

Corporate Strategic Risk Monitoring Report

Quarter Q2, 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 16	⇨
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 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	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 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 10.4	Mandy Quayle	Insufficient Business Continuity Management	Low 6	⇩
SR 7.10	Sarah Scott	Implementation of the 'Care Cap' cost of care exercise <i>(to be de-escalated from the Strategic register into the Directorate register at Q3)</i>	Low 6	⇒
SR 1.3	Rob Ayliffe	Failure to ensure the effective management of Health and Safety	Low 6	⇒
SR 7.9	Siobhan Farmer	Insufficient planning and oversight of international resettlement and asylum immigration	Low 4	⇩
SR 1.2	Rob Ayliffe	Capacity for Procurement activity	Low 4	⇩
SR 1.4	Rob Ayliffe	Contract management capacity	Low 4	⇩
SR 1.5	Rob Ayliffe	Compliance with Public Sector Equalities Duty	Low 4	⇩

Matters arising this quarter:

Risks Escalated:

- 7.8 – DoLs assessments (up to 12 from 9) due to demand for assessments and pressure on Legal services.

Risks Reduced:

- 1.2 – Capacity for Procurement activity (down from 9 to 4)
- 1.4 – Contract Management capacity (from 6 to 4)
- 1.5 – Equalities duty (from 6 to 4)
- 7.9 – Oversight of resettlement and immigration (from 8 to 4)
- 10.4 – Business Continuity planning (from 15 to 6)

Other

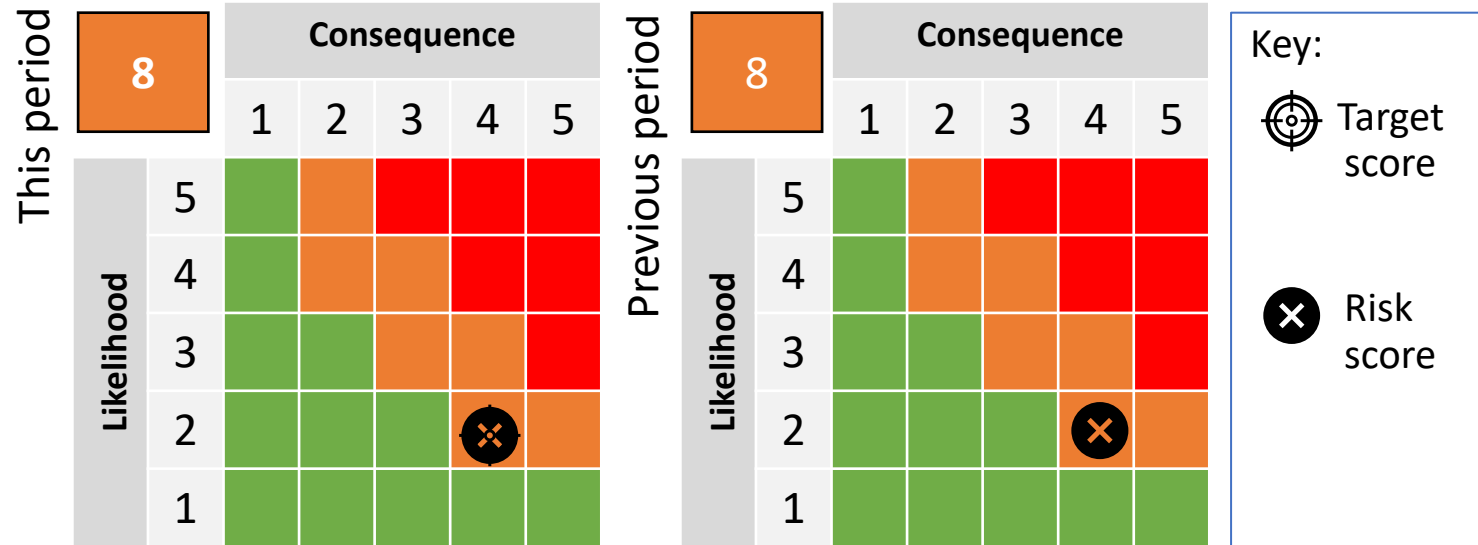
- 7.10 (Care Cap) will be removed from Strategic register in Q3, to the Directorate register

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, Exec. Director of Corporate Resources

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:

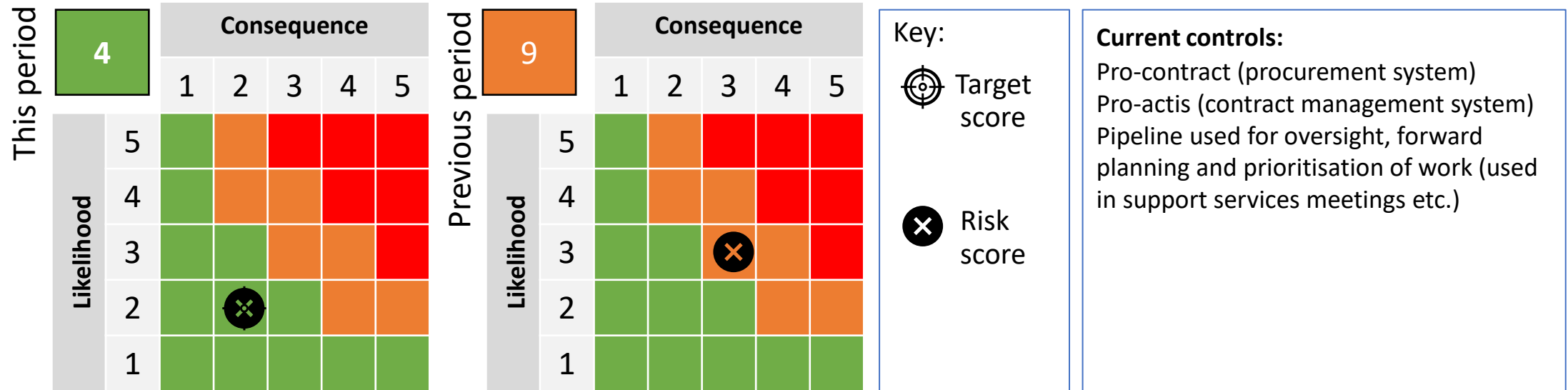
No new issues or concerns arising this quarter.

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, Exec. Director of Corporate Resources

Cabinet Member: Cllr Lynden Stowe



Period comments:

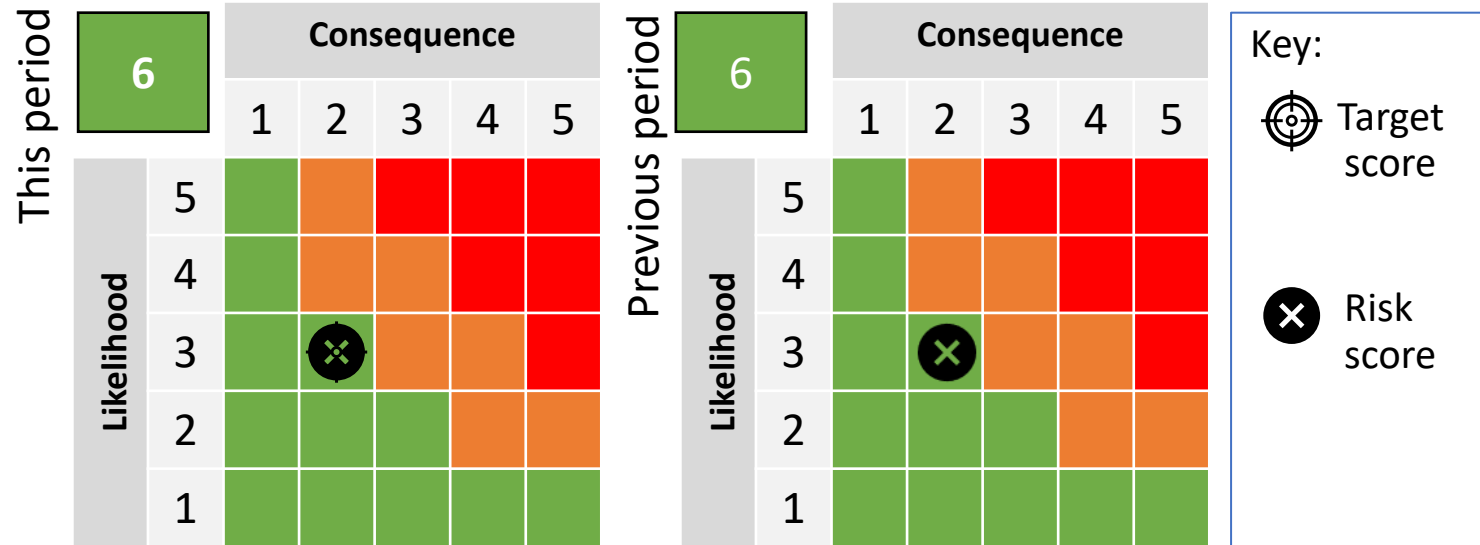
There continues to be a high volume of commissioning activity across the Council, including those procurements which are supported centrally by the team. However, a new Head of Service is in post and is introducing prioritisation tools and process standardisation to assist with forward planning and make best use of the team's capacity.

