

SLOUGH BOROUGH COUNCIL

Report To: Audit and Corporate Governance Committee

Date: 13 September 2023

Subject: Risk Management Update

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Appendices: Appendix 'A' – Corporate Risk Register Scores
Appendix 'B' – Corporate Risk Register
Appendix 'C' – Risk Matrix

Executive Summary:

1. Summary and Recommendations

- 1.1 This report is to update the Audit and Corporate Governance Committee on the corporate risk scores and risk register with an opportunity to comment (Appendix A and B respectively).

Recommendations:

- 1.2 The Audit and Corporate Governance Committee is recommended to:
- Review and note the Council's corporate risk register (CRR) at Appendix B.
 - Note the recruitment of the Risk and Insurance Manager who together with the Internal Audit Manager will be responsible for developing and taking forward the risk management strategy.
 - Note the progress of Directorates adopting a new Risk Register template and the efforts to explore software solutions that may further enhance the visual presentation of risk management reporting as well as facilitate the analysis, collation, and reporting of information.

Reason:

- 1.3 Risk is inherent in all activities across the Council and risk management is an integral part of the Council's corporate governance arrangements. Managing risk improves the way we do business. It plays a key role in helping achieve our strategic objectives. It helps ensure decision making is better informed, precious resources are used efficiently and effectively and helps avoid unwelcome surprises. Good risk management is a key part of our everyday business.
- 1.4 The Committee is responsible for monitoring the effective development and operation of risk management in the Council and to monitor progress in addressing risk-related issues reported to the Committee.

Commissioner Review

Commissioners are pleased to note the progress being made in corporate risk management reporting. Timely and accurately assessed risk, and useful risk reporting is required to enhance the quality of decision-making and to support management and oversight bodies in meeting their responsibilities. Risk management should be continually improved through learning and experience and good risk reporting should ensure the right information is presented to the right people at the right time.

2. Report

2.1 Recruitment to the Risk and Insurance team:

- **Philip Watkins** started on the 18 July 2023 as Risk and Insurance Manager on an interim basis and will be responsible for taking forward the Council's risk management arrangements.
- **Risk and Insurance Officer:** Currently vacant, recruitment is underway to fill the position in Q3 2023.

2.2 The team is reviewing current arrangements and work with key stakeholders to move the risk management arrangements forward in line with the plans outlined in the risk management strategy or revisions as they see fit. **Refer to point 2.9 and 2.10.**

2.3 Corporate Risk Register update

2.4 A review has been undertaken of the description of all risks, the consequences, current controls, actions, and inherent risk score with the assistance of risk owners and action owners. In some places risk owners have been amended to reflect new job titles and officers' names. The document at Appendix B is the current version of the Corporate Risk Register as of 4 August 2023. This will be updated on a quarterly basis or as required if significant risks arise. Since the last meeting each of the risks has been shared with the allocated Risk Owner and Action Owners for comment and update.

2.5 The Strategy determines that CLT (Corporate Leadership Team), has overall accountability for risk management across the business at an officer level including ensuring the corporate risk register is a live and up to date record of the current risk exposure. Elected members have differing roles in relation to risk management. Cabinet is required to consider the risks of a particular decision and whether these are being adequately mitigated. The Corporate Improvement Scrutiny Committee should consider strategic and corporate risks when formulating its work programme to ensure it focused its attention on improvement and recovery activity.

2.6 It should also constructively challenge assumptions when conducting pre-decision scrutiny and make recommendations if it finds evidence that risk is not being properly managed. This Committee's role is set out in its terms of reference and includes considering whether the Annual Governance Statement properly reflects the risk environment, considering the Council's framework of assurance and ensuring it adequately addresses the risks and priorities of the Council, monitoring the effective development and operation of risk management in the Council, monitoring progress

in addressing risk-related issues reported to the Committee and reviewing and assessing fraud risks. The CRR has strategic and corporate risks on it.

- 2.7 Strategic risks are those impacting on the performance of the Council, and on its ability to deliver the Council's priorities. Corporate risks relate to corporate systems underpinning the authority's overall governance and ability to deliver services.
- 2.8 Operational risks are those risks relating to the delivery of individual services. They are not usually on the CRR as they are on departmental risk registers, which are managed and monitored at departmental level. However, any risks from the operational risk registers can be escalated to the CRR if the risk rating remains very high even after mitigations are implemented.
- 2.9 We have introduced a new Risk Register template based on HM Treasury's Orange Book throughout the Council Directorates. This will align risk identification, assessment, and measurement throughout the organisation. Currently, all Directorates are in the process of reviewing their departmental risks. A summary of these risks will be shared with CLT. Currently, the risk management team are meeting with directorates at their management meetings to discuss risk to capture up to date information. The Internal Audit Manager sends out information monthly and meets with Executive Directors to capture that information on a timely basis to ensure records are up to date.
- 2.10 We are exploring software solutions that may further enhance the visual presentation of risk management reporting as well as facilitate the analysis, collation, and reporting of information. Some initial discussions have taken place with a recommended company and SBC ICT team to gain further insight and we are also exploring alternative options as to what may be possible to achieve in-house.

3. **The main points to note are as follows:**

Risk 1 – Children's Safeguarding

The key elements of the risk remain the financial viability of Slough Children First the Children's Company, the likelihood of the increased number of Unaccompanied Asylum Seeker (UAS) Children through the National Transfer Scheme and in general the continued high level of demand. The financial viability of the Company is scrutinised through the Business and Improvement Plan which is scheduled to be agreed at Cabinet in September 2023. The Business and Improvement plan details the actions mitigating against financial spend.

Risk 2 – Delivery of the Adult Social Care Transformation Programme

The key mitigating actions are focused on delivery by 31 March 2024. Regular review is taking place and is reported to the ASC Transformation Board. Key deliverable in 2023 is a revised Adults Strategy that aligns to the transformation programme. This remains on track to inform 2023/24 and beyond. A Carers Strategy will be presented to Cabinet in September 2023.

Risk 3 – SEND Local Area Inspection

The SEND inspection in 2021 resulted in a poor outcome for vulnerable children and young people and therefore a Written Statement of Action (WSOA) was put in place by

the Department of Education. The DfE WSoA meeting in January 2023 established that there had not been any progress in the previous 15 months which resulted in the minister issuing a Statutory Direction for SEND in August 2023. There is an acknowledgement from the DfE that a new team is in place and members of which are motivated to make changes and the WSoA meeting in June was more positive.

There are significant challenges in place before the SEND service is fit for purpose. The next WSoA meeting is planned for November 2023. It is not likely that there will be a SEND inspection before this date.

Risk 4 - Impact of Cost-of-Living Crisis on Slough Residents

Actions relating to contract management aspects now complete and therefore moved to business-as-usual controls. Revenues and Benefits team continue to respond to changes from Government regarding support measures and have successfully completed the first phase of payments under the Household Support Fund. Their focus remains of supporting those residents need most support in terms of their financial wellbeing.

Risk 5 – Temporary Accommodation

This remains a key risk as it represents a failure to meet statutory responsibilities and has a direct financial impact due to loss of subsidy estimated at £1.8m in 2022/23. Staff recruitment is progressing, and the service is making progress to meet statutory requirements. There will be a continuing impact on clients, reputation, and financial subsidy if service improvement does not continue at pace. A review was undertaken by DLUHC in Autumn 2022 and action plan is being progressed. The department is also undertaking a fundamental review of the service and its processes as part of the wider Housing Strategy review.

Risk 6 - Recruitment and Retention

Minimal changes to the narrative although the risk remains significant in a number of key areas. Actions that had passed were transferred to 2023 with new completion dates. A recruitment and retention workshop was held on 9th January 2023 which was facilitated, recorded and identified further actions for improvement. The outcome of the workshop is forming changes to the process and systems to streamline the recruitment process for both managers and candidates. This includes the end-to-end recruitment process.

A new process of recruiting to Senior Managers (Tiers 1,2 and 3) is being developed in light of the recruitment direction issued by Commissioners in September 2022. A draft of a revised recruitment and selection policy has been drafted which is currently being socialised with key stakeholders including trade unions. A recruitment plan for SCF will follow once we have agreement of a revised SCF business plan. Workforce turnover in SCF has decreased to 15% which is the lowest level on record. The percentage of agency social workers has also decreased although it remains both a practice and financial concern. Recruitment and retention of frontline staff is a prominent feature in the Business and Improvement Plan.

The new performance management system has been rolled out to the Council and a new process of recording one to one conversations has been devised on Cornerstone.

The financial impact of engaging temporary workers is continuing to be high which remains unsustainable.

Risk 7 – Health and Safety

Progress is being made but a number of key actions remain to be completed by 31 March 2023 including development of a new corporate Health and Safety strategy; a gap analysis of training needs, provision and uptake; completion of all health and safety audit reviews and implementation of an appropriate software solution for monitoring and tracking health and safety incidents and providing information for learning for the future. A new H&S Strategy is in place for 2023 - 2026. H&S team will be working with the H&S Committees to devise new H&S Action Plan. The training schedule for 2023-2024 is live and communicated to the organisation via regular communications, through the H&S Committees and H&S Board and is available on Cornerstone and Insite. Directorates are sent regular emails via the training team with compliance rates and H&S Committees and the Board are provided with current data and requested to follow up with relevant service managers/teams to ensure completion rates are improved upon. H&S self-audits are being monitored and will be checked against the organisation structure when available to ensure outstanding returns are received. Liaison will take place with Intec to devise an Accident and Incident database once the Incase 365 (cautionary contacts database) cloud-based system is live.

Risk 8 – Emergency Planning and Business Continuity

Significant progress has been made on developing and approving key policy and strategy documents such as the Major Incident Plan and Business Continuity Plan and relationships with the Thames Valley Resilience Forum have been strengthened. Whilst recent events such as Operation London Bridge and the bus station fire have tested these arrangements there remains a recognised need to undertake a formal testing exercise across all agencies during 2023. Training for Gold Commanders i.e., CLT members has been completed and a rota of the team in place. Other training for Silver and Bronze is still being completed.

