

Corporate Strategic Risk Monitoring Report

Quarter Q4, 2023/24

RISK	IMPACT / CONSEQUENCE				
LIKELIHOOD	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Critical (5)
Almost certain (5)	5	10	15	20	25
Highly likely (4)	4	8	12	16	20
Probable (3)	3	6	9	12	15
Possible (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

Summary overview

Ref	Risk Owner	Strategic Risks (shortform title)	Residual risk score	Direction of travel
SR 5.3	Sarah Scott	Adult Social Care provider failure	High 20	⇒
SR 7.6	Sarah Scott	Unable to support all those who can, to live independently at home	High 16	⇒
SR 14.1	Colin Chick	Failure to secure developer contributions for infrastructure	High 16	⇒
SR 2.5	Paul Blacker	Failure to deliver Value for Money	High 16	⇒
SR 2.6	Paul Blacker	Dedicated Schools Grant High Needs Block Deficit (New Risk)	High 15	
SR 7.1	Sarah Scott	Failure to protect vulnerable adults in Gloucestershire	High 15	⇒
SR 3.1	Mandy Quayle	Failure to ensure ICT remains fit for purpose.	Medium 12	⇩
SR 3.2	Mandy Quayle	Failure to protect the council's key information and data from Cyber Attack.	Medium 12	⇩
SR 7.8	Sarah Scott	Risk of legal action being taken due to failures in completing Deprivation of Liberty assessments.	Medium 12	⇒
SR 8.1	Mandy Quayle	Difficulties in recruiting and retaining experienced workers	Medium 12	⇒
SR 7.5	Ann James	Insufficient workforce capacity in Children's services	Medium 12	⇒
SR 10.6	Mark Preece	Insufficient capacity and capability to deliver Fire Service improvement	Medium 12	⇒
SR 7.7	Ann James	Failure to develop sufficient placement capacity	Medium 12	⇒
SR 11.1	Rob Ayliffe	Failure to protect the confidentiality, integrity and availability of information.	Medium 12	⇒
SR 7.4	Kirsten Harrison	Increasing EHCP demand and capacity threaten outcomes for vulnerable children (SEND)	Medium 12	⇒

Summary overview cont'd

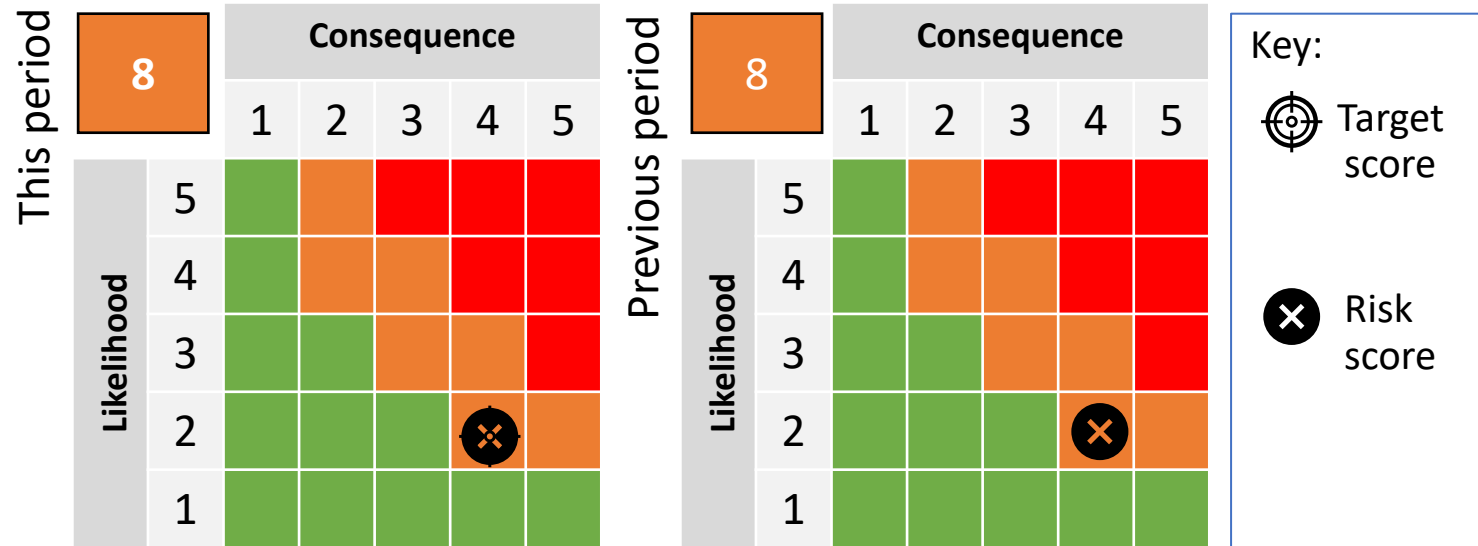
Ref	Risk Owner	Strategic Risks	Residual risk score	Direction of travel
SR 12.1	Colin Chick	Failure of GCC/Gloucestershire to mitigate and adapt to a more volatile climate	Medium 10	⇒
SR 1.4	Rob Ayliffe	Inadequate contract management capacity and oversight	Medium 9	↑
SR 8.2	Mandy Quayle	Inability to deliver services and business change due to staff fatigue and burnout	Medium 9	⇒
SR 7.2	Ann James	Ineffective Social Care Practice	Medium 9	⇒
SR 1.1	Rob Ayliffe	Failure in corporate governance	Medium 8	⇒
SR 6.1	Pete Bungard	Failure to maintain effective relationships with key partners	Medium 8	⇒
SR 1.3	Nina Philippidis	Failure to ensure the effective management of Health and Safety	Low 6	⇒
SR 10.4	Mandy Quayle	Insufficient Business Continuity Management	Low 6	⇒
SR 1.2	Rob Ayliffe	Insufficient capacity for Procurement activity	Low 6	⇒
SR 7.9	Siobhan Farmer	Insufficient planning and oversight of international resettlement and asylum immigration	Low 4	⇒
SR 1.5	Rob Ayliffe	Failure to comply with Public Sector Equalities Duty	Low 4	⇒
SR 2.4a	Paul Blacker	Material deterioration of council's in-year financial position	Low 4	↓

SR 1.1 – Failure in Corporate Governance

Failure in corporate governance which leads to service, financial, legal or reputational damage or failure.

Risk Owner: Rob Ayliffe, Director of Policy, Performance and Governance

Cabinet Member: Cllr Lynden Stowe



Current controls:

- 1:1 Interviews with Members
- Scrutiny Function
- Counter-fraud & corruption policy
- Counter fraud team monitoring of a fraud risk register
- Risk Management Framework
- Leadership training
- Robust reporting processes/framework
- Member / officer protocols
- Performance Management
- Annual Governance Statement
- Job Descriptions
- Statutory powers
- Section 151 officer/Monitoring Officer/Head of Paid Service
- Cabinet and Committee reports
- Medium Term Financial Strategy
- Emergency management
- Health and Safety Strategy
- Constitution
- Protocols for gifts / hospitality
- Managers Induction Programme
- Appraisals
- Council Strategy
- Whistle Blowing procedures
- Internal/External Audit
- Code of Conduct for Members
- Code of Conduct for Employees

Period comments:

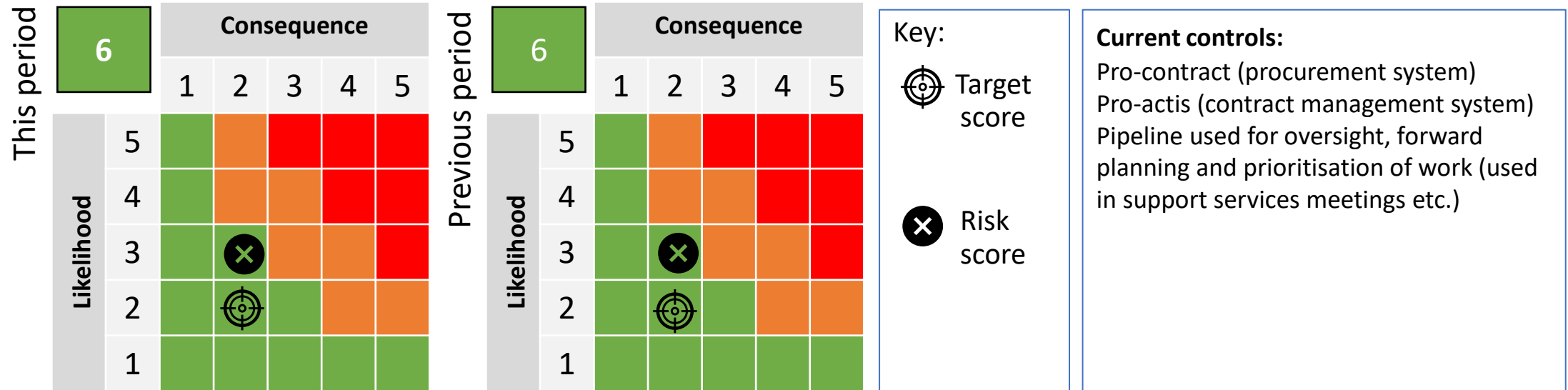
No change to risk status - controls continue to be monitored through the Annual Governance Statement, and Statutory Officer meetings. During the quarter, a new Protocol on Informing Local Members has been agreed, and proposals drawn up to strengthen arrangements for Registration of Interests by senior officers (subject to approval by Constitution Committee).

SR 1.2 Insufficient capacity for Procurement activity

Resources are insufficient to deliver the volume of procurement and re-procurement activity, leading to failure to secure the intended outcomes and/or best value through contracts

Risk Owner: Rob Ayliffe, Director of Policy, Performance and Governance

Cabinet Member: Cllr Lynden Stowe



Current controls:

Pro-contract (procurement system)
 Pro-actis (contract management system)
 Pipeline used for oversight, forward planning and prioritisation of work (used in support services meetings etc.)

