

Slough Borough Council

Report To: Audit and Corporate Governance Committee

Date: 20 March 2024

Subject: Risk Management Update

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

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 Scores (Appendix A) and Corporate Risk Register (CRR) (Appendix B) and relevant points for consideration.
- Note that efforts continue to explore the JCAD software solution available to the Council that may further enhance the management and control of risk management as well as facilitate the analysis, collation, and reporting of information.
- Note that efforts the Risk and Insurance team are making in obtaining all the necessary information to procure the best possible, relevant insurance cover for the Council for FY2024/25.

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.

2. Commissioners Review

"The Council's Corporate Risk Register monitors those risks that may prevent the Council from achieving its Corporate Plan or delivering services to communities and service users in Slough. There are 18 risks recorded in the Corporate Risk Register that are considered to have a significant impact on the achievement of the Council's objectives and obligations. The commissioners note that at the end of the reporting period there were no corporate risks closed or risks escalated to the Corporate Risk Register and 12 of the 18 risks score remains unchanged. It is necessary to ensure that risk management is embedded, effective and considered in the context of wider performance and financial management."

3. Report

Recruitment to the Risk and Insurance team:

3.1 The interim Risk and Insurance Manager left the Council on 7 December 2023. The Council is seeking to recruit a Risk Officer who will be responsible for taking forward the Council's risk management arrangements. We are also seeking to recruit an experienced Insurance Manager to organise and manage the insurance team. We aim to fill these vacancies by Q2 FY2024/25.

3.2 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 3.9 and 3.10.**

Corporate Risk Register update

3.3 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.

3.4 The document at Appendix B is the current version of the Corporate Risk Register as of 5 February 2024. This is 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. There has been only one risk that has not been updated for this quarterly report – Risk 8 Emergency Planning and Business Continuity.

3.5 The Risk Management Strategy, approved by the Committee in November 2023, 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.

- 3.6 This Committee's role is providing independent assurance to the wider members on the adequacy of the risk management framework and risk management.
- 3.7 A Risk Management review is on the 2024/25 audit plan. Internal Audit will review governance, risk management and the effectiveness of internal controls for the whole Council.
- 3.8 Corporate risks are those impacting on the performance of the Council, and on its ability to deliver the Council's priorities. Directorate risks relate to corporate systems underpinning the authority's overall governance and ability to deliver services.
- 3.9 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. From reviews with Executive Directors, two additional risks have been identified and escalated to the CRR – IT Resiliency (Risk 17) and Data Protection (Risk 18).
- 3.10 The Directorate Risk Register template based on HM Treasury's Orange Book has been adopted throughout the Council Directorates. This aligns risk identification, assessment, and measurement throughout the organisation. All Directorates review their departmental risks quarterly and a summary of these risks should be shared with CLT. The Head of Financial Governance, Internal Audit, Counter Fraud, Risk and Insurance currently meets with Executive Directors (or their appointed nominees) to capture that information on a timely basis to ensure records are up to date. These are discussed at the quarterly Risk and Audit Board meetings, the next meeting planned for March 2024. We will aim to roll out the Directorate Risk Register template format to the Corporate Risk Register in early 2024/25, until such a time we adopt a software solution.

Risk Management System

- 3.11 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. We are considering the JCAD Risk Management system, a sister application of the LACHS insurance system which the Council had previously subscribed to manage insurance claims. Some initial discussions have taken place with the SBC ICT team, the current Risk and Insurance team and the JCAD solution provider to gain further insights. A decision to this proposition will be made in April 2024.

Understanding of Risk Management

- 3.12 We found that having gone through the review process of the Corporate Risk Register with Executive Directors or their appointed deputies, there is very much a

very basic understanding of risk management and what it means in certain Directorates of the Council. For example, some Directors understand the Risk Matrix (Appendix C) measuring the relationship between probability of an event occurring and the impact it would have on the Council. However, some Directors had not reviewed this section of the risk register. There is some training available on Cornerstone, but the Council should consider obtaining some professional training from independent and experienced practitioners in this area for all stakeholders.

- 3.13 The lack of understanding has exacerbated problems for ascertaining if the Council has adequate insurance. The Risk and Insurance team have, from various Directorates, subsidiary companies and schools, requested information required by the insurance brokers, to ascertain what the correct level of insurance should be. This information has not been very easy or readily available. To mitigate this lack of engagement in future, the Risk and Insurance team will start to liaise with Directorates in April 2024 to ensure that the information is held centrally, readily available and updated accordingly.