Risk 9 – Cyber Security and Data Protection

As part of the modernisation programme an IT Health Check has been undertaken. A plan of remediations will be established to address any inadequacies in the current approach to security. There has been steady progress against the original DLUHC action plan for cyber remediation. Currently, investigating the options for the implementation of a SIEM (Security incident and event monitoring) solution such as the Microsoft Sentinel product.

Risk 10 – Financial Management and Sustainability

Progress continues to be made to implement the core actions required to improve financial management, financial reporting, and internal control. Actions delivered have included the completion of the accounts for 2018/19 and 2019/20, the recruitment of a range of people following the restructure with further external advertising currently happening; the 2022/23 budget is being managed and a large proportion of the savings for 2023/24 have already been identified; an improved budget monitoring and reporting process is in place; Members are kept up to date through the Finance Action Plan and regular briefings and the departmental business plan is to be refreshed alongside the Service Plan for 2023/24. The sale of assets is ahead of schedule which is beneficially

impacting the scale of the overall capitalisation directive and the councils' ability to balance the budget within the medium term.

Risk 11 – Pace of sale and valuation of assets

The pace and valuation of asset sales is in line or ahead of the potential identified in the Strategic Asset Review undertaken by Avison Young, £200m was achieved in 2022/23, and on target to deliver £300m in 2023/24. Performance against the strategy is reported to the Cabinet and is monitored by the Asset Disposals Working Group. This is impacting the Council's Medium Term Financial position positively as it enables debt reduction to happen more quickly. Close monitoring and delivery of the strategy over five years remains crucial to future financial sustainability.

Risk 12 - Governance of Council Companies

Progress continues at pace. All dormant companies have been closed and the governance and reporting arrangements for the four main companies have been greatly altered and improved. Detailed plans are in place to manage the Council's interests to achieve the best outcomes and minimise liabilities over the next 18 months.

Risk 13 - Improvement and Recovery Planning

The Council has responded positively to the Directions and implemented many actions. The reporting of these improvements are now being brought together in a more holistic manner to enable a more consistent and evidenced based dialogue to take place with the Commissioners. The recruitment of a programme management support office has provided focus and challenge. Reporting to the Improvement and Recovery Board continues to evolve but is greatly improved. The alignment of the Improvement and Recovery actions with departmental service plans is taking place before the year end. The commissioners have sent their most recent report (July 2023) to DLUHC which the council will respond to once it has been shared.

Risk 14 – Digital Strategy

Following the adoption of full ICT & Digital Strategy the team has been focused on building capacity so that we can improve our approach to this area. Our new Digital Customer Engagement Manager starts with the team around the middle of September and other recruitments will commence shortly. Work to identify the current transactions server through the website has helped by confirming the key transactions that need to be improved as a priority.

Risk 15 – 'Inadequate' Rating by CQC

Agreement for Assurance work to continue to be funded via PMO – Self Assessment 3 to review progress against initial plan complete – Actionee: Amanda Halliwell. Latest Update: Progress continues to be made. Scrutiny Task and Finish Group established – Cllr Hulme Chair – Set up meetings established.

Risk 16 – Market Sustainability

Failure to have a stable Adult Social Care Market capable of meeting the needs of vulnerable local residents.

Risk associated with Providers increasing costs in line with rising costs everywhere. Also, risks that some Providers cease to trade as market conditions continue to affect profitability.

4 Implications of the Recommendation

4.1 Financial implications

- 4.1.1 There are no direct financial implications relating to the updates to the corporate risk register and the mitigating actions, but completion of the actions will improve the council's processes including those that underpin sound financial management, for example the council's accounts and budget. The impact of not responding to the risks could be significant for example loss of subsidy, insurance claims or failure to deliver efficiencies.

4.2 Legal implications

- 4.2.1 Failure to address those risks associated with the Directions from the Department for Levelling Up, Housing and Communities will impact the ability to secure the Authority's compliance with the requirements of Part I of Local Government Act 1999. The Council has specific legal duties in relation to certain areas, such as managing health and safety risks and civil contingency. Effective risk management is a key part of good governance. As stated in the Council's Policy Statement on Corporate Governance:

“Local government needs to ensure that the organisations and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and are crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision-making activities.”

- 4.2.2 Action 12 of the Council's Annual Governance Statement for 2022/23 relates to the need for improvement in performance and risk management. This includes ensuring that basic systems and controls are in place to ensure that performance is managed, and risk appropriately identified, reported, and monitored. The system of reviewing risks at the Risk and Audit Board and reporting corporate risks to CLT and Audit and Corporate Governance Committee on a regular basis must continue to ensure effective risk management.

4.3 Risk management implications

4.3.1 Failure to operate an adequate strategic risk register exposes the Council to risk across a wide variety of services because:

- Risks are not identified.
- Actions are not planned, and progress reported.
- Members are not made aware of the serious risks facing the Council.

4.3.2 The council is working to rate the risk Green in the 2023/24 financial year by implementing the following actions:

- recruit to an in-house Risk and Insurance Team to provide support, guidance, professional advice and the necessary tools and techniques to enable the organisation to take control of the risks that threaten delivery.
- implement an Enterprise Risk Management Framework and if necessary, an associated IT system to manage risk.

4.4 Environmental implications

4.4.1 There are no direct environmental implications in this report.

4.5 Equality implications

4.5.1 Section 149 of the Equality Act 2010 requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation, and any other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected character.

4.5.2 The risks highlighted above affect service users and residents in different ways. Risks to services such as children's and adult social care are more likely to impact on children and young people and vulnerable adults and older people than the wider population. Failures in the SEND service will impact on children and young people with disabilities. Likewise, failures in provision of temporary housing will affect certain population groups to a greater extent.

Corporate Risk Register Scores

Appendix A

The revised corporate risk register is shown as Appendix B which sets out all the actions by risk and progress against completion of all actions. The current scores and direction of travel designated by Risk owners are:

Risk	Inherent Risk	Current Risk	Target Risk	Direction of Travel
Risk 1: Safety of Children and Young People	24	20	9	↔
Risk 2: Delivery of the Adult Social Care (ASC) Transformation Programme	18	6	6	↔
Risk 3: Failure to provide a fit for purpose Special Educational Needs and Disability (SEND) service	20	16	4	↔
Risk 4: Impact of the cost-of-living crisis on Slough's residents	24	12	6	↔
Risk 5: Risk of the failure of statutory duty for provision of temporary accommodation	18	12	6	↔
Risk 6: Service delivery risk due to workforce recruitment and retention issues	24	20	6	↔
Risk 7: The Council does not take adequate mitigation to reduce the risk of injury or death from incidents within the Council	20	12	6	↔
Risk 8: Failure to deliver and maintain emergency planning and business continuity response arrangements	16	8	6	↑
Risk 9: Failure to protect our information and technology assets from an attack via the organisations internal network or the internet	15	9	6	↔
Risk 10: Failure to improve the financial planning and management and the internal control and financial reporting in the medium to longer-term the Council will not become a financially self-sustaining council	24	15	4	↑
Risk 11: If the Council does not dispose of sufficient assets to realise capital receipts, we will be unable to set a balanced budget or deliver long-term financial sustainability	24	12	8	↑
Risk 12: If we fail to review the relevance and rationale for each of the Council's Companies, we open the Council up to potential financial losses, reputational damage, and legal challenge	20	9	2	↑
Risk 13: Failure to deliver on the wide range of improvement and recovery actions specified in the Directions and various Government reports leads to further intervention	24	20	6	↑

Risk 14: Lack of an agreed council-wide vision, principles, and governance for building digital access for residents	16	12	8	↔
Risk 15: The Authority will receive an 'Inadequate' Rating when CQC begin inspecting Adult Social Care	16	12	8	↔
Risk 16: Failure to have a stable Adult Social Care Market capable of meeting the needs of vulnerable local residents.	12	12	8	↔

Note: ↑ indicates risk assessment has improved since last review; ↓ indicates risk assessment has deteriorated since last review

Risk 1: Safety of Children and Young People

Risk Owner: Director of Children Services/Chief Executive of Slough Children First

Direction of Travel: ⇄

Description:

Children and Young people are not kept safe through failure to meet our statutory and regulatory obligations.

Context

- If Slough Children First becomes financially unviable, then the Council will need to divert resources to continue essential services for children and their families.
- Slough Children First (SCF) is a wholly owned council company that provide children's safeguarding through a service contract. A business plan and budget are agreed by cabinet each year and managed via a strategic commissioning board. There is risk that the company fails to deliver safeguarding services to children within the approved budget due to additional demands.
- The company is reporting an in year overspend of £4.4m including mitigation against spend. There is a risk that the company could go into liquidation if it does not mitigate the loss or receive financial support from the council.
- The Department for Education (DfE) has substantially reduced the grant it provides for annual running costs of £2.2m pa to in the region of £0.8m in 2023/24 and potentially less in future years. This loss of grant will either need to be filled from additional savings or support from the council.
- Increasing demands in terms of referrals have put significant pressures on the Company's resources and its ability to meet agreed targets across a range of measures.
- The Company along with many service areas is finding difficulty in retaining qualified and experienced members of staff although this has lessened more recently.
- At the current time these challenges have not translated into any major child safety issues – but any increased pressure on staff workloads and across the safeguarding partnership, more generally, means this remains a high-risk area.
- The volume of cases moving to referral is increasing as is the complexity of cases with a subsequent impact on resources.
- Inability to fund additional Early Help services increases the chance of referral and additional demand.

Consequence:

- The risk that children's lives are being placed at greater risk due to the rising demands and not having sufficient resources to meet that demand, which could lead to risk of harm being missed.
- Inability to spend within budget.

- Reputational damage to the council and the company if unable to make improvements to service delivery in line with the Statutory Direction issued by the Department for Education, and risks of further intervention.

Current Controls:

- The performance and financial position of the company is monitored on a monthly as is through the contract monitoring process and strategic commissioning board chaired by the Chief Executive.
- The financial position is reported to cabinet through the council’s budget monitoring process and standalone reports requesting in-year changes to the budget.
- Recruitment plan in place.
- Audits of the Front Door process indicate that threshold decision-making is sound.
- Sustainable Early Help service business case is in development.
- The Council and SCF board are working together on improvements to the governance arrangements in place and this is being monitored by the Audit and Corporate Governance Committee.