Period comments:

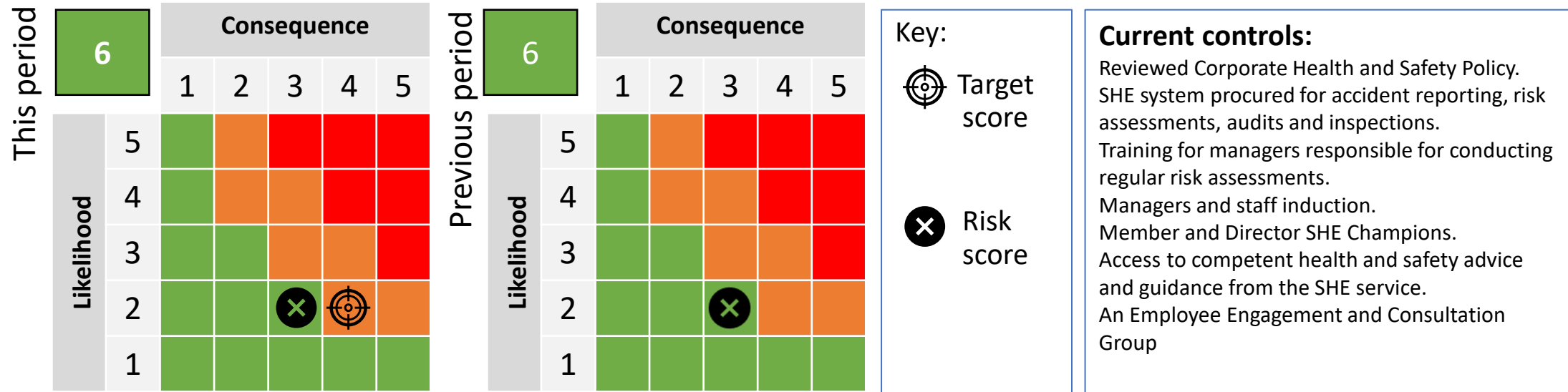
A number of key posts within the Strategic Procurement Team have now been filled with permanent employees, with additional budget provided through the MTFs to fund the core structure of the team. However, there remain a small number of positions being filled with interims, several new starters and legislative changes coming online in October, it will take a further quarter or two before the team is able to operate at full capacity. However, if nothing else changes, it is anticipated that the risk can be reduced further.

SR 1.3 Failure to ensure the effective management of Health and Safety

Failure to ensure the effective management of Health and Safety, resulting in death or serious injury to employees/ public and legal action against the Council

Risk Owner: Nina Philippidis, Exec. Director of Corporate Resources

Cabinet Member: Cllr Lynden Stowe



Period comments:

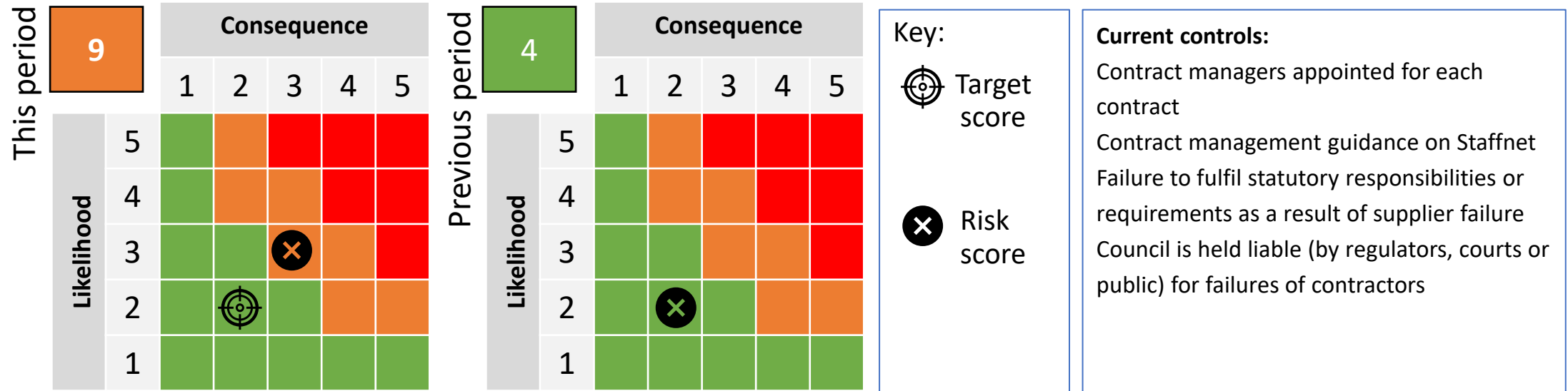
No significant issues occurred this quarter and processes are in place to monitor H&S risks. Reports on incidents, DSE assessments, stress indicator tools, managers lone working audit are shared with DLT and senior management teams. Information and guidance is provided for employees and managers on health and safety. There is comprehensive information on Staffnet and regular communications. Arrangements for managing health and safety are described in the Corporate Health and Safety Policy document. The Health and Wellbeing Stakeholder Group will identify key concerns and priorities that may impact stress and wellbeing at work, and make plans to minimise these risks

SR 1.4 Inadequate contract management capacity and oversight

Inadequate contract management or quality assurance arrangements result in GCC being unable to secure value for money or to identify, control or manage risks associated with a provider's actions or failure to act.

Risk Owner: Rob Ayliffe, Director of Policy, Performance and Governance

Cabinet Member: Cllr Lynden Stowe



Period comments:

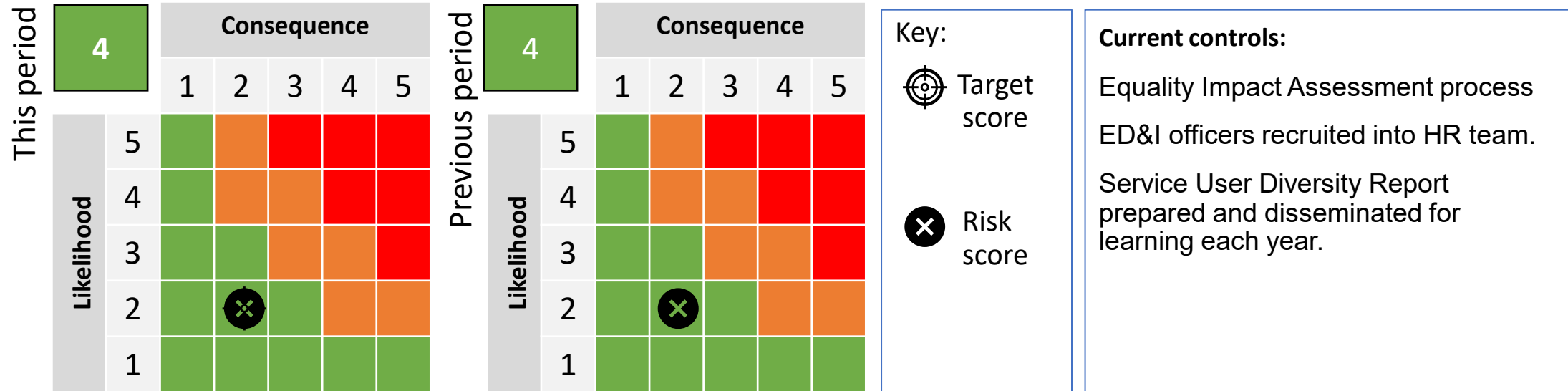
Audit activity has identified gaps in the council's central oversight of Contract Management activity. Plans are being developed to strengthen that oversight, but in the meantime the risk level has increased.

SR 1.5 – Failure to comply with Public Sector Equalities Duty

Failure to be able to demonstrate due regard to the Equalities Act 2010, within council decision making.

Risk Owner: Rob Ayliffe, Director of Policy, Performance and Governance

Cabinet Member: Cllr Lynden Stowe



Period comments:

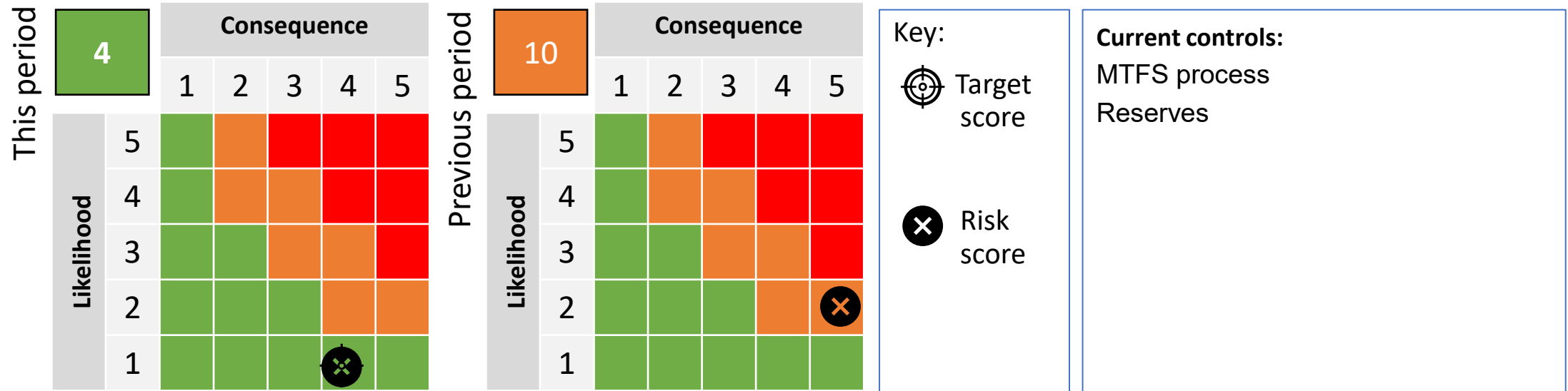
While the risk of failure to comply with the Equalities Act within council decision making remains low, the Council continue to provide training and support to ensure decisions are subject to Equality Impact Assessment. A new training course has been piloted during Q4, and will be rolled out more widely to report authors during 2024/25

SR 2.4a - Material deterioration of council's in-year financial position

Material deterioration of council's in-year financial position and any additional unplanned overspend from previous financial year, with the potential to impact Statutory Services.

Risk Owner: Paul Blacker, Director of Finance

Cabinet Member: Cllr Lynden Stowe



Period comments:

The Period 11 outturn forecast indicated positive progress towards a significant underspend for the Council. The final outturn is currently being finalised, but an underspend is likely. Noting that the 2023/24 budget was set with planned use of reserve balances, a favourable outturn will allow the Council to replenish reserve balances as mitigation against future budgetary challenges.

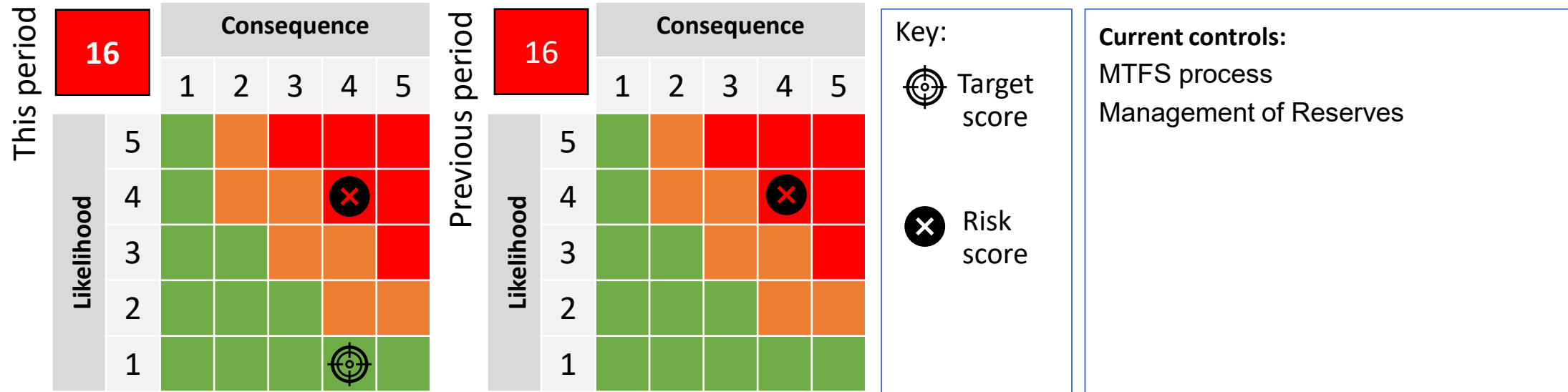
The 2022/23 Statement of Accounts were signed off with an unqualified audit opinion, following reporting at Audit & Governance Committee in March 2024.