4. The main points to note are as follows:

Risk 1 – Children’s Safeguarding

The key elements of the risk encompass the financial viability of Slough Children First the likelihood of the increased number of Unaccompanied Asylum Seeker Children (UASC) through the National Transfer Scheme and in general the continued high level of demand. The financial viability of the Company is scrutinised through the Strategic Commissioning Group and reviewed yearly against the submitted Business and Improvement Plan.

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 was 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 2023 was more positive.

There are significant challenges in place before the SEND service is fit for purpose. A visit from the DfE is planned for February 2024 and it is not likely that there will be a

SEND inspection before this date. SEND scrutiny meeting will be occurring in Q4 2024 with members.

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 in this financial year. 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 and financial subsidy if service improvement does not continue at pace. A review was undertaken by DLUHC in 2023 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 several key areas. Actions that had passed have been transferred to 2024 with new completion dates. Two factors have impacted the actions:

- A new senior management structure has been introduced into the Council from September 2023. This deleted the current AD's posts and created two new layers of senior management under Executive Directors – Directors and Heads of Service. These are now being recruited, and early indications are that the recruitment is progressing well.
- New Applicant Tracking System to support recruitment process went live in November 2023, which has digitalised the front end of the recruitment process and a wider social media platform to advertise our roles. This new system will now help to revise the recruitment and retention strategy as well as the recruitment and selection policy. These documents will pick up the 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 recruitment plan for SCF will follow now that the SCF business plan has been approved by Cabinet. 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

Good progress has been made, including the development and adoption of a new Corporate Health & Safety Strategy (2023 – 2026) and a revitalising of the Corporate Health & Safety Board.

The Board have determined the top H&S priorities:

- lone working
- accident and incident reporting
- the reconstitution of the Building Compliance Group and
- contractor management.

A consultant has been appointed to review the operation of the H&S function and identify opportunities for improvement.

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 and local flooding have tested these arrangements there remains a recognised need to undertake a formal testing exercise across all agencies during 2024. 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

In 2023, an IT Health Check was undertaken across Council systems. A remediation plan has been 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, ICT&D are preparing for procurement and implementation of a Security incident and event monitoring (SIEM) and Backup and Disaster Recovery (DR) services.

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; 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. Draft budget for 2024/25 was considered by cabinet in December 2023 ahead of full council approval in March 2024.

Risk 11 – Pace of sale and valuation of assets

Good progress has been made with the Asset Disposal Programme with £225m (gross) in capital receipts having been secured, as at January 2024. The pace of delivery slowed towards the end of 2023 whilst the strategy was being reviewed. An amended strategy is due to be presented to Cabinet in March 2024, which should, allied with a potential upturn in the market; contingent on interest rates stabilising or reducing and confidence in the market returning to previous levels; enable an acceleration in progress for 2024/25.

Risk 12 - Governance of Council Companies

All dormant companies have been closed and the governance and reporting arrangements for the four remaining companies have been improved, including recruitment of new directors. 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 reporting is provided on a quarterly basis to both Scrutiny Committee and Cabinet. Work is progressing to develop a new operating model for the Council to align with our medium-term financial strategy and set a sustainable path for the future. To support the delivery of both the Recovery Plan and new operating model the Council is moving to a new phase of planning to ensure that programme management resources are in place.

Risk 14 – Digital Strategy

The ICT & Digital Strategy team is still focussing on building capacity in order to improve our approach to enhancing the way customers engage with Slough Borough Council digitally. The reviewing of web content and user journeys on the Slough Borough Council website are underway to shorten customer's time spent seeking service information and ensure all information is accessible. We are now working with Customer Service to ensure stronger utilisation of web analytics data to support changes and help guide decision making with regards to the IVR system, and to improve web users' access to information on signposted webpages. The Technical Design Authority (TDA) is fully operational and ensuring consistency in the approach we take to the delivery of digital improvements.

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. Mock inspection commenced February

2024 and the Executive Director to meet with ADASS Associate regarding debrief and next steps. Output from mock inspection and CISC Task and Finish Group to be prepared for April 2024 Cabinet.

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.

Risk 17 – IT Resiliency

The IT infrastructure at Slough Borough Council spent several years without major investment. This lack of equipment refreshes and upgrades created a significant level of risk to both the security and the availability of systems and services across the Council. The level of risk as of now is lower than was seen in 2021 but work is ongoing and there is still a significant risk of failures that would disrupt the operation of the Council.

Risk 18 – Data Protection

Information governance arrangements, including behaviours of the workforce, partners and suppliers, are insufficient to prevent serious avoidable data losses, breaches or authorised access to systems or data.

5. Implications of the Recommendation

4.1 Financial implications

4.2 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.

4.3 Legal implications

4.4 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."