Strategic Objectives:

A borough for children and young people to thrive. A council that lives within our means, balances the budget, and delivers best value for taxpayers and service users.

Actions Required:

- Resolve the in-year financial position and establish medium term position.
 - Actioned: Sue Butcher/Stephen Brown
 - Target date: 30 September 2023
 - Latest update: Further work requested on medium term position before business plan taken to Cabinet.
- Review the recruitment plan and assess further options.
 - Actionee: Sue Butcher
 - Target date: 28th February 2023
 - Latest update: Action as stated **completed**. Further workforce strategy work underway to look at retention and development programmes.
- Implement the Early Years strategy and plans and report regularly to the Safeguarding Partnership and CLT on progress.
 - Actionee: Sue Butcher
 - Target date: 28 February 2023

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	5	3
Impact	4	4	3
Score	24	20	9

Date last updated: **16 August 2023**

Risk 2: Delivery of the Adult Social Care (ASC) Transformation Programme

Risk Owner: Executive Director of People (Adults)

Direction of Travel: ⇔

Description:

If the adult social care transformation programme does not deliver changes in a timely and effective way there will be a negative impact on quality of service with residents directly affected, savings will not be achieved, and a balanced budget will not be delivered.

Context

- There are pressures across the adult social care service with regard to provider stability, increasing demand, partnership working and provider costs.
- The ASC Transformation Programme has a savings target of £14.7m being delivered over three years. Performance has been good in 21/22 & 22/23 and the current target for 23/24 is £5.6m
- Adult Social Care is experiencing a number of pressure areas:
 - Increase in utility, fuel and food costs leading to unprecedented Provider uplifts on a backdrop of high inflation and increasing interest rates.
 - Significant increase in national minimum wage, again impacting unit prices.
 - Improvement activity within the Council and the broader market is resource intensive.
 - Increased demand for ASC services – e.g., hospital discharge figures on pathway 3 have doubled in the last year.
 - Preparation for the new Assurance (Inspection) Regime. Whilst introduction of funding reforms have been delayed, risk will exist in future years.

Consequence:

- Increasing number of people waiting for assessment, service or review.
- Increasing number of safeguarding cases.
- Provider failures and reduced quality.
- Demand increasing.
- Use of agency staffing increasing.
- Budget not balanced, savings not delivered, cost and price increasing.
- Health funding to support the changes may be withdrawn.
- Damage to reputation
- Ability to recruit suitably skilled workforce and manage the welfare of the workforce.

Current Controls:

- Adult Social Care Transformation Board – reporting into Recovery and Renewal board.
- Tracking of actions and savings – Monthly finance monitor at DLT and monthly review of savings tracker with Deputy Director of Finance.

- Support and challenge from Peopletoo consultant partners – regularly meet to monitor the programme.
- Directorate away days – to increase resilience and build relationships within the Directorate.

Strategic Objectives:

- A Council that lives within our means, balances the budget and delivers best value for taxpayers and service users.
- An environment that helps residents live more independent, healthier and safer lives.

Actions Required:

- Manage activity in line with agreed year 3 of ASC Transformation Programme.
 - Actionee: Marc Gadsby
 - Target Date: 31 March 2024
 - Latest Update: Circa £2.6m achieved in 23/24 according to Transformation Delivery Board report for Period 4 - Monthly reporting of progress to ASC transformation programme board, monthly project report to Exec Board and tracking progress to lead members and directors as required.

- Agree the Adults social care strategy at Cabinet which aligns to the transformation programme.
 - Actionee: Marc Gadsby
 - Target date: 31 October 2023 (TBC)

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	2	2
Impact	3	3	3
Score	18	6	6

Date last updated: **17 August 2023**

Risk 3: Special Educational Needs and Disability (SEND) Local Area Inspection

Risk Owner: Executive Director People (Children)

Direction of Travel: ⇄

Description:

If we fail to provide a fit for purpose SEND service, then it puts service users at risk and provides poor value for money.

Context

- The SEND Local Area Inspection took place in September/October 2021. The report highlighted significant areas of weakness.
- The local area includes the local authority SEND services, Children's Social Care and Health partners.
- The area was required to produce a Written Statement of Action (WSOA), which highlights how we will address the areas of concern. This was produced and sent to Ofsted/CQC on 18th February. It was approved by Ofsted and CQC as fit for purpose but with a letter of recommendations to add to the WSOA.
- There is an approximate timeline of 12-18 months for improvements to be demonstrated in which Ofsted are likely to be back for inspection again.
- The DFE Monitoring Visit at the end of February found that only limited progress had been made against the WSoA priorities.
- Staff turnover and absence is impacting significantly on delivery of SEND services.
- Current SEND service is not fit for purpose and additional resources are required.
- The High Needs Block is significantly overspent with a deficit of approximately £26 million.
- The LA is required to have a DSG (Dedicated School Grant) management programme to address this and reduce in-year spend to 0 within 4-5 years.

Consequence:

- Reputational risk
- Failure to carry out statutory duties.
- Vulnerable children not getting the full support they are entitled.
- Failure to reduce High Needs Block overspend.
- Potential DfE intervention
- Negative Ofsted re-inspection outcome
- Deterioration of relationship with stakeholders/resident and partners
- Financial risk

Current Controls:

- A DFE Monitoring Visit on 17th July 2023 evidenced clear progress since the last visit at the end of February.
- Extra funding has been agreed to expand the SEND service and recruitment is ongoing. We are carrying out benchmarking with other LAs to make sure that the team is sufficient.

- New staff have been brought in to replace underperforming officers in the team.
- Monthly SEND strategic board meetings take place and there are new project reporting systems in place which focus on the key areas of the Written Statement of Action. The DFE Adviser attends the Board meetings as well as regular service update meetings with the Head of SEND.
- SEND is now an agenda item at every Getting to Good Board.
- A new Improvement Plan and SEF has been drafted with the advice of the DFE Adviser.
- DSG recovery plan is in place to reduce costs over 4-5 years and we have negotiated a Safety Valve Agreement with the DFE which forecasts a balanced budget for 2025/26. Monitoring meetings take place on a regular basis to track the performance of the service against the agreed targets.
- Bi-weekly meetings with DfE regarding Safety Valve Programme. LA is forecasting a balanced budget within 4 years.
- LA looking to submit papers to join safety valve programme by February 2023.
- Monthly SEND strategic board meetings
- Monthly DSG management plan meetings
- Slough Children First and the Clinical Commissioning Group have put in additional resources to address the areas highlighted in the Ofsted inspection.
- Regular meetings are being held with the DfE – there are Slough specific advisors – monitoring and challenge the implementation of the WSOA.
- A SEND LGA review was commissioned by the DCS and took place on 20-23 September 2022

Strategic Objectives:

- A borough for children and young people to thrive.

Actions Required:

- Exploring specific resources to implement the WSOA. Additional SEND staffing resources are needed to improve functioning of the team and secure improvement. Update: The initial target date for this action was February 2023 and this has been completed. However, a further benchmarking exercise is being carried out due to the increase in demand for EHC plans and the build-up of backlog cases due to the shortage of educational psychologists. A new action is therefore to draft a new staff structure for discussion.
 - Actionee: Sue Butcher
 - Target date: 30 September 2023
 - Latest update: Additional Case Officers, a Resolutions Officer and a SEND Consultant have already been appointed with the business case for two Preparation for Adulthood officers approved. Benchmarking is ongoing with local authorities in the region.
- Implement the WSOA with all relevant partners, the WSOA.
 - Actionee: Sue Butcher
 - Target date: 31 March 2023
 - Latest Update: This has been **completed**. The SEND Board is established (with agreed TOR) and new reporting is in place linked to the WSoA including a new SEND improvement Plan and SEF. This has been carried

out with support from the DFE Advisor. A new Risk Register has been devised.

- Implement SEND LGA review recommendations with all relevant partners.
 - Actionee: Sue Butcher
 - Target date: 31 March 2023
 - Latest Update: This has been **completed** and the LGA recommendations incorporated into the new SEND Improvement Plan.

- Implement Dedicated Schools Grant (DSG) recovery plan in partnership with the Department for Education (DfE). This is also known as the Safety Valve programme. Meetings are taking place with the DfE with two workshops in August 2022
 - Actionee: Sue Butcher
 - Target date: February 2023
 - Latest Update: The LA has been accepted into the safety Valve programme and has received (and will continue to receive) funding to offset the deficit. Ongoing monitoring of the Safety Valve will take place.

	Inherent Risk	Current Risk	Target Risk
Likelihood	5	4	2
Impact	4	4	2
Score	20	16	4

Date last updated: **16 August 2023**

Risk 4: Impact of the cost-of-living crisis on Slough's residents.

Risk Owner: Executive Director – Finance and Commercial (\$151)

Direction of Travel: ⇄

Description:

Rising inflation will impact the residents' ability to meet day to day essential needs.

Context

- The current economic circumstances of high inflation, high interest rates and its impact on housing, energy, fuel and food costs are impacting on our local residents in Slough.
- For many residents who rely on additional financial support through Universal Credit, welfare benefits or those just on the cusp of financial support these increasing costs are not matched by increases in their income.

Consequences

- Financial difficulties impact on other areas of residents' lives (e.g., health) which could further increase pressure on services including social care services due to increase stress/mental health issues.
- Residents are forced out of the private rented sector due to rent increases and into homelessness.
- Inability of residents to pay council tax.
- Instability of business affects collection of business rates.
- Residents fall into absolute poverty and have to make difficult decisions related to personal finances and may affect their ability to pay priority debt e.g., council tax.
- Greater demand on welfare teams.

Current Controls:

- Government support:
 - The Government has had in place a number of tranches of the Household Support Fund (HSF) since 2021/22 which the council has been distributing along with specific targeted energy support packages.
- Council website updated to help people understand what benefits they are entitled to. This will continue to be updated as appropriate.
- Focussing our welfare benefit advice to those who fall behind on payments and we identify as needing additional advice and support.

Strategic Objectives:

A council that lives within our means, balances the budget, and delivers best value for taxpayers and service users.

