

Corporate Strategic Risk Monitoring Report

Quarter Q3, 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	⇔
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	⇔

Summary overview cont'd

Ref	Risk Owner	Strategic Risks	Residual risk score	Direction of travel
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 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 6	↑
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:

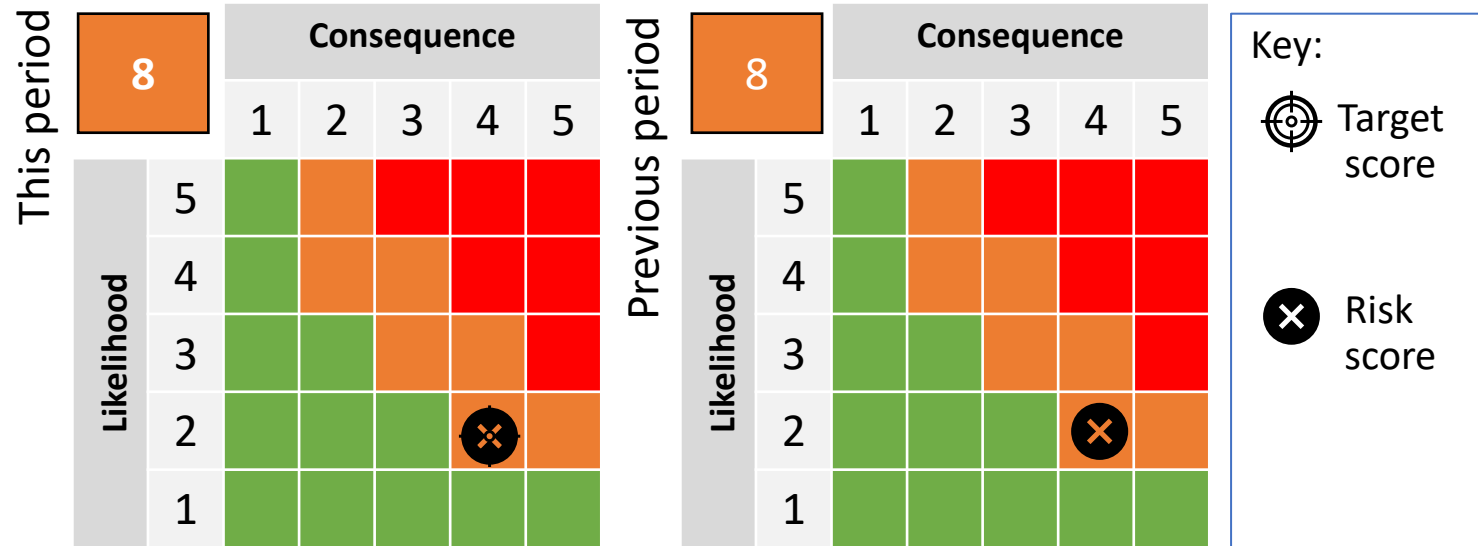
- SRR1.2 – Capacity for Procurement activity - increased from *low 4* to *low 6* due to changes in the Procurement Framework:
 - Procurement Act 2023 from October, new Provider Selection Regime for contracts for health services, and implementation of the guided buying module of the Council's new ERP system.

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:

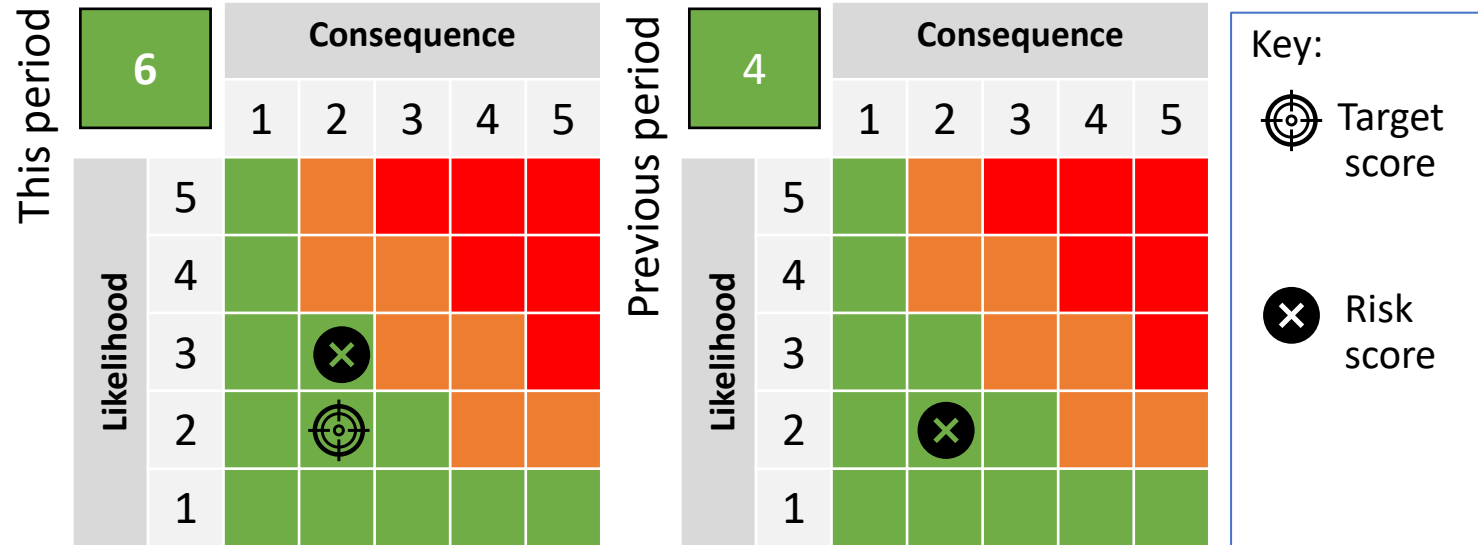
No significant changes during Q3. The Corporate Peer Challenge identified no significant concerns about corporate governance.

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



Key:

- Target score
- Risk score

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.)

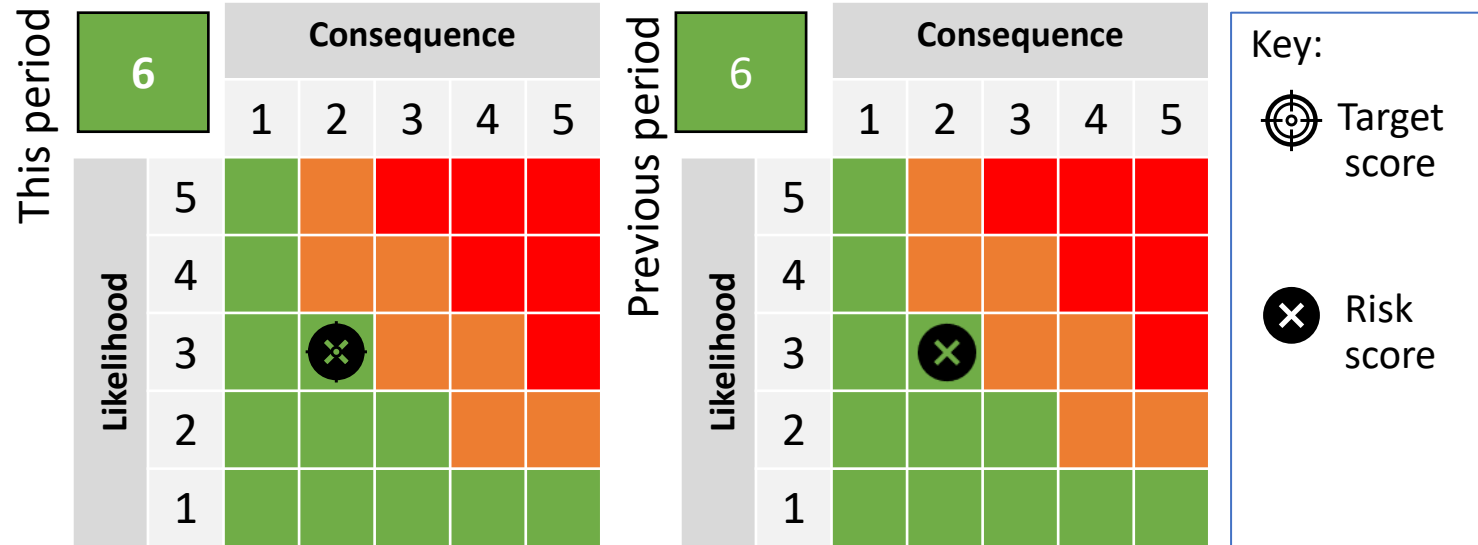
Period comments:
 Three factors are expected to impact on procurement and commissioning activity in coming months:
 - Preparation for the implementation of the Procurement Act 2023 from October
 - The unexpected and rapid introduction of a new Provider Selection Regime for contracts for health services (which affects public health and joint-funded packages within Adult Social Care)
 - The implementation of the guided buying module of the Council's new ERP system.
 However, this is mitigated in part by the recent appointment of new permanent staff to the procurement team, and the fact that the draft MTFS includes additional resources for the team.