- 4.5 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.
- 4.6 There is a separate report on the Committee's agenda regarding reviewing a new Code of Corporate Governance and the process for producing the 2023/24 AGS and action plan.
- 4.7 The draft best value guidance highlights the importance of effective risk management to demonstrate good governance. This states that a sign of a well-functioning authority is one where a mature approach is taken to risk management when considering innovation to continuously improve, that risk management should be owned by the whole organisation and a risk management strategy must be in place to avoid the risk of unlawful or excessively risky borrowing or investment practices.
- 4.8 **Risk management implications**
- 4.9 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.
- 4.10 The council is working to implement in the 2024/25 financial year 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.

4.11 **Environmental implications**

4.12 There are no direct environmental implications in this report.

4.13 **Equality implications**

4.14 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.

4.15 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 updated 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: Children's Safeguarding	24	12	9	↓
Risk 2: Delivery of the Adult Social Care Transformation Programme	18	9	6	↔
Risk 3: SEND Local Area Inspection	20	16	4	↔
Risk 4: Impact of the cost-of-living crisis on Slough's residents	24	12	6	↔
Risk 5: Temporary Accommodation	18	12	6	↔
Risk 6: Recruitment and Retention	24	20	6	↔
Risk 7: Health and Safety	20	12	6	↔
Risk 8: Business Continuity and Emergency Planning	16	8	6	↑
Risk 9: Cyber Security	15	9	6	↔
Risk 10: Financial management and sustainability	24	15	4	↑
Risk 11: Delivery of the Asset Disposal Programme (Pace and value)	24	12	8	↔
Risk 12: Governance of Council Companies	20	9	2	↑
Risk 13: Improvement and Recovery Planning	24	20	6	↑
Risk 14: Digital Strategy	16	12	8	↔
Risk 15: 'Inadequate' Rating by CQC	16	12	8	↔
Risk 16: Market Sustainability	12	12	8	↔

Risk 17: IT Resiliency	12	9	6	↓
Risk 18: Data protection	16	12	6	↔

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 in Slough 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 and improvement 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.
- Cabinet's approval of the Business and Improvement Plan for 2023-26 in September 2023 followed by a Year 2 revision in December 2023 has provided SCF with an agreed contract sum for 2023/24 and 2024/25
- External audit confirmed SCF to be a Going Concern within the Company Accounts submitted in December 2023 – this remains in place for 12 months
- A letter of comfort was also submitted to SCF by the S151 Officer supporting the Going Concern statement
- Increasing demands in terms of referrals continue to put significant pressures on the Company's resources and its ability to sustain agreed targets across a range of measures.
- The Company is currently experiencing low turnover rates and a positive perm:agency ratio but it remains a delicate balance to retain qualified and experienced members of staff.
- 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.

Consequence:

- That children's lives are placed at greater risk due to rising demands and not having sufficient resources to meet the demand which could lead to risk of harm being missed.
- Demand higher than forecast will mean an inability to spend within agreed contract sum.

- Inability to fund additional Early Help services increases the chance of referral and the acuity of the services needed.
- Reputational damage to the Council and the Company if unable to make improvements to service 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 monthly through the contract monitoring process and quarterly 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.
- Workforce strategy in place
- Audits of the Front Door process indicate that threshold decision-making is sound.
- Sustainable Early Help strategy approved by Cabinet and in place.
- The Council is working together with the SCF Board 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 their means, balances the budget and delivers best value for taxpayers and service users.

Actions Required:

- Progress improvement work through the Getting to Good intervention (a programme of 10 workstreams) used as delivery mechanism of the Business and Improvement Plan.
 - Actioned: Sue Butcher/Stephen Brown
 - Target date: 31 March 2024
 - Latest update: **This is completed.** Monitored through Getting to Good Board. Also, contract monitoring re-established to deal with financial efficiencies and focus on demand management.
- Maintenance of workforce strategy and assess further options specifically on retention and development programmes.
 - Actionee: Sue Butcher
 - Target date: 31 March 2024
 - Latest update: Further workforce strategy work underway and included as specific workstream within Improvement Programme.
- Implement the Early Help strategy and plans and report regularly to the Safeguarding Partnership and CLT on progress including yearly review

- Actionee: Sue Butcher
- Target date: 30 June 2024

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	3	3
Impact	4	4	3
Score	24	12	9

Date last updated: **16 January 2024**

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.
 - Manage resourcing challenges Implement Adult Social Care Reforms – including preparation for the new Assurance (Inspection) Regime.