Actions Required:

- Continue to implement government relief e.g., Household Support Fund, maximise use of the fund.
 - Actionee: Group manager – revenues, benefits, and charges
 - Target date: 31 March 2024
 - Latest update: Approach agreed for current tranche.

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	4	3
Impact	4	3	2
Score	24	12	6

Date last updated: **24 August 2023**

Risk 5: Risk of the failure of statutory duty for provision of temporary accommodation

Risk Owner: Executive Director - Housing and Property

Direction of Travel: ⇄

Description:

If we fail to manage the increasing demand for temporary accommodation it will cost us financially and damage our reputation.

The provision of TA accommodation also carries statutory and regulatory requirements to ensure the safety and wellbeing of the occupants. The Council therefore needs to have in place and approved inspection regime in place for inspection in accordance with the Housing Health and Safety Regulations.

Context

- There are financial, regulatory, and reputational risks arising from the increasing demand for temporary accommodation. We have increasing numbers of UK nationals presenting as homeless due to evictions are being allowed. There are currently 300+ asylum seekers in the borough awaiting immigration status which is due to be determined.

Consequence:

- Budget pressure
- People do not have a safe and secure home.

Current Controls:

- Housing Needs officers are being supported in taking an appropriate approach when assessing the suitability, eligibility for temporary accommodation (number of units)
- Temporary Accommodation officers are being supported in negotiating better rates (cost/unit) with landlords and other housing providers.
- Results of DLUCH review being implemented.

Strategic Objectives:

- An environment that helps residents live more independent, healthier, and safer lives.
- A borough for children and young people to thrive.

Actions Required:

- Continue the ongoing recruitment into the Temporary Accommodation team.
 - Actionee: Caroline Bartos
 - Target date: 31 December 2023

- Latest update: An approved inspection regime is in place with regular contact established with the more vulnerable residence needs to be established to comply specifically with housing regulatory requirements.

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	4	3
Impact	3	3	2
Score	18	12	6

Date last updated: **27 July 2023**

Risk 6: Service delivery risk due to workforce recruitment and retention issues

Risk Owner: Chief Executive

Direction of Travel: ⇄

Description:

The Council is challenged in delivering high quality services in all areas for residents because of the inability to recruit and retain staff, including the right calibre of staff in specialist roles. This is also applicable to Slough Children First.

Context

- The Council does not have appropriately qualified, skilled, and experienced people to deliver necessary service levels and identify budget savings to allow the Council to live within its means.
- There are currently significant numbers of vacancies within the Council in key support professions such as Finance, IT, and HR. This is exacerbated by significant vacancies in key service areas such as Social Workers, planners, and engineers.
- The Council has massive competition for employees within Berkshire and the Greater London area. It is located on the M25 and has excellent links into London offering greater choice of employer for its own and residents within its travel to work area.
- The reputational damage caused by the section 114 notice and the appointment of Commissioners will potentially impact recruitment and retention.
- The Directions include the requirement to implement a suitable officer structure and scheme of delegation for the Authority which provides sufficient resources to deliver the Authority's functions in an effective way, including the Improvement Plan and its monitoring and reporting, prioritising permanent recruitment and/or longer-term contract status of interim positions.
- Recruitment into posts to assist with the council's recovery has not happened quickly enough and as a result, an additional Direction came into effect on 1 September 2022. The Direction permits the Commissioners to define the structure for and to recruit staff to senior positions for the period of the Directions.

Consequence:

- A higher reliance on agency staff has a direct impact on budgetary pressures.
- Significant numbers of interims in leadership roles leads to staff uncertainty about future sustainability and continuity of management.
- Higher costs due to cost of recruitment to replace staff who have left.
- Loss of corporate memory leads to inefficiencies and additional costs
- Staff turnover includes hard to fill posts which has an impact on workloads in teams and increases staff absences, wellbeing, and resilience.
- Employee disengagement leading to reduced productivity.
- Failure to maintain required levels of service delivery affecting our residents, especially statutory obligations.
- Reduced staffing levels will impact the quality of service being provided.
- Statutory roles are not permanently filled e.g., Returning Officer, Monitoring Officer

- Council is unable to delivery key improvement projects.
- Fines for non-delivery of statutory services
- Judicial review and associated financial and reputational costs.
- Civil unrest due to inadequate / inappropriate response.
- Local and national media interest
- Reduced quality of service delivery
- Increase in safeguarding issues, impact on quality of life.
- Securing qualified staff in the national context where resources are hard to recruit and retain.

Current Controls:

- Engagement with the workforce through regular communications and briefings to provide reassurance to staff of the development and then progress of the recovery process, including trade union colleagues. This is stronger with the appointment to Senior Management posts and the appointment of HOPS.
- Slough Children First continue to invest to recruit a permanent workforce including overseas recruitment and apprenticeships.
- Development of functional capability action plans and transition into service plans
- Development of communications plan for staff briefings
- Implementation of Adults social care transformation programme to drive service improvements and efficiencies.
- Appointment of chief information officer to drive forward digitisation of services.
- Review of Performance Indicators to identify areas of concern.

Strategic Objectives:

- Corporate Health: Corporate Operations

Actions Required:

- The implementation of an applicant tracking system to streamline all recruitment activity for both hiring managers and HR personnel. Many of the other actions below are contingent on this being implemented.
 - Actionee: Adrian Thomson
 - Target date: 31 October 2023
 - Latest update: A system has been sourced and current contract activity is ongoing, and an implementation and adoption plan is being developed. The platform being used is the same as already in use in SCF.
- Development of a recruitment and retention strategy, to align with the future operating model.
 - Actionee: Surjit Nagra
 - Target date: 31 December 2023
 - Latest Update: This will be a core piece of the development of a workforce strategy later this calendar year – dependent on skills sourcing.
- Tracking of staff turnover rates to Corporate Leadership Team and to workforce committee and Board within Slough Children First - monthly
 - Actionee: Surjit Nagra
 - Target date: 31 December 2023

- Latest Update: Working on producing this data on a regular basis and review existing process from the Agresso system to ensure data accuracy. Staff turnover rates are being published monthly via the performance team.
- Appraisals and performance management of staff – put in place revised processes and procedures.
 - Actionee: Surjit Nagra
 - Target date: 31 December 2022 (**Complete**)
 - Latest Update: The new performance management framework was rolled out and currently monitoring of compliance is taking place.
 - Review of current pay and reward structure of the council
 - Actionee: Surjit Nagra
 - Target date: Ongoing to 31 December 2023
 - Latest Update: Council has legal requirement to comply, on equal pay and the National Minimum Wage, as well as reporting on the organisation’s gender pay gap and including chief executive pay ratio. The pay policy statement for 22/23 has been approved and updated on the website which includes an update on the annual pay increase – this included the CX Pay ratio. The Gender Pay Gap 2021 reporting has also been approved and uploaded onto our external website with an action plan. Currently working on the 2022 figures. Payroll compliance deadlines with HMRC have all been met. The council has recently reported on gender pay gap and senior officer pay for 2021 – 2022, currently preparing a report on 2022 to 2023. The Council has begun review of pay as part of recent structure reviews.
 - Tracking of specific issues through analysis of exit interviews
 - Actionee: Surjit Nagra
 - Target date: 31 December 2023
 - Latest Update: Putting in place a system to capture this information. Working with Agresso HR reports are being updated to review analysis of exit interviews, reported to EAC committee on an annual basis.
 - Slough Children First are implementing a recruitment and retention measures as per the business plan.
 - Actionee: Kate McCorriston
 - Target date: 31 December 2023
 - Latest Update: In the process of writing the business plan and all supporting business cases for approval. Once these have been submitted and approved then SCF will be able to move forward with the recruitment and retention initiatives.
 - The business plan remains under review.

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	5	2
Impact	4	4	3
Score	24	20	6

Date last updated: **27 July 2023**

Risk 7: The Council does not take adequate mitigation to reduce the risk of injury or death from incidents within the Council

Risk Owner: Executive Director Strategy and Improvement

Direction of Travel: ⇄

Description:

If the Council does not meet its wide range of Health & Safety requirements, then there could be a risk to the safety of **staff and** citizens.

Context

The profile of health and safety matters has not been given sufficient prominence in recent years however COVID has addressed the imbalance.

Key potential causes of health and safety risks due to the instability of the organisation over the last few years has resulted in:

- Lack of understanding of roles and responsibilities.
- Insufficient staff numbers to carry out work plans in a safe way.
- Lack of appropriate training.
- Lack of oversight and control by local management.
- Lack of information on the potential or known risks i.e., through lack of reporting, lack of risk assessments, staff turnover, etc.,
- Lack of learning from previous lessons.
- Inadequate contract management arrangements. H&S legislation states you are still liable even if contractors undertake work.
- Lack of effective processes and systems consistently being applied.
- Lack of accountability and governance arrangements.

The risk of injury or death is increased in certain circumstances and for high-risk activities such as:

- lone working
- violence
- use of machinery
- inadequately managed buildings
- inadequate contract management

Consequence:

- Corporate manslaughter charges
- Significant reputational damage
- Death/injury to individuals and/or non-compliance with relevant legislation resulting in prosecution and civil claims.
- Staff sickness through accidents/incidents/stress
- Increased insurance premiums

Current Controls:

- Health and Safety Manager, Health & Safety professional and Health & Safety adviser in post.
- A health and safety management system (policy and codes of practice) in place. These are regularly reviewed and updated, clearly communicated, and placed on SBC insite.
- Corporate health & safety strategy (2018-2021) in place with directorate plans dovetailing. New Health and Safety Strategy to be devised to align with new organisation structure.
- A new H&S Strategy is in place for 2023 - 2026 is in place with directorate plans being devised and dovetailing. Accident reporting system and procedure in place and communicated. Incident forms are reported, and investigations are carried out where necessary.
- Health & safety training programs in place, available face to face and online. Mandatory training identified and in place.
- Lone worker In-check and personal safety devices in place
- Monitoring of health & safety indicators at Health & Safety Committees (bi-monthly) and Health & Safety Board (bi-monthly).
- Trade Union consultation with health and safety trained representatives present (Corporate Consultative Forum).
- Compliance monitoring 'Building Compliance Group' (monthly) – this now falls under the Property, Planning and Housing Directorate.
- Health and Safety audit programme for 2023 - 2024 to be devised. This was on hold due to resource issues and workload pressures.

