action plan.

Risk to manage	Infrastructure funding shortage	8
Key challenges	<ul style="list-style-type: none"> • Two LEPs • Lack of funding available for LEPs • Uncertainty of having to bid for funding • Lack of Local Plan • Competing with others with different demands • Financial pressures on developers mean they are less likely to contribute. • Dependent on County Council • Tri-county Alliance • Lack of Infrastructure plan. 	

Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	2 Limited	3 Critical	3 Likely

Sources of Assurance	<ul style="list-style-type: none"> • Leader is a member of one Board; deputy leader is a member of the other board. • As housing growth is high up on Government agenda and we are a key area for housing growth, we should get funding. • £3.7m funding received from SEMLEP for public realm
Gaps in Assurance	<ul style="list-style-type: none"> • Lack of shared infrastructure planning. • Government position on tri-county alliance, devolution etc.
Early Warning Signs (Measures)	<ul style="list-style-type: none"> • Look to see if we get speculative planning applications. • Announcement of spending review and allocation of funding to LEPs.
Further Action required	<ul style="list-style-type: none"> • Development of CIL (linked to VALP) – If not CIL we could potentially be losing money once S106 agreements expire in 2016. • Have developed infrastructure plan to be discussed at Bucks LEP in December 2015.

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Risk to manage	Safeguarding Duties <ul style="list-style-type: none"> An individual /community suffers as a result of our action/inaction Poor review as part of Section 11 Audit. 	9
Key challenges	<ul style="list-style-type: none"> Not enough resources Recent inspection of county, putting pressure on partners to do more. Ensuring staff are aware of and understand safeguarding responsibilities Responsibilities in meeting audit requirement Delivery of training Leadership, Transition Board taking lead and recognising it's everyone's responsibility New Prevent Duty from July 1st 2015 	

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Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	2 Limited	3 Critical	1 Unlikely

Sources of Assurance	<ul style="list-style-type: none"> Internal AVDC safeguarding board Use Ofsted self reporting template/ RAG framework (S11) Meeting with Chair of Bucks safeguarding board – questions asked about current safeguarding arrangement and recommendations made. Community Safety Partnership (Prevent)
Gaps in Assurance	<ul style="list-style-type: none"> Lack of Prevent Training Lack of training Audit Lack of Prevent risk assessment and action plan.
Early Warning Signs (Measures)	<ul style="list-style-type: none"> Issues raised at safeguarding board – concerns over compliance
Further Action	<ul style="list-style-type: none"> Identify short-term resource to develop training audit & develop S11 response

required	<ul style="list-style-type: none"> Prevent risk assessment and action plan to be developed
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Risk to manage	New homes bonus <ul style="list-style-type: none"> Government ending scheme 	10
Key challenges	<ul style="list-style-type: none"> Government Policy so no control over this. 	

Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	1 No Confidence	2 Very Important	3 Likely

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Sources of Assurance	<ul style="list-style-type: none"> Processes in place to minimise empty properties and maximise use of new properties. Not committing expenditure of NHB until money is in the bank.
Gaps in Assurance	
Early Warning Signs (Measures)	<ul style="list-style-type: none"> Monitoring Government policy changes. Looking for information from Minister speeches and in the media.
Further Action required	

Risk to manage	Major capital projects do not deliver the expected benefits and result in budget overspends placing pressure on revenue and medium term financial plans	11
Key challenges	<ul style="list-style-type: none"> • In-house skills to manage complex projects (e.g. Waterside North) • Level of uncertainty in some projects makes it more difficult to predict benefits • Managing tenants expectations 	

Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	2 Limited	3 Critical	1 Unlikely

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Sources of Assurance	<ul style="list-style-type: none"> • Major Capital Projects Group and member/officer group – Highlight reports, challenge from legal, finance and risk • Business Assurance Reviews • Project Officer Group – improving process and ensuring consistency (early days) • Use of external project managers.
Gaps in Assurance	<ul style="list-style-type: none"> • Business Case approach not consistently implemented • Third Party confidence/experience to deliver projects in partnership
Early Warning Signs (Measures)	<ul style="list-style-type: none"> • Tender for work higher than budget • Highlight changes • Financial monitoring
Further Action required	<ul style="list-style-type: none"> • Better Business Case training for senior management – interpretation and delivery

Risk to manage	Cloud based technology solutions reduce risk of major disruption but increase dependency on third party for minor business interruptions which increases impact on service provision	12
Key challenges	<ul style="list-style-type: none"> Ensuring the network is reliable Ensuring the network is scalable to future AVDC needs. 	

Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	3 Confident	2 Very Important	2 Possible

Page 63	Sources of Assurance	<ul style="list-style-type: none"> AVDC Network services are provided by Udata who are a subsidiary of Capita one of the largest providers of IT services in the UK. The AVDC external network is fully resilient with duplication of all key components far in excess of anything that AVDC could reasonably provide. There is a guaranteed contractual Service Level Agreement backed by penalties and performance is reviewed by AVDC and Udata at regular Account Management meetings. An escalation process is in place for escalation of issue management to the highest levels of the Udata/Capita organisation and this process is used by AVDC where necessary. The supplier can, and does, field large teams of experts to deal with any serious issues. AVDC has in place a completely independent Internet link through its Public Wireless network provided by an alternative supplier using completely independent links to the Internet from those provided by Udata.
	Gaps in Assurance	<ul style="list-style-type: none"> The network provider Udata has failed to meet the SLA in late 2014/early 2015 – now on target In the unlikely event of supplier complete failure AVDC may lose network connectivity.
	Early Warning Signs (Measures)	<ul style="list-style-type: none"> Network performance monitoring shows failure of supplier to meet SLA
	Further Action required	<ul style="list-style-type: none"> Ongoing monitoring of the supplier performance

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Risk to manage	Resilience - Ability of the business to survive and respond during an internal external emergency and manage its risks due to a significant loss of key buildings staff, finance or customers.	13
Key challenges	<ul style="list-style-type: none"> • Ensuring that a plan is in place and that the plan is regularly exercised • Raised expectations in the community due to political pressure following flooding of 2014 • Servicing maintaining plans and plans being critically reviewed • Fewer trained staff • Positive continued engagement with Thames Valley Local Resilience Forum and sub groups • More single points of failure • Unitary • Resilience to changes in financial supplies • Problems with loss of key suppliers • Engagement and relations with other organisations 	

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Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	3 Confident	4 Fundamental	1 Unlikely

Sources of Assurance	<ul style="list-style-type: none"> • Support within Bucks Resilience forum • Silverstone working group • Increased use of cloud technology, less paper documents – but creates risks if major internet problem. • Service continuity plans • Testing and exercising of corporate plans covering Emergency Planning and Business Continuity
Gaps in Assurance	<ul style="list-style-type: none"> • Staff on plan have not received training • Significance of large amount of single points of failure • Fewer staff = less strength to manage response and recovery.
Early Warning Signs (Measures)	<ul style="list-style-type: none"> • Lack of training and exercising • Lack of time to critically review service continuity plan • Staff leaving • Insufficient time to work with LRF
Further Action	<ul style="list-style-type: none"> • Further exercising of staff on the plan covering a wider range of events

required	<ul style="list-style-type: none"> • Development of training scenarios through external partners. • Use and development of cloud technology into resilience issues • Review of contractors and suppliers BC arrangements. 	
Risk to manage	Occupational Health, Safety and Wellbeing Failure to have a robust management system in place which results in a fatality, serious injury or ill health.	14
Key challenges	<ul style="list-style-type: none"> • Inspection and management of property portfolio and contracted out services/activities • Better use of Occupational Health and other techniques to manage effects of work related ill health and public expectation following tragedy in Glasgow during 2014 • Enforcement action from the HSE & increased sentencing powers, increased use of jail sentences for individuals. • Ensuring continued H, S & W leadership. • CDM & Major Projects ensure buildings are built to enable them to be safely maintained & managed in the future. 	

Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	2 Limited	3 Critical	3 Likely

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Sources of Assurance	<ul style="list-style-type: none"> • Development & review of H&S arrangements • Review of Waste & Recycling risk assessment process & safe systems of work. Action plan following JCB accident. • Use of an holistic plan-do-check-act process • Management Standards survey • Waste & Recycling body mapping to prevent MSD ill health • Engagement with Health, Safety and Wellbeing Committee and Strategic Occupational Health and Safety Forum
Gaps in Assurance	<ul style="list-style-type: none"> • Limited policing and monitoring of targets • Policies • No external audit / gap analysis
Early Warning Signs (Measures)	<ul style="list-style-type: none"> • Performance targets – Accident & ill health statistics • HSE audit of waste expected 2015/16 • Outcomes from accident investigation reports
Further Action required	<ul style="list-style-type: none"> • Management system to be re-developed (consideration of incorporating Quality and Environment so that staff have one integrated thought out process) • Resource to develop the above • Identification & management of presenteeism / conflict with absence management.

	<ul style="list-style-type: none"> • Audit of new system of H&S arrangements • Further H&S training of staff • Development of H, S & W Strategy
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Risk to manage	Ability to orchestrate our growth ambitions/plans	15
Key challenges		

Criteria	Confidence in Ability to manage	Importance	Likelihood of Risk Increasing in next 12 months
Score	2 Limited	4 Fundamental	2 Possible

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Sources of Assurance	<ul style="list-style-type: none"> • Government Direction • LEP pushing for consensus • Local Housing Needs • Local plan gives confidence to members
Gaps in Assurance	
Early Warning Signs (Measures)	<ul style="list-style-type: none"> • Failure to agree fundamental plans • Missing Government deadlines • Lack of Strategy • Lack of cooperation • Responses to consultation not received by deadlines
Further Action required	<ul style="list-style-type: none"> • Rapid Agreement