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, Exec. Director of Corporate Resources

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:

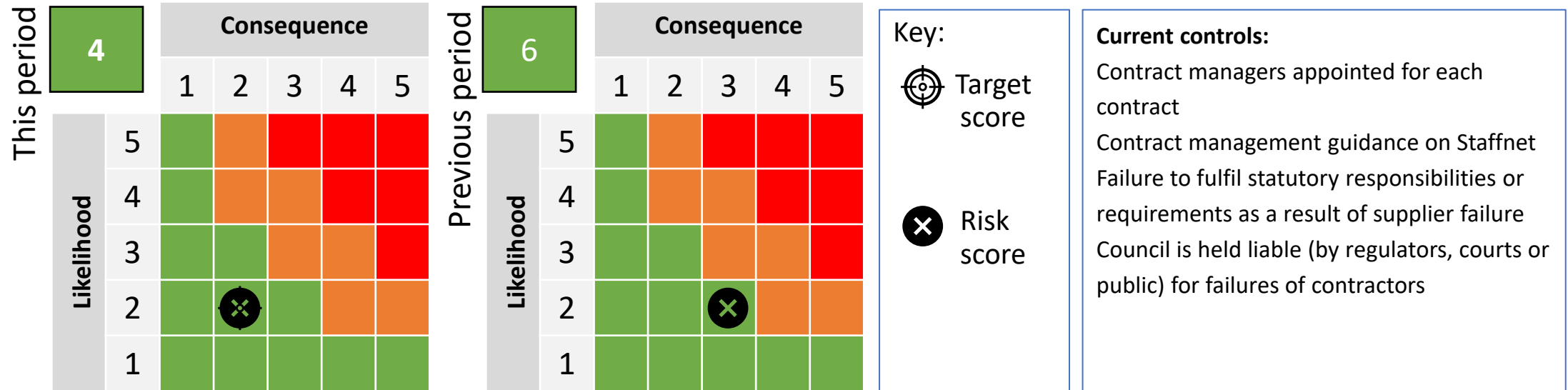
No significant issues this period.

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, Exec. Director of Corporate Resources

Cabinet Member: Cllr Lynden Stowe



Period comments:

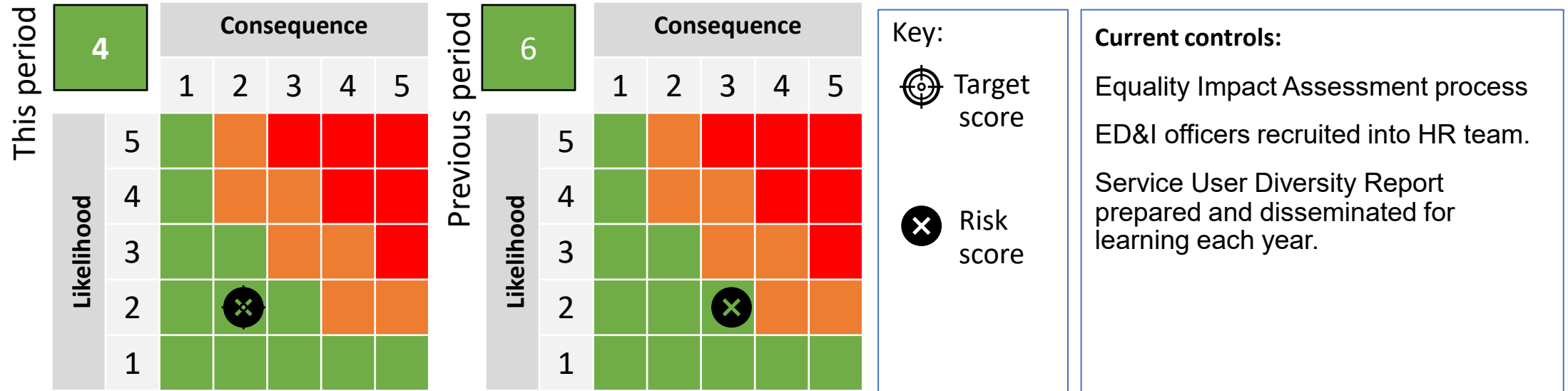
No new issues or concerns arising this quarter. It remains our intention to review and update the Council's Contract Management Framework, but attention is currently on reviewing Procurement guidance and documentation.

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, Exec. Director of Corporate Resources

Cabinet Member: Cllr Lynden Stowe



Period comments:

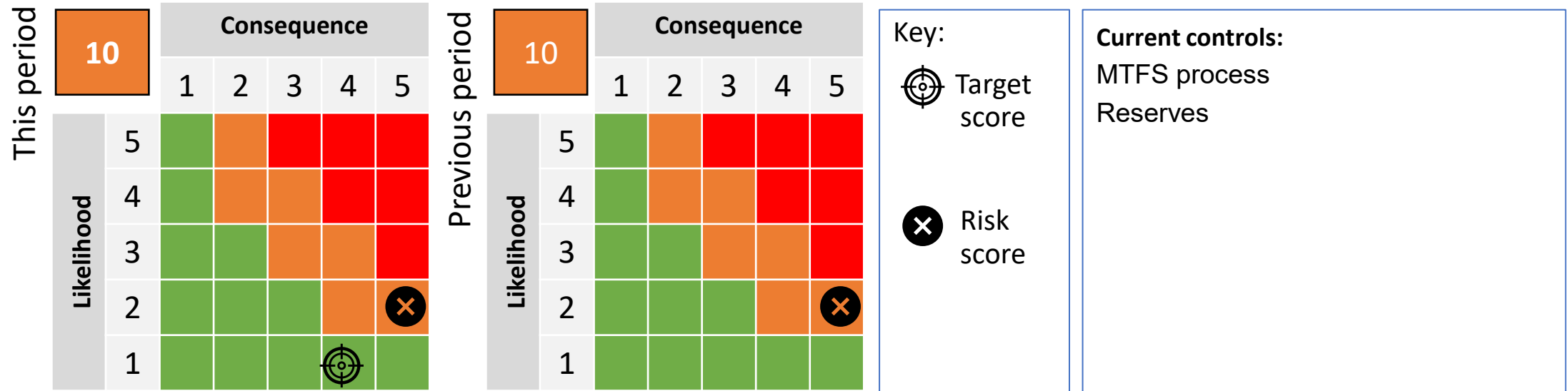
The Council has agreed and published its Equality Objectives, each of which is supported by an action plan. One area of focus is on improving our approach to Equality Impact Assessment. New guidance has been launched and will be supported with training for commissioners in the Autumn.

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:

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.

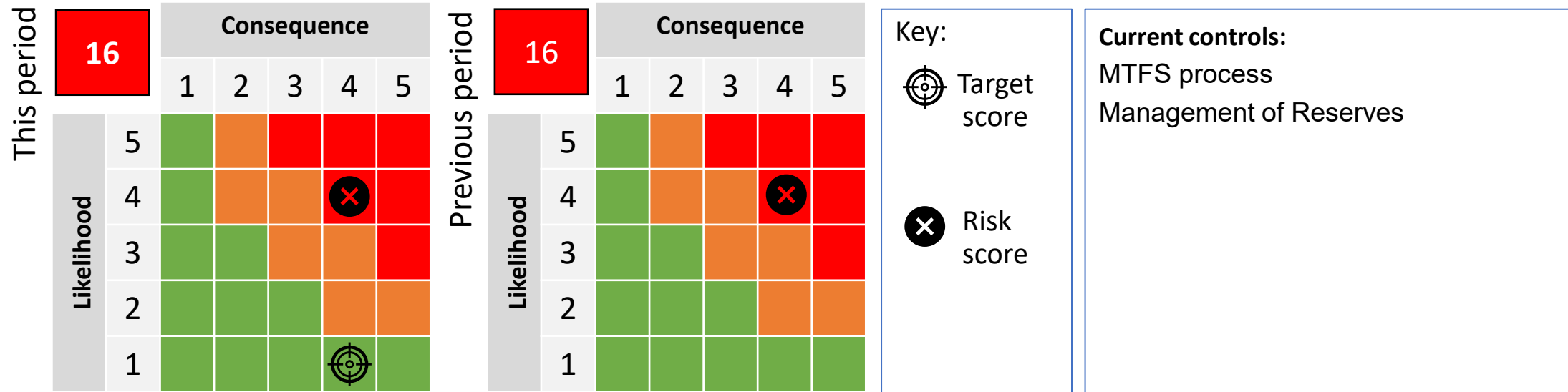
As a result of this risk based approach it was agreed at Full Council in February 2023 that a further £4 million could be taken from general reserves to balance the 2023/24 budget. The final finance settlement announced was in line with expectations allowing the Council to set a balanced budget for 2023/24, and the outturn position for 2022/23 was an underspend of £910k.