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:

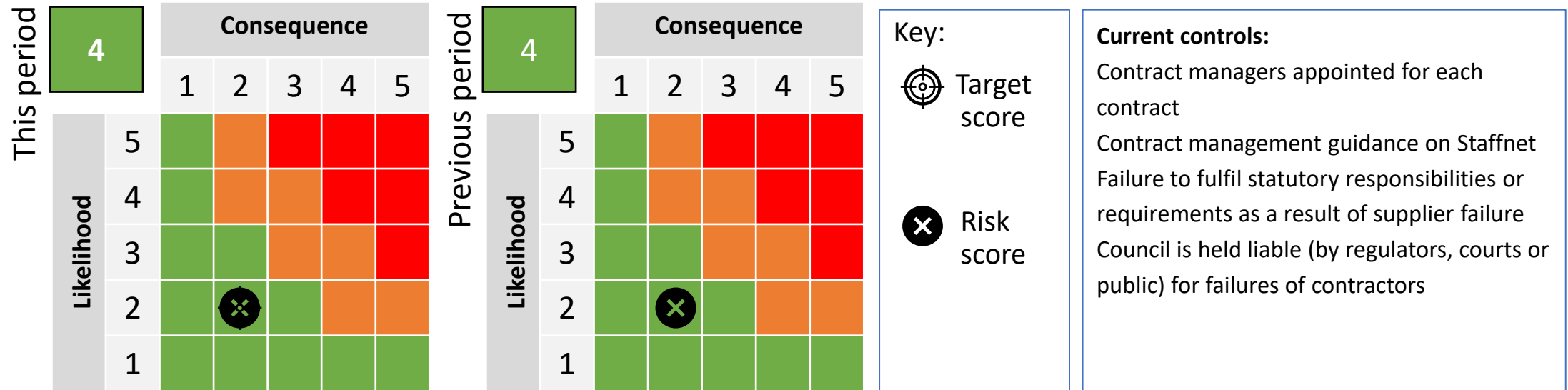
No new or significant issues this period.

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.