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
- 23/24 Funding for Transformation partner agreed at Cabinet
- Directorate away days – to increase resilience and build relationships within the directorate
- Line by line analysis of cost centres undertaken with Finance Business Manager
- Deep dives on Pressure and Savings undertaken with S151 Officer
- Planned LGA discussion

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: £3.1m achieved, £1.4m on track, £1.1m with some risk in 23/24 according to Transformation Delivery Board report for Period 8 - 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: Jane Senior
 - Target date: 31 March 2024
 - Latest update: Alignment of strategy to be launched in 2024/25
 - ASC Market Position Statement to Cabinet March 2024

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	3	2
Impact	3	3	3
Score	18	9	6

Date last updated: **31 January 2024**

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 Integrated Care Board 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 2024
 - 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 2024
 - 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 2024
 - 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 2024
 - 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 January 2024**

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

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

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: **30 January 2024**

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: Ongoing

- 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: **30 January 2024**

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. The recruitment challenges stem from both Slough's current position in regard to intervention and national labour market dynamics for local government.

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 corporate and frontline services.
- 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 is impacting 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.
- We now have a new Senior Management structure which has created Director and Head of Service posts in Slough which we are now recruiting too.

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
- Council is unable to delivery key improvement projects
- Fines for non-delivery of statutory services
- Judicial review and associated financial and reputational costs.
- 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 has been stronger with the appointment to the Corporate Leadership Team and the appointment of HOPS.
- Slough Children First continue to focus on recruiting a permanent workforce including overseas recruitment and apprenticeships
- Development of communications plan for staff briefings
- Implementation of Adults social care transformation programme to drive service improvements and efficiencies
- Chefi Digital Information Officer post is driving forward digitisation of services
- Review of Performance Indicators to identify areas of concern

Strategic Objectives:

- Corporate Health: Corporate Operations

Actions Required:

- Development of a recruitment and retention strategy, to align with the future operating model.
 - Actionee: Surjit Nagra
 - Target date: 1st May 2024
 - Latest Update: A new Applicant Tracking System to support the recruitment process is now in place which has digitalised the recruitment process. A review of the recruitment process will now take place which will then provide data to support the introduction of a recruitment and retention strategy i.e., analysing current recruitment episodes to ascertain the response rates, reviewing recruitment documentation; assessing the social media platforms to analysing the leaver information. HRBP Teamis now reviewing monthly agency spend with Directorates; Request for DLT's to review monthly agency spend. Due to HR capacity, this has been delayed and a new recruitment and selection policy and procedure needs to be drafted.
- 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 2024

- 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: 31st August 2024
 - 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 24/25 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 2023 reporting is currently being updated.
 - A review of pay and rewards will form part of the new HR Strategy.
- Tracking of specific issues through analysis of exit interviews
 - Actionee: Surjit Nagra
 - Target date: 31 March 2024
 - 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, which will be reported to Employment Committee on an annual basis.
- Slough Children First are implementing a recruitment and retention measures as per the business plan.
 - Actionee: Kate McCorrison
 - Target date: 31 March 2023
 - Latest Update: This is now complete. The business and improvement plan is formally monitored including performance against workforce measures.

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

Date last updated: **31 January 2024**

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

Risk Owner: Housing, Planning, and property

Direction of Travel: ⇔

Description:

If the Council does not meet its wide range of Health & Safety obligations, then there could be a risk to the safety of staff and citizens, as well as partners and suppliers.

Context

- The profile of health and safety matters had not been given sufficient prominence in recent years, however COVID helped to raise the profile and for it to be given greater corporate importance.
- Key potential causes of health and safety risks due to the instability of the organisation over recent 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&SE legislation states that you are still liable even if contractors undertake the 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

- Absorbing additional resource/cost to manage issues arising

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.
- A H&S Strategy is in place covering the period 2023 – 2026, with directorate plans devised and requiring monitoring by H&S Committees. An accident reporting system and procedure are in place and are regularly communicated. Incident forms are reported, and investigations are carried out where necessary.
- Health & safety training programs are in place, available face to face and online. Mandatory training has been identified and is in place.
- Lone worker InCase365 reporting system is in use and personal safety devices are supplied. Active encouragement is provided for their use. Monitoring of health & safety indicators occurs at the Health & Safety Committees (bi-monthly) and Health & Safety Board (bi-monthly).
- Trade Union consultation is in place with health and safety trained representatives present at the Corporate Consultative Forum.
- Compliance monitoring will be undertaken at the 'Building Compliance Group' (monthly)
- A Health and Safety Audit Programme has been devised and will be presented to the H&S Board in February 2024. Resource issues and workload pressures remain.