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:

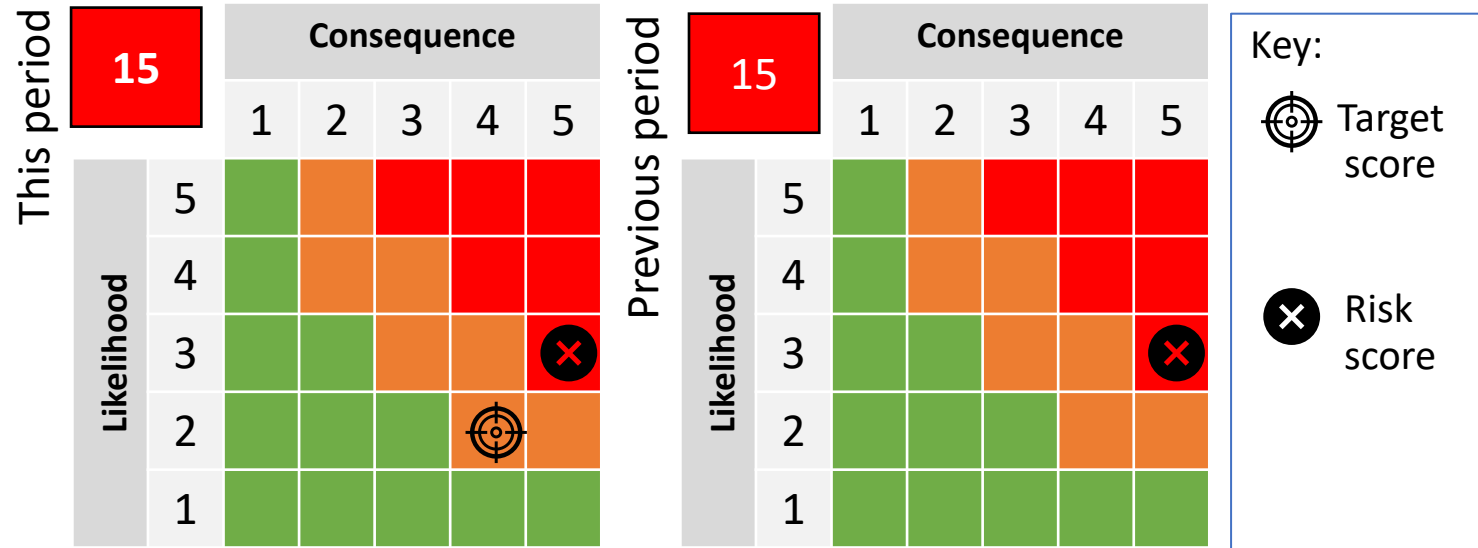
The government issued a Funding Policy Statement on 12 December 2022 which outlined the funding principles that would be applied for the next two financial years at a national level however the provisional Finance Settlement issued on 19 December only gave a detailed allocation for one financial year (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:

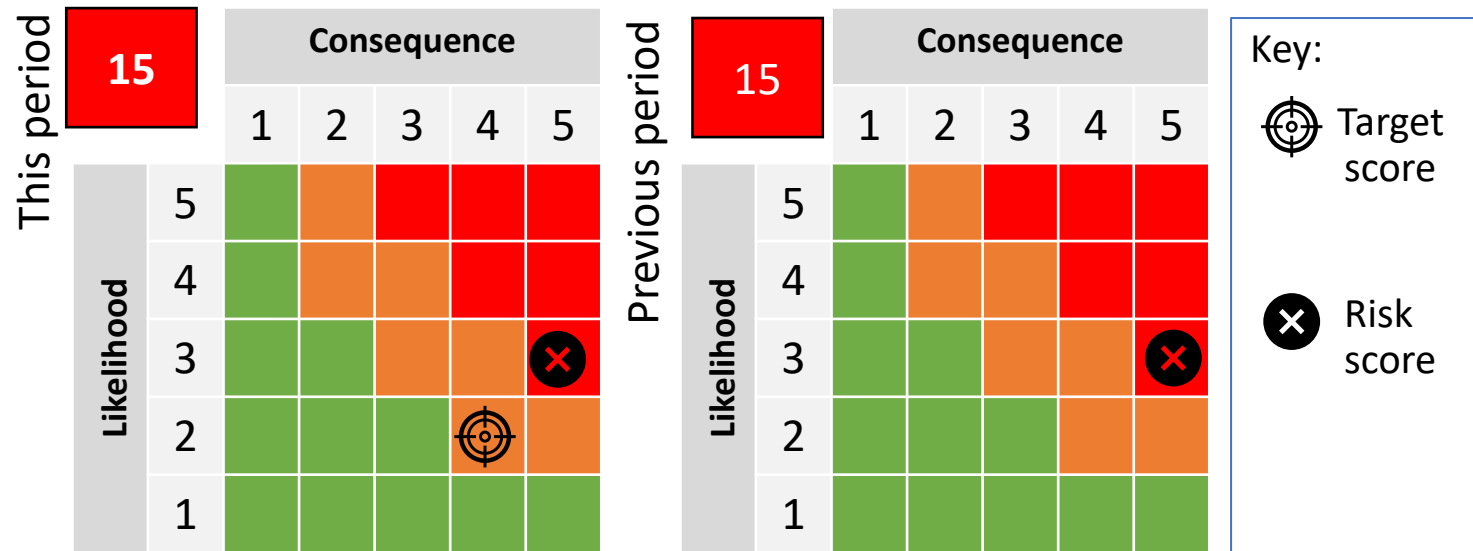
The remaining legacy applications are complex in nature and therefore it is more difficult to identify a suitable remediation plan without detailed analysis. Work is underway to identify the potential options for removing the known legacy applications and replace with alternative cloud-based solutions where possible. Currently there are six remaining applications that require repackaging onto the purple Citrix layer which will enable the decommissioning of the blue layer. The move of liquid logic to cloud hosting is 95% complete.

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



Key:

- Target score
- Risk score

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:

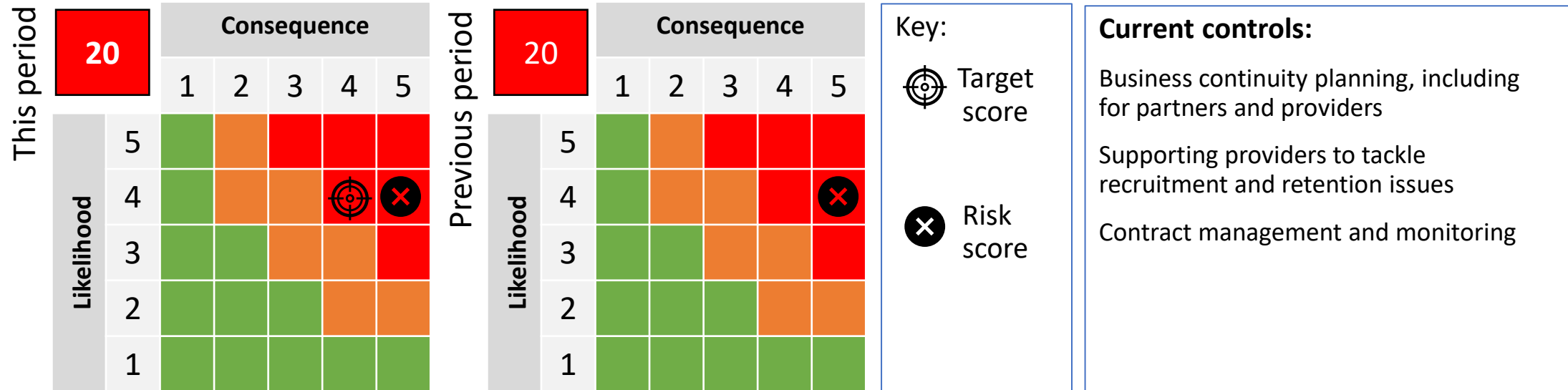
PSN accreditation was achieved in September, and we continue to remediate the outstanding identified vulnerabilities. Laptop replacement project is underway and includes replacing laptops with security vulnerabilities. Disaster recovery has been tested and is in place for SAP. Work is underway to finalise the implementation of SIEM tool and agree the security processes that will initiate following an identified security threat.

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. This continues to be 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). We continue to have a shortage of residential nursing provision across the County, and the market struggles to recruit and retain nurses in rural localities. 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 a continued 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.