Strategic Objectives:

- Corporate Health: Corporate Operations

Actions Required:

- Online accident reporting for accurate monitoring and tracking.
 - Actionee: Surjit Nagra
 - Target date: 30 September 2023
 - Latest update: H&S currently working with IT Project Manager to look into possibility of utilising existing company Intec who can create several databases Council wide. Review was undertaken by IT to identify other potential teams who may use a similar/require a database. As there is no uptake, a business case will be raised for H&S to upgrade to the corporate contract which will mean unlimited licenses and several databases will be created for H&S purposes. One of these databases will include accident and incident reporting. H&S Team currently working on plan of action to migrate current Incheck database onto online portal which is scheduled to be in place by 14th August 2023. Once this is complete, conversation will be held with Intec to discuss the requirements for an online cloud-based system. Subsequently a business case will be raised to upgrade to the corporate contract. Research was undertaken for a range of providers who have Accident/Incident databases however due to the cost implications and the

current financial situation, H&S manager has decided not to pursue a custom/off the shelf system with a new provider.

- The target date for monitoring of actions from accidents and audits to ensure lessons are learnt and actions are implemented through an online system.
 - Actionee: Surjit Nagra
 - Target date: 30 September 2023
 - Latest Update: This action is aligned to the action above and will be completed once new system is implemented. Currently the H&S team input incidents on an excel database and each incident is followed up with the relevant service manager where there is the need for an investigation. For serious incidents, the H&S team lead on the investigation.

- Health & Safety team will be auditing high risk areas of the Council: asset management, environmental services, strategy and infrastructure and lone workers. All services/team are required to conduct self-audits. Responsibility of AD/GM's. Self-audits approved by Corporate Consultative Forum meeting on March 7th, 2022.
 - Actionee: Surjit Nagra
 - Target date: 31 March 2023
 - Latest Update: So far 22 responses have been received and H&S will be reviewing these and providing feedback. In the absence of an organisation structure detailing where each service/team sit, it is difficult to determine how many H&S self-audits should have been received. Reporting of self-returns is being communicated in H&S Committee meetings and members are being asked to review and identify missing teams who have yet to complete a self-audit. Due to current workload pressures, capacity issues within the team and the lack of an organisation structure, a H&S audit schedule has not yet been devised for services/teams.

- Gap analysis of training needs, provision, and uptake. Work commenced with Workforce Development in identifying risk assessment and accident investigation training. All managers and staff encouraged to complete mandatory H&S online training via communications issued to all staff and managers. All managers have been provided with instructions on how to determine the compliance status of staff.
 - Actionee: Surjit Nagra
 - Target date: Complete
 - Latest Update: Training: Training: The 'Risk Assessment' and 'Accident Investigation' Training has been split into blending learning. Delegates are required to undertake the theory session on Cornerstone prior to attending a practical session which will be delivered by the H&S team. Training dates have been scheduled for the practical sessions and has been communicated to the organisation via newsround, H&S Committees and the H&S Board. Both the theory and practical are 1.5 hours each and the aim is to increase the uptake as the sessions have been split to enable delegates to attend around their work schedule. Sessions are scheduled until the end of March 2024 and communications are regularly sent out to the organisation.

- New corporate strategy to be developed for 2023 onwards and directorate plans to be developed H & S Board has requested a new strategy and this will be presented to Corporate Leadership Team (CLT) in March 2023
 - Actionee: Surjit Nagra
 - Target date: Complete
 - Latest Update: A new strategy for 2023 - 2026 is in place (approved by the H&S Board/CLT). The documents have been shared and communicated to H&S.

	Inherent Risk	Current Risk	Target Risk
Likelihood	5	3	3
Impact	4	4	2
Score	20	12	6

Date last updated: **31 July 2023**

Risk 8: Business Continuity and Emergency Planning

Risk Owner: Executive Director Strategy and Improvement

Direction of Travel: ↑

Description:

Failure to deliver and maintain emergency planning and business continuity response arrangements will lead to the Council at risk of being unable to continue its business should a serious event cause disruption or an emergency occurs.

Context

The Council has had a poor recent history with regards to its emergency planning function with an interim post holder being made permanent in late 2022. A significant amount of work is required to improve the function to ensure the Council can respond:

- An external review is being conducted to ensure our improvement work is being delivered to a good pace and quality.
- Improved procedures for the response and co-ordination during an incident or disruption
- Strong links to the Thames Valley Local Resilience Forum.
- The Major Incident Plan (MIP) is complete.
- Business Continuity Plan now in place.
- Arrangements to Exercise the Emergency Response Arrangements & Plans are being organised – a gap analysis has already been undertaken as a tabletop exercise.
- Arrangements to exercise the Business Continuity Plan are also being organised.

Consequences if the above was not in place:

- No response to operational emergencies due to severe weather conditions, fire, or any other major incident.
- Council is not prepared to respond as directorate and service areas do not have an adequate or co-ordinated response in place.
- Availability of staff to deliver key services if trained volunteers are taken away to deal with a major incident (the Council is a Category 1 responder under the Civil Contingencies Act).

Current Controls:

- Business Continuity (BC) Plans in place
- Emergency Planning procedures in place
- Emergency planning and business continuity lead in place
- Sufficient Response Officers (Local Authority Liaison Officer (LALO) & Rest Centre Managers (RCM)) who can be utilised in the event of an emergency. Additional capacity in adults would strengthen our response.
- Arrangements and links in place with TVLRF & Partner Organisations
- Utilising lessons learnt from Covid.
- Local and regional response arrangements in place

Strategic Objectives:

- Corporate Health: Corporate Operations

Actions Required:

- Exercising of Emergency Response Arrangements & Plans and the Business Continuity management & Plans – through tabletop testing
 - Actionee: Anthony-Mario Montana
 - Target date: 31 October 2023
 - Latest Update:
 - The Exercising of the Major Incident Plan and Emergency Response Arrangements will be undertaken by end of October 2023
 - 'Blu Nimbus' will be a live testing of the plans which is due to take place in October 2023.
- In person, one to one and online training to be completed for Gold, Duty Gold Officers, Duty Sliver Officer/EOC Managers, LALOs & RCMs
 - Actionee: Anthony-Mario Montana
 - Target date: 31 December 2022 (complete but on-going for new recruits)
 - Latest Update:
 - Directors have all completed the Local Council Gold Group and Duty Gold training excluding two new members to CLT which training would be arranged for a later date.
 - Directors have all been scheduled to take the external Regional Strategic Coordination Group (Gold) Training due to take place by end of December 2022
 - The LALOs & RCMs have taken the JESIP Bronze Commander Training.
 - The LALOs & RCMs have completed the Risk Management Training on Cornerstone
 - Other training course will be arranged, scheduled and/or designed at later stage.
- Securing more Rest Centre Managers (RCMs) from Adults and Children's services
 - Actionee: Anthony-Mario Montana
 - Target date: 30 September 2023
 - Latest Update: Work with the ED's in Children and Adults to secure resources for this duty.
- Recruit Volunteer Response Support Staff to staff and run the Emergency Rest Centres and the Emergency Operation Centre.
 - Actionee: Anthony-Mario Montana
 - Target date: 30th September 2023

- Latest Update: Now the plans are signed off work will begin to secure these volunteers. Process in place to secure volunteers during emergencies via the MOU through the LRF.
- Develop a robust prevention programme within the council supported by emergency planning.
- Actionee: Anthony-Mario Montana
 - Target date: 31 March 2023
 - Latest Update: Working with service areas to understand what prevention plans are in place, to reduce impact of risks identified. This action is with the Risk and Audit Board.

Note:

Emergency Planning (The Council) has a dynamic framework that can be utilised by the emergency planning team to respond to both a major incidents and business continuity interruption while the Major Incident Plan (MIP) & BC plans undergo the current review.

	Inherent Risk	Current Risk	Target Risk
Likelihood	4	4	3
Impact	4	2	2
Score	16	8	6

Date last updated: **27 July 2023**

Risk 9: Cyber Security

Risk Owner: Executive Director Strategy and Improvement

Direction of Travel: ⇔

Description:

- Failure to adequately protect our information and technology assets from an attack via the organisations internal network or the internet, that is either deliberate or because of non-compliance with policy and procedures.
- Failure to comply with the Data Protection Act 2018 (GDPR) legislation.

Context

- There is a continual risk of cyber-attack from a wide range of sources which if enacted could cause significant financial, service delivery and reputational damage to the Council and its partners – recent attacks on local authorities and NHS bodies have caused significant disruption and expense in rectifying the impact.
- Heightened risk of cyber-attacks in relation to the Ukraine conflict.
- The Council has continued to invest resources in strengthening its controls in this area.
- An action plan to achieve improvements in relation to the proper functioning of the Authority's IT is in the Directions from DLUHC.
- DPA 2018/GDPR came into force in May 2018. Policies and processes developed as our corporate and local response to the implementation of DPA 2018/GDPR. A full data flow analysis was undertaken across the organisation and is being refreshed as part of the 2022 audit.
- The team that manages information governance has had limited resource. The team has now recruited an interim DPO and the recently completed ICT restructure includes the proposed appointment of a permanent DPO and a Cyber security officer that will be progressed in the last quarter of 2022.
- Recruiting people with strong DPA 2018/GDPR understanding is challenging in the current market and especially difficult in the public sector.