Strategic Objectives:

- Refer to Corporate Health and Safety Strategy 2023 - 2026

Actions Required:

- Online accident reporting for accurate monitoring and tracking.
 - Actionee: Mark Halligan
 - Target date: 1 May 2024
 - Latest update: H&S currently working with ICT to determine the most appropriate technical solution and a plan to implement it. H&S Team to provide technical requirements for ICT to determine this solution.
- Health & Safety team will be auditing high risk areas of the Council: asset management, environmental services, strategy and infrastructure and lone workers. All services/teams are required to conduct self-audits. Responsibility of AD/GM's. Self-audits approved by Corporate Consultative Forum meeting on March 7th, 2022.
 - Actionee: Mark Halligan
 - Target date: 31 December 2024
 - Latest update: A 2024 Self- Audit will be sent out to SBC teams on 1 April 2024, with a due date 30th June 2024. All returns will be reviewed and

monitored. Feedback will be provided to each team highlighting areas for improvement.

- Actionee: Mark Halligan
- Target Date: 31 March 2025, for approval of the proposed H&S Team Audit Plan.
- Latest update: Audit plan has been devised this will be presented to the H&S Board in February 2024.

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

Date last updated: **11 January 2024**

Risk 8: Business Continuity and Emergency Planning

Risk Owner: Monitoring Officer, Democratic and Electoral Services

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 thorough 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.

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 including loss of data. Recent attacks on local authorities and NHS bodies have caused significant disruption and expense in rectifying the impact and ability to deliver services.
- Global events can heighten the risk of cyber-attacks.
- 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.
- Recruiting people with strong cyber security skills and 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, along with significant financial impact of rectification.
- *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. Financial costs of rectification.
- *Best case:* Isolated incident with minimal or no data loss and no loss of access to IT systems.

Current Controls:

- Membership of Southeast Government Warning, Advisory and Reporting Point (SEGWARP). This provides regional alerting on vulnerabilities that SBC needs to be aware of intelligence sharing / threats / policy development.
- Annual IT Health Checks (ITHC) commissioned on Council systems.
- Utilising the Active Cyber Defence (ACD) services from the National Cyber Security Centre (NCSC) for:-
 - Monitoring the councils web and email systems for vulnerabilities and misconfiguration
 - Early warning of compromises and threats to SBC systems
 - Protecting council's systems from accessing compromised or malicious websites

- Ensure security patching is up to date and continues regularly.
- Quarterly vulnerability scanning about to commence using security software funded through an LGA grant.
- Implemented a software tool that provides file encryption ransomware protection for council personal and shared files.
- 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
 - Security reviews of new cloud based systems
- Documented and detailed security procedures have now been put in place for patching, testing and incident handling & testing of these is in progress.
- £200K DLUHC funding obtained to improve cyber resilience across the Council. 13 recommendations outstanding from the Cyber Treatment Plan (originally 33). The ICT&D team attend quarterly check-ins with the DLUHC to track progress and obtain support and guidance.
- Procurements under the approved Modernisation programme are due to commence in 2024/2025 for:
 - Security Incident & Event Monitoring (SIEM) to log and monitor security incidents and events.
 - Cloud based Backup & Disaster Recover (DR) service.
- The current ICT&D structure has a cyber security officer post, this is currently under review to become an apprenticeship role. A Job Description has been submitted to HR for the inclusion of a cyber security lead as part of the ICT&D structure to improve skills and resilience in this area.
- Communications to staff has been increased through councils Newsround and subject specific emails in particular awareness on cyber security issues, including phishing emails and suspicious communications.

Strategic Objectives:

- Corporate Health: Corporate Operations

Actions Required:

- Implement security solutions as per the IT modernisation programme.
- Recruit to Cyber security roles within the ICT&D structure
- Schedule annual ITHC and complete remediation actions
- Complete outstanding actions on DLUHC cyber treatment plan (this is dependent on the implementation of the security solutions in the modernisation programme)
- Complete outstanding cyber audit actions
- Continue applying regular security updates and patching to IT systems
 - Actionee: Simon Sharkey Woods
 - Target date: 31 March 2024
 - Latest Update: Work in continue to strength the Council's cyber security resilience however the threat of malicious activity and the impact to the Council remain high due to the number of outstanding in this area.

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

Date last updated: **22 January 2024**

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 which allowed the council to set a budget for 2022/23 and again in 2023/24.
- 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:
 - Continued sales of assets to support the delivery of the CD.
 - 2018/19 accounts audited and 2019/20 submitted.
 - Developing plan to catch-up of audit work with external auditors, subject to new national guidance.
 - All revenue savings for 2023/24 identified and now being actively monitored.
 - Monthly internal budget monitoring has been in place from Month 2 with quarterly committee reporting from Quarter 1.
 - Internal audit recommendations now being addressed, procurement greatly improved. Internal audit being delivered in-house from this year.
 - Approved a new Finance Improvement Action Plan in September 2023.