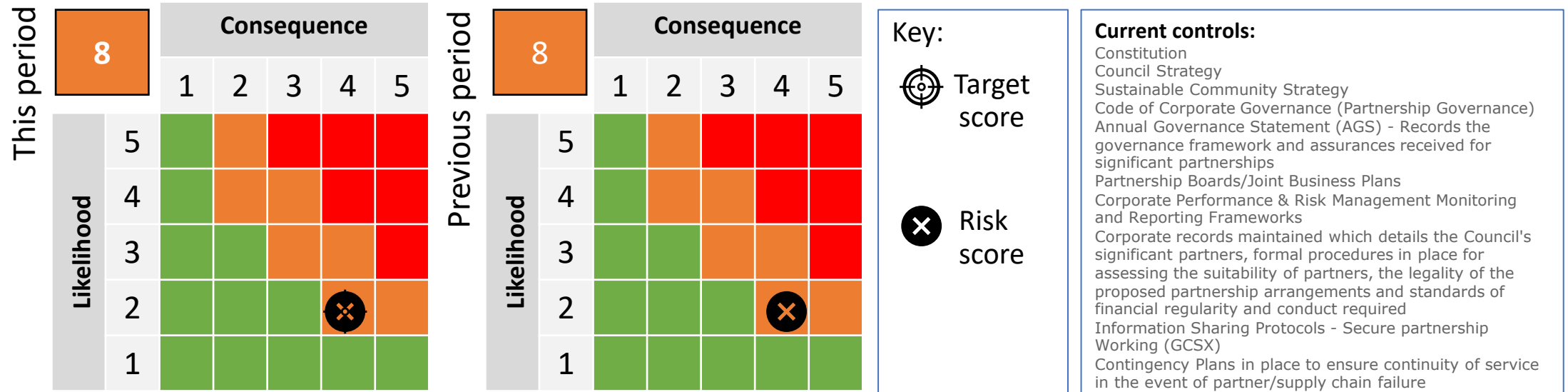
We continue to work with the sector through our Proud to Care Initiative to improve recruitment and retention of the adult social care workforce and to try and balance supply of staff with the need for home care across the county. Our inhouse recruitment & retention policy has been developed and in use. 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 Mark Hawthorne



Period comments:

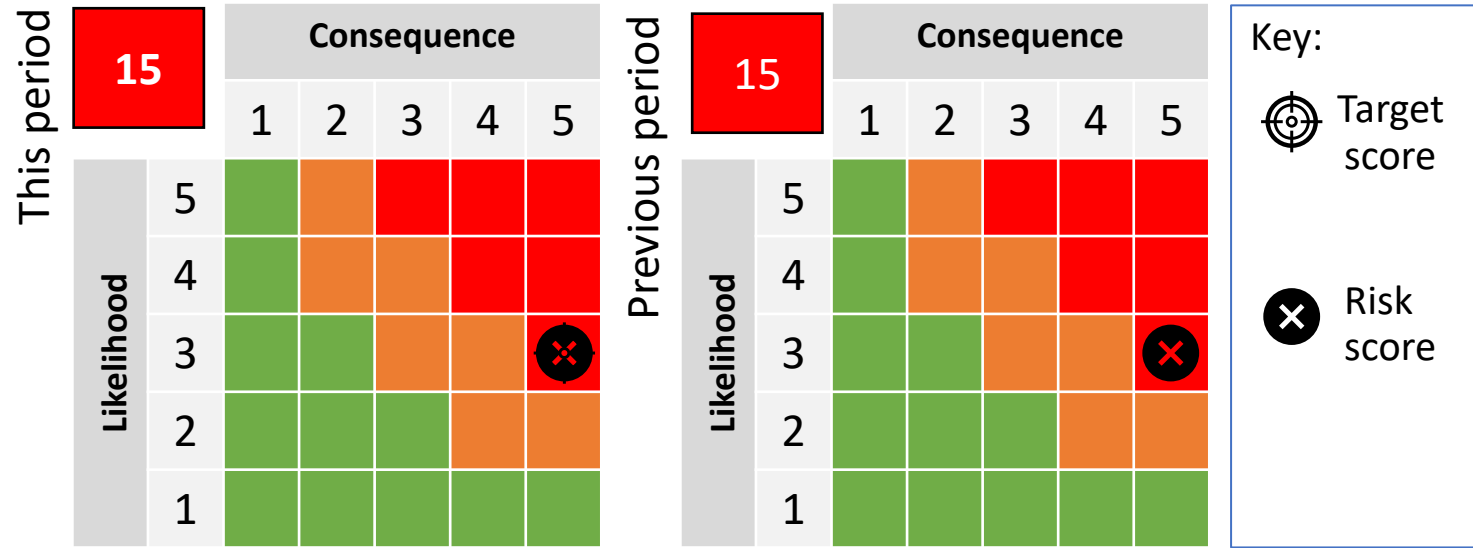
We have seen highly effective and very positive working relationships with partners and organisations to meet statutory and local requirements as a result of Covid and delivering the Homes for Ukraine scheme. The LRF, other emergency management functions and business continuity arrangements remain as 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 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:

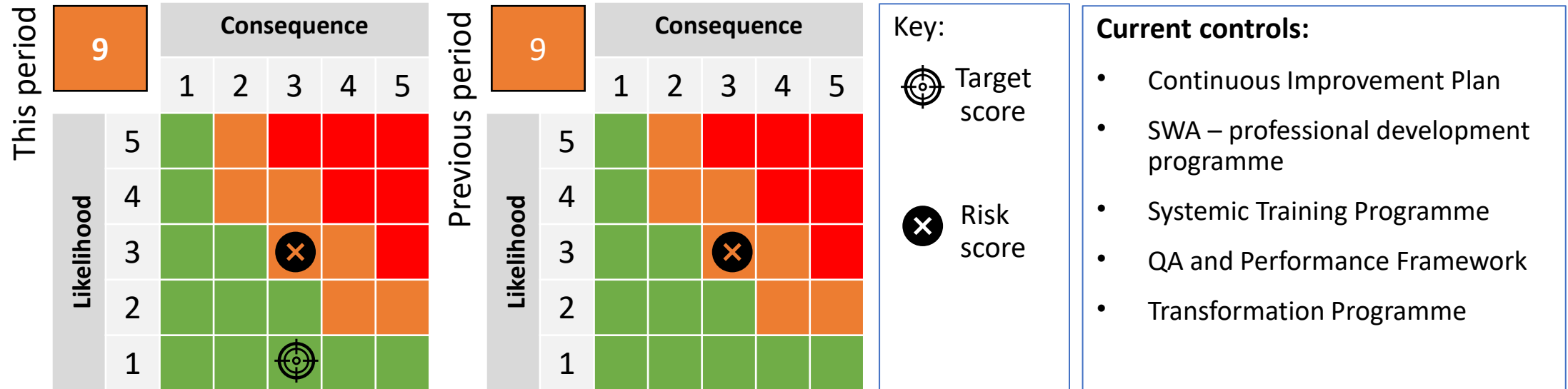
No change in risk. The safeguarding adults team continues to manage the numbers of referrals by periodically carrying out focused work to reduce the numbers of cases awaiting a decision; this is maintaining the numbers of cases on the referral centre at an acceptable level. The safeguarding single point of access team is set up and commenced August 2023. The safeguarding team now screen all safeguarding concerns raised in Gloucestershire through the Safeguarding portal. 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 (including making safeguarding personal data) continues to be a challenge and we are working with performance colleagues to address the gaps as Power BI continues to be tested. 89.6% Performance where risk was reduced or removed (target 85%) there were 134 Section 42 enquiries closed during the quarter. Of the S42 enquiries 75 were in their own home, 51 were due to neglect, 35 due to emotional/psychological, and 34 physical and 33 financial.

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:

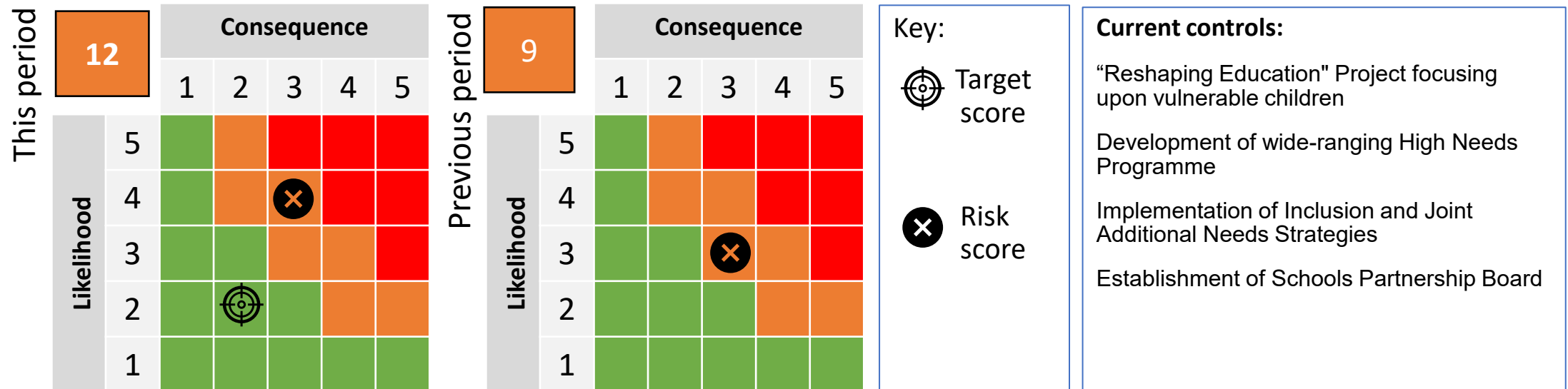
We have continued to develop our arrangements with the Continuous Improvement Board becoming an Ambitions Board in July 2023. Our Ambitions Plan sets out 3 core obsessions and 9 ambitions, with progress tracked via a dashboard of key performance indicators. Our current quality assurance and performance data evidences progress in some key areas, alongside areas for improvement, particularly in consistency across localities and areas of practice. Our monthly Strategic Performance Meeting and locality performance surgeries enable leaders to explore and address any areas of under performance.