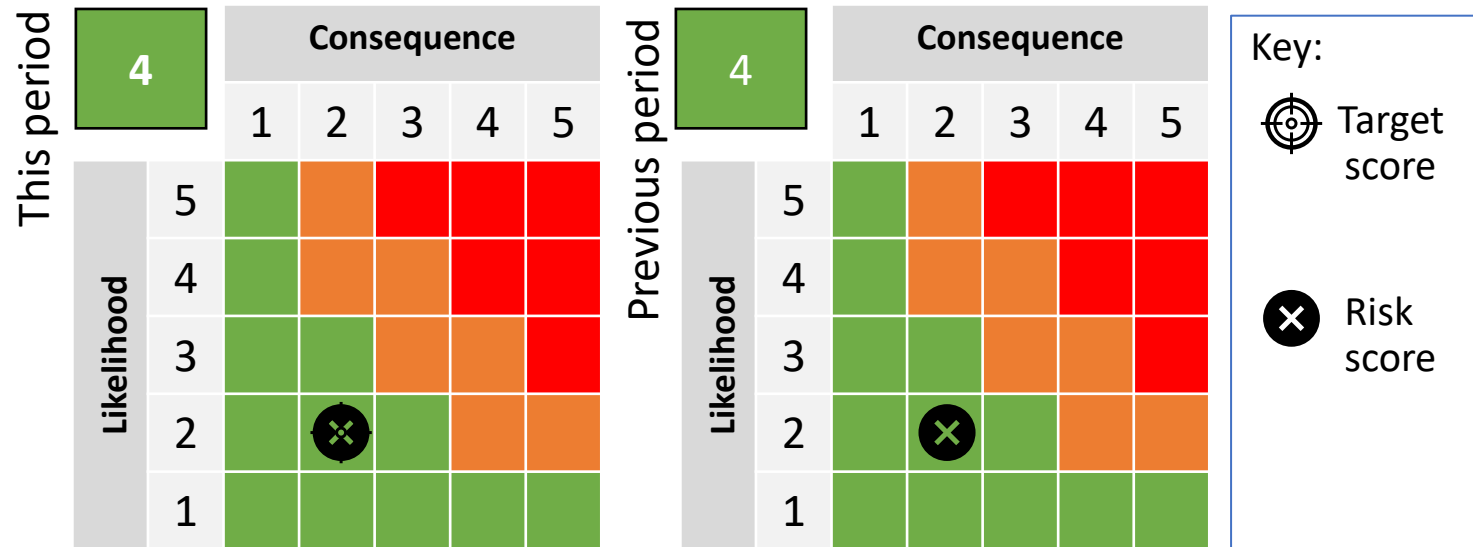
It remains our intention to review and update the Council's Contract Management Framework, but attention is currently on reviewing Procurement guidance and documentation.

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



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:

No significant issues or changes this quarter.

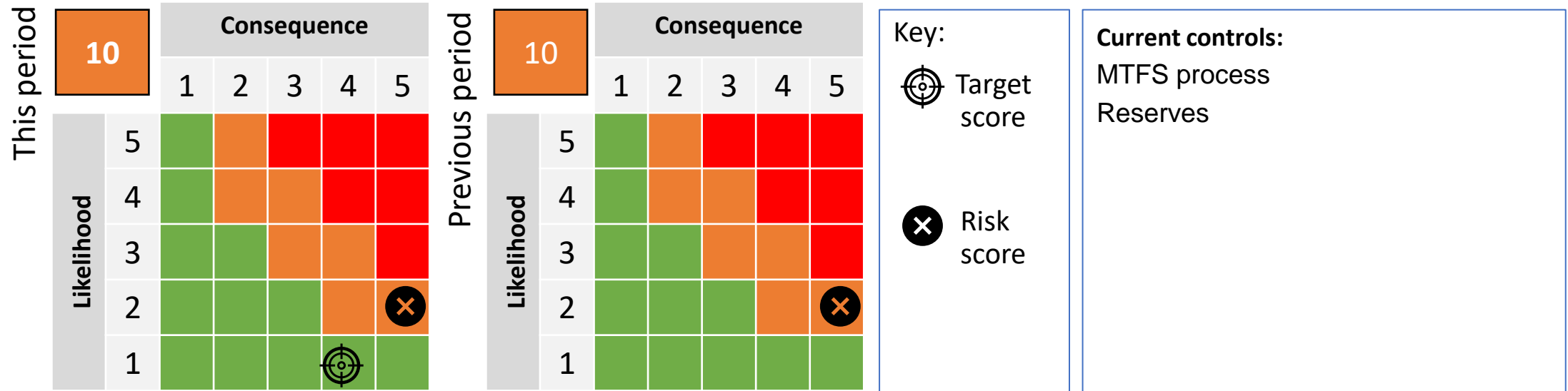
The Council has agreed and published its Equality Objectives, each of which is supported by an action plan. One area of focus is on improving our approach to Equality Impact Assessment. New guidance has been launched and will be supported with training for commissioners in the Autumn.

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:

At this stage in the year the Council can be confident that there is no adverse change to in-year resources. Some additional favourable announcements have been made around resources during the year, which have been reported to Cabinet through monitoring and specific service reports.