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.

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 and improving.

- financial processes – basic processes are improving but require continued focus.
- 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. Preparation of the rest of the accounts is now imperative.

Consequence:

- The Council was able to, but had challenges, setting a legal budget for 2023/24 and 2024/25 will be considered in March 2024.
- A draft budget for 2024/25 was produced in December 2023 and cabinet will consider a budget in February 2024 prior to full council in 2024.
- 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 Cabinet considered a series of draft budget reports at its meeting on the 18th of December 2023 ahead of 224/25
- Expenditure controls in place throughout 2022/23 financial year and continue in 2023/24 and will need to continue next financial year too.
- 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 was agreed at Cabinet in September 2023 and consistently reported on to the Financial Board.

Financial Reporting

- The Statement of Accounts for 2018/19 have been approved. A plan for the completion of future audits is being agreed.

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: complete
- 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,
 - Target date: 31 March 2023
 - Latest update: Complete
- 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: Tom Mulloy (now Chris Holme)
 - Target date: To be agreed with external auditors in light of latest communications on national auditing backstop dates
 - Latest update: 2018/19 and 2019/20 accounts completed. Others to follow during 2024.
- Refresh of medium-term financial modelling including capitalisation directions and MTFS.
- Actionee: Neil Haddock
 - Target date: 31 August 2023
 - Latest Update: complete
- Recruitment to vacant posts in the restructured department.
- Actionee: Adele Taylor
 - Target date: 31 December 2023
 - Latest update: permanent recruitment remains a high priority and still gaps within the structure
- 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 was approved at Cabinet in September 2023. This is reported regularly on progress against actions.
- Actionee: Adele Taylor
 - Target date: Monthly update to finance board
 - Latest update: Monthly update to finance board

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

Date last updated: **30 January 2024**

Risk 11: Delivery of the Asset Disposal Programme (Pace and value)

Risk Owner: Executive Director – Regeneration, Housing & Environment

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 thought to be 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.
An updated Asset Disposal Strategy was approved by Cabinet in September 2023. Teams from Finance and Property are working closely to drive the asset disposals programme forward. £225m of capital receipts had been secured as at January 2024.

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.
- Anything that significantly impacts on the delivery of the Asset Disposal Programme (i.e. the pace or scale of delivery) 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:

- Three Property experts appointed (interims) to accelerate progress, to provide a stronger client function (e.g., of property consultants) and to identify additional opportunities to drive further benefit from the property portfolio (e.g. additional disposals)
- Created a focus on the Asset Disposal Programme with an individual from Property and one from Finance, dedicated to the programme.
- Good internal collaboration being achieved (e.g. between Property & Finance) with a monthly Programme Board to track delivery and resolve programme-level risks and issues.

- Strong governance in place enabling scrutiny from Members, Commissioners and Senior Managers.
- The Programme has been the subject of an internal audit which is due to report in January 2024.

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 etc, as the continued sale of assets during 2024/25 and beyond will remain crucial to the Council’s medium to long term financial sustainability.
 - Action Owner: Pat Hayes
 - Target Date: 31 March 2025 (year-end update position)
 - Latest position: On track for 2023/24.
- Clarify the disposals target, so that it is clear how much the Council needs to achieve from this programme.
 - Action Owner: Tom Mulloy
 - Target Date: 31 January 2024
 - Latest position: On track
- Clarify how the financial benefit to the General Fund can be maximised, from the disposal of HRA (Housing Revenue Account) assets
 - Action Owner: Tom Mulloy
 - Target Date: 31 January 2024
 - Latest position: On track
- Clarify the methodology and application of a process to determine the minimum (‘break-even’) price, for an asset disposal, that can be supported by Finance.
 - Action Owner: Tom Mulloy
 - Target Date: 31 January 2024
 - Latest position: On track

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

Date last updated: **15 January 2024**

Risk 12: Governance and financial implications of the Council companies

Risk Owner: Executive Director – Housing, Property and Planning

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: **25 January 2024**

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 and brought these together in a holistic manner in communication with the Commissioners.

Consequence:

- Failure to deliver a robust Improvement and Recovery Plan will lead to an extension of the period of 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 receives monthly updates on progress in delivering the plan, alongside other reports on the council's finances and performance.
- There is quarterly reporting on progress to Cabinet and Scrutiny.
- The Council has a monthly officer Recovery and Transformation Board that manages the significant programme of improvement that needs to take place.

Strategic Objectives:

- A Council that lives within our means, balances the budget, and delivers best value for taxpayers and service users.
- Implementation of a new operating model for the Council.