Consequence:

- *Worst case*: Temporary or permanent loss of access to some or all of SBC data and / or IT systems leading to not being able to deliver business critical or statutory functions e.g., elections.
- *Likely case*: (some of) loss of reputation in handling personal data, removal of access to PSN and DWP direct data connections, removal or penalties for bank payment handling and processing. Short term loss of access to data or systems.
- *Best case*: Isolated incident with minimal or no data loss and no loss of access to IT systems.
- If there is not an adequate response to DPA 2018/GDPR there is a chance that the following may arise:
 - fines
 - criticism from the information Commissioner
 - damage to corporate reputation
 - civil claims for damages

Current Controls:

- Procured membership of SEGWARP and other government alert agencies. This provides regional alerting on vulnerabilities that SBC needs to be aware of intelligence sharing / threats / policy development. SBC have also registered with the Cyber Resilience Service for the southeast to enable a regional approach to cyber alerting.
- Ensure security patching is up to date and continues regularly. An interim resource has been engaged to check and apply security patching.
- Periodic and regular 3rd party penetration testing. ICT&D are part way through a sequence of testing.
- Cyber Security support from market leading 3rd party. Softcat are contracted to provide additional cyber security support. This covers the following.
 - Quarterly Security Controls Assessment
 - Breach Assessment annually
 - Security Improvement Programme Leadership
 - Organisation and Execution of cyber essentials audit action plan. Actions to complete before the end of 2023.
- Communications to staff has been increased through councils Newsround and subject specific emails in particular awareness on cyber security issues, including phishing emails, scam calls & data protection responsibilities.
- Documented and detailed security procedures have now been put in place for patching, testing and incident handling & testing of these is in progress.
- DLUCH Funding obtained following application and workshops - £200k.
- Cabinet approval for a continuous improvement programme for IT security hardware and software, for 3 years.
- Remedial / Modernisation programme has targeted security improvements under emergency funding and agreed.
- The recent ICT&D restructure has assigned the formal Data Protection Officer (DPO) role for SBC to the ICT&D Service Manager.
- DPA 2018/GDPR training for new starters to minimise breaches.
- External review of compliance by Internal Audit
- Initial data mapping completed by SBC supported by RSM.
- The council has updated its information governance policy in November 21 and this has been signed off by the Information Governance (IG) board, the updated policy supports the process by which an organisation obtains and provides assurance that it is complying with its legal, policy and moral responsibilities in relation to the processing of information. Alongside this an IG Improvement plan has been developed and will be monitored through the Information governance board moving forward.
- All aspects and issues of DPA 2018/GDPR have been drawn into one place, a programme to confirm compliance or implement required controls where necessary is being developed and will report into the council's information governance board.
- DPO role assigned to the ICT&D Services Manager

Strategic Objectives:

- Corporate Health: Corporate Operations

Actions Required:

- Implement security solutions as per the IT modernisation programme.
 - Actionee: Simon Sharkey Woods
 - Target date: 31 March 2024
 - Latest Update: As part of the modernisation programme an IT Health Check has been undertaken. A plan of remediations will be established to address any inadequacies in the current approach to security. There has been steady progress against the original DLUHC action plan for cyber remediation. Currently investigating the options for the implementation of a SIEM (Security incident and event monitoring) solution such as the Microsoft Sentinel product.

	Inherent Risk	Current Risk	Target Risk
Likelihood	5	3	2
Impact	3	3	3
Score	15	9	6

Date last updated: **28 July 2023**

Risk 10: Financial management and sustainability

Risk Owner: Executive Director – Finance and Commercial (S151)

Direction of Travel: ↑

Description:

If the Council fails to significantly improve its financial planning and management and its internal control and financial reporting in the medium to longer-term the Council will not become a financially self-sustaining council.

Context

Financial Management, Planning, and control

- The S151 officer issued a statutory S114 notice in July 2021. Expenditure controls have been in place since in order to limit the Councils spend to the minimum. A capitalisation direction (CD) was approved in principle by DLUHC in March 2022 for £307m in order to enable the Council to set a balanced budget for 2022/23. Cabinet approved the budget on 9 March 2022. Initial forward planning indicated that the CD could increase to c £800m, this has since been reduced to less than £400m. The revenue budget savings were reduced from £20m pa for 7 years to £20m, £23m and then £12.9m pa for 5 years from 2024/25, in the current MTFS model agreed in March 2023.
- The DLUHC Directions include the requirement to put in place an outline action plan to achieve financial sustainability and to close the long-term budget gap identified by the Authority across the period of its Medium-Term Financial Strategy (MTFS).
- From the beginning of 2023/24, the following actions are in place:
 - Asset sales of circa £200m achieved in 2022/23, and a further £200m planned for 2023/24.
 - 2018/19 and 2019/20 accounts submitted.
 - Plan being developed for catch-up of audit work with external auditors.
 - All revenue savings for 2023/24 identified and now being actively monitored.
 - Monthly internal budget monitoring in place from Month 2 with quarterly committee reporting from Quarter 1.
 - 6 companies closed, 3 radically reviewed, no further expenditure on them and sales being prepared, governance greatly improved.
 - Internal audit recommendations now being addressed, procurement greatly improved. Internal audit being delivered in-house from this year.
 - Finance recovery in place monitoring progress against Directorates.

The seriousness of the financial situation and how the Council found itself in this position remain of significant concern. This has been acknowledged and the financial recovery strategy agreed and actioned from July 2021. The availability of significant future support is a key assumption underpinning the 2023/24 budget and will be for several future years. The overall financial improvement plan is being refreshed for consideration by Cabinet in September 2023.

Financial Control

- Many of the Councils financial processes are not fit for purpose. These include by way of example:
 - financial systems – the Agresso system is not fully used.
 - financial capacity and skills – the number and skills of permanent staff in the team has been low but permanent recruitment and capacity building is underway.
 - financial processes – basic processes are improving but require continued embedding.
 - insurance and other provisions were inadequate but have been reviewed and will require more monitoring.

Financial Reporting

- The accounts originally provided for audit in 2018/19 were inadequate and contained significant errors. The 2018/19 were finally completed in September 2022. The 2019/20 were given to the auditors at the end of October 2022.
- As a result of the investigations by the Finance team there were significant amendments made to the 2018/19 accounts plus many working papers, figures and narrative statements had to be fundamentally corrected. In total there have been 50 material errors made that have affected 100 per cent of the figures in the core statements and 80 per cent of the disclosure notes. The changes made have impacted the General Fund balances available to the Council and the Balance Sheet. The changes have decreased the net value of the balance sheet by c 40 per cent. Significant weaknesses in respect of the information to support journal entries within these statements will impact the auditor's opinion. This will be the case until at least 2021/22. The Council will also need to respond to the July 2023 announcements by DLUCH about new local audit arrangements.

Consequence:

- The Council is able to, but had challenges, setting a legal budget for 2023/24.
- The Section 151 officer could be required to consider issuing further s 114 notices should budget savings not be delivered or other financial pressures arising.
- If the Council continues to fail to produce its annual accounts, then the Council would be in breach of their responsibilities to provide proper financial stewardship and control.
- The Council has no properly audited financial base line since 1 April 2019 and thus has challenges preparing its budgets and financial planning going forward. The balance of this focus is shifting although capacity to deal with so many open financial years is challenging.
- It has also not fulfilled its requirements to properly account for its stewardship of public monies.
- It will potentially face increased external audit fees and is having to have its staff spend a great deal of time “looking backwards” rather than planning forwards.
- The Council faces significant reputational damage which may impact its ability to borrow money and secure adequate insurance.

- The Directions include the potential for Commissioners to impose their own budget in total or detail if they consider it necessary.
- Reputational damage caused by an adverse audit opinion.

Current Controls:

Financial Management and Planning

- The Council considered a series of budget reports at its meeting on the 9th of March 2023 including:
 - Revenue budget
 - Capital programme.
 - Treasury management
 - S25
 - DSG
 - Council Tax Support

These reports included a wide range of proposals that will set a new start for the Council moving forward on its ambition for financial sustainability. A legal budget was able to be set.

- Expenditure controls in place throughout 2022/23 financial year and continue in 2023/24.
- Regular budget monitoring and reporting is now in place.
- A Finance Board is in place to monitor key aspects of financial management, planning, risks, and controls and consider Slough's response to the directions.

Financial Control

- Specialist resources were brought in to understand the nature and scale of the problems and to address them.
- A refreshed, consolidated Finance action plan will be considered at Cabinet in September 2023 and consistently reported on.

Financial Reporting

- The Statement of Accounts for 2018/19 are awaiting final sign-off by Grant Thornton. Discussion on the 2019/20 accounts are awaiting audit improvements on supporting evidence are ongoing with the external auditors, particularly in light of announcements by Ministers in July 2023 on speeding up local audit.

Training

- Targeted training sessions have taken place for Members and Officers during 2023/24 but more detailed training programmes for Audit and Corporate Governance Committee and budget holders will progress throughout the year.

Strategic Objectives:

- A Council that lives within our means, balances the budget, and delivers best value for our residents of Slough.

Actions Required: The immediate actions include:

- Reporting on the 2022/23 outturn position.
 - Actionee: Adele Taylor, Hitesh Jolapara, Alistair Rush
 - Target date: 30 September 2023
- For 23/24 savings a full schedule of savings options has been identified. Ensuring that budget savings can be delivered by each Directorate will be key going forward. Monitoring of these integrated into budget monitoring, live from Month 2.
 - Actionee: Executive Directors, Adele Taylor, Hitesh Jolapara, Alistair Rush
 - Target date: 31 March 2023
 - Latest update:
- Regular communications to officers and members continue on the financial situation.
 - Actionee: Adele Taylor
 - Target date: ongoing
 - Latest update: Key messages provided at staff roadshows. Narrative reporting as part of all financial reporting linking to longer term financial sustainability.
- The 2018/19 accounts have been completed and audited. 2019/20 has been submitted for audit.
 - Actionee: Alistair Rush
 - Target date: To be agreed with external auditors in light of July 2023 local audit announcements.
 - Latest update: 2018/19 and 2019/20 accounts completed. Others to follow during 2023.
- Refresh of medium-term financial modelling including capitalisation directions and MTFS.
 - Actionee: Alistair Rush
 - Target date: 31 August 2023
 - Latest Update: All models are currently being revised.
- Recruitment to vacant posts in the restructured department.
 - Actionee: Adele Taylor
 - Target date: 31 December 2023
 - Latest update: Top two levels in Finance recruited to permanent positions. Further recruitment planned. Substantial number of posts permanently recruited to except within Finance where existing gaps remain.
- The finance action plan has been reported to Cabinet and sets out in detail the current position on key financial matters and the actions being taken. This was updated on a bi-monthly basis and reported to Cabinet. The report shows the

significant progress that has been made in all areas during 2021/22 and 2022/23. For 2023/24, a consolidated action plan is being refreshed for consideration at Cabinet in September 2023. This will then be reported regularly on progress against actions.