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:

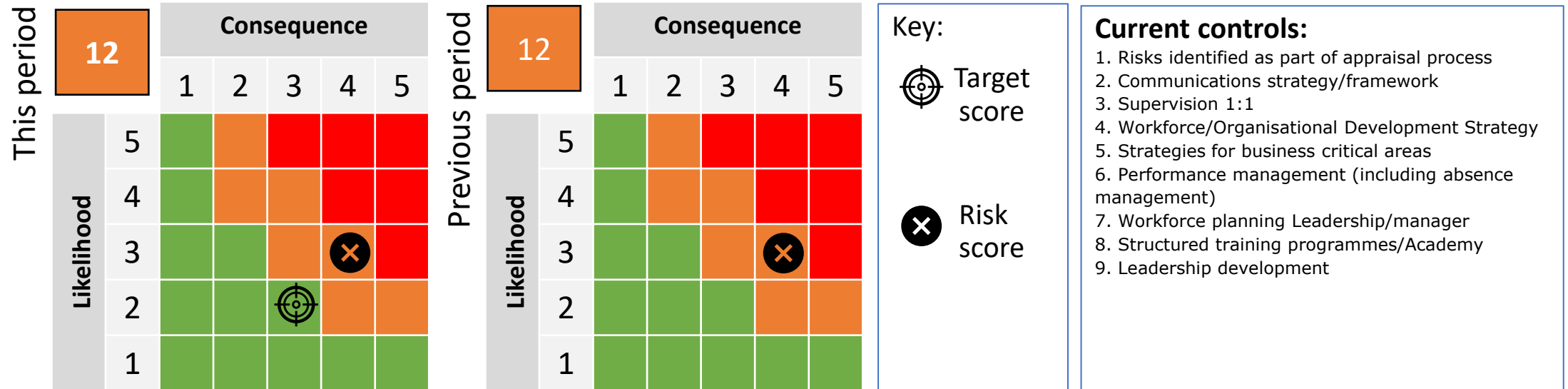
The statutory SEND services have benefitted from MTFs and additional in-year investment enabling the recruitment of significant additional EHCP caseworker capacity to reduce caseloads and create the conditions for improved relational working. Training and lead in time for the expanded statutory officer capacity means that improved timeliness and reduction in the Annual Review backlogs and EHC assessments should improve more rapidly over the next two quarters. Further elements of the Local Area SEND improvement plan began implementation from 1st September 2023 which will slowly begin to act to attenuate demand, but these are longer term systemic levers which will not bring any immediate risk reduction in terms of demand, timeliness and backlogs.

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



Period comments:

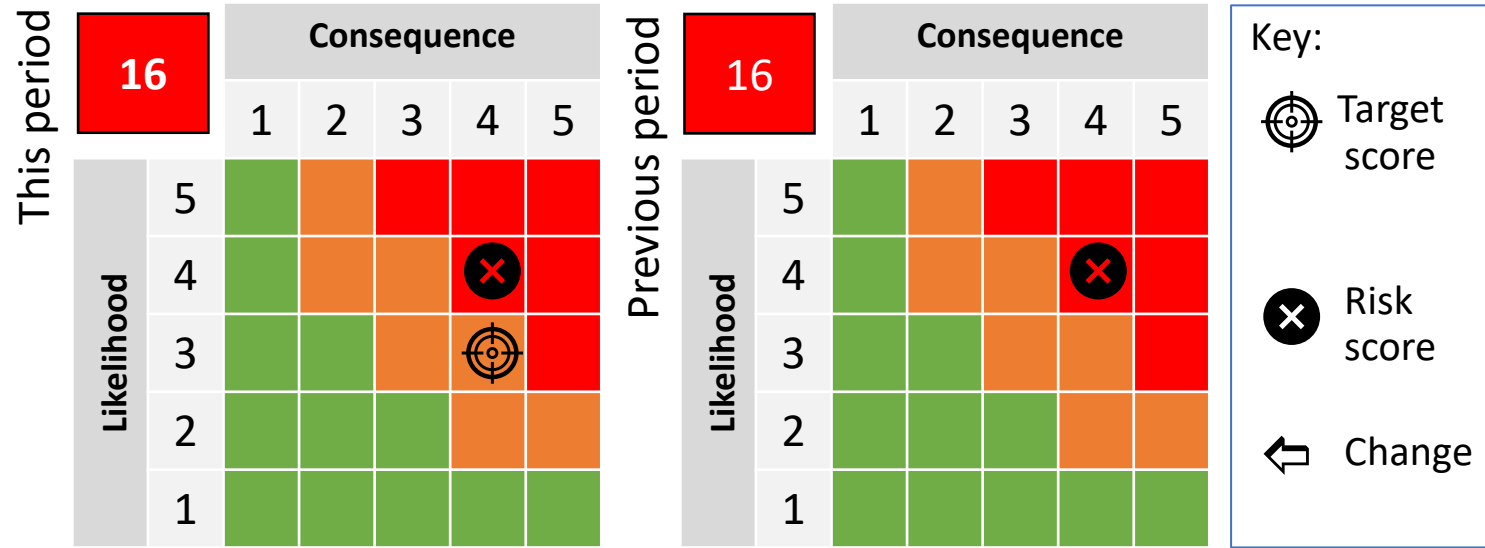
Having a stable and sufficient workforce remains our most significant challenge in achieving consistently good practice. While turnover has decreased, the position in relation to vacancies is broadly similar (18.3%), with a continued high rate of agency (31.9%). We continue to utilise a broad range of supply pipelines and keep our employment offer under regular review to ensure it remains competitive. Our most recent workforce survey evidences an increasing confidence in leadership and the 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 Stephan Fifield



Key:

- Target score
- Risk score
- Change

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:

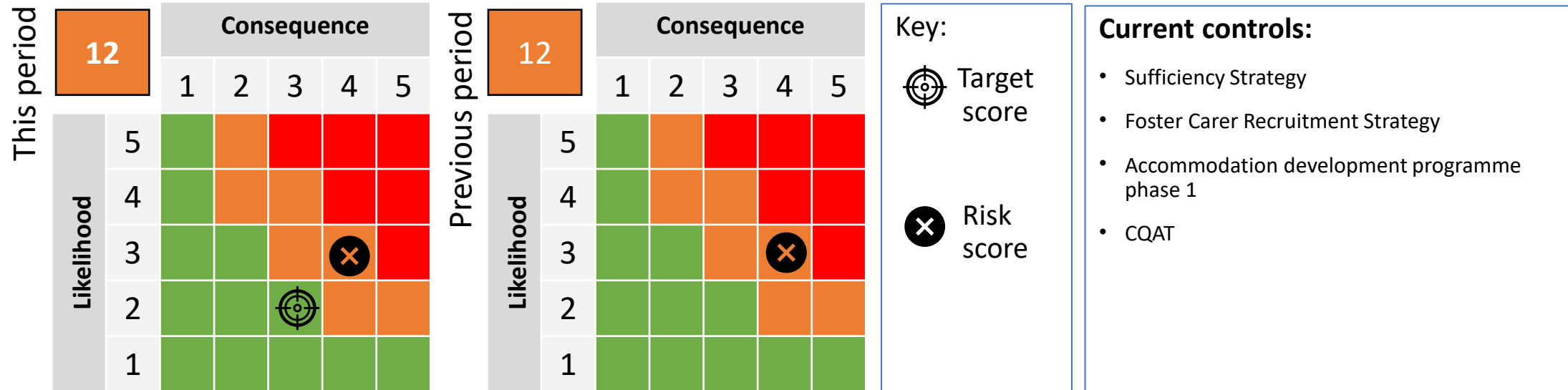
No change in risk. Work on the intermediate care pathway continues to develop alongside UEC Programme of improvement work with plans to reduce the number of short term and temporary bed based care (the D2A beds) and to increase capacity in care at home, both through work on Home First and re-ablement (delivered by GHC) and through the domiciliary care sufficiency work (hyper localised commissioning). We realise that the market will be under pressure for capacity during the winter months, and options to address this are being considered by Execs. 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:

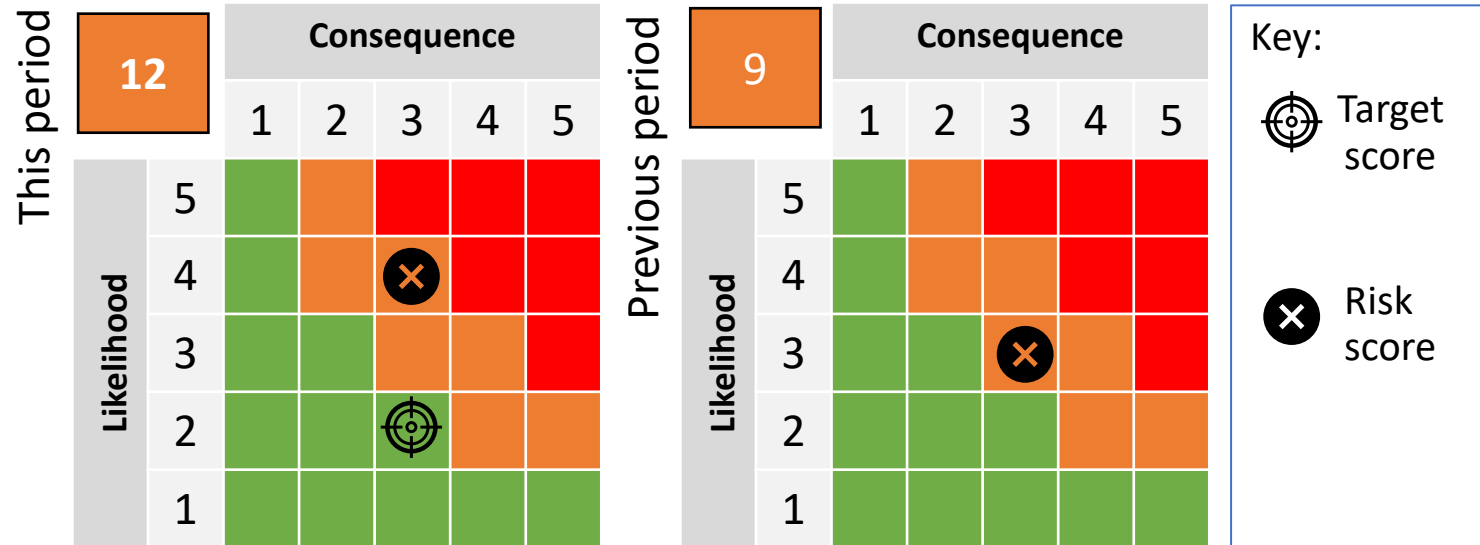
Our revised Sufficiency Strategy Homes@theHeart provides the framework for our work to ensure we have the right placement options to meet the needs of children requiring care. We are progressing a capital programme that will deliver around 20% of our residential need, alongside our work to increase foster care capacity and achieve timely permanence. The provider market remains fragile and risk averse, which alongside an upward pressure on numbers means that the current risk profile is 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:

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:

No change to controls/enablers this quarter: 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 announced that implementation of 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 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. 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.

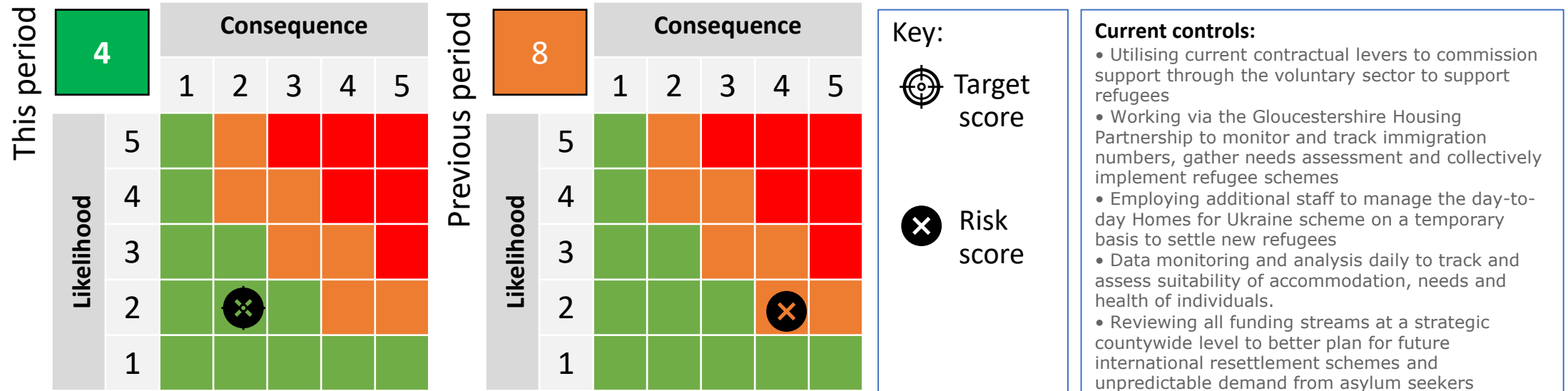
Some concerns over the number of young people transitioning who will require Court of Protection DoLS in place and whether we have enough legal capacity to support this additional workload. This continues to be reviewed by ASC Operations with GCC Legal colleagues.

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:

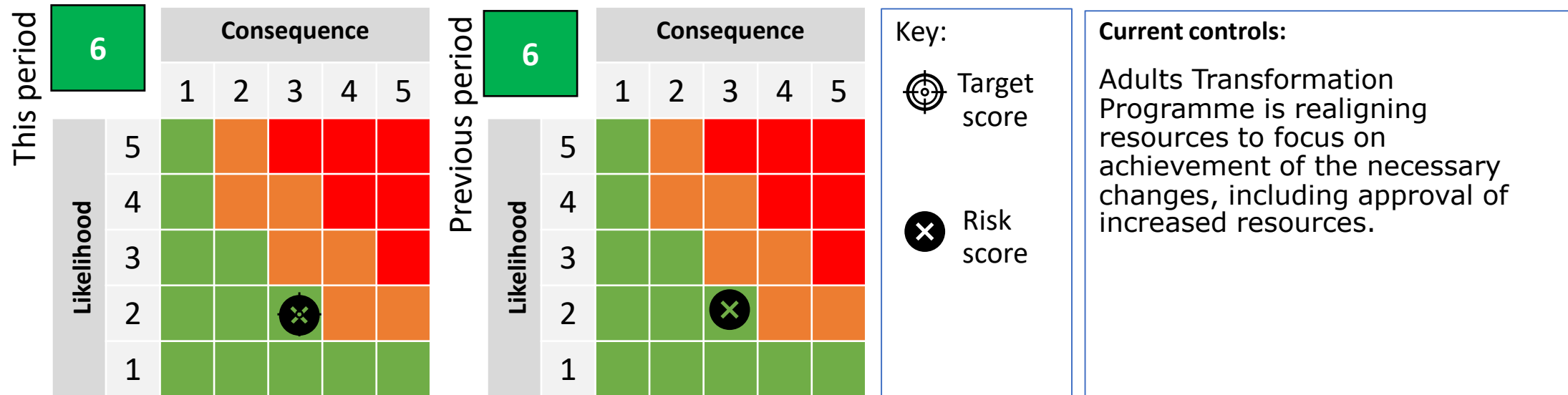
The GSMP has developed its oversight role and coordinates activity and decision making across the system and county. Although Home Office decision to maximise the capacity of the contingency hotels has not presented any further challenges or local pressures. The increase in occupancy has been slight and any increased risk to safeguarding, health protection and mental health are monitored and managed by the group and its partners. Where asylum seekers are required to move on from their contingency accommodation there is a risk that they will present as homeless. However conversations are ongoing with the Home Office and Migrant Help to ensure that evictions are planned and suitable notice periods are adhered to. Support with communication and coordination with partners is provided by GCC (the risk of increased homelessness is held by the district housing teams). Relationships and communication with both the Home Office and Clearsprings Ready Homes has continued to improve, reducing the risk caused by lack of communication and response to escalation of issues or concerns. The HFU funding allows sufficient budget for the rest of this year and costings have been projected for a 3rd year if the scheme does not receive further national funding after its first 24 months. These costs can be met by the current HFU funds and plans are in place to deal with this eventuality if needed.