Actions Required:

- Finalise Phase 2 of our Improvement and Recovery Plan to address outstanding actions.
 - Actionee: CEO / ED Strategy & Improvement
 - Target date: February 2024.

- Latest Update: Draft to be presented to February Improvement and Recovery Board
- Embed recovery across the organisation through service planning which will align with activity to deliver the Corporate Plan.
 - Actionee: All EDs
 - Target date: 30 June 2024
 - Latest Update: Service planning process being finalised ready for launch
- Manage the communications with Commissioners in a positive manner and implement any further actions arising from the Commissioners Reports as required.
 - Actionee: CEO / ED Strategy & Improvement
 - Target date: 31 January 2024
 - Latest Update: The commissioners second annual report is expected January 2024.

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

Date last updated: **19 January 2024**

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 lowering the 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.
- A chatbot is being procured to provide residents with 24x7 support with general enquiries which will lower demand on the contact centre. It will answer general enquiries that would otherwise result in contact being made with Customer Services. These types of interactions will offer a lower cost per transaction solution.
- Direct engagement with our CMS/CRM/Forms supplier, Jadu, has identified several minor updates that should improve user experience. They have also identified mechanisms in use across other UK Councils that Slough can further explore to improve how we enable services to engage efficiently with residents.
- Digital Customer Engagement Manager recruited and engaging directly with customer services and the wider organisation to improve the digital offering.
- Staff member responsible for content reviewing and uploading has moved into the Digital team for greater overview and control of page set-ups, accessibility, and user experience.
- Engagement and Understanding – We are now producing regular internal comms relating to developments on the website and improving understanding of

accessibility requirements. We are also including these elements in all Technical Design Authority (TDA) checks on newly sought after software to increase understanding of already available resources and digital considerations.

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 2024
 - Latest Update: COMPLETE - Technical Design Authority (TDA) in place and already capturing ideas centrally, ensuring the approach to new resident facing services is consistent.
- Complete the resourcing of the core digital team.
 - Actionee: Jemma Reid
 - Target date: 31 March 2024
 - Latest Update: Two new roles are in the process of being pushed forward for recruitment in February 2024 to support the improvement of digital customer engagement.

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

Date last updated: 31 January 2024

Risk 15: The Authority will receive an 'Inadequate' Rating when CQC begin inspecting Adult Social Care

Risk Owner: Executive Director People, Adults

Direction of Travel: ⇄

Description:

If the Authority receives an 'Inadequate' Rating when CQC begin inspecting Adult Social Care, then the reputational damage that may result from CQC publishing enforcement action taken against ASC may have a detrimental effect that impacts beyond SBC balance sheet.

Context

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

Consequence:

- Not being able to provide regulated services.
- Prosecution.
- Loss of income

Current Controls:

- Self -Assessment 3 completed – Action Plan developed – Progress being made
- Business Case approved to onboard additional Business Analyst and 2 x Business Support
- Task & Finish Group finalised recommendations which will be going to Cabinet. Cover paper being drafted
- ADASS offer of Associate to undertake peer review has been accepted and work due to commence end of January 24

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:

- Continue to progress actions highlighted within the CQC Assurance Action Plan
 - Actionee: Amanda Halliwell
 - Target Date: 31 March 2024
 - Latest Update: Progress continues to be made.

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

Date last updated: **30 January 2024**

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 we may lose some Providers because market conditions mean that profitability is reduced.
- 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.
- Providers rated as inadequate unable to take referrals

Context

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

Consequence:

- Not being able to provide regulated services.
- Failure to fulfil statutory duty to meet assessed need.
- 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:

- Obtain agreement for the Provider uplift and implement in the most efficient manner.
- Continue to work closely with Providers to maintain a stable and sufficient market.
 - Actionee: Jane Senior
 - Target date: ongoing
 - Latest Update: Approach to Provider uplift initially discussed at DLT January 24. Follow up meeting in planning to shape recommendations
 - 2 x Care Homes moved from Inadequate ⇄ Requires Improvement

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

Date last updated: **30 January 2024**

Risk 17: IT Resiliency

Risk Owner: Executive Director Strategy and Improvement

Direction of Travel: ↓

Description:

- Failure of IT systems and infrastructure.
- Disruption to services provided to residents.
- Fines linked to inadequate management of resident information.

Context

- Technology infrastructure must be continually refreshed, typically on a 4–5-year cycle for it to function with a low risk of failure. For a significant period, a managed refresh programme was not in place at Slough Borough Council.
- The finance position in Slough (s114 etc.) has exacerbated this issue.
- A proposal that went to the Cabinet Committee in March 2022 was successful in bidding for funding to modernise and remediate the legacy technology infrastructure.
- The ICT & Digital Team has been actively managing a portfolio of work to replace legacy infrastructure and ensure services are performant and resilient.
- Work has continued since March 2022 and the risk has steadily reduced.
- Some work has been waiting for larger corporate decisions to be made such as the future use of Observatory House, the Council's current primary HQ building.