- Actionee: Adele Taylor
- Target date: Bi-monthly update
- Latest update: Last update provided in existing format for March 2023 Cabinet and Council.

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	3	1
Impact	4	5	4
Score	24	15	4

Date last updated: **28 July 2023**

Risk 11: Pace and valuation of the disposal of assets

Risk Owner: Executive Director – Housing, Planning, and property

Direction of Travel: ↑

Description:

If the Council does not dispose of sufficient assets to realise capital receipts, we will be unable to set a balanced budget or deliver long-term financial sustainability.

Context

- The council's long-term sustainability is dependent on the sale circa £400m of assets. In September 2021 the Cabinet agreed to assess the options during 2022/23 and to begin asset disposals as soon as prudently possible, given the Council's responsibility to obtain best value. The Housing & Property department has a strategy in place to drive the asset disposal programme forward

Consequence:

- Without a programme of asset disposals to finance reduction of external debt, the Council's external borrowing per head of population will remain one of the highest in the UK and debt charges will increase to a significant proportion of the net revenue budget.
- If Cabinet either delay or do not accept the disposal programme this will lead to failure to meet the budget targets and risk more intervention
- Without significant asset disposals the Council's long-term financial position is not sustainable and will compromise the Council's ability to:
 - finance the anticipated capitalisation direction and
 - to allow the Council's external borrowings and debt charges to be reduced
 - provide existing levels of services in the future.

Current Controls:

- A department of Housing, Planning and Property has been established and suitable senior leadership and professional expertise to manage the asset disposal programme to best effect.
- An Asset Disposals Sub-Committee has been established.
- All out of borough assets have been marketed and the last one is due to be sold before Christmas. As 1 August 2023, £230m worth of assets would have been sold and on track to sell £300m worth of assets by the end of the FY 2023/24 is expected.

Strategic Objectives:

- A council that lives within our means, balances the budget, and delivers best value for taxpayers and service users.

Actions Required:

Continue to monitor and report the asset sales position to CLT, as the continued sale of assets during 2023/24 and beyond will remain crucial to the Council's medium to long term financial sustainability.

- Action Owner: Pat Hayes
- Target Date: 31 March 2024 (year-end update position)
- Latest position: On track for 2022/23.

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	3	2
Impact	4	4	4
Score	24	12	8

Date last updated: **27 July 2023**

Risk 12: Governance and financial implications of the council companies

Risk Owner: Executive Director – Finance and Commercial (S151)

Direction of Travel: ↑

Description:

If we fail to review the relevance and rationale for each of the Council's Companies, we open the Council up to potential financial losses, reputational damage, and legal challenge.

Context

- The Council has a number of subsidiary companies and an LLP joint venture (SUR) that deliver a range of services or address specific issues. Given the Council's current financial and operational circumstances, and issues that have been identified to date, the rationale for continuing to have these companies continues to be reviewed. This had been highlighted by both CIPFA and DLUHC in their reports in October 2021 and the Council started to consider this in summer 2021 and has been progressing ever since.
- In addition, a wide range of governance, management, operational and financial issues have been identified over a number of years and are being addressed.
- There is a Direction in place regarding the Commercial Companies including consideration of the roles and case for continuing with each subsidiary company of the Authority (except Slough Children First).

Consequence:

- Inefficient service delivery by the Council, especially in relation to housing, due to poor contract management and controls.
- Potential grant clawback across a range of companies which may have implications for the Council.
- Reputational damage to the Council as a result of the failure of a number of high-profile initiatives with a national interest.
- Key strategic sites are not developed – failure to achieve the Council's strategic objectives and key outcomes. e.g., Slough Urban Renewal
- Improved governance arrangements should enable the Council to make timely informed decisions on key strategic and financial matters that are critical to the Council's capitalisation directive. These include:
 - the Council's capital programme has been reduced.
 - increased loan repayments to the Council improving cash flow and borrowing costs.
 - capital receipts have been accelerated.
 - reduced cost exposure on key development sites.
 - reduced operational losses for JEH due to the change to its acquisition strategy and improved Council operational oversight and additional sources of funding have been identified and approved to reduce the Council's overall financial exposure.

Current Controls:

- Establishment of a new corporate oversight board for Slough Urban Renewal.
- Development of role profiles for Directors and appointment of new directors and senior responsible owners with clarity on roles and reporting has occurred.
- Regular Board meeting cycle to be established at all active companies.
- Establishment of shareholder oversight group for GRE5.
- Establishment of monthly financial reporting from key companies into the Council
- Internal audit tracker for key issues to monitor progress through to issues getting closed down.
- All Dormant Companies have been closed down.
- Revised governance arrangements have been introduced across all companies (with the exception of DISH which was not prioritised for action in FY 22/23 as it is a much smaller scale compared to the other entities, is not a trading company and has limited risk (it has a lease with the Council for 54 properties dating back to 1988 when it was established) and is lower risk rated by Internal Audit compared to other entities. DISH revised governance is being introduced in early FY 23/24 following a review).
- Establish appropriate governance and reporting arrangements for GRE5 and JEH

Strategic Objectives:

- A council that lives within our means, balances the budget, and delivers best value for taxpayers and service users.

Actions Required:

A wide range of workstreams are underway with the immediate actions focused on:

- Ground Rent Estates 5 – execution of Council loan; continue to support litigation proceedings; further strengthen performance, risk and financial reporting, development of exit strategy.
 - Actionee: Pat Hayes
 - Target date: 31 March 2024
 - Latest Update:

In line with previous reports provided to Cabinet, it is expected that the Council will exit GRE5 when the works to Nova House have been completed and the legal claim has concluded – this is expected to be in 2024. Cabinet will be requested to approve an exit route and a number of options are likely to be available to the Council if the works are completed satisfactorily and the legal claim is resolved. Bevan Britain have been asked to provide advice on regulatory and legal considerations to inform the most appropriate exit strategy. e.g., sale of freehold lease to a third party, leaseholder transaction.

Significant progress has been made to **GRE5's** financial planning and reporting, oversight and critical governance arrangements including the appointment of new external directors, the establishment of a new corporate oversight group and strengthened risk management. The Council's loan to GRE5 has now been fully executed following a financial review in FY 21/22 which identified that the Council's loans had not been approved in line with its Investment Strategy and was not implemented appropriately. Whilst

building work is underway on Nova House, a number of additional structural issues have been identified which have had an impact on the ACM works and the resolution of the legal claim. A report was taken in March 2023 and a further update to be given in September 2023.

- Slough Urban Renewal – in principle agreement obtained for the restructuring of the Council’s commercial relationship with Muse. Progression with negotiations and Heads of Terms for the SUR key sites (Montem and NWQ have been sold and Wexham, Haymills and Stoke Wharf – sale is being progressed).
 - Actionee: Pat Hayes
 - Target date: 31 March 2024
 - Latest Update: The Council has established a Corporate Oversight Board for SUR to strengthen governance and management arrangements, including oversight of a phased reduction in SUR’s activities.

Following an Options Review by Montague Evans, the SUR Partnership will not be undertaking any further major developments.

Good progress has been made on the only ongoing SUR development project; the Old Library Site (OLS) where all flats have been sold and the loan paid off.

- James Elliman Homes – strategy for exit is going to Cabinet in September 2023.
 - Actionee: Pat Hayes
 - Target date: 30 September 2023
 - Latest Update: strategy for exit is going to Cabinet in September 2023
- DISH – establish regular performance reporting to the Board, commence high level options review to explore the potential to transfer DISH properties into the HRA, commercial review of DISH lease, preparation of a service level agreement to reflect the services the Council is providing.
 - Actionee: Pat Hayes
 - Target date: 31 March 2024
 - Latest Update: DISH was established in 1988 and has a lease with the Council for 54 properties; with the majority of tenants classed as long-term tenants. DISH is considered to be a lower risk compared to other companies and an options review and exit strategy is scheduled to be complete by FY23/24.
- SCF – an update on actions and risks is covered in Risk 1. There is a monthly corporate oversight group including the Council’s contract manager, “shareholder” representative and finance lead.

	Inherent Risk	Current Risk	Target Risk
Likelihood	5	3	1
Impact	4	3	2
Score	20	9	2

Date last updated: **3 August 2023**

Risk 13: Improvement and Recovery Planning

Risk Owner: Chief Executive

Direction of Travel: ↑

Description:

Failure to deliver on the wide range of improvement and recovery actions specified in the Directions and various Government reports leads to further intervention.

Context

- The Council has put in place a wide range of improvement and recovery actions to respond to the various reports it received. The council has carefully considered the timing and delivery of improvement and recovery actions, so they are completed in line with Government Directions.
- The Council has delivered a wide range of the required actions but only recently brought these together in a holistic manner in communication with the Commissioners, for example:
 - As of October 2022, a new reporting style and content has been made available for the monthly Improvement and Recovery Board (IRB) meetings. Feedback has been positive from the Commissioners.
 - Commissioners provide regular feedback on the IRB reporting and continuous improvements and expansion of the contents being made for each IRB.
 - Recovery plans continue to develop across the council, and these have been brought together in summary form as a “plan on a page” to share with the IRB. Plans include:
 - An action plan to achieve financial sustainability and to close the long-term budget gap. This includes completion of accounts up to and including 2020/21.
 - An Asset Disposal programme with forecasts to return c. £216m and c. £164m in 2022/23 and 2023/24 respectively.
 - An action plan to achieve improvements in relation to the proper functioning of the Procurement and Contract Management function.
 - A plan to ensure the proper oversight of SBCs subsidiary companies.
 - Action plans to ensure proper functionality of Scrutiny and Democratic functions.
 - Recruitment of an Internal Audit team and plans to ensure its proper functioning. Closure of existing identified Management Actions is underway.
 - An extensive set of plans to ensure the proper functioning of ICT and the systems / procedures in use at the Council. Recruitment is ongoing.
 - Demonstrating to Commissioners that significant progress has been made in the structure and recruitment of the Snr. Management teams (CLT and SLT levels).
 - Plans for the revision of the Corporate Plan are under development.