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:

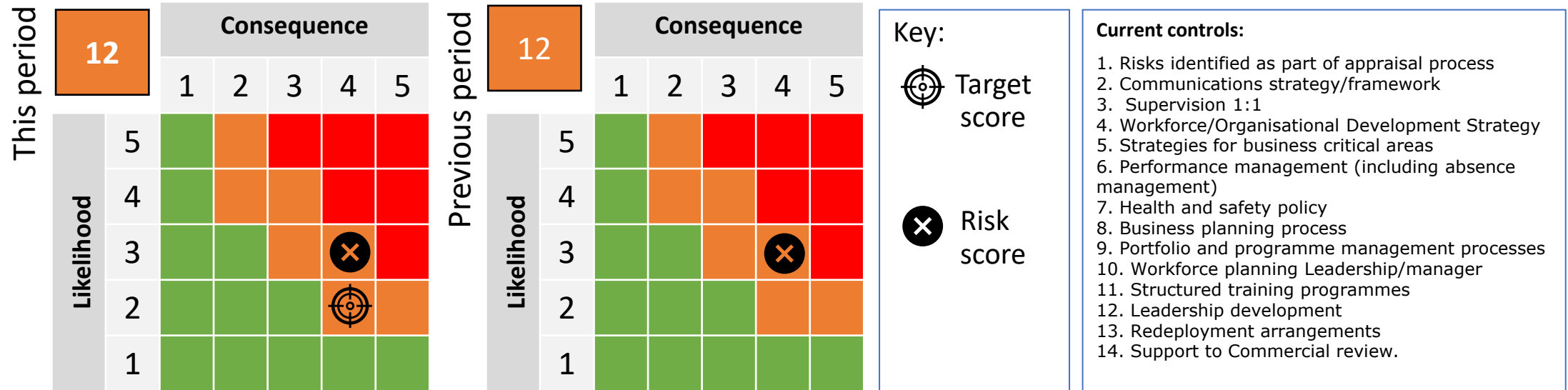
No change in risk. National implementation of the 'Care Cap' has been moved from October 2023 to 2025 following the Chancellors autumn statement. The extra time provided by this decision mitigates some of the resource pressures and overspend by allowing a longer timeframe for planning and delivery. We began pre-engagement about the Adult Social Care Fairer Contributions Policy in August 2023 to understand how the current Charging Policy supports individual choice and control over their carer and how it could be better. We have enlisted the help of Evolving Communities (who specialise in stakeholder engagement and insight linked to health and social care). Feedback is planned to be published in Q4. This provides us with the opportunity to work in co-production with citizens and partners 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:

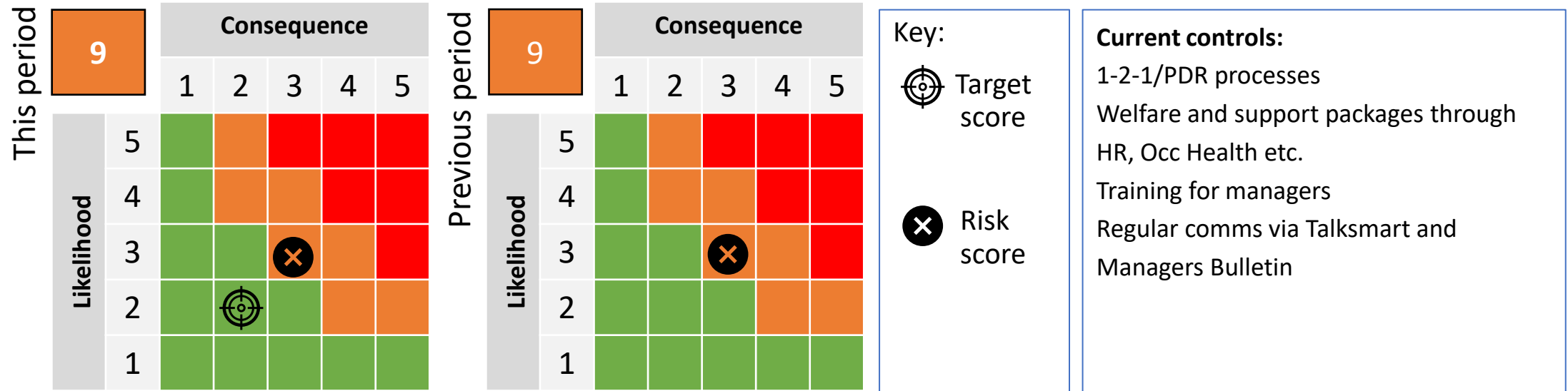
A significant amount of work has been done and is ongoing around this risk - workforce planning, development of the council 'brand', targeted use of apprenticeships, the work of the academies, development of career grades, deployment of additional payments for hard to recruit/retain staff etc. The position is improving but the most effective interventions (eg training new social workers through the social work academy) will take a few years to fully deliver and therefore this remains a corporate risk as it will be for many councils.

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:

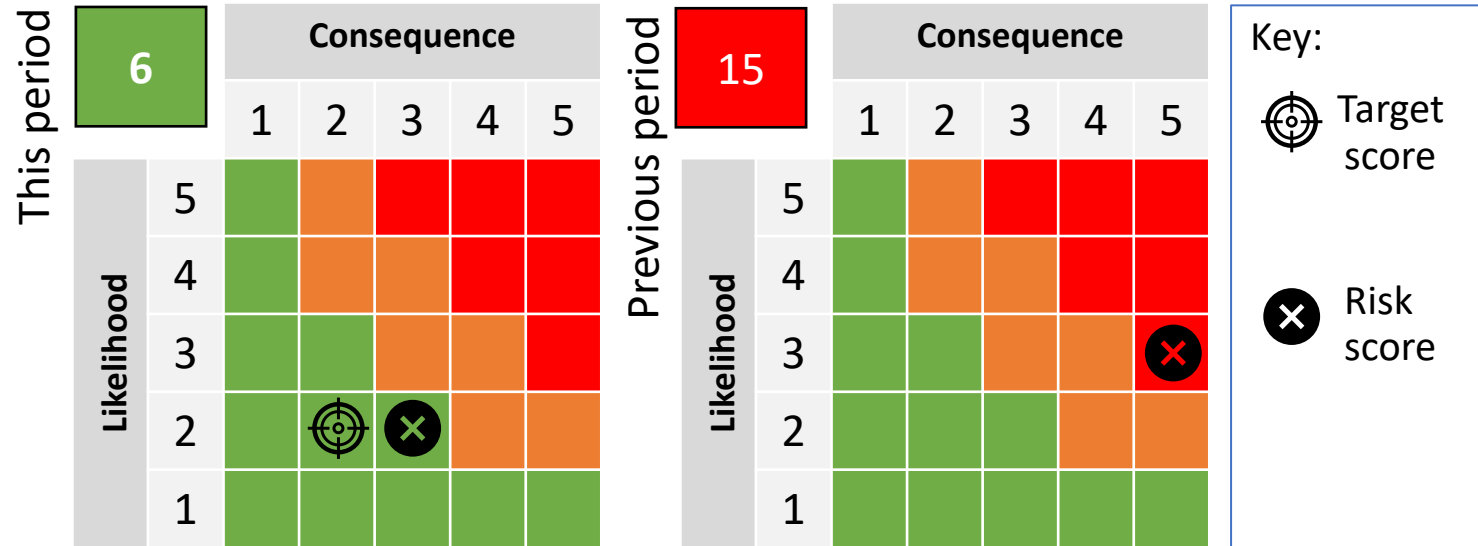
The council continues to have mental health related absence as the top, or in the top 3 reasons for absence across all directorates. This is a common pattern in the industry. Uptake of counselling is good and increasing across the counsellors contracted by the council and the Employee Assistance Programme (EAP). A new health and wellbeing strategy is in development and plans are being considered to develop more proactive wellbeing and mental health support.

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



Current controls:

Council Business Continuity Policy and associated Role & Responsibilities guidance

Corporate BCM Assurance Board
Business continuity included in Managers Governance Checklist

Guidance developed and published to help ensure awareness of business continuity in Procurement, including appropriate business continuity references in the draft Contract Procedure Rules; 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:

Reduction in risk score is based on a very healthy level of compliance in the BC Programme. The uptake of Service BC plans has been constant and there are now functional plans on agreed templates in place for all but four of the GCC services. The completion of BIA's and BCP's has been steady and constant. BC reps from the BCMAB have been compliant and helpful during this quarter- The exercising of BC Plans will start in October and will continue throughout this quarter. It will be the exercising of plans that will verify their suitability and offer plan writers a focus point to the response measures that have been placed. So far service leaders and plan writers and owners have been open to exercising, those who have not will be reminded at the end of this quarter. The GCC Critical Incident Plan has been published and will be validated in the coming quarter. This in turn will increase the resilience of the GCC Gold Officers, further reduce the impact of disruption while maintaining the functionality of the Council. Where there are gaps in the BC programme, this is addressed in the BCM Assurance Board.