SR 2.5 Failure to Deliver Value for Money

Reductions and changes to funding for future financial years, potentially impacting, in particular, Statutory Services

Risk Owner: Paul Blacker, Director of Finance

Cabinet Member: Cllr Lynden Stowe



Period comments:

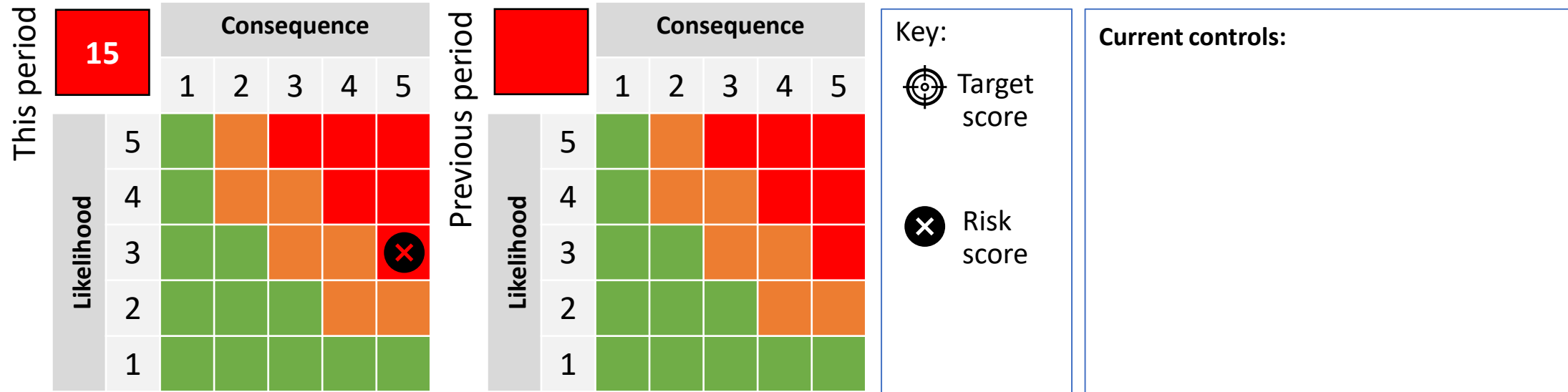
a) External factors – adverse VFM opinion from External audit, changing external financial climate means increasingly difficult to control price rises and pressures resulting in reduced VFM, fraud/theft perpetrated against the council, b) Internal factors – failure to manage savings programme/programme slippage resulting in poor value for money, ineffective controls to prevent fraud. Departments work to mitigate this risk through robust financial controls which are reviewed and updated regularly. Including, where necessary, implementing spending controls, vacancy management, regular review of spending plans, use of reserves and regular reporting. Good budget monitoring and adequate balances and reserves. Close working with county council network and external support to better understand and model options and risks. Pressure increasing due to national and global uncertainties and rising prices of services and commodities. Developing a Budget Planning process for 2025/26 to support the delivery of a medium-term financial plan.

SR 2.6 Dedicated Schools Grant High Needs Block Deficit (New Risk)

Failure to ensure that expenditure on the High Needs block of the DSG is contained within available funding by the time the Statutory Override comes to an end (scheduled to end at the end of March 2026).

Risk Owner: Paul Blacker, Director of Finance

Cabinet Member: Cllr Lynden Stowe



Period comments:

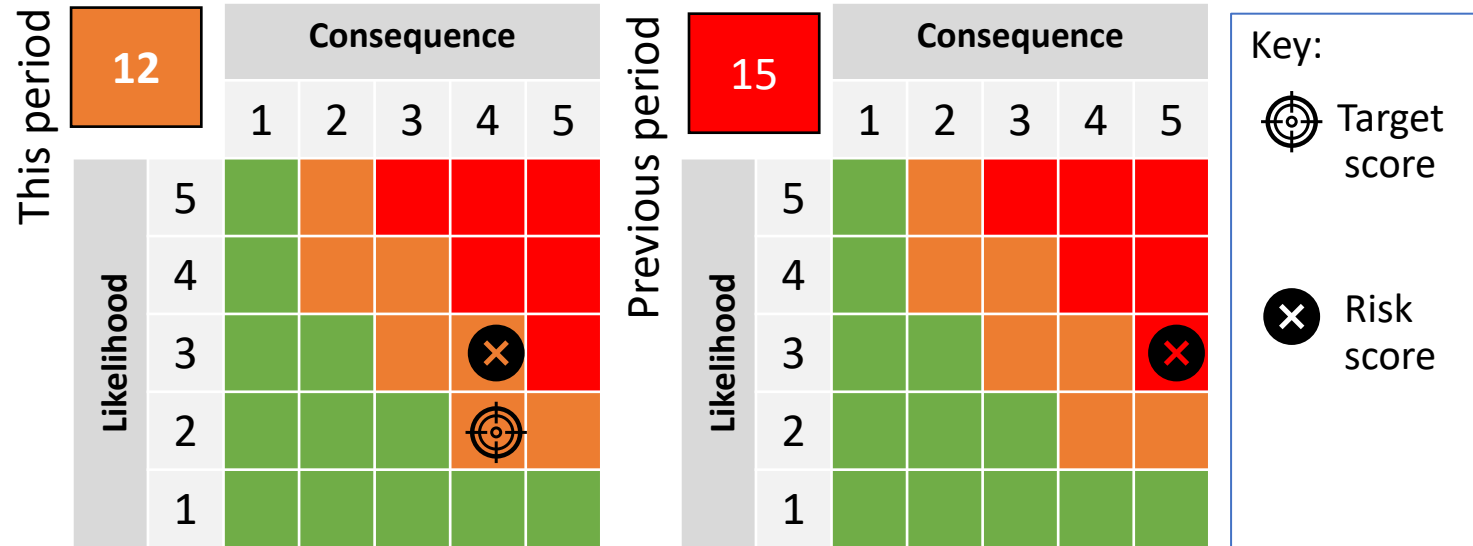
At the end of 2023/24, the deficit on the DSG High Needs block was £47m and it is forecast that this deficit could increase to £193m by 2028. There is currently a Statutory Override in place which means that the deficit does not need to be recognised, however this Statutory Override is currently due to expire at the end of March 2026. When the SO expires the Council will either; need to have funding available to finance any deficit; or have developed a full recovery plan, including treatment of the deficit with the DfE and Education and Skills Funding Agency. The Council has worked closely with the Department of Education as part of the Delivering Better Value programme, but this programme did not identify a solution. The Council continues to be in negotiations with DfE in terms of securing additional funding and is also looking at options to reduce future expenditure.

SR 3.1. Failure to ensure that ICT remains fit for purpose

Failure to ensure technology managed by ICT (including communications abilities) remains fit for purpose

Risk Owner: Mandy Quayle, Director of People and Digital Services

Cabinet Member: Cllr Lynden Stowe



Current controls:

New ICT model including enterprise contract in place to deliver fit for purpose and fit for use ICT services on Council ICT infrastructure and devices

Engagement with all Council Delivery Units to ensure that business requirements are captured.

Governance in place to ensure any ICT operational risks and issues are appropriately managed

Engagement with strategic partners to ensure alignment of ICT strategies in support of shared business outcomes

Communications and developments recognising the impact that instability and system access has across the entire council, workforce and citizens

Improve resilience through adopting cloud hosted services

Period comments:

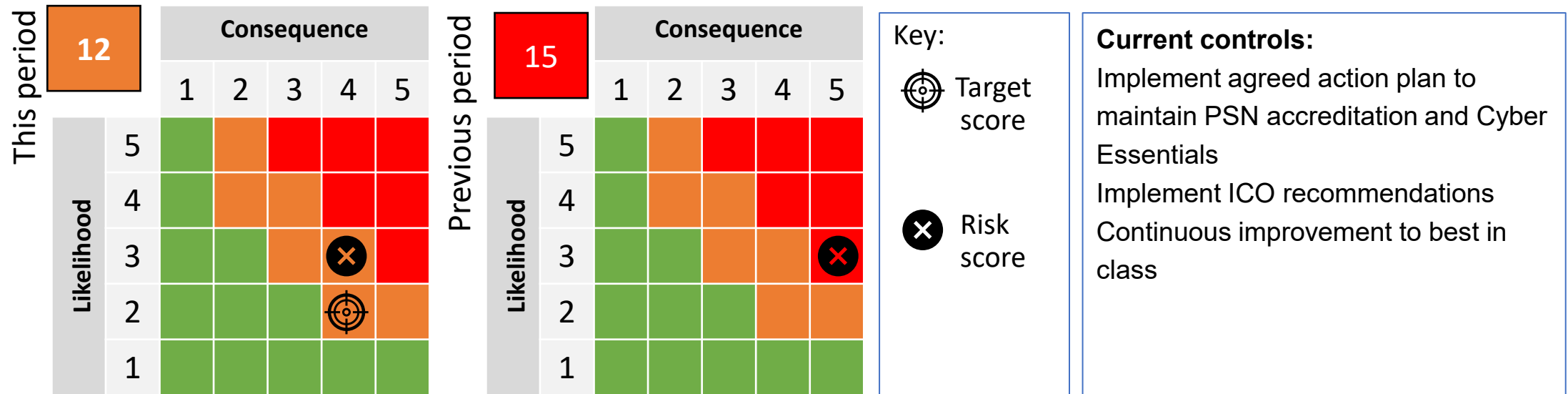
We continue to replace the legacy infrastructure and applications with modern alternatives. Teams telephony has now replaced the legacy system. Next major project will be to replace the SAN with a modern supported hardware during the next quarter. Decommissioning of the blue layer has been delayed due to a single legacy application and plans are in place to agree how to move this forward.

SR 3.2 Failure to protect the council's key information and data from Cyber Attack.

Failure to protect the council's key information and data from Cyber Attack.