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, along with significant financial impact of rectification.
- *Likely case:* (some of) loss of reputation in handling personal data, short term loss of access to one or few data or systems. Financial costs of rectification.
- *Best case:* Isolated incident with minimal or no data loss and minor short term loss of access to an IT system.
- If there is not an adequate response there is a chance that the following may arise:
 - fines
 - criticism from the information Commissioner
 - damage to corporate reputation
 - civil claims for damages
 - serious implications for beneficiaries of services (e.g. social care)

Current Controls:

- Managed portfolio of work seeking to replace high risk infrastructure and establish an operating model for technology services that ensure continuity of services for residents and staff.
- Regular reviews of priorities of works on the portfolio to ensure highest priority risk areas are dealt with first.

- Improved communication to staff around how to seek support through the Astro support hub if they have issues with any system or service.
- Successful move of the primary technology data centre.
- The lift and shift of more key services and platforms to cloud hosted or software-as-a-service options.
- Initiated procurements for better disaster recovery and backup solutions.

Strategic Objectives:

- Corporate Health: Corporate Operations

Actions Required:

- Maintain monthly reporting to demonstrate progress on reducing the risk of IT failures to the organisation.
 - Actionee: Simon Sharkey Woods
 - Target date: 31 March 2024
 - Latest Update: One month skipped due to the Christmas break. Next monthly report to be shared with Cllrs, ED for Strategy & Improvement and Commissioners in early February.

	Inherent Risk	Current Risk	Target Risk
Likelihood	4	3	2
Impact	3	3	3
Score	12	9	6

Date last updated: **22 January 2024**

Risk 18: Data Protection

Risk Owner: Executive Director Strategy and Improvement

Direction of Travel: ⇔

Description:

- Failure to comply with the Data Protection Act 2018 (GDPR) legislation and risk of breach.

Context

- DPA 2018/GDPR came into force in May 2018. Policies and processes were 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 in 2024 as part of the IG Improvement workstream.
- The team that manages information governance has had limited resource. The team has now aligned the DPO role as part of the completed ICT restructure.
- There is an established Information Governance (IG) Board that meets monthly and has oversight and final approval of all DPIA's, DPA's and Breach actions. This is attended and chaired by the DPO and has membership that includes the Caldicott Guardian and various stakeholders across the Council.

Consequence:

- *Worst case:* Loss of stakeholder and public confidence. Potential for ICO fines and ability to share data with partners. Impact on individuals with additional costs of remedial actions and potential legal action.
- *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. ICO warning with remedial activities.
- *Best case:* Isolated incident with minimal or no data loss.
- If there is not an adequate response, 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:

- Communications to staff has been increased through councils Newsround and subject specific emails in particular awareness on data protection responsibilities.
- The ICT&D restructure has assigned the formal Data Protection Officer (DPO) role for SBC to the ICT&D Service Manager. An Information Governance officer role has been established as part of the structure and is currently fulfilled by an interim resource whilst the JD is re-evaluated. An Information and Records manager role has been proposed as part of the ICT&D structure with a job description currently under evaluation with HR.

- DPA 2018/GDPR training for new starters to minimise breaches.
- Data mapping completed by SBC supported by RSM.
- The council has updated its information governance policy in September 23 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.
- An IG Improvement plan has been developed to strengthen compliance and controls where necessary and will be monitored through the Information governance board.
- Established breach reporting processes for ICT security and information incidents.
- Updated corporate templates for data breaches and data protection impact assessments in line with advice and guidance from the ICO.
- Monitoring of IG training compliance at the Information Governance (IG) Board.
- New and updated policies are being rolled out with oversight from IGB, SharePoint site in development, will support the roll out and wider awareness.
- Audit work has confirmed the direction of travel and mitigating actions required for this Risk. Continued work on implementing those actions with oversight being provided by the IG Board.

Strategic Objectives:

- Corporate Health: Corporate Operations

Actions Required:

- Recruit to the IG roles within the ICT&D structure.
 - Complete development of IG SharePoint site and communicate to staff.
 - Complete outstanding GDPR audit actions.
- Actionee: Alexander Cowen
 - Target date: 31 March 2024

	Current Risk	Residual Risk	Target Risk
Likelihood	4	3	2
Impact	4	4	3
Score	16	12	6

Date last updated: **23 January 2024**

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	Very Low	Low	Significant	High	Very High
1	2	3	4	5	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