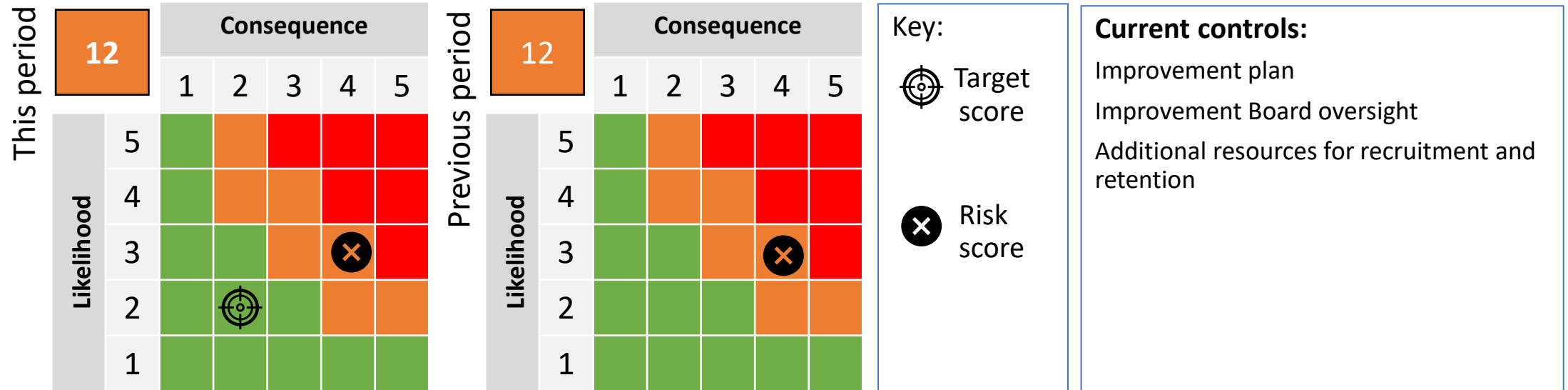
	% up-to-date	- BIAs	BCPs	Exercises
Last quarter: Q1 2023/24	- 73%	53%	7%	
This quarter: Q2 2023/24	- 76%	56%	6%	

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



Current controls:

- Improvement plan
- Improvement Board oversight
- Additional resources for recruitment and retention

Period comments:

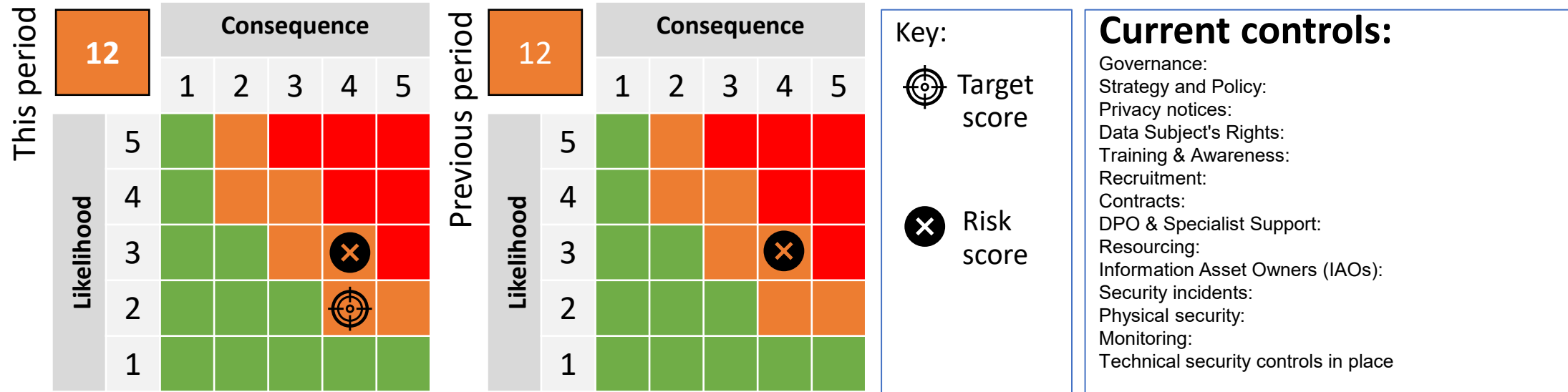
Recruitment and selection process have taken place to fill substantive posts for Assistant Chief fire officer. Watch manager operational Staff posts are being filled, and we are starting to see more success in filling Support Staff posts. However, we are expecting further possible retirements and leavers in the next quarter due to pension changes leading to no improvement in the current risk rating. Additional funding is providing the finance needed for additional resource and training, we do however have a number of MTF bids going forward for next year. 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 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, Exec. Director of Corporate Resources

Cabinet Member: Cllr Lynden Stowe



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:

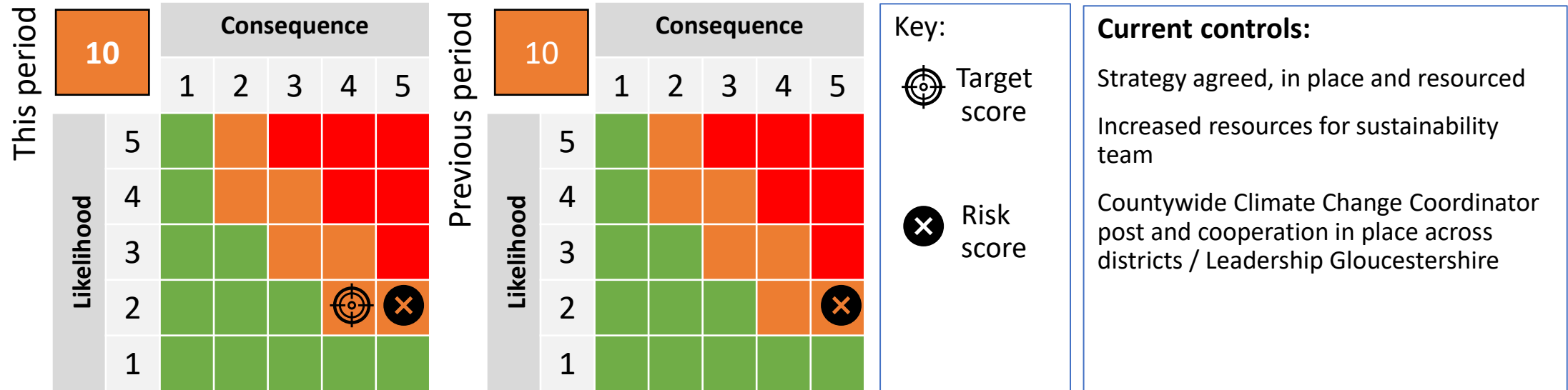
The Council has achieved its PSN re-accreditation during the quarter.

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



Period Comments:

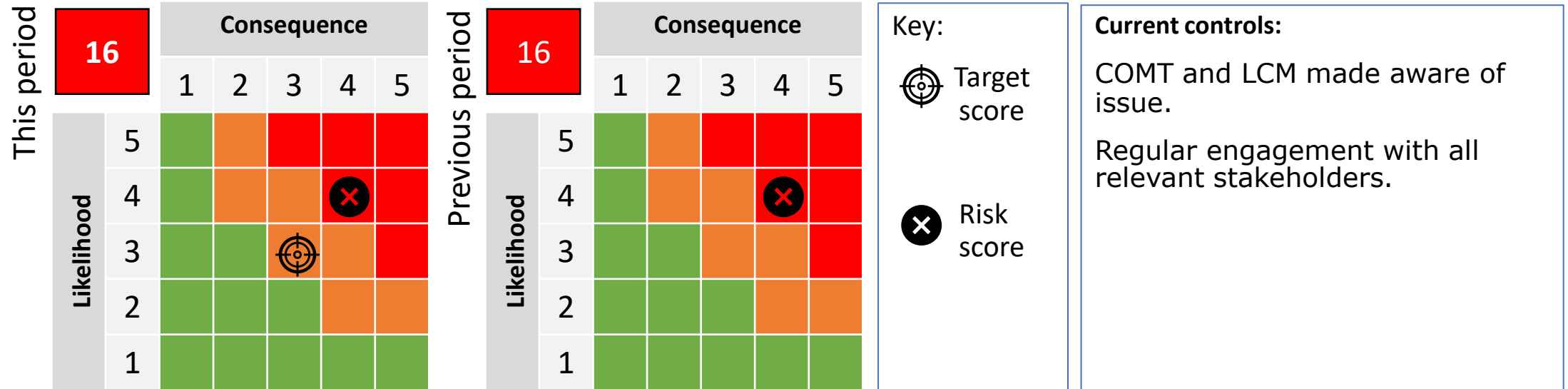
Year to date carbon emissions to quarter 1 (reported a quarter in arrears) remain ahead of target.
 On-Street EV Chargepoints (EVCPs) - Contract pricing issues resolved. First phase residents and councillor consultations completed, and 26 locations agreed (102 EVCPs). DfT funding of £297k for the first phase confirmed and orders placed with the supplier. First installations are expected in October 2023.
 Sustainability Team staffing levels continue to limit progress in some areas. A new Head of Environment and Waste has been appointed on an interim basis and will prioritise recruitment to get the team up to capacity.
 Climate Leadership Gloucestershire 23/24 Work Programme in place. Additional countywide coordinator post started in July (increasing capacity to 1.6FTE) and prioritisation of projects is now progressing.

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:

Ongoing discussions being held with all District Councils.