Risk Owner: Mandy Quayle, Director of People and Digital Services

Cabinet Member: Cllr Lynden Stowe



Period comments:

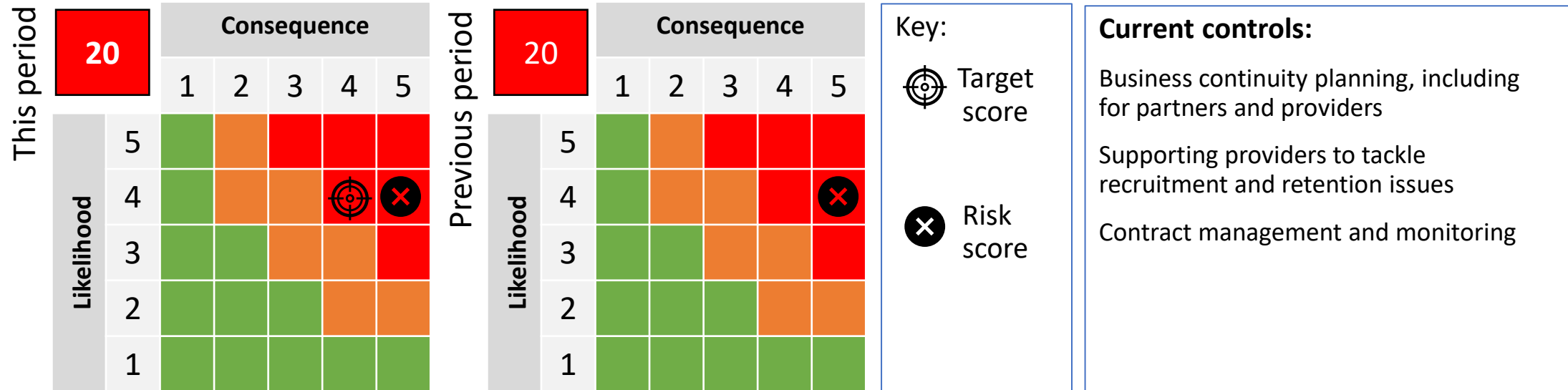
SIEM tool is now in place and NCC Group are providing a 24/7 service. GCC and NCC are working through the business as usual processes. IT healthcheck has been completed and plans to remediate all vulnerabilities identified in time for the PSN submission in August are underway. Several vulnerabilities relate to poor password management.

SR 5.3: Adult Social Care provider failure

Provider failures in the Adult Social Care market result in the council being unable to achieve its strategic objectives.

Risk Owner: Sarah Scott, Exec. Director of Adult Social Care

Cabinet Member: Cllr Carole Allaway-Martin



Period comments:

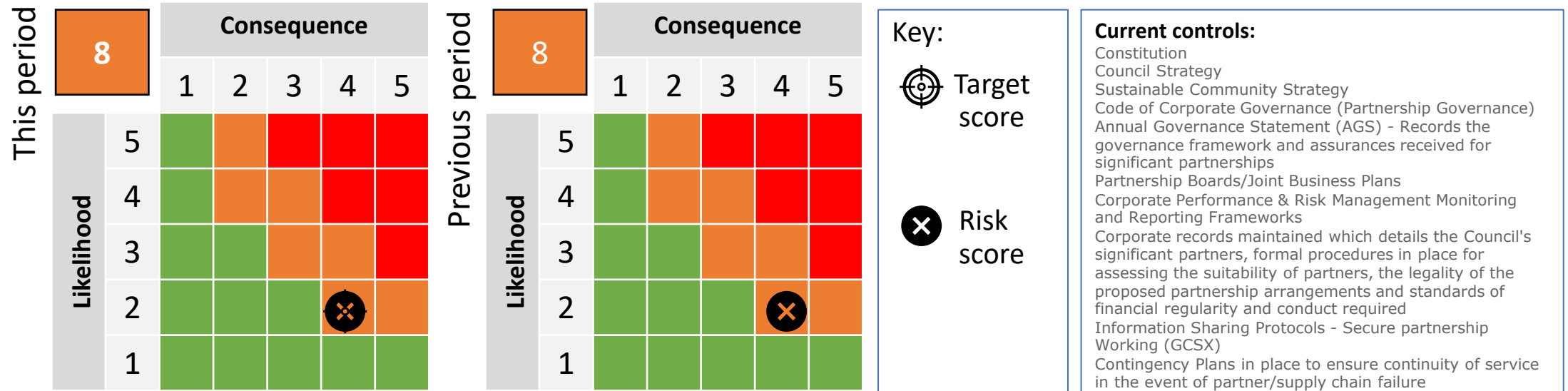
No change in risk. The independent market continues to be in a state of uncertainty due to the economic tensions in relation to costs for staff, utilities, food, and fuel. Number of disabilities providers asking for in year uplifts in their fees increasing. The risk is higher in bed and building based services such as care homes, than it is in home care. We continue to have a shortage of residential nursing provision in the County, & the market struggles to recruit and retain nurses in rural localities. The latest Skills for Care State of Care Sector and Workforce Report (12th October) noted that in 22/23 there were 550 filled social care nursing posts and 150 nurses had left, 37% of workforce is aged 55 +. Care homes are still holding high levels of vacancies and increased costs, the risk of homes becoming unviable/unsustainable remains high. Mitigations include ongoing planning for provider failure, with a focus on supporting people receiving care as quickly as possible and on provider support. Home care is stronger with an upward trajectory in terms of delivery of home care hours with the same number of staff. Hyper local commissioning of home care continues to make a positive impact to the financial stability of providers. Alongside the work of financial sustainability, mitigations for provider failure are targeted at workforce, as a major factor. We continue to work through our Proud to Care Initiative to improve recruitment and retention of the workforce and to try and balance supply of staff with the need for home care across the county. Our market Sustainability Plan has been approved and this will be a way to communicate with the market what the demand will look like and our commissioners will continue to work with providers to meet these needs.

SR 6.1 – Failure to maintain effective relationships with key partners

Failure to maintain effective relationships with key partners and organisations and shared funding arrangements, impacting on our ability to meet statutory and local requirements.

Risk Owner: Pete Bungard, Chief Executive

Cabinet Member: Cllr Mark Hawthorne



Period comments:

We continue to see effective and very positive working relationships with partners and organisations aimed at meeting statutory and local needs. Attention is currently focussed on certain areas to improve effectiveness, specifically: work is ongoing to improve reporting and 'line of sight' for delegated social care functions via the ICB; work across the seven councils is attempting to address the housing needs of refugees and asylum seekers; negotiations are live with the Police in terms of extending the activity within the Road Safety Partnership.

The LRF, other emergency management functions and business continuity arrangements remain as good foundations across the partner scene.

Leadership Gloucestershire meetings, Leader's Stocktake meetings and regular MP briefings with Health, continue at appropriate frequency.

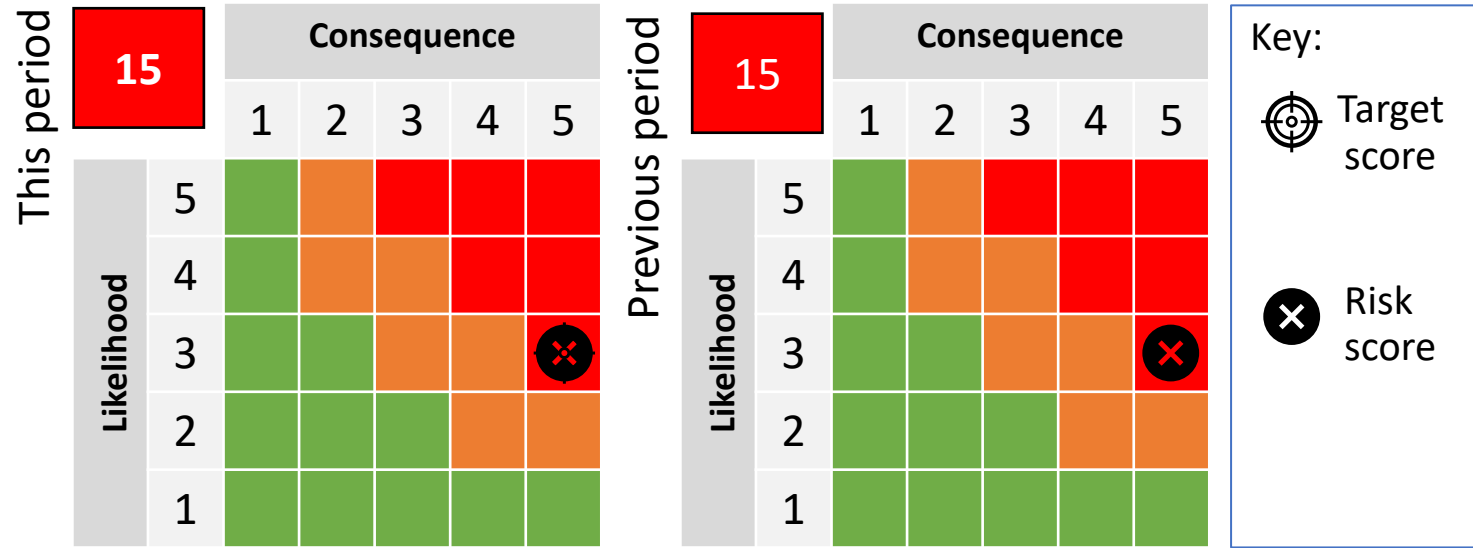
We continue with extensive external consultancy work looking at our NHS relationship, focussed on emergency and urgent care.

SR 7.1: Failure to protect vulnerable adults in Gloucestershire

Failure to protect vulnerable adults in Gloucestershire from abuse neglect in situations that potentially could have been predicted and prevented.

Risk Owner: Sarah Scott, Exec. Director of Adult Social Care

Cabinet Member: Cllr Stephan Fifield



Current controls:

Board and governance controls:

- GSAB in place since 2009 with an Independent Chair and membership of 29 including statutory partners, District Councils and voluntary sector organisations
- GSAB reports to Health & Wellbeing Board and the Adult Social Care and Communities Scrutiny Committee
- GSAB risk register and strategic plan in place and updated quarterly

Policy and partnership controls:

- Countywide Multi Agency Adult Safeguarding Policy and Procedures in place and implemented across all partner agencies
- GSAB sub groups chaired by representatives from partner agencies. Learning from audit and SAR subgroups disseminated
- Constitution, Memorandum of Understanding & Register of GSAB Member Interests in place
- GSAB partners undertake an annual self-assessment which is peer-reviewed

Quality Assurance, Performance and Inspection controls:

- Statutory Safeguarding Adults and deprivation of Liberty Safeguards returns completed and returned annually to NHS Digital
- CQC, Commissioning and Safeguarding Adults GSAB group is well-established and updates quarterly.
- The multi agency Audit sub group of GSAB meets quarterly to audit Section 42 enquiry work.
- Escalation policy in place to challenge decisions

Communications controls:

- GSAB website in place and regularly updated
- Learning from Safeguarding Adult reviews disseminated to all multi agency partners
- Multi agency safeguarding adults training embedded and available to all multi agency partners.
- Ongoing development of relevant information materials for the public

Period comments:

No change in risk: Since the introduction of the Single Point of Access Team in August 2023, the number of safeguarding concerns received by the team has increased from 1445 to 1893 - a 31% increase.

There has been a reduction in the number of practitioners in the team since December due to two practitioners being moved into management positions. This has led to a backlog in the number of concerns awaiting a section 42 decision.

The team has just received approval to recruit to three new grade 7 posts (Safeguarding Support Officers), who will support the SPA and the Safeguarding referral centre with the aim of improving the timeliness of decision making within the team.

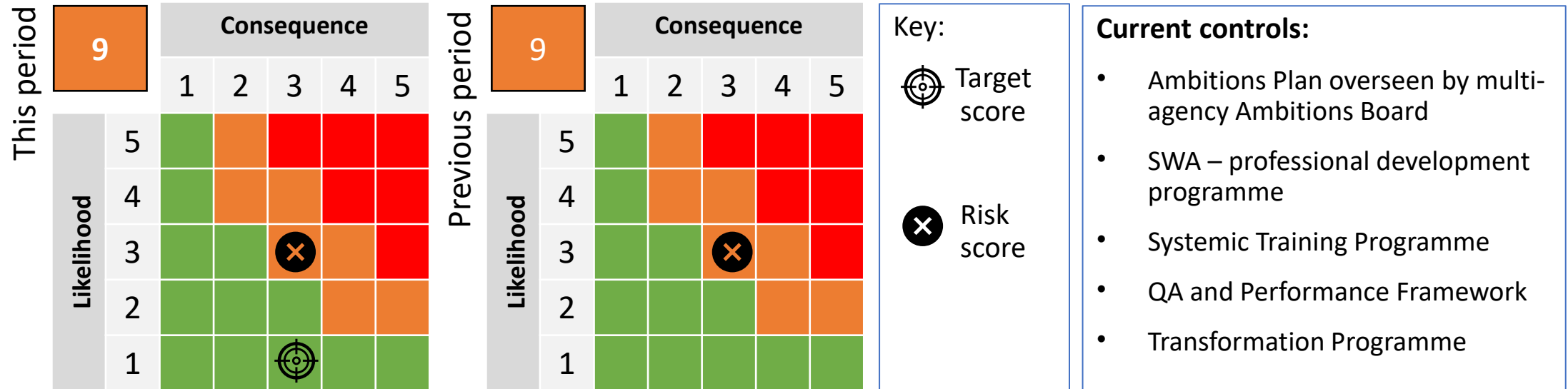
DoLS data collated and statutory returns made. Close working relationships with CQC, Brokerage and Disabilities Commissioners means we can act on quality and safeguarding concerns in a timely manner. GSAB Risk register and performance dashboard in place, the risk of accurate and meaningful data regarding adult safeguarding activity (including making safeguarding personal data) has been reduced as we now have experimental data and we continue to work with performance colleagues to address the gaps as Power BI continues to be utilised.

SR 7.2 Ineffective Social Care Practice

Ineffective social care practice, management oversight and review processes resulting in drift and delay for children and young people in situations of harm.

Risk Owner: Ann James, Exec. Director of Children's Services

Cabinet Member: Cllr Stephen Davies



Period comments:

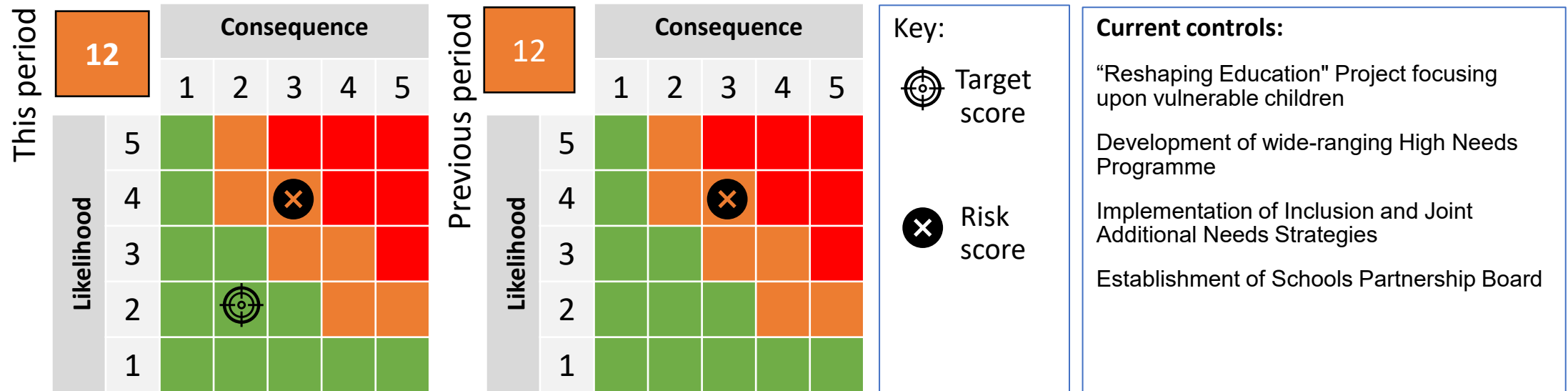
The Ambitions Plan overseen by the Ambitions Board continues to provide the framework for our improvement activity. Our latest quality assurance and performance data show a mixed picture. Over 60% of performance measures are at or within tolerance of target. In contrast the % of practice found to be good or better has declined over quarter 4. There is more to do to ensure the consistency of practice and pace improvement across localities, teams and different aspects of our work with children and families. We know that when teams are stable, with consistent leadership and systemic principles are applied, that our practice and outcomes for children and families are improved. With that in mind our risk scoring is unchanged.

SR 7.4: Increasing EHCP demand and capacity threaten outcomes for vulnerable children (SEND)

The ability to meet statutory timelines for EHCP assessments, plan issue and annual amendments and the associated budgetary commitments, affecting the educational outcomes of vulnerable children, is at risk: financially, legally and reputationally through ever-increasing EHCP requests, workforce capacity to process these requests and the implications for the outcomes of future local area SEND inspections.

Risk Owner: Kirsten Harrison, Director of Education

Cabinet Member: Cllr Philip Robinson



Period comments:

We continue to see sustained demand for EHCPs, initially linked to consequences on children's learning and well-being from the Covid pandemic. There is now continued rise in need linked to the increasing loss of parental confidence in mainstream provision to meet needs and the financial challenges faced by schools, which is resulting in the inability of schools to fund resources that promote and support mainstream inclusion, for example, additional pastoral staff and teaching assistants. This is further compounded by recruitment challenges in the whole Education sector workforce.

Despite expansion in the capacity of the EHCP statutory workforce, ensuring training and support is in place to develop the new workforce is proving challenging with the continued demand and officer caseloads.

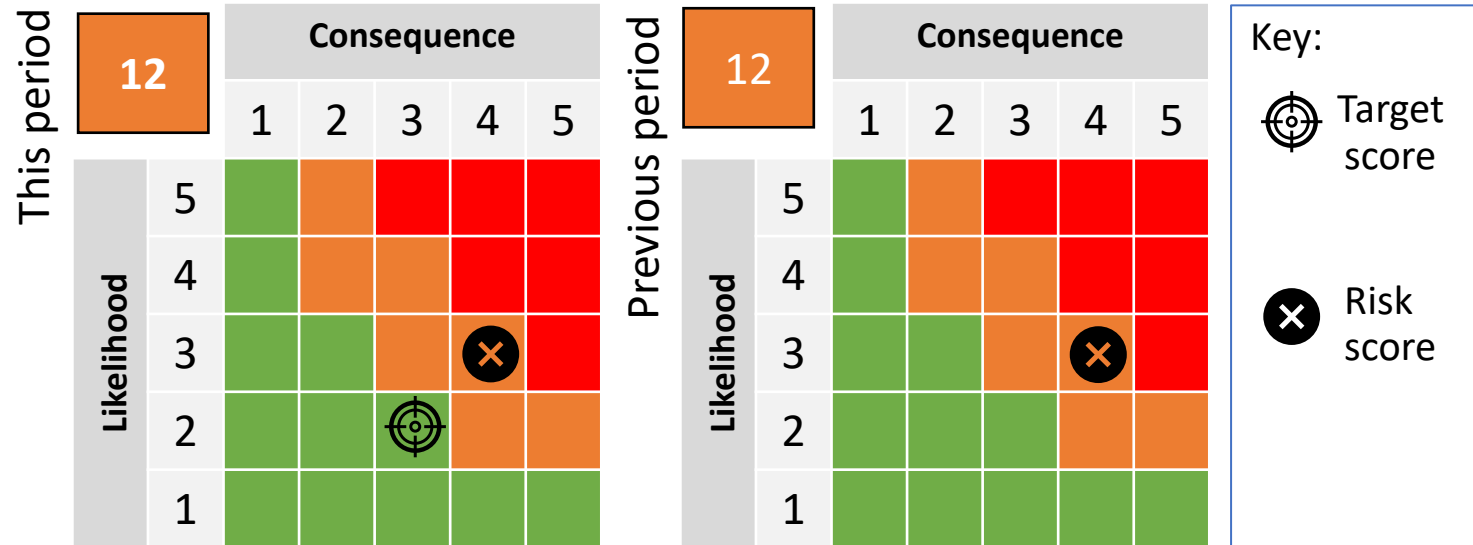
The major challenge regarding meeting statutory timeliness is the availability of educational psychologists to undertake the mandatory statutory assessment as part of the EHCP process. This workforce is challenged nationally and locally. We are undertaking creative approaches to recruitment and retention, but are still operating below a quarter below establishment staffing for educational psychologists. Our 'grow your own' workforce strategy will require a number of years to impact. We remain reliant on the locum pool to build capacity.

SR 7.5: Insufficient workforce capacity in Children's Services

Insufficient workforce capacity and/or instability adversely impacting on pace and sustainability of improvement and contributing to discontinuity in social engagement with children and families

Risk Owner: Ann James, Exec. Director of Children's Services

Cabinet Member: Cllr Stephen Davies



Current controls:

- Recruitment and Retention Package
- Workforce Development Strategy
- Professional Development

Period comments:

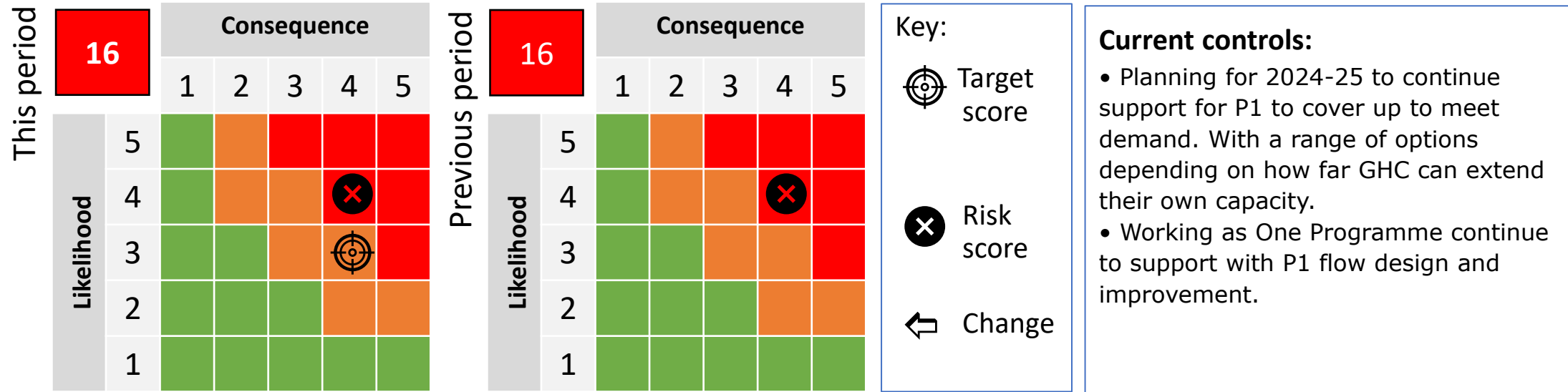
A stable and confident workforce, supported by regular supervision and management direction, is key to improving the quality of practice and outcomes for children. Q4 saw a continuation of the gradual improvements over the previous quarters but considerable challenges remain. Vacancies (20.7%) and turnover (16.6%) are improved however although our agency proportion has reduced (26.1%) it remains too high. Work continues with corporate colleagues to ensure our 'employment offer' remains competitive alongside the roll out of systemic and professional development via the Academy. Taking account of these factors our risk score remains unchanged.

SR 7.6: Unable to support all those who can, to live independently at home

Unable to support all those who can, to live independently at home, because demand for home care services outstrips available capacity. Resulting in the reliance on temporary respite/alternative bed based care in lieu of home care

Risk Owner: Sarah Scott, Exec. Director of Adult Social Care

Cabinet Member: Cllr Stephan Fifield



Current controls:

- Planning for 2024-25 to continue support for P1 to cover up to meet demand. With a range of options depending on how far GHC can extend their own capacity.
- Working as One Programme continue to support with P1 flow design and improvement.

Period comments:

No change in risk. Work on the intermediate care pathway continues to develop alongside UEC Programme of improvement work with plans to reduce the number of short term and temporary bed-based care (the D2A beds) and to increase capacity in care at home, both through work on Home First and reablement (delivered by GHC) and through the domiciliary care sufficiency work (hyper localised commissioning).

Brokerage continue to support P1 with additional capacity utilising hyper local DPS framework, to ensure we meet capacity needs. This has a knock-on effect on capacity for Community brokerage with waiting list 400, Hospital discharge waiting 33. 330 are being held in winter pressures project.

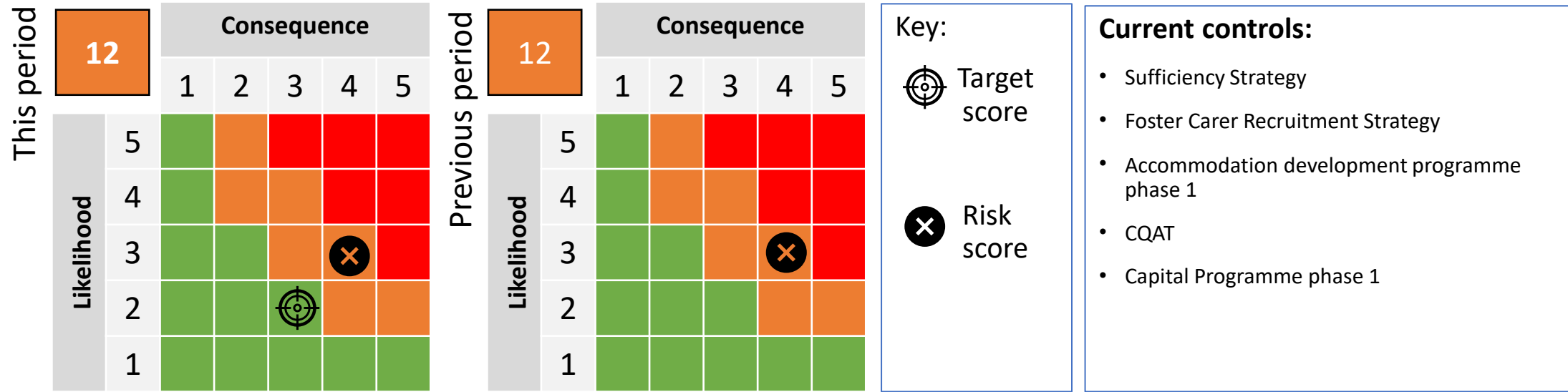
We continue to work with partner organisations to establish stronger data flow governance practices to ensure we have assurance in respect of the delivery of delegated functions There is ongoing risk due to the need to manage multiple changes across several organisations and the private, independent, and voluntary provider market.

SR 7.7: Failure to develop sufficient placement capacity

Failure to develop sufficient placement capacity to meet the needs of looked after children

Risk Owner: Ann James, Exec. Director of Children’s Services

Cabinet Member: Cllr Stephen Davies



Period comments:

Our revised Sufficiency Strategy Homes@theHeart provides the framework for our work to ensure we have the right placement options to meet the needs of children requiring care. The GCC/DfE joint funded capital programme has progressed to a registration application for Barnwood, to be followed in Q1 by London Rd. Redwell Rd has reached final design, with work progressing to finalise selection of a fourth site. The recruitment of the necessary workforce has also commenced with a Registered General Manager for Barnwood now in place.

We recently enhanced our arrangements for Unregistered Placements by establishing an Unregistered Panel chaired by the Director of Safeguarding and Care, and a High Cost/Complex Needs Panel chaired by the DCS, providing additional oversight of children considered at the former. The aim is to ensure we have a sufficient grip and oversight of the quality of care for children, avoiding drift and delay, whilst attending to cost containment and value for money. All panels are multiagency.

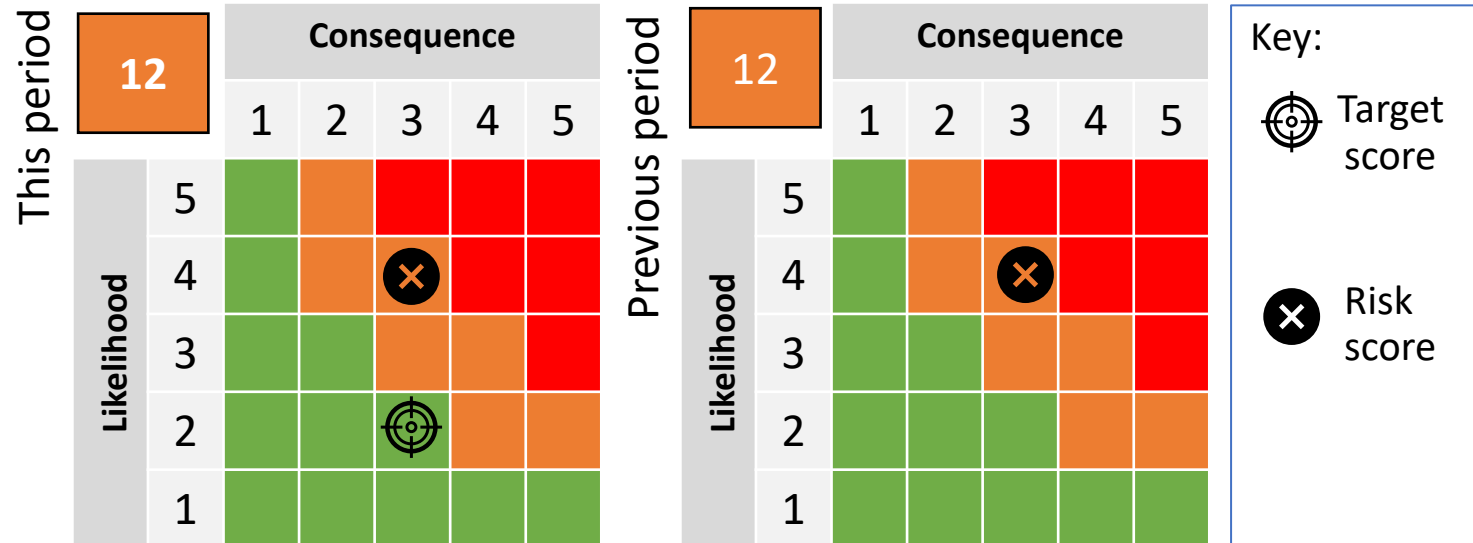
Despite the good progress with development of in-house provision and enhancement of our oversight arrangements, the market remains fragile and as such the risk score remains unchanged.

SR 7.8: Risk of legal action being taken due to failures in completing Deprivation of Liberty assessments.

Risk of legal action being taken against the Local Authority due to failure to complete a Deprivation of Liberty assessment within the stated time lines. Since a significant and sudden change in the law due to a Supreme Court Judgement in March 2014 there is an excessively high demand for best interest assessments to be carried out for Deprivation of Liberty (DoLS) authorisations.

Risk Owner: Sarah Scott, Exec. Director of Adult Social Care

Cabinet Member: Cllr Stephan Fifield



Key:
 Target score
 Risk score

Current controls:
 1) DOLS improvement projects as part of Fit for the Future.
 2) DOLS processes being reviewed
 3) List of outstanding applications are triaged and reviewed to check on change of circumstances utilising the ADASS Guidance

Period comments:

No change to risk:

We continue to review ways of streamlining the current process for authorisation and working with the regional network on identifying priorities, including deprivations of liberty in the community.

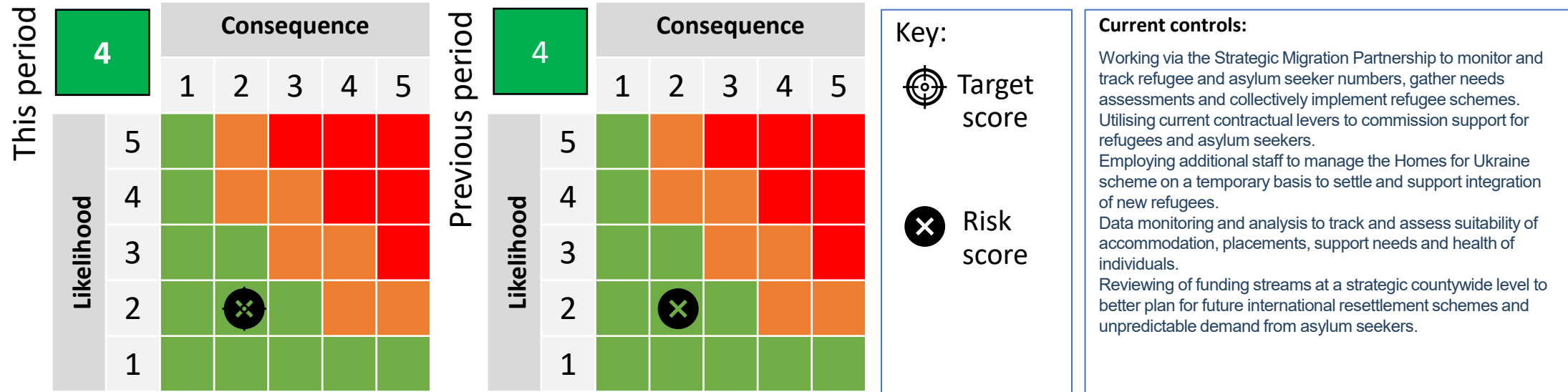
Head of Safeguarding has reviewed DoLS process and transformation programme now has a project to improve processes. Internal audit being planned in Autumn.

SR 7.9 – Insufficient planning and oversight of international resettlement and asylum immigration

Insufficient planning and oversight of international resettlement and asylum immigration including current Ukraine, Afghan, Syrian and Hong Kong programmes, alongside other asylum seeker routes including hotel accommodation, could lead to unpredictable and unsupportable demand on county council services.

Risk Owner: Siobhan Farmer, Director of Public Health

Cabinet Member: Cllr Mark Hawthorne



Period comments:

During the last quarter, the Home Office has closed one of the contingency hotels in Gloucestershire (in early January) and has published a decision to close two more. One is due to close in the second week of April and the second scheduled for closure in early June. All service users are being transferred to other settings within the asylum estate and only a very few are being moved into other Gloucestershire hotels. There will then be just one contingency hotel in the county.

The risk of homelessness and rough sleeping continues to be a risk for refugees following a positive decision on their asylum claim and leaving their asylum accommodation. There are limited options for housing and little time to make arrangements. The homelessness risk is held by the district housing teams but GCC recognise this risk and are supporting collaboratively to ensure that new refugees are not sleeping on the street following their exit from the hotels. This includes two new GCC initiatives: Homes for Refugees and short-term supported accommodation at Wheatridge Court, a repurposed care home.

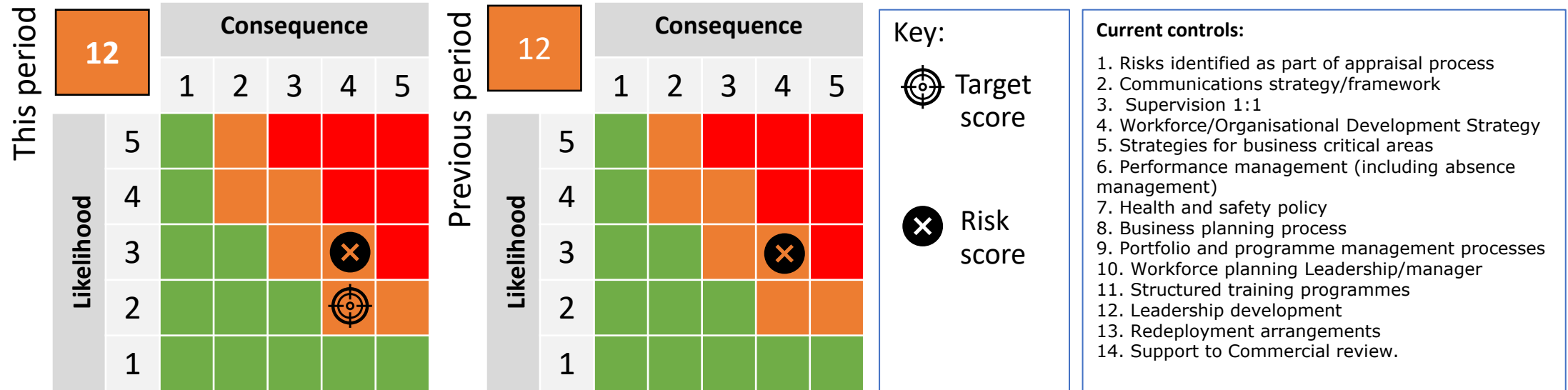
The arrival of more Afghan refugees to transitional and reception accommodation at a MoD barracks site continues to increase the number of refugees living in the county, but their welfare and housing is being managed by the MoD and their provider. The input and associated risk for partners has been minimal to date, but there is awareness of the potential need for support if this cohort do not move on to their longer-term accommodation as quickly as planned.

SR 8.1 Difficulties in Recruiting and Retaining Experienced workers

Difficulties in recruiting and retaining experienced workers in hard to fill roles leading to vacancies and/or high numbers of agency staff in some areas. This is particularly prevalent for social workers but is also increasingly a factor for other professional roles.

Risk Owner: Mandy Quayle, Director of People and Digital Services

Cabinet Member: Cllr Lynden Stowe



Period comments:

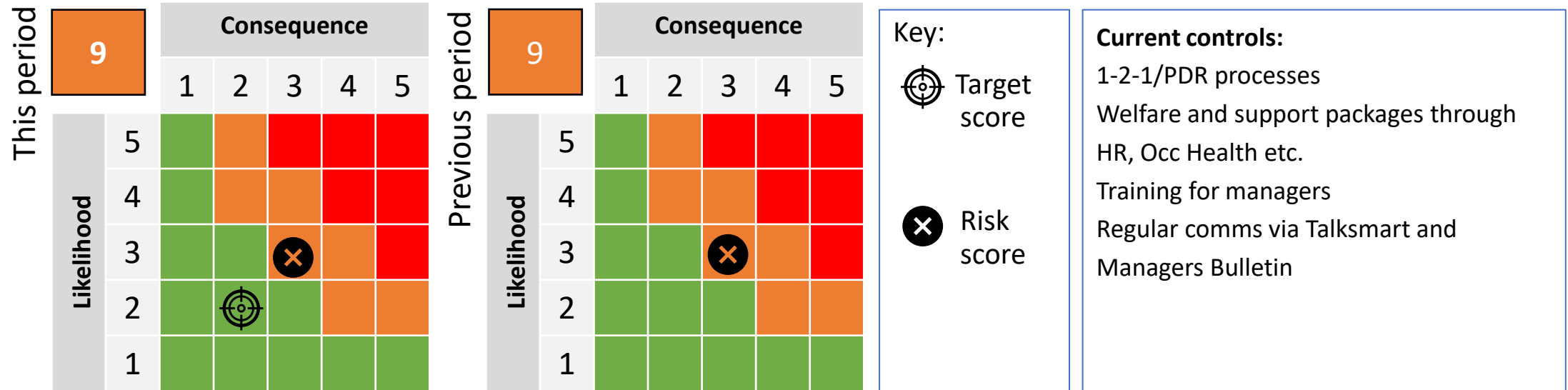
Recruitment and retention remains a significant strategic risk for our council, as it does for other councils. However, turnover rates of 11% (in comparison to LGA published average turnover rates of 14%) indicate that work being done is having an impact. Work to improve recruitment and retention remains a focus, for instance in the last quarter a review of Reward Band terms and conditions has commenced, a new staff benefit for Cycle to Work has launched, with a gym benefit to launch in the next quarter and Shared Cost AVCs being explored. Alongside this the work and action planning on staff survey feedback will also support retention.

SR 8.2 - Inability to deliver services and business change due to staff fatigue and burnout

Failure to ensure identification and understanding of staff fatigue and 'burnout' issues, resulting in impact on staff morale and well-being, service delivery, and staff retention.

Risk Owner: Mandy Quayle, Director of People and Digital Services

Cabinet Member: Cllr Lynden Stowe



Period comments:

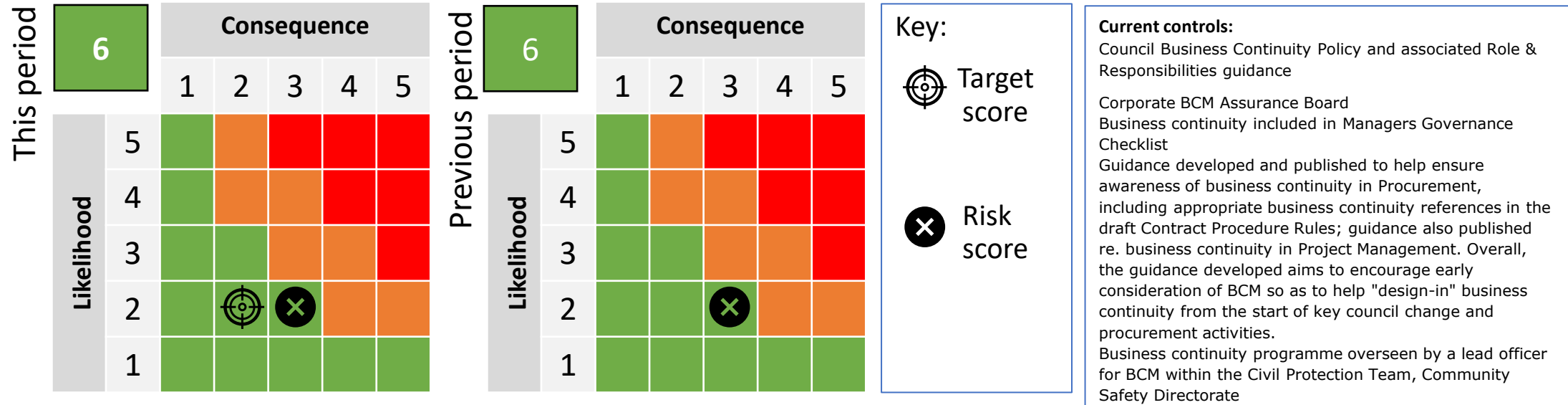
A new OH structure is now in place, with a new Mental Health Lead and new Wellbeing Lead who will develop then launch a new model of proactive in-reach for managers and teams as indicated as areas for focus by data and intelligence. Over the coming months this should help the council reduce this risk rating.

SR 10.4: Insufficient Business Continuity Management

Due to insufficient business continuity management arrangements failure of the Council or a key partner to effectively deliver their statutory services, resulting in community disruption and failure of corporate objectives.

Risk Owner: Mandy Quayle, Director of People and Digital Services

Cabinet Member: Cllr Lynden Stowe



Period comments:

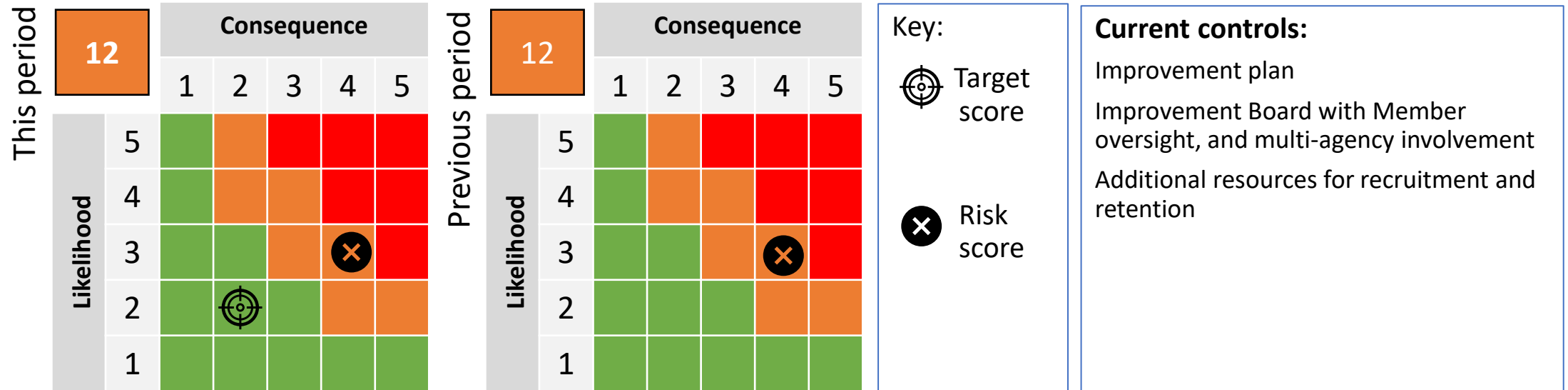
As part of the review of EP, it was agreed that a Business Continuity Lead position could be created, this position has now been filled and the support for BIAs/BCPs owners continues. As of 05.04.24 up to date completed BIAs = 85%, BCPs = 77%. A training programme started in Oct '23, with 79% of plan owners now having participated in an exercise

SR 10.6: Insufficient capacity and capability to deliver Fire Service improvement

Insufficient workforce capacity and capability adversely impacting the pace and sustainability of improvement that will potentially contribute to an increased risk to firefighter safety, failure to meet our statutory obligations and/ or capability to deliver emergency services to the community.

Risk Owner: Mark Preece, Chief Fire Officer

Cabinet Member: Cllr Dave Norman



Current controls:

- Improvement plan
- Improvement Board with Member oversight, and multi-agency involvement
- Additional resources for recruitment and retention

Period comments:

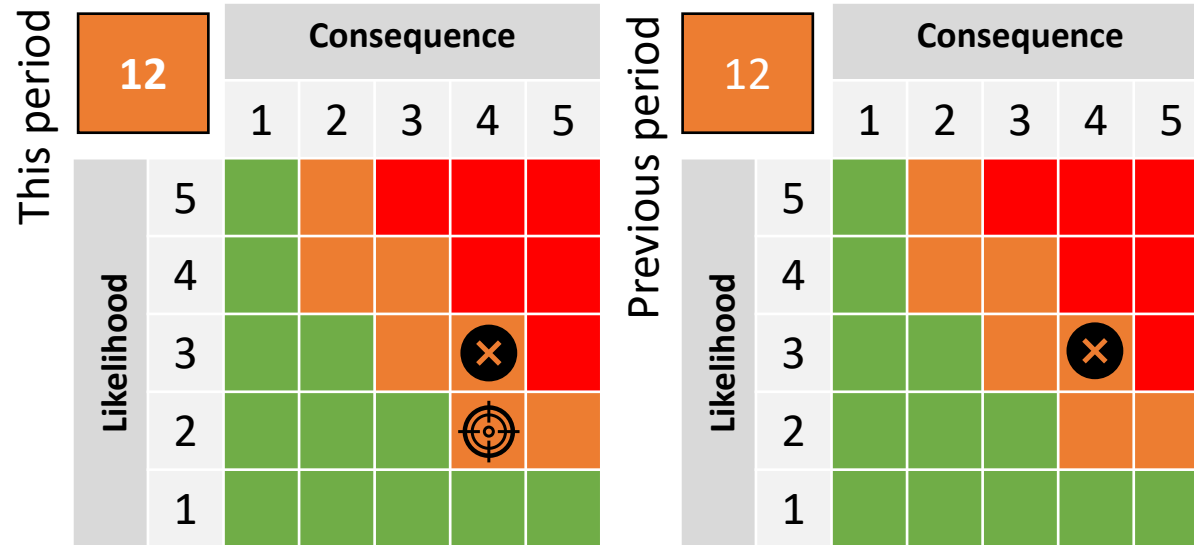
Due to retirements and the result of promotion processes there will be two Area Manager positions which will be filled by temporary promotions in the next six months. There will be impacts of having two strategic managers being temporary in role as this will cascade down through the organisation and result in several temporary chains of promotion. Unfortunately, this is unavoidable at this time. In other areas, recruitment and selection processes have taken place to fill substantive roles and we are seeing more success in filling Support Staff posts. Nevertheless, we are predicting gaps in Operational and Business Fire Safety largely due to retirements and staff leaving the sector, this is expected to affect capacity and capability through the next two quarters, leading to no improvement in the current risk rating. Additional funding is providing the finance needed for additional resource and training. Nevertheless, turnover of staff adds to ongoing work pressures and the creation of short-term gaps in teams. We aim to support staff through continuation of recruitment, appraisals and training.

SR 11.1 Failure to protect the confidentiality, integrity and availability of information.

Failure to comply with data protection and to protect the confidentiality, integrity and availability of information.

Risk Owner: Rob Ayliffe, Director of Policy, Performance and Governance

Cabinet Member: Cllr Lynden Stowe



Key:
 Target score

Risk score

Current controls:

- Governance:
- Strategy and Policy:
- Privacy notices:
- Data Subject's Rights:
- Training & Awareness:
- Recruitment:
- Contracts:
- DPO & Specialist Support:
- Resourcing:
- Information Asset Owners (IAOs):
- Security incidents:
- Physical security:
- Monitoring:
- Technical security controls in place

Period comments:

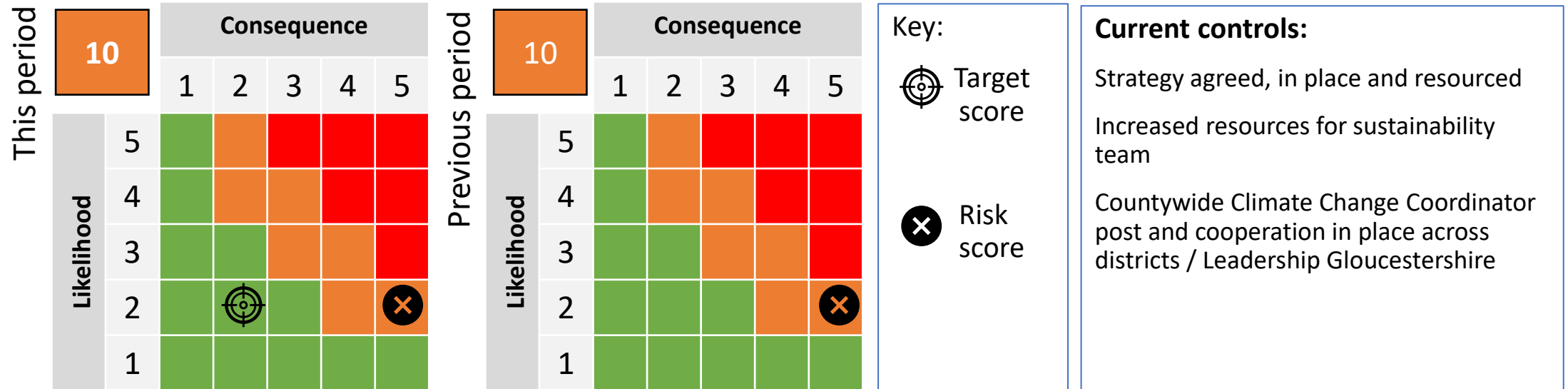
The council has a positive culture with regards to data protection. However, take-up rates of desktop training are currently lower than we would like. Changes are planned to the training software that will enable the council to push it out to a wider range of council staff - this should come online during the next quarter, at which point it is anticipated the risk will reduce further to target levels.

SR 12.1: Failure of GCC/Gloucestershire to mitigate and adapt to a more volatile climate

Failure to deliver the county council’s climate change strategy, impacting our ability to deliver our organisation, partnership, and community activities, and to secure Government funding, and therefore limiting our ability to mitigate the impacts of a changing climate on Gloucestershire’s natural environment, communities, business and visitors.

Risk Owner: Colin Chick, Exec. Director of Economy, Environment and Infrastructure

Cabinet Member: Cllr David Gray



Current controls:

- Strategy agreed, in place and resourced
- Increased resources for sustainability team
- Countywide Climate Change Coordinator post and cooperation in place across districts / Leadership Gloucestershire

Period Comments:

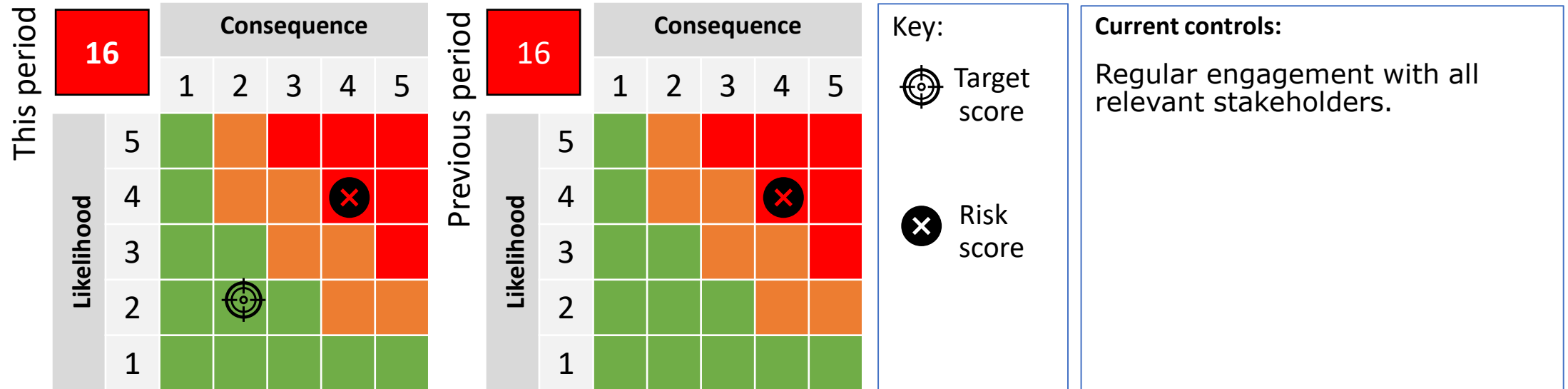
Year to date carbon emissions to quarter 3 (reported a quarter in arrears) remain ahead of target. On-Street EV Chargepoints (EVCPs) -110 charge points have been installed at 28 locations in Q4. Recruitment has taken place for Head of Environment and Waste, two Climate Action Managers and a Climate Action officer, with all posts starting in post Qrt 1 2024. Climate Leadership Gloucestershire 23/24 Work Programme in place prioritisation of projects has taken place with three project progressing, Green Skills co-ordinator, bid writer and county level risk and vulnerability assessment.

SR 14.1 Failure to secure developer contributions for infrastructure

That the Council is unable to secure sufficient income from developer contributions to be able to deliver the county's infrastructure needs.

Risk Owner: Colin Chick, Exec. Director of Economy, Environment and Infrastructure

Cabinet Member: Cllr David Gray



Period comments:

Ongoing discussions with all partner District Councils. Processes being amended.