Consequence:

- Failure to deliver a robust Improvement and Recovery Plan will lead to further intervention and Directions from DLUHC
- Preparing these plans will enable the Council to set its strategic direction and set the Council on its way to recovery.
- Failure to put in place an effective Transformation Team risks being unable to deliver the plan to the satisfaction of the Commissioners as required by Directions.

Current Controls:

- The Commissioners' Improvement and Recovery Board now receives monthly updates on progress in delivering the plan, alongside other reports on the council's finances and performance, which includes detail on any risks and issues that have been identified against delivery of the plan's four strategic priorities and seven recovery themes.
- There is now regular reporting on progress to Cabinet and Scrutiny, this will continue quarterly.
- There is a newly established officer Transformation Board that is governing and prioritising the significant programme of improvement that needs to take place.
- A Transformation Team led by the Associate Director for Transformation is now established and supporting major programmes of change in the Council.
- A consistent corporate approach to reporting on all improvement actions arising from the costed action plans corporately. Services have been asked to liaise with the IT, HR and Comms teams to identify co-dependencies. This will be updated following the conclusion of service planning.

Strategic Objectives:

- A Council that lives within our means, balances the budget, and delivers best value for taxpayers and service users.
- An environment that helps residents live more independent, healthier, and safer lives.
- A borough for children and young people to thrive.
- Infrastructure that reflects the uniqueness of Slough's places and a new vision for the town centre

Actions Required:

- Continue to refine the Improvement and Recovery Board reporting and monitor implementation of the required actions.
 - Actionee: CEO / AD Transformation
 - Target date: This is an ongoing action reported monthly to the IRB.
 - Latest Update: Monthly review through the Improvement and Recovery Board
- Deliver the revised Corporate Plan and evolve service delivery plans.
 - Actionee: All EDs
 - Target date: 30 September 2023
 - Latest Update: First drafts have been completed and currently being consulted on with the public. The delay to the target date was as a result

of the change of administration at the recent elections and to ensure the corporate plan reflects the aspirations of the new administration.

- Manage the communications with Commissioners in a positive manner and implement any further actions arising from the Commissioners Reports as required.
 - Actionee: CEO / AD Transformation
 - Target date: 31 December 2023
 - Latest Update: The commissioners have sent their most recent report (July 2023) to DLUHC which the council will respond to once it has been shared.

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	5	3
Impact	4	4	2
Score	24	20	6

Date last updated: **27 July 2023**

Risk 14: Risk that the lack of an agreed council-wide vision, principles, and governance for building digital access for residents continues to lead to incoherent and poor-quality digital services

Risk Owner: Executive Director Strategy and Improvement

Direction of Travel: ⇔

Description:

- There is a risk that the Council is unable to meet its ambition for more efficient digital services due to insufficient resources, poor governance and engagement across services, and poor understanding of the tools in place and the work done to-date.

Context

- The Council has not had an integrated Digital and Customer service strategy that is focused on delivery of more efficient and effective customer service.
- The Council has not transferred the point of access of enough of its services to a coherent digital platform resulting in significant capacity and customer service issues in many frontline services.

Consequence:

- The Council cannot switch to lower cost transactions that are easier for residents, leading to an inability to make savings and poorer quality of interactions for the public.

Current Controls:

- Analysis of the current digital interactions has identified which are working, which need to be removed and which require further investigation to see if they are meeting resident needs.
- Direct engagement with our CMS/CRM/Forms supplier, Jadu, has identified several minor updates that should improve user experience.
- Recruitment of new Digital Customer engagement Manager has been successful. Due to start in September.

Strategic Objectives:

- Corporate Health: Customer engagement

Actions Required:

- Establish more robust governance (TDA) to ensure departments connect to corporate CRM.
 - Actionee: Simon Sharkey Woods
 - Target date: 31 August 2023
 - Latest Update: Technical Design Authority (TDA) agreed in principle at recovery and transformation board, IRB and directly with Commissioners. Terms of reference in draft and to be finalised and approved in August.

- Complete the resourcing of the core digital team.
 - Actionee: Simon Sharkey Woods
 - Target date: 31 December 2023
 - Latest Update: Digital Customer Engagement Manager recruited and will start in September. Recruitment of other roles to commence in August so that interview can begin quickly in September.

	Inherent Risk	Current Risk	Target Risk
Likelihood	4	3	2
Impact	4	4	4
Score	16	12	8

Date last updated: **30 July 2023**

Risk 15: The Authority will receive an ‘Inadequate’ Rating when CQC begin inspecting Adult Social Care in April 2023

Risk Owner: Executive Director People, Adults

Direction of Travel: ⇄

Description:

If the Authority receives an ‘Inadequate’ Rating when CQC begin inspecting Adult Social Care, resulting reputational damage and enforcement action may have a detrimental effect on resident outcomes and budget position.

Context

- There are pressures across the adult social care service with regard to provider stability, increasing demand, partnership working and provider costs.

Consequence:

- Registration could be suspended or cancelled.
- Not being able to provide regulated services.
- Prosecution.
- Loss of income.

Current Controls:

- Self -Assessment 2 completed – Action Plan developed – Progress made with Policies, Strategies, and recording – Request for improvement specific resources (short term) requested from CLT.

Strategic Objectives:

- A council that lives within our means, balances the budget and delivers best value for taxpayers and service users.
- An environment that helps residents live more independent, healthier and safer lives.

Actions Required:

- Agreement for Assurance work to continue to be funded via PMO – Self Assessment 3 to review progress against initial plan complete.
 - Actionee: Amanda Halliwell
 - Target Date: October 2023
 - Latest Update: Progress continues to be made.
- Scrutiny Task and Finish Group established – Cllr Hulme Chair – Set up meetings established.

	Inherent Risk	Current Risk	Target Risk
Likelihood	4	3	2
Impact	4	4	4
Score	16	12	8

Date last updated: **17 August 2023**

Risk 16: Failure to have a stable Adult Social Care Market capable of meeting the needs of vulnerable local residents

Risk Owner: Executive Director People, Adults

Direction of Travel: ⇄

Description:

- Risk associated with Providers increasing costs in line with rising costs everywhere.
- Risks that some Providers cease to trade as market conditions continue to affect profitability.
- Risk that other authorities obtain care and beds originally used by Slough because they are able to offer more attractive rates.
- Increase cost pressure affects quality of provision.

Context

- There are pressures across the adult social care service with regard to provider stability, increasing demand, partnership working and provider costs.

Consequence:

- Registration could be suspended or cancelled.
- Not being able to provide regulated services.
- Prosecution.
- Loss of income.

Current Controls:

- Securing block purchase arrangements where possible.
- Using NHS Discharge Grant in creative ways to support providers.
- Consideration of how best to quality assure provision is an ongoing discussion, also in line with the Council's Assurance Workstream around Regulatory Inspection.

Strategic Objectives:

- A Council that lives within our means, balances the budget, and delivers best value for taxpayers and service users.
- An environment that helps residents live more independent, healthier, and safer lives.

Actions Required:

- Actionee: Marc Gadsby
- Ongoing
- Latest Update: Approach to Provider uplift agreed.

	Inherent Risk	Current Risk	Target Risk
Likelihood	3	3	2
Impact	4	4	4
Score	12	12	8

Date last updated: **17 August 2023**

Risk Matrix

Appendix C

Likelihood	Negligible Impact	Marginal Impact	Critical Impact	Catastrophic Impact
Very High	6	12	18	24
High	5	10	15	20
Significant	4	8	12	16
Low	3	6	9	12
Very Low	2	4	6	8
Almost impossible	1	2	3	4

Assessing the SEVERITY/ IMPACT of a risk

Severity is assessed on a scale of Negligible to Catastrophic indicating increasing seriousness. The impact is assessed looking at credible scenarios (taking prevailing circumstances into consideration) and looking forward to the risks that arise from these scenarios.

	Negligible 1	Marginal 2	Critical 3	Catastrophic 4
Economic /Financial	Financial impact up to £50,000 requiring virement or additional funds	Financial impact between £50,000 and £500,00 requiring virement or additional funds	Financial impact between £500,000 and £1,000,000 requiring virement or additional funds	Financial impact in excess of £1m requiring virement or additional funds
Political	Could have a major impact one departmental objective but no impact on a Council strategic objective	Could have a major impact on a department's objective with some impact on a Council strategic objective	Council severely impact the delivery of a Council strategic objective	Council would not be able to meet multiple strategic objectives.
Health & Safety	Reduced safety regime which if left unresolved may result in minor injury	Minor injuries	1 death or multiple serious injuries	Multiple deaths
Environment	Minimal short-term/temporary environmental damage	Borough-wide environmental damage	Major long term environmental damage	Very severe long term environmental damage.

Legal/Regulatory	Minor breach resulting in small fines and minor disruption for a short period	Regulatory breach resulting in small fines and short-term disruption for a short period	Minimal CLT but major departmental management effort required	Very severe regulatory impact that threatens the strategic objectives of the Council
Management including Contractual	Minimal contract management required	Minimal departmental but major contract management required	Minimal CLT but major departmental management effort required	Major CLT management effort would be required

The **examples** against each category are for your guidance and should be thought of as the consequences that would be likely to occur if things were left to go out of control.

The **examples** detailed below will help ensure a consistent approach.

Assessing the LIKELIHOOD of a risk occurring

The LIKELIHOOD of the risk occurring is estimated on the basis of historic evidence or experience that such situations have materialised or are likely to.

The table gives example details of how the likelihood is assessed.

The likelihood needs to be assessed in terms of has it happened before and is it expected to happen in the near future.

Almost Impossible 1	Very Low 2	Low 3	Significant 4	High 5	Very High 6
Less than 10%	10 – 30%	30 -50%	50-70%	70 – 90%	More than 90%
Event may occur only in exceptional circumstances	Event will occur in exception circumstances	Event should occur at sometime	Event will occur at sometime	Event may occur only in most circumstances	Event will occur only in most circumstances