

Strategic Risk Monitoring Report

Quarter Q1, 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	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	Implementation of the Community Infrastructure Levy	High 16	→
SR 2.4b	Paul Blacker	Changes to future funding	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.	High 15	→
SR 3.2	Mandy Quayle	Failure to protect the council's key information and data from Cyber Attack.	High 15	→
SR 10.4	Mark Preece	Insufficient Business Continuity Management	High 15	→
SR 10.8	Colin Chick	Dept for Transport's Covid Bus Recovery Subsidy (BRS) is withdrawn (<i>de-escalated to Directorate register</i>)	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	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	→

Summary overview cont'd

Ref	Risk Owner	Strategic Risks	Residual risk score	Direction of travel
SR 7.4	Kirsten Harrison	Increasing EHCP demand and capacity threaten outcomes for vulnerable children (SEND)	Medium 12	↑
SR 2.4a	Paul Blacker	Reductions and changes to funding (current year)	Medium 10	↑
SR 12.1	Colin Chick	Failure of GCC/Gloucestershire to mitigate and adapt to a more volatile climate	Medium 10	⇒
SR 8.2	Mandy Quayle	Staff fatigue and 'burnout'	Medium 9	⇒
SR 1.2	Rob Ayliffe	Capacity for Procurement activity	Medium 9	⇒
SR 7.8	Sarah Scott	Risk of legal action being taken due to failures in completing Deprivation of Liberty assessments.	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	Relationships with key partners	Medium 8	⇒
SR 7.9	Siobhan Farmer	Insufficient planning and oversight of international resettlement and asylum immigration	Medium 8	⇒
SR 1.4	Rob Ayliffe	Contract management capacity	Low 6	↓
SR 7.10	Sarah Scott	Implementation of the 'Care Cap' cost of care exercise	Low 6	⇒
SR 1.5	Rob Ayliffe	Compliance with Public Sector Equalities Duty	Low 6	⇒
SR 1.3	Steve Mawson	Failure to ensure the effective management of Health and Safety	Low 6	⇒

Matters arising this quarter:

Risks Escalated:

- 2.4a - Reductions and changes to Funding (current year)
- 7.4 - Increasing EHCP demand and capacity threaten outcomes for vulnerable children (SEND)

Risks Reduced:

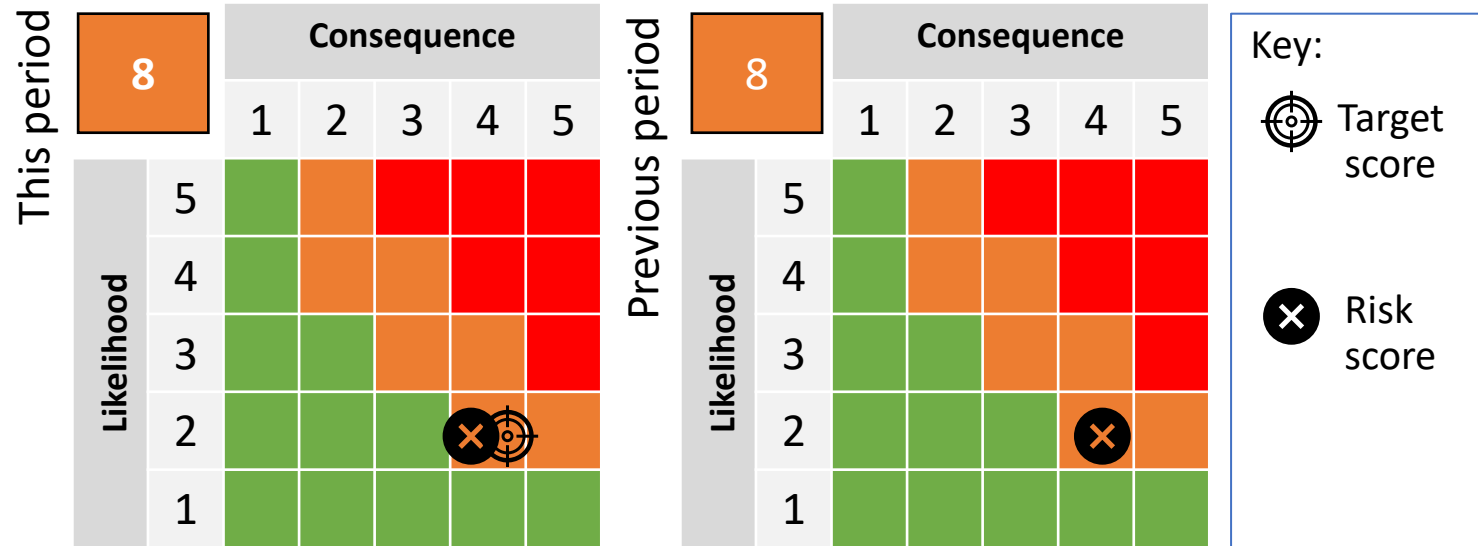
- 1.4 - Contract management capacity
- 2.4b - Changes to *Future* Funding
- 8.1 - Difficulties in Recruiting and Retaining Experienced workers
- 10.8 - Dept for Transport's Covid Bus Recovery Subsidy (BRS) is withdrawn (*NB – this risk will be de-escalated to the Directorate risk register for Q2*)

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 & Governance

Cabinet Member: Cllr Lynden Stowe



Current controls:

- 1:1 Interviews with Members
- Scrutiny Function
- 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
- Anti-fraud & corruption policy
- Emergency management
- Health and Safety Strategy
- Constitution
- Protocols for gifts / hospitality
- Managers Induction Programme
- Appraisals
- Council Strategy
- Fraud Response Plan
- Whistle Blowing procedures
- Internal/External Audit
- Code of Conduct for Members
- Code of Conduct for Employees

Period comments:

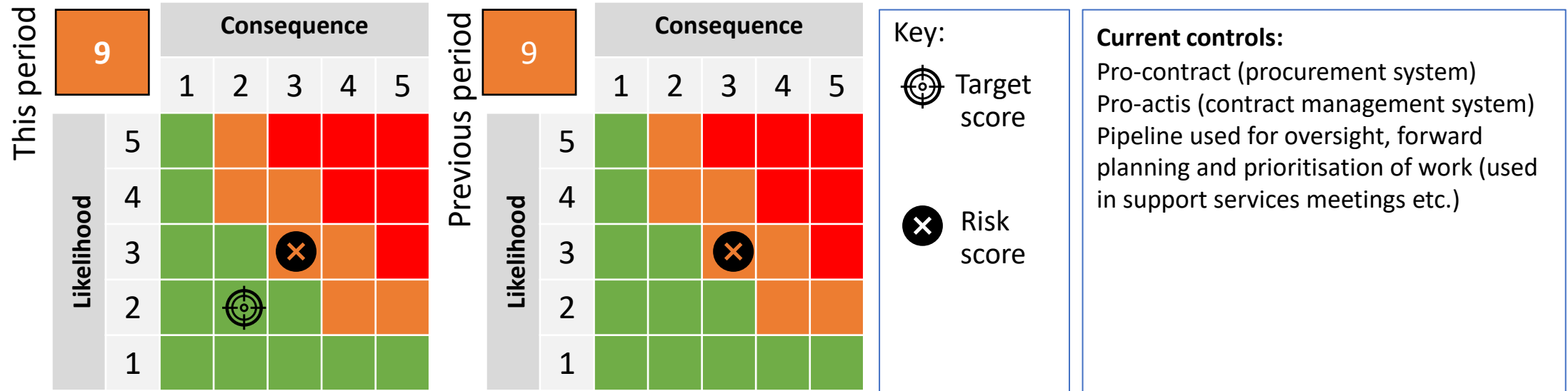
No new significant issues identified through this year's Annual Governance Statement. The overall number of LGSCO complaints upheld remains low, but we are seeing an increasing number and proportion of upheld decisions relating to SEND cases.No new issues or concerns arising through this year's Annual Governance Statement.

SR 1.2 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 & Governance

Cabinet Member: Cllr Lynden Stowe



Period comments:

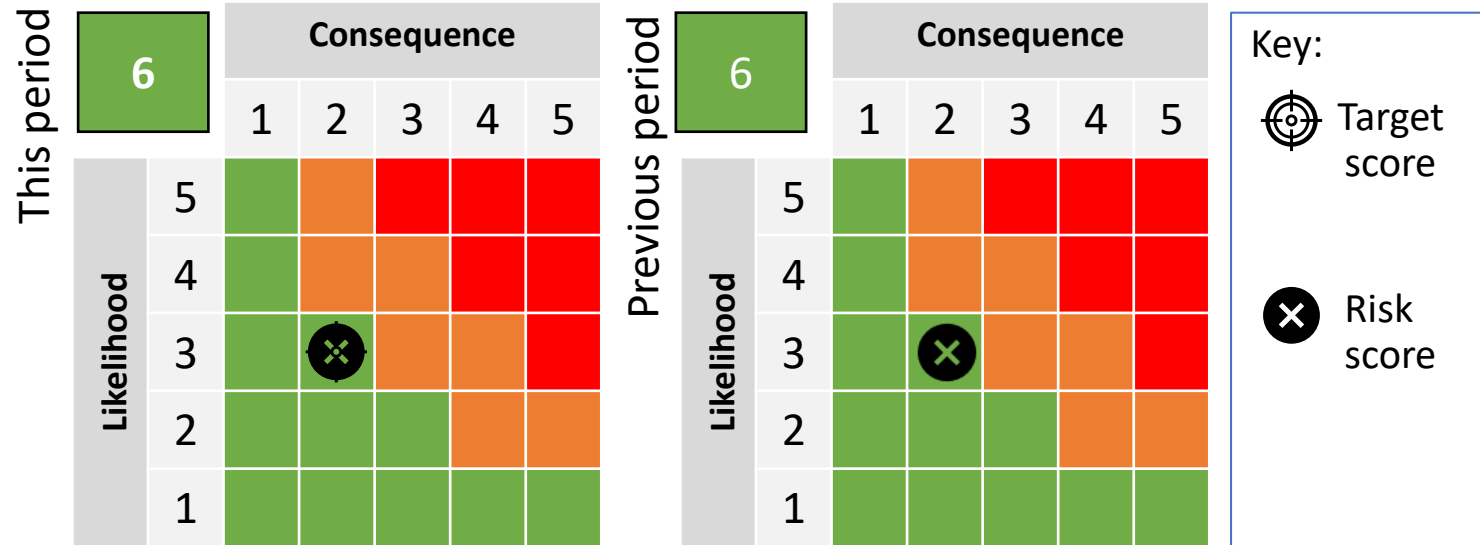
The Strategic Procurement team continues to rely on a number of interims in order to manage the volume of high value contracts coming up for renewal, placing the team's budget under pressure. We are asking Directorates to make increased use of the Procurement Pipeline to plan resources ahead and prioritise those contracts that involve the greatest risk/value.

SR 1.3 Failure to ensure the effective management of Health and Safety (new risk)

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: Rob Ayliffe, Director of Policy, Performance & Governance

Cabinet Member: Cllr Lynden Stowe



Current controls:

Reviewed Corporate Health and Safety Policy. SHE system procured for accident reporting, risk assessments, audits and inspections. Training for managers responsible for conducting regular risk assessments. Managers and staff induction. Member and Director SHE Champions. Access to competent health and safety advice and guidance from the SHE service. An Employee Engagement and Consultation Group is being set up

Period comments:

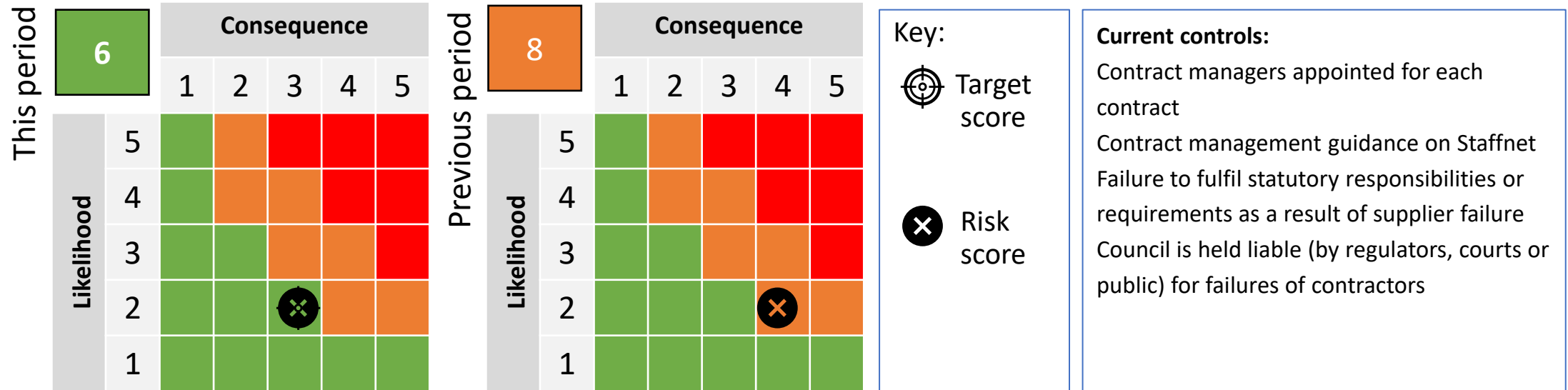
No significant issues this period.

SR 1.4 Contract management capacity

Inadequate contract management or quality assurance arrangements result in GCC being unable to identify, control or manage risks (including health and safety risks) associated with a provider's actions or failure to act.

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

Cabinet Member: Cllr Lynden Stowe



Period comments:

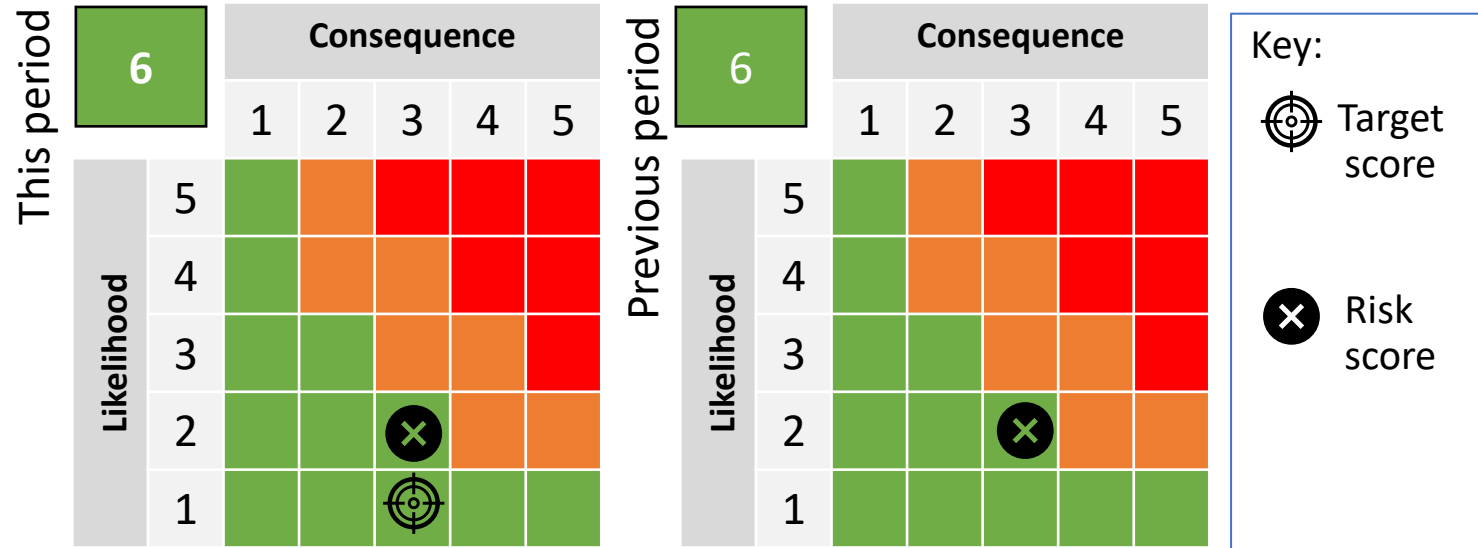
Contract management toolkit has been rolled out, but needs to be supported with training / awareness raising. No significant concerns arising this quarter.

SR 1.5 - Compliance 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 & Governance

Cabinet Member: Cllr Lynden Stowe



Current controls:

Equality Impact Assessment process
 ED&I officers recruited into HR team.
 Service User Diversity Report prepared and disseminated for learning each year.

Period comments:

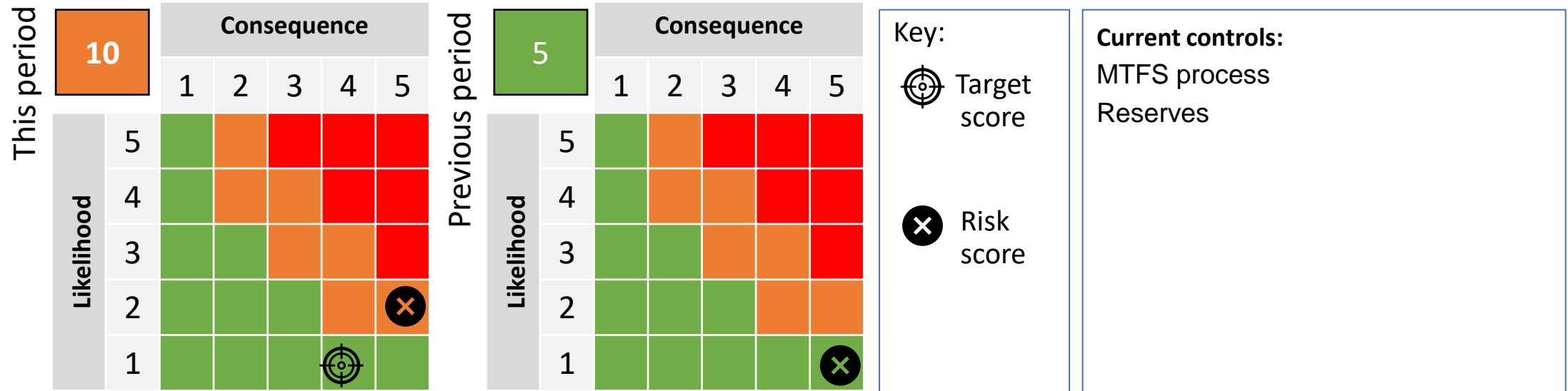
The quality of Equality Impact Assessments remains variable, but new guidance and templates for Equality Impact Assessments will be launched in September, accompanied by training for commissioners provided by the Constitution Institute.

SR 2.4a - Reductions and changes to Funding (current year)

Reductions and changes to funding in current financial year and any additional unplanned overspend from previous financial year, with the potential to impact Core Services.

Risk Owner: Paul Blacker, Director of Finance

Cabinet Member: Cllr Lynden Stowe



Period comments:

The final finance settlement announced was in line with expectations allowing the Council to set a balanced budget for 2023/24, and the outturn position for 2022/23 was an underspend of £910k.

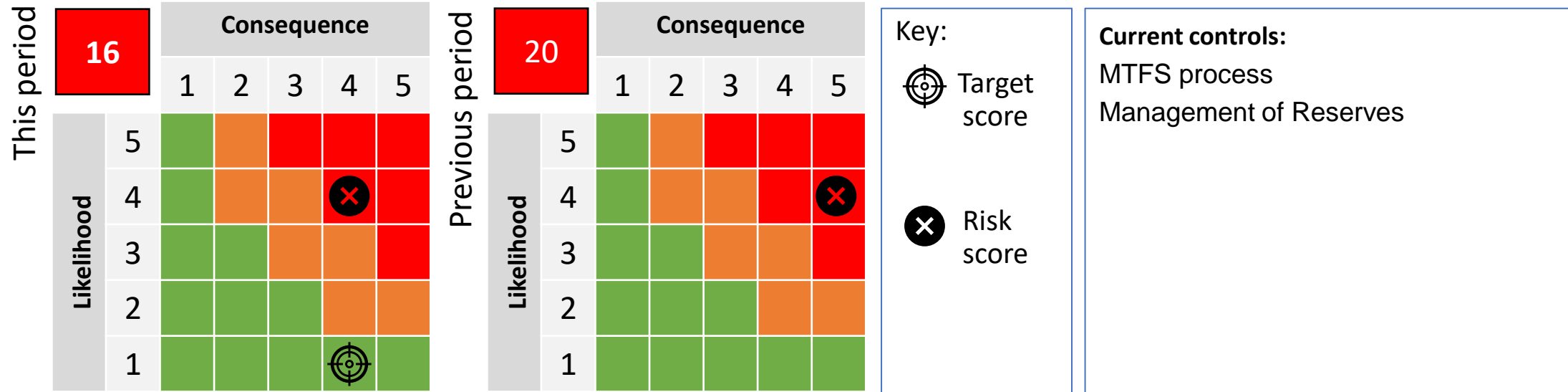
General Reserves have decreased by £6.213 million to £16.839 million. The reasons are £1.046 million funding of the 2022/23 budget and £5.167 million additional funding to support the 2022/23 pay award. A risk-based approach has been taken when assessing the level of general reserves, this was included within the Medium-Term Financial Strategy approved by Council in February 2023. As a result of this risk based approach it was agreed at Full Council in February 2023 that a further £4 million could be taken from general reserves to balance the 2023/24 budget.

SR 2.4b Changes to *Future Funding*

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

Risk Owner: Paul Blacker, Director of Finance

Cabinet Member: Cllr Lynden Stowe



Period comments:

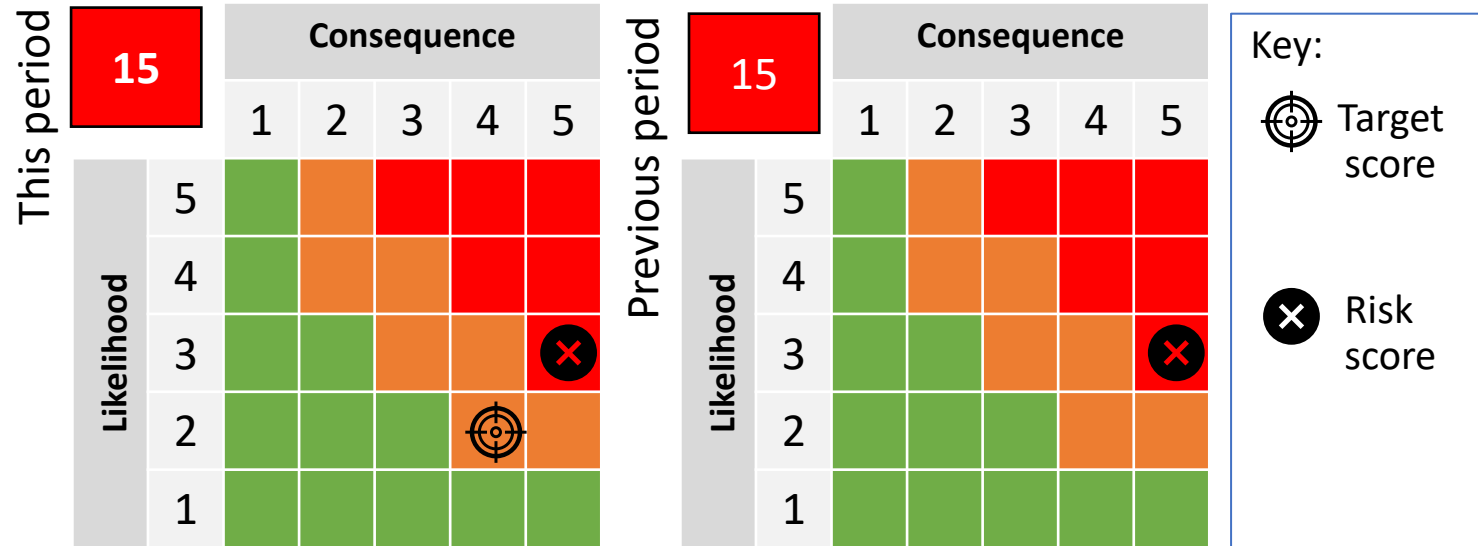
The government issued a Funding Policy Statement on 12 December 2022 which outlined the funding principles that would be applied for the next two financial years at a national level however the provisional Finance Settlement issued on 19 December only gave a detailed allocation for one financial year (2023/24). Therefore there is significant uncertainty about funding levels beyond March 2025 although the Policy Statement did give some high level funding assumptions for the following year but there is no guidance beyond then. The Fair Funding Review and the Business Rates Review could take place in 2025/26 - these two reviews could result in a significant change in funding for individual councils.

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



Key:

- Target score
- Risk score

Current controls:

Director level ownership of the ICT Managed Service contract with Cantium (Service Review Underway)
 ICT client team staffing structure re-developed - e.g. greater engagement with all Directorates via ICT Business Relationship team, underpinned by an internal Strategy & Architecture function.
 Governance in place to ensure any ICT operational risks and issues are appropriately managed
 ICT Strategy, Service Plan and strategic roadmap in place to address ageing and legacy technological products and solutions
 Comprehensive MTFs/capital expenditure activity to address a legacy of under-investment in technology and digital solutions
 Significant project activities have been undertaken to modernise/stabilise critical infrastructure, focused on a journey to cloud technologies via improved WAN / LAN / telephony / Wi-Fi services.
 The Digital and ICT operating model is governed through a robust set of meetings including a structured Digital and ICT Senior Management Team meeting that reviews all aspects of the service delivery.

NOTE: not all council systems and/or data is hosted and supported within the technological environment managed by the ICT Service. This should be the focus of a separate corporate risk register.

Period comments:

Initial analysis of the applications not covered by the roadmap completed and those applications requiring further review have been identified.

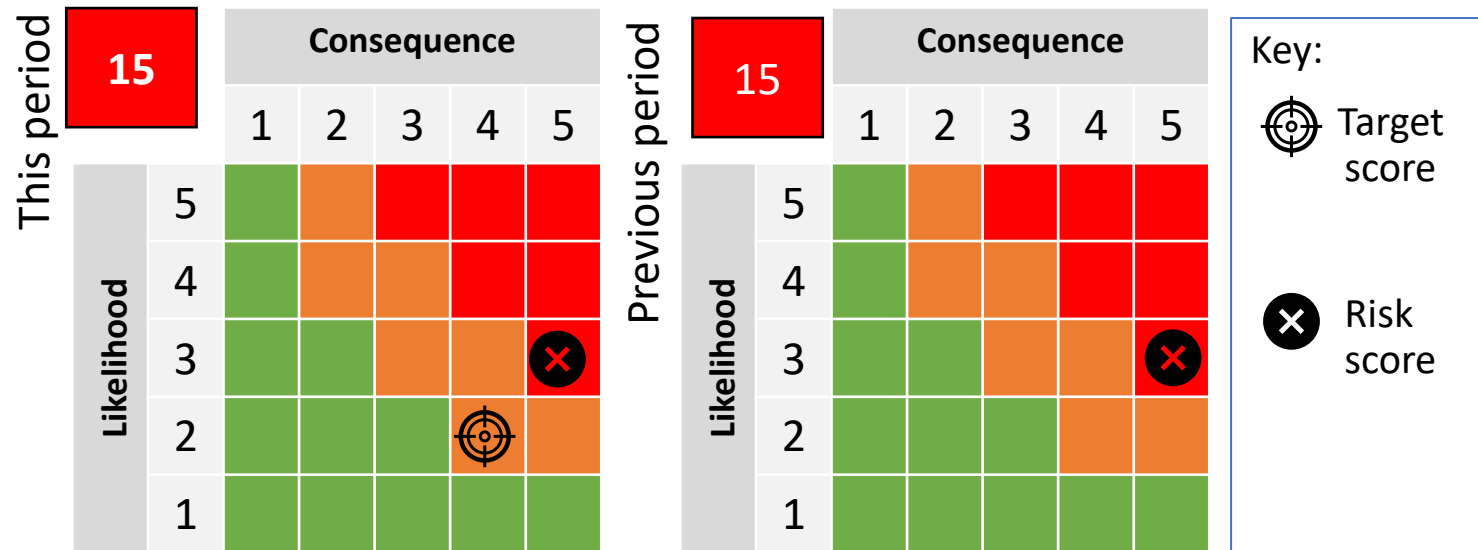
Laptop replacement has focussed on replacing hardware with identified security vulnerabilities and the future replacement programme will focus on outdated hardware.

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



Current controls:

ICT Managed Service contract with Cantium in place to provide technological controls and measures against cyber attack (and service review underway)

ICT client team staffing structure has been re-developed to give closer working with the Information Management Service.

Governance in place via the Information Board to ensure any technical and non-technical operational risks and issues are appropriately managed

Cyber & Information Management (Procurement) Policy in place

Comprehensive MTFS/capital expenditure activity to address a legacy of under-investment in technology and digital solutions

The annual Independent IT health check has been completed and remediating any issues found in partnership with suppliers.

Significant change activities have been undertaken to modernise/stabilise critical infrastructure, e.g. telephony, Wi-Fi, video-conferencing, etc.

Regular communications are circulated and training provided to ensure that staff are fully aware of their responsibilities to help in the fight against cyber-crime.

The Digital Governance Board is now established to control and manage data and information across the council
Internal audit has a programme of cyber audits

NOTE: Not all council systems and/or data is hosted & supported within the technological environment managed by the ICT Service. This should be the focus of a separate corporate risk register.

Period comments:

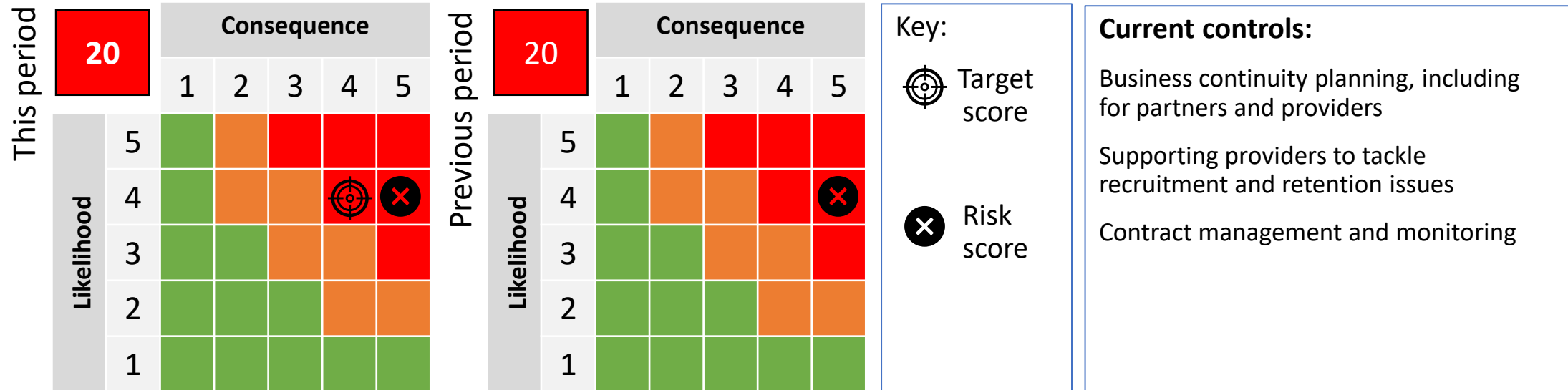
Programme of cyber improvements continues to be delivered with all high-risk vulnerabilities remediated. SAP DR has been successfully tested and transition to service support is underway. DR requirements listed within Business Continuity Plans have been reviewed and recommendations will be reported back to the business.

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:

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. This has been demonstrated with the increasing number of disabilities providers asking for in year uplifts in their fees. The risk is higher in bed and building based services such as care homes, than it is in the non-building based sector (home care). Care homes are still holding high levels of vacancies and coupled with 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 developing work on provider support.

Home care is stronger with delivery of more 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.

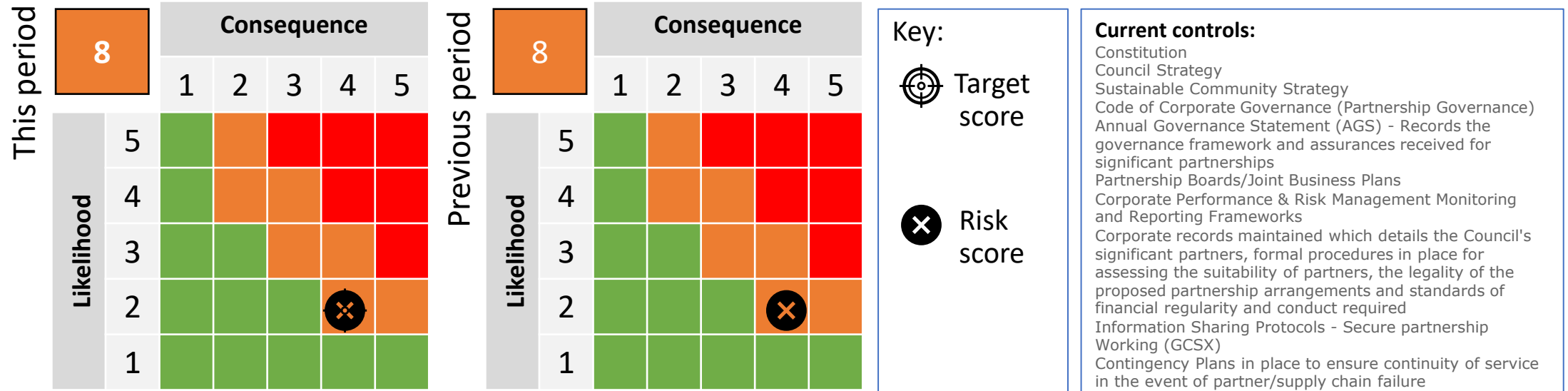
Alongside the work of financial sustainability mitigations for provider failure are targeted at workforce, as a major factor in failure and delivery gaps. We continue to work with the sector through our Proud to Care Initiative to improve recruitment and retention of the adult social care workforce and to try and balance supply of staff with the need for home care across the county. Our inhouse recruitment & retention policy has been developed and in use. There are plans to work with stakeholders to develop this workforce work over the coming months.

SR 6.1 – 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 Lynden Stowe



Period comments:

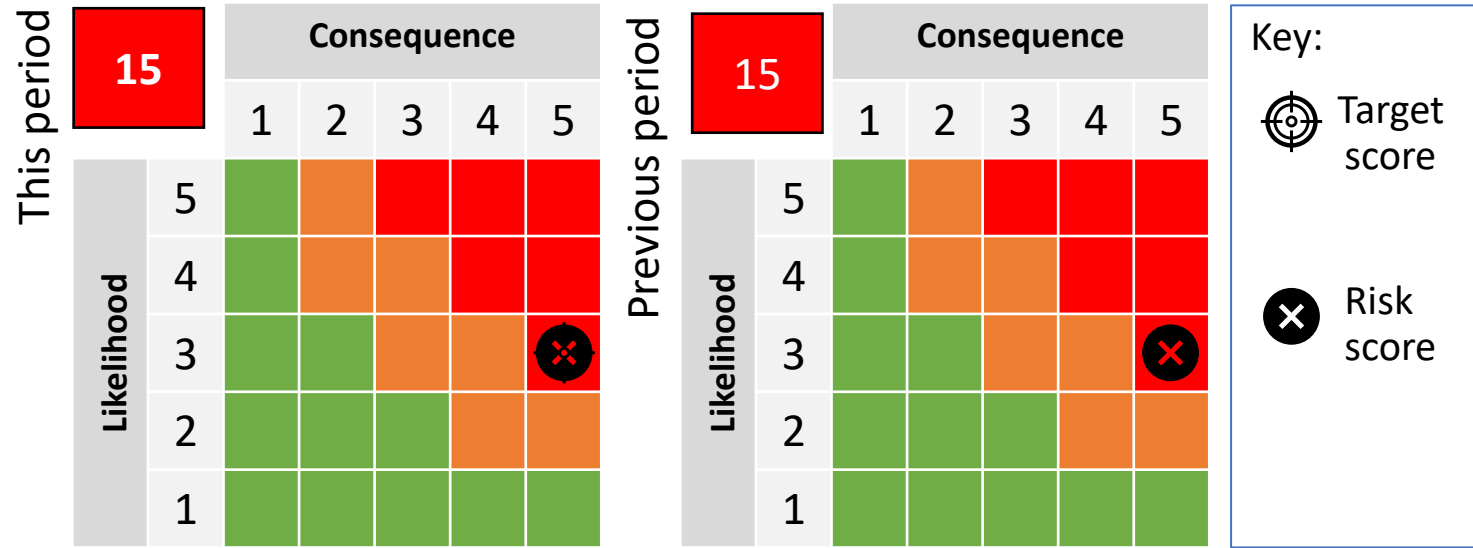
We have seen highly effective and very positive working relationships with partners and organisations to meet statutory and local requirements as a result of Covid and delivering the Homes for Ukraine scheme. The LRF, other emergency management functions and business continuity arrangements remain as good foundations across the partner scene. Leadership Gloucestershire meetings, Leader's Stocktake meetings and regular MP briefings with Health, continue at appropriate frequency. Statutory meetings are face-to-face for both Members and Officers and hybrid meeting arrangements are working well for those meetings which have no statutory decision-making responsibility. We will continue with hybrid working arrangements in the future in keeping with the needs of the business. We continue with extensive external consultancy work looking at our NHS relationship, focussed on emergency and urgent care, and as the country finds itself continuing to deal with a "cost of living" crisis we will work with partners and local organisations to deliver whatever help we can to Gloucestershire residents.

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 Stephen 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:

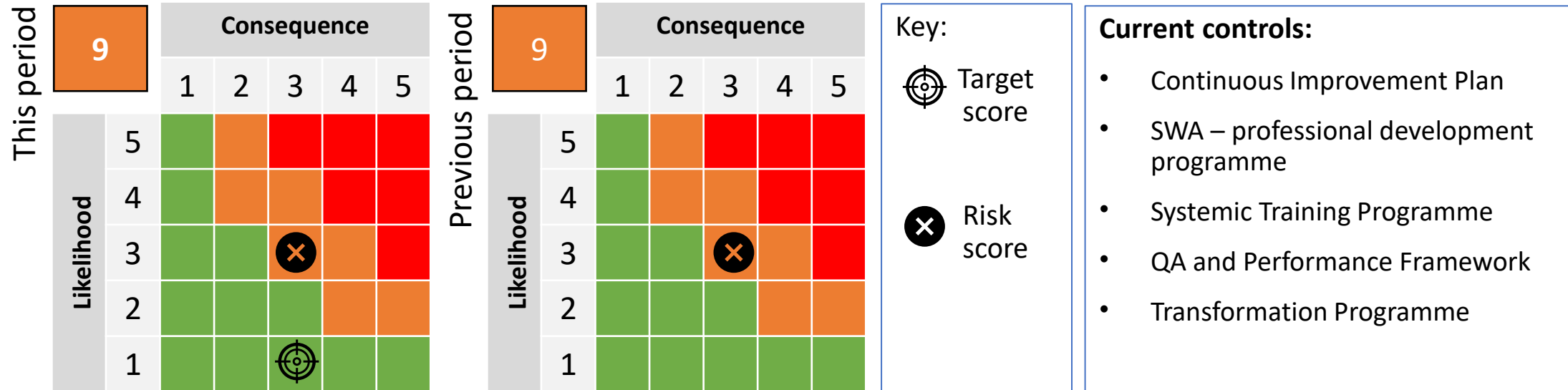
The safeguarding adults team continues to manage the numbers of referrals by periodically carrying out focused work to reduce the numbers of cases awaiting a decision; this is maintaining the numbers of cases on the referral centre at an acceptable level. The safeguarding single point of access team is set up and will commence August 2023. From this date the safeguarding team will screen all safeguarding concerns raised in Gloucestershire. QA, performance, and inspections controls in place. SAC data collated and statutory returns made. Close working relationships with CQC, Brokerage and Disabilities Commissioners means we can act on concerns in a timely manner. GSAB Risk register and performance dashboard in place, but the risk of accurate and meaningful data regarding adult safeguarding activity continues to be a challenge and we are working with performance colleagues to address the gaps as Power BI continues to be tested. 81.5% Performance where risk was reduced or removed (target 85%) there were 130 Section 42 closures during the Quarter, of which 14 (10.8%) were closed where the risk remained, and 10 (7.7%) which were 'Inconclusive'.

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:

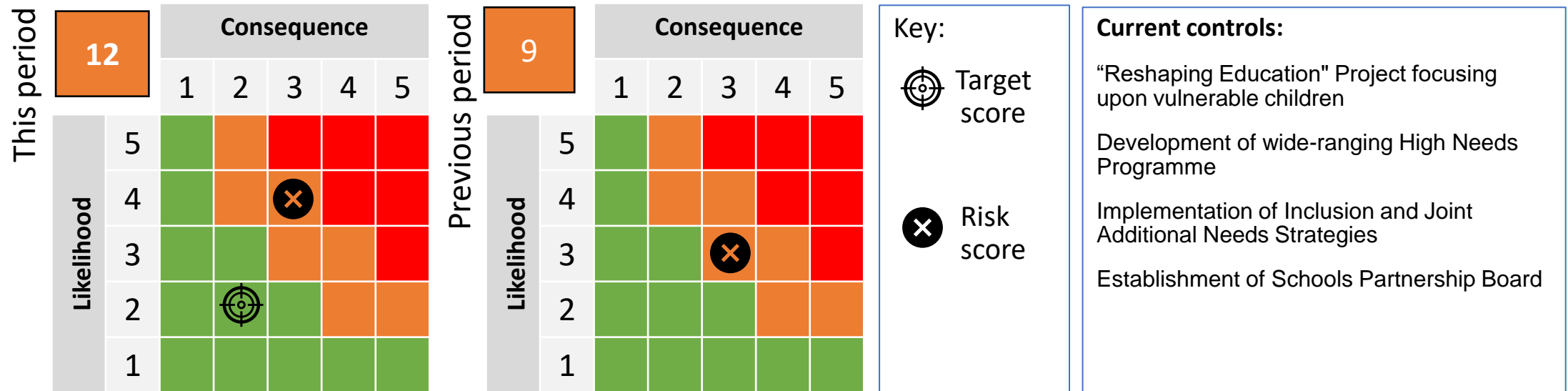
The Continuous Improvement Plan provides the framework for our improvement journey and was refreshed at year end (22/23) to reflect progress to date and focus on those areas yet to see tangible improvement. Our performance targets and QA framework have also been refreshed to align with or exceed our comparator group average. Our current data and QA activity evidences a mixed picture of improvement and variability that we are working hard to address. Those teams that are stable and have completed systemic are showing the greater and more stable improvements.

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:

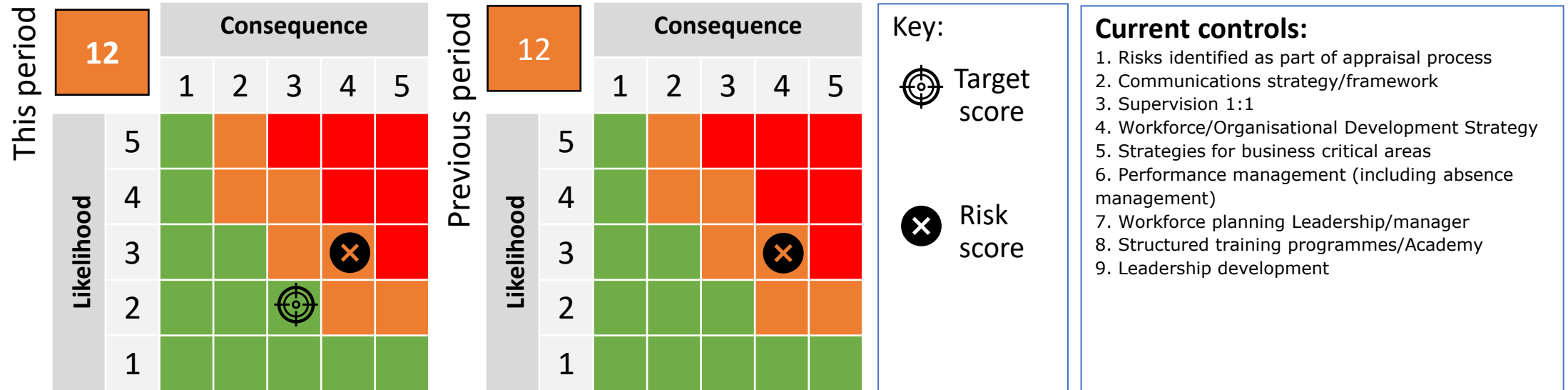
Children's Services undertook a SEND Local Area LGA Peer Review in April, the outcomes of which confirmed the SEND local area self-evaluation and identification of risks. Whilst there have been MTFs monies allocated for 2023-24, and an additional in-year sum allocated, resources and impact do not come together. Whilst service operation changes are made and additional staff capacity is recruited, the risks remain. Whilst Children's Services underwent a JTAI in June, this will only afford a 13 week window without inspection, and a Local Area SEND Inspection remains likely for September. Changes and investment will not yet be complete or be having the intended impacts on service delivery or statutory requirements despite consistently improving timeliness.

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:

1. Risks identified as part of appraisal process
2. Communications strategy/framework
3. Supervision 1:1
4. Workforce/Organisational Development Strategy
5. Strategies for business critical areas
6. Performance management (including absence management)
7. Workforce planning Leadership/manager
8. Structured training programmes/Academy
9. Leadership development

Period comments:

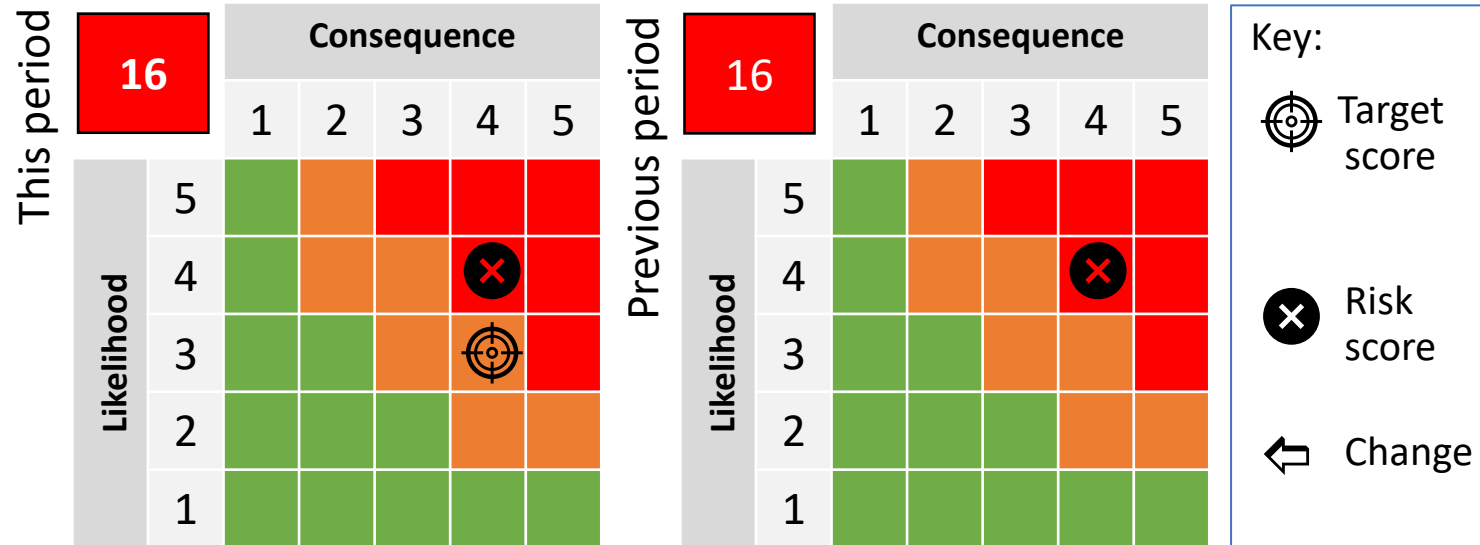
Having a stable workforce, that is well supported and confident in its practice, is key to our improvement journey. We continue to make use of a wide range of routes into social work as part of our 'grow your own' strategy, including maximising our ASYE cohort. Turnover and vacancies are showing signs of improvement however our agency proportion continues to be a challenge but should improve as we move our ASYE cohort into permanent positions. We are progressing with the implementation of systemic as our model of practice which will increase practitioner confidence. Our most recent data show that a greater % of our workforce are at our target of 18 children and most are receiving regular supervision. The recent workforce health check is evidencing a greater confidence in leadership and the overall direction of travel.

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 Stephen Fifield



Current controls:

Integrated Brokerage: Last September we centralised the brokerage of respite/bed based care (into our enhanced brokerage team) provision for people who are waiting for a care package to enable them to stay in their own home. This has enabled us to respond quicker, with less people being unnecessarily delayed in leaving hospital.

Shift in commissioning approach : One of the impacts of a shortage in the supply of Home Care Services has been the use of out of county providers, which brings disadvantages such as higher costs & care workers travelling greater distances to see clients. We introduced 'guaranteed hours' to support local providers, and are focussed on encouraging more care workers to work in the Gloucestershire Home Care sector. Alongside this we have enabled Hospices (who provide end of life care) to work with Home Care providers, for example offering a 'hospice at home' package and upskilling home care workers in end of life care

Period comments:

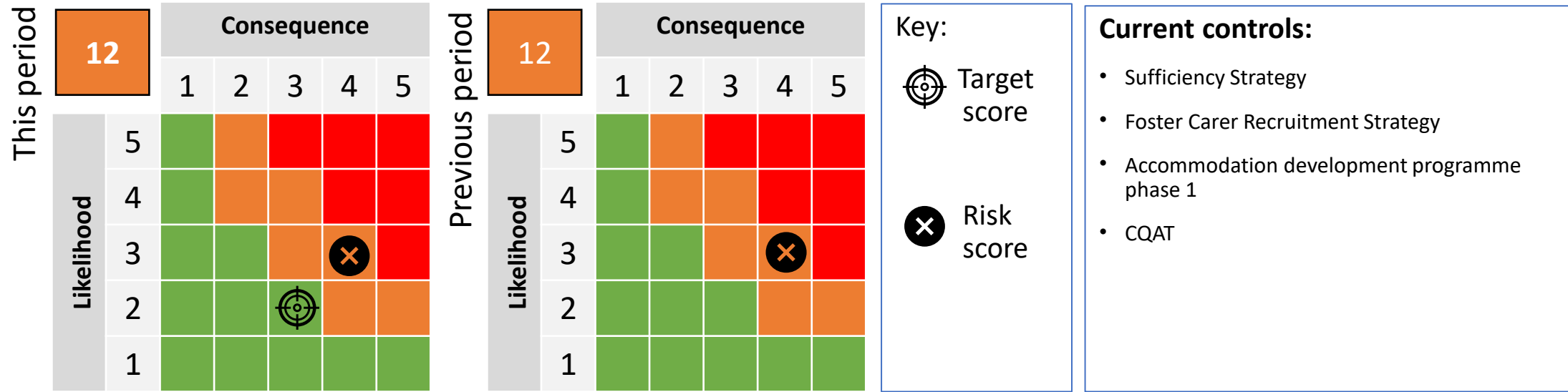
No change in risk. Work on the intermediate care pathway is developing with a plan in place to reduce the number of short term and temporary bed based care (the D2A beds) and to increase capacity in care at home, both through work on Home First and re-ablement (delivered by GHC) and through the domiciliary care sufficiency work (hyper localised commissioning). GHC have committed to 55 starts in Home First by November 2023, dependent on support from the system on flow and re-ablement. 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:

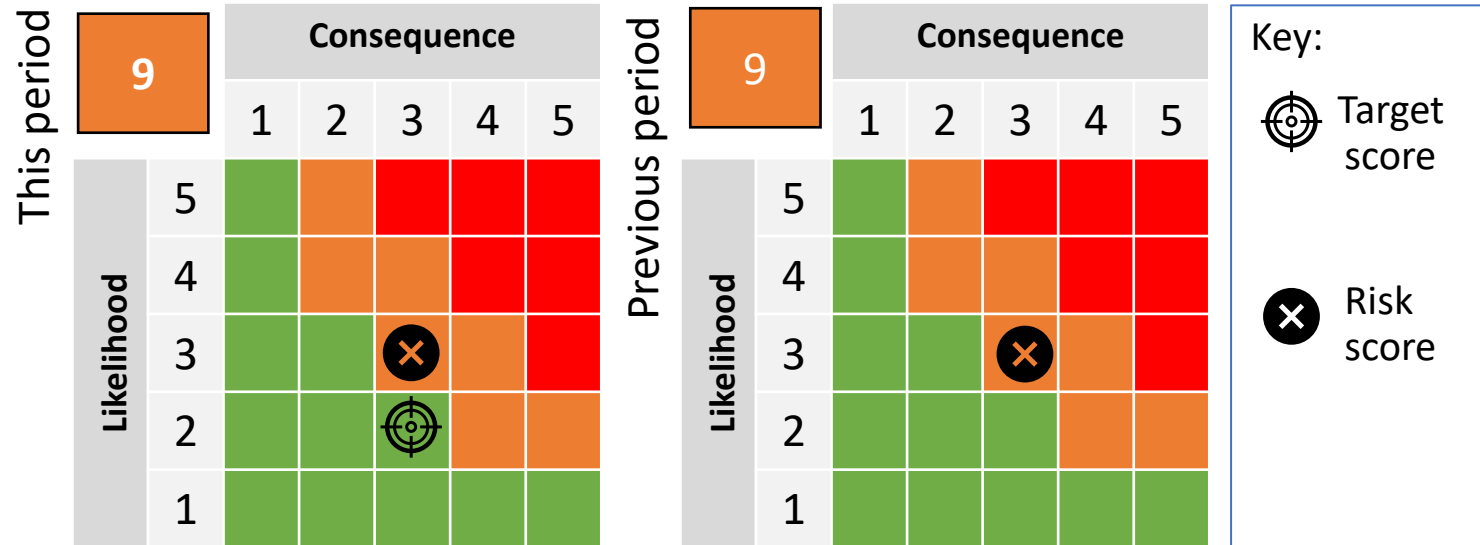
The provider market continues to be challenging in terms of both capacity and quality. Whilst rate per 10,000 remains above our statistical neighbour average, Quarter One shows stabilisation of children in care numbers. Our Sufficiency Strategy has been revised and initial work has been commenced to develop our own capacity which will begin to come on stream in the final quarter of 2023/24. Alongside this, there has been a change in leadership within Commissioning and a dedicated team working on placement capacity, unit costs and progressing step down/return home. Taken together these are providing a greater grip on placement commissioning, costs and quality although the impacts will take some time to realise.

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 Stephen Fifield



Key:

- Target score
- Risk score

Current controls:

The DoLS team continues to triage applications in line with the ADASS guidance to ensure the most urgent cases are assessed and those people have the appropriate authorisations in place. The project group for the DoLS replacement (Liberty Protection Safeguards) is meeting again and plans are being made for the changes to the legislation which will mean that the authorisation process will move from the central DoLS team to frontline ASC teams. Implementation of this change is not anticipated until 2024 and there has been no further update from the DHSC on plans to publish the final Code of Practice

Period comments:

The DoLS team continues to triage applications in line with the ADASS guidance to ensure the most urgent cases are assessed and those people have the appropriate authorisations in place. The DHSC has announced that implementation of the DoLS replacement, the Liberty Protection Safeguards, will be delayed beyond the life of this Parliament, which means that the current regime will continue for the foreseeable future. We are therefore looking at ways of streamlining the current process for authorisation and working with the regional network on identifying priorities, including deprivations of liberty in the community. There are concerns regarding the shortage of qualified Best Interests Assessors and we are looking at ways to address this shortfall within the team and with regional partners.

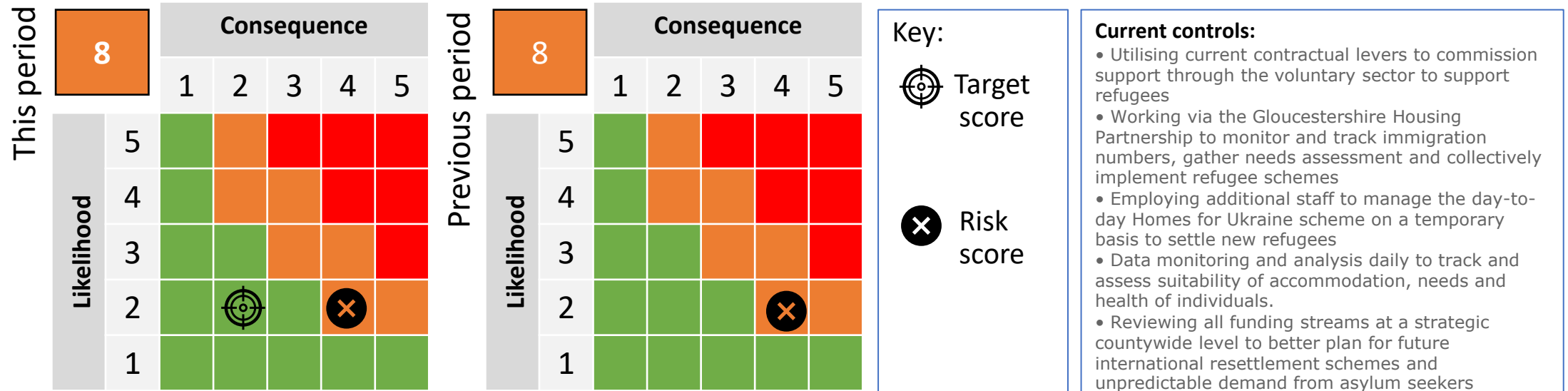
Some concerns over the number of young people transitioning who will require Court of Protection DoLS in place and whether we have enough legal capacity to support this additional workload. This is being reviewed by ASC Operations with GCC Legal colleagues.

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:

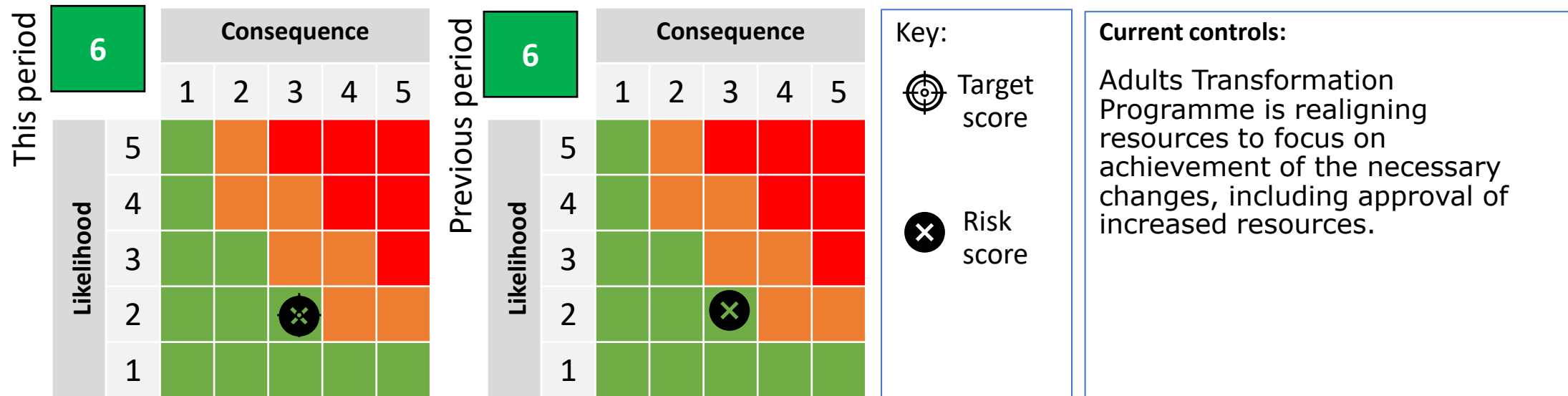
GSMP continues to develop its oversight role and establish coordination and communication across the system and county. The decision to maximise the capacity of all 5 contingency hotels will present challenges and increased pressure on local resources and services. Plans will include increasing to double occupancy in the majority of rooms in all hotels. This raises risks for safeguarding, health protection and mental health issues. Relationships and communication with both the Home Office and Clearsprings Ready Homes has improved greatly, reducing the risk caused by lack of communication and response to escalation of issues or concerns. Better communication with CRH also means that potential problems associated with placing high risk individuals in contingency accommodation can be addressed in advance and in partnership. HFU funding provides sufficient budget for the rest of this year, but plans need to be in place if the scheme does not continue after its first 24 months. The costs of continuing the scheme without central funding have been calculated and plans are in place to meet these.

SR 7.10: Implementation of the 'Care Cap' cost of care exercise

Implementation of the 'Care Cap' cost of care exercise (section 18.3 of the Care Act) leads to significant resource pressures and overspend

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

Cabinet Member: Cllr Carole Allaway-Martin



Period comments:

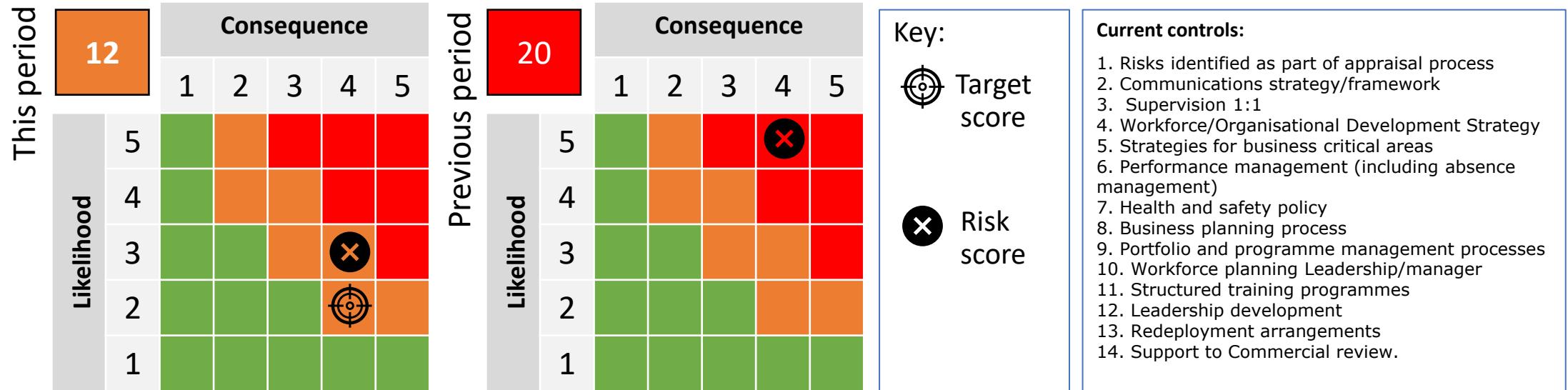
No change in risk. National implementation of the 'Care Cap' has been moved from October 2023 to 2025 following the Chancellors autumn statement. The extra time provided by this decision mitigates some of the resource pressures and overspend by allowing a longer timeframe for planning and delivery. GCC's Charging Policy will be reviewed in 2023. Opportunity to include changes to future proof the policy depending on future direction of Government policy in relation to the Care Cap.

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:

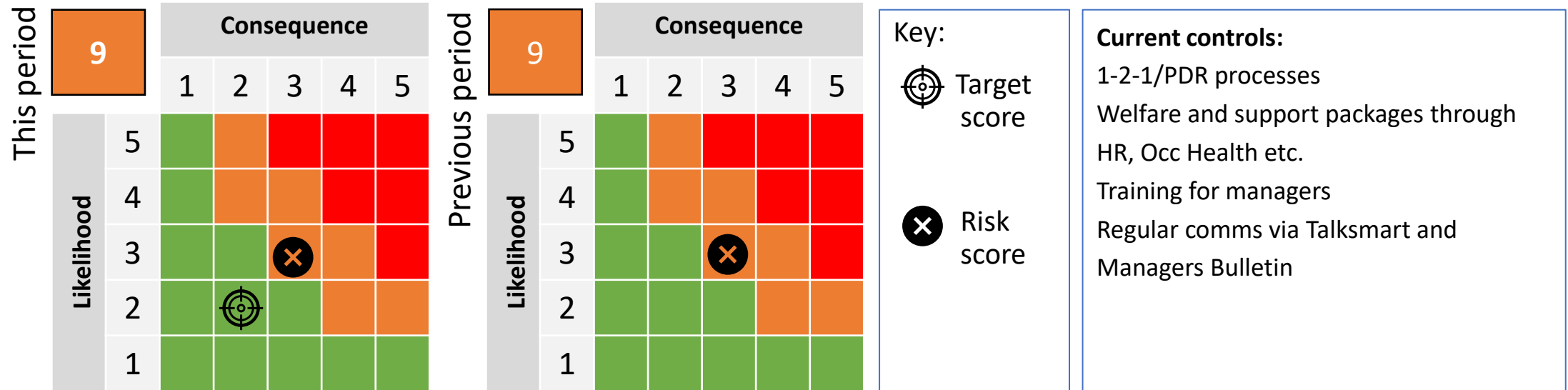
National and regional labour markets remain extremely tight . Competition for highly qualified and specialist staff is particularly fierce and the Council continues to make available a range of market related additional reward payments. We have seen an increase in the number of applications we are receiving for roles across all the grades with the exception of Grade 2/3 where we are competing with other sectors such as retail. New starters are also reporting a good recruitment experience when joining the Council. We have introduced an employer brand promote the council in the marketplace in a more favourable way together with greater use of social media to target and attract candidates.

SR 8.2 - 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:

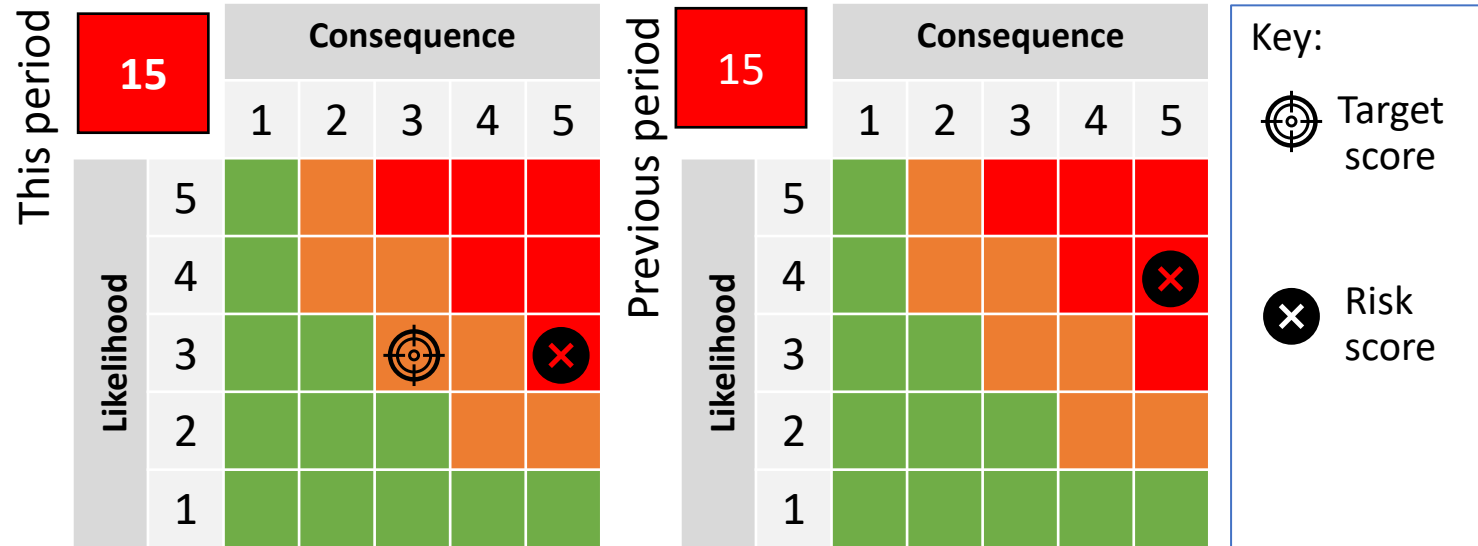
A new HWB strategy is being developed which will lead to a workplan incorporating the need for clear and comprehensive communications on the range of support available to staff. In the meantime there are regular items on Talksmart, the staff benefits statement which was issued earlier in the year contained information about what is available and some paper resources (posters and leaflets) are being procured for targeted areas where staff are less able or likely to see the intranet (GFRS etc)

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: Mark Preece, Chief Fire Officer

Cabinet Member: Cllr Dave Norman



Current controls:
 Council Business Continuity Policy and associated Role & Responsibilities guidance
 Corporate BCM Assurance Board
 Business continuity included in Managers Governance Checklist (work in progress as at August 2021).
 Guidance developed and published to help ensure awareness of business continuity in Procurement, including appropriate business continuity references in the draft Contract Procedure Rules (July 2021); guidance also published re. business continuity in Project Management. Overall, the guidance developed aims to encourage early consideration of BCM so as to help "design-in" business continuity from the start of key council change and procurement activities.
 Business continuity programme overseen by a lead officer for BCM within the Civil Protection Team, Community Safety Directorate

Period comments.

1. Despite the additional time allotted by CLT for completion of the BCM programme of work (an additional six months through to the end of December 2022), a small number to BIAs and BCPs in the required corporate format are still awaited. The latest position is provided below and shows a marginal improvement in business impact analyses (BIAs) over the previous quarter but also reflects a continuing trend of plans having been written in the corporate format, based on a business impact analysis (BIA), but then not being kept up-to-date by plan owners, indicating that BCM is not yet an embedded governance process for many managers across the council. The current position and further action required is to be discussed at CLT on 21 July 2023.

2. There has been some improvement in the IT Disaster Recovery (DR) position with a programme of DR work in train and work also underway to review and assess BIA findings to help inform GCC's DR requirements.

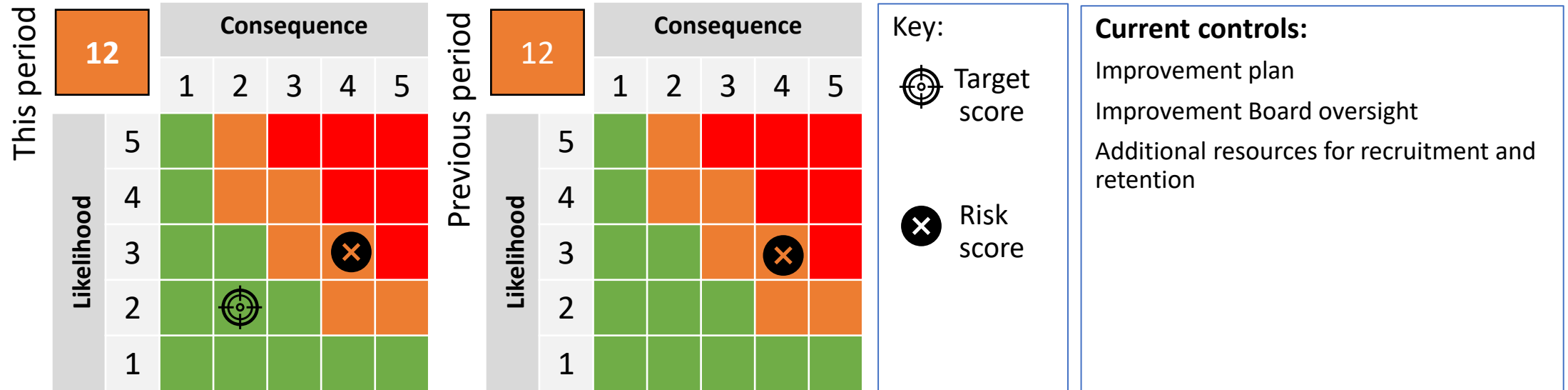
	% up-to-date	BIAs	BCPs	Exercises
Last quarter: end Q4 2022-2023	- 71%	66%	(not reported)	
This quarter: end Q1 2023-2024	- 73%	53%	7%	

SR 10.6: 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



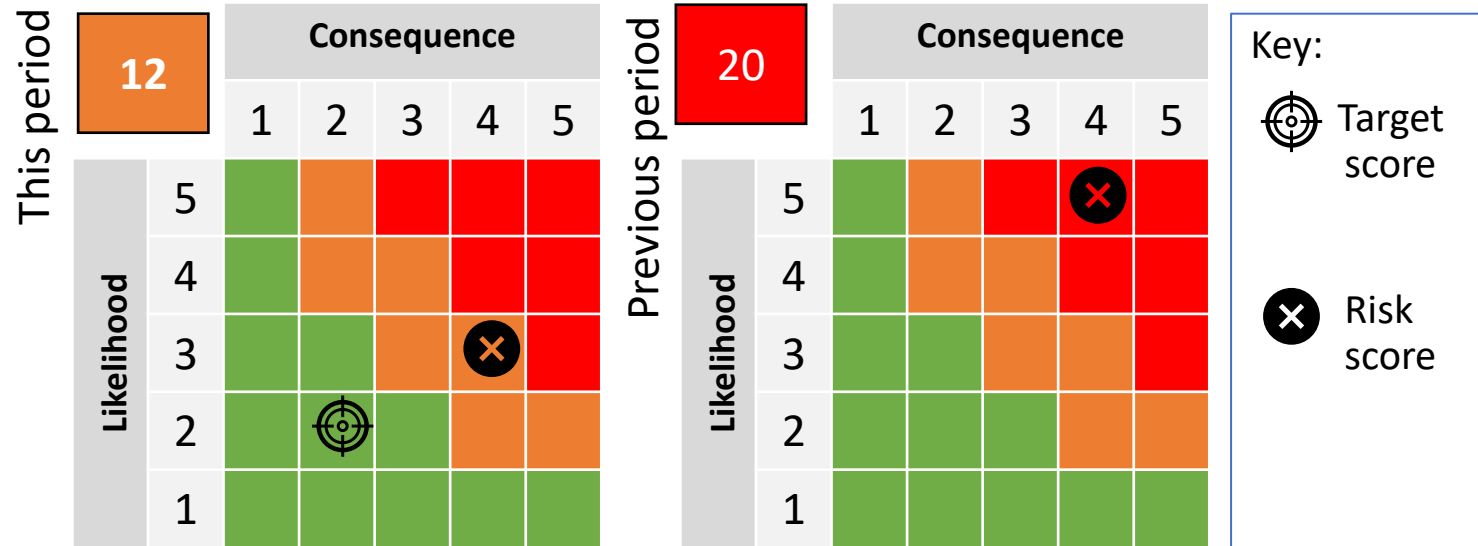
Period comments:

Recruitment and selection process have taken place to fill substantive posts for Assistant Chief fire officer. Operational Staff posts have largely been filled, and we are starting to see more success in filling Support Staff posts. However, we are expecting further retirements and leavers in the next quarter 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, personal appraisals and training such as a refresh in managing absence.

SR 10.8 - Dept for Transport's Covid Bus Recovery Subsidy (BRS) is withdrawn

Community isolation, operational and financial impacts through the withdrawal of the Government's Bus Recovery Subsidy (BRS) prior to passenger levels returning to pre-covid levels; and the reduction/withdrawal of specific bus services by the existing contractor and difficulties in the market with attracting alternative contractors.
 Additional GCC financial support has been provided to protect passenger routes in response to the sharp fall in revenue caused by Government advice initially to avoid passenger transport & subsequent customer confidence of using the services during the pandemic.

Risk Owner: Colin Chick, Exec. Director of Economy, Environment and Infrastructure
Cabinet Member: Cllr Phillip Robinson



Current controls:

Integrated Transport Unit will develop a post-pandemic 'bus service strategy' to outline what actions will be required should the DfT's Covid bus service revenue support grant be withdrawn

Work with bus operators to explore the formation of 'recovery partnerships' to stabilise the bus network after the DfT's Covid Bus

Service Support Grant ends and new networks emerge in response to changes in passenger demand

Lead Cabinet Members informed on status of existing contracts

Delay re-procurement of high value bus service contracts

Bus Service improvement plan in progress.

The county council has joined other local authorities in asking central government to not withdraw the grant - awaiting government response.

Support grant has been extended until April 2025, but funding beyond this will be directed to areas of the country that need it most.

Significant risk raised with Cabinet Members and MPs.

Savings have been reinvested to provide an 8% inflationary uplift to contracted providers.

Period comments:

The Department for Transport have awarded GCC BSIP+ funding that reduce this risk until April 2025, when the funding ends. Risk to be reviewed in 2024.

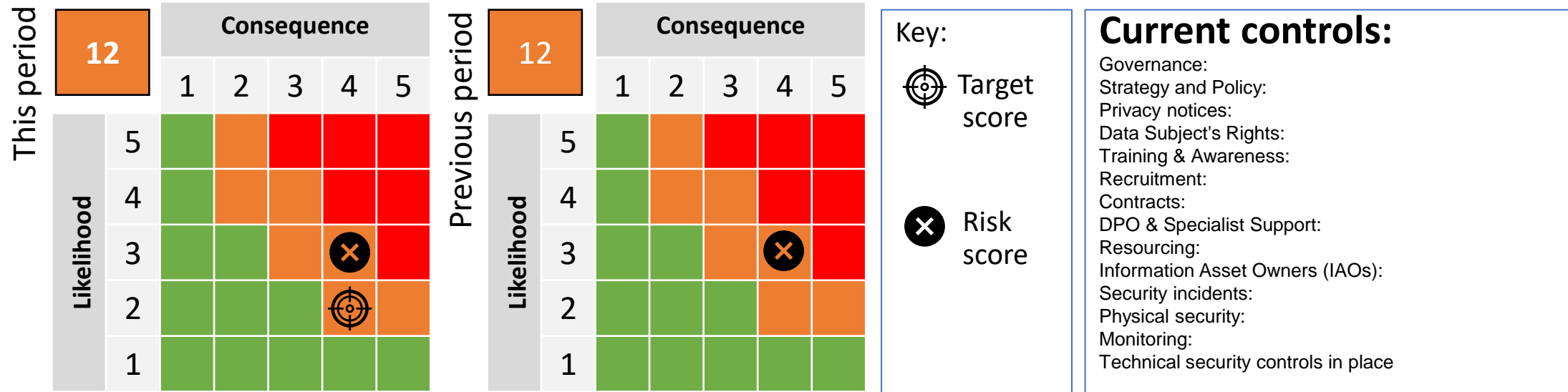
This risk will be de-escalated to the Directorate risk register for Quarter 2.

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 & Governance

Cabinet Member: Cllr Lynden Stowe



Period comments:

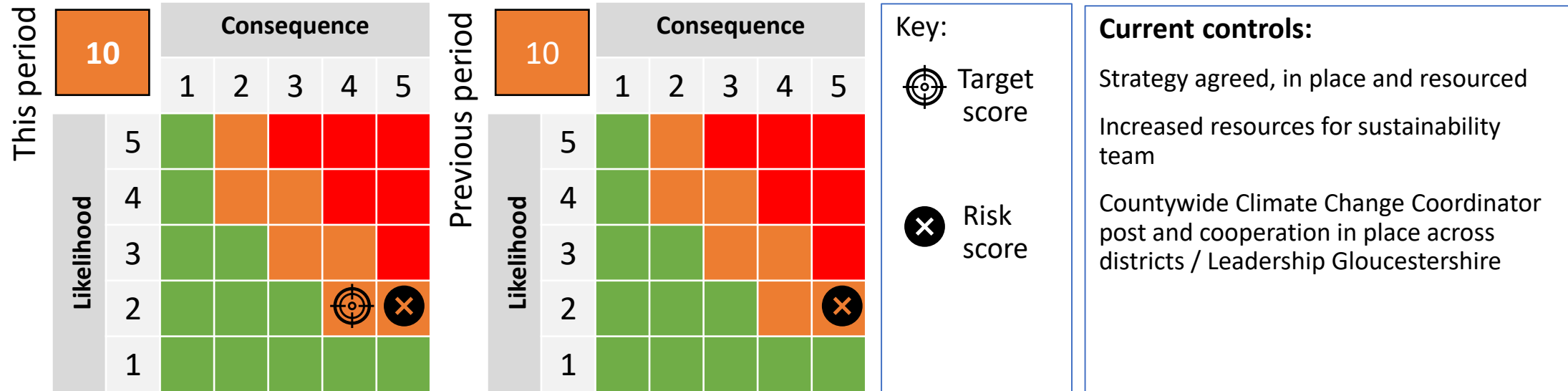
The number of security breaches reportable to the ICO remains very low. Uptake of information security training has increased with the roll-out of completion reports to managers and a push by managers within Adult services ahead of our Data Security & Protection Toolkit submission, but remains below target levels for the organisation as a whole. We are continuing to review delivery methods to try to increase take up.

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 4 (reported a quarter in arrears) remain ahead of target.

Delivery of the B4063 'cycle spine' route continues with the section between Arle Court and M5 Overbridge (Staverton) now fully complete.

On-Street EV Chargepoints (EVCPs) - Contract pricing issues resolved. First phase residents and councillor consultations completed, and 26 locations agreed (102 EVCPs). DfT funding of £297k for the first phase confirmed and orders placed with the supplier.

Sustainability Team staffing levels continue to limit progress in some areas.

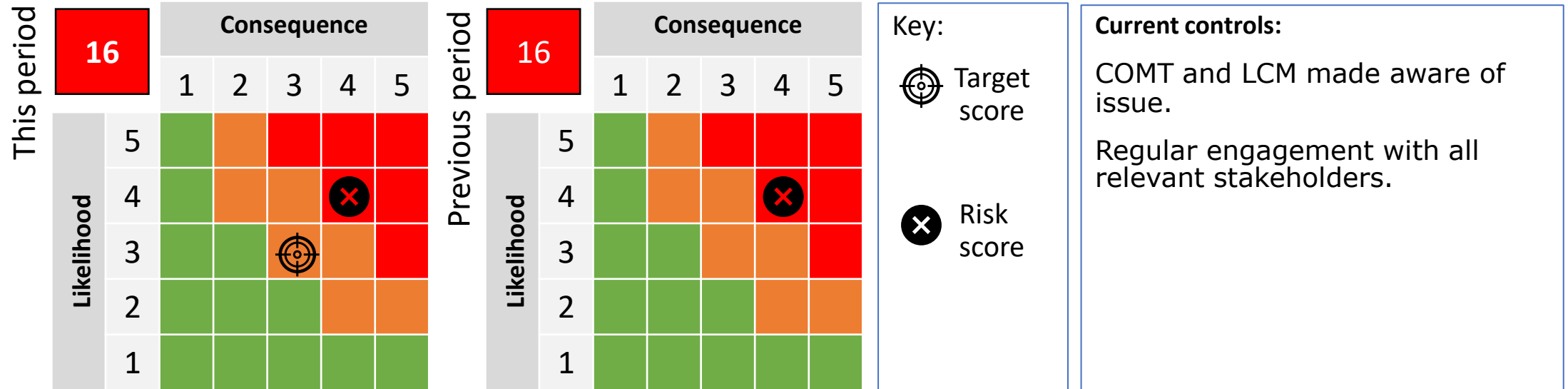
Climate Leadership Gloucestershire 23/24 Work Programme in place. Additional countywide coordinator post starts in July (increasing capacity to 1.6FTE).

SR 14.1 Implementation of the Community Infrastructure Levy

The implementation of Community Infrastructure Levy (CIL) in Gloucestershire has resulted in a decrease in the County Council’s developer contributions receipts. This has placed significant additional pressures on the relevant County Council’s budgets, such as education, transport and highways.

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

Cabinet Member: Cllr David Gray



Current controls:

COMT and LCM made aware of issue.
 Regular engagement with all relevant stakeholders.

Period comments:

GCC officers continue to actively engage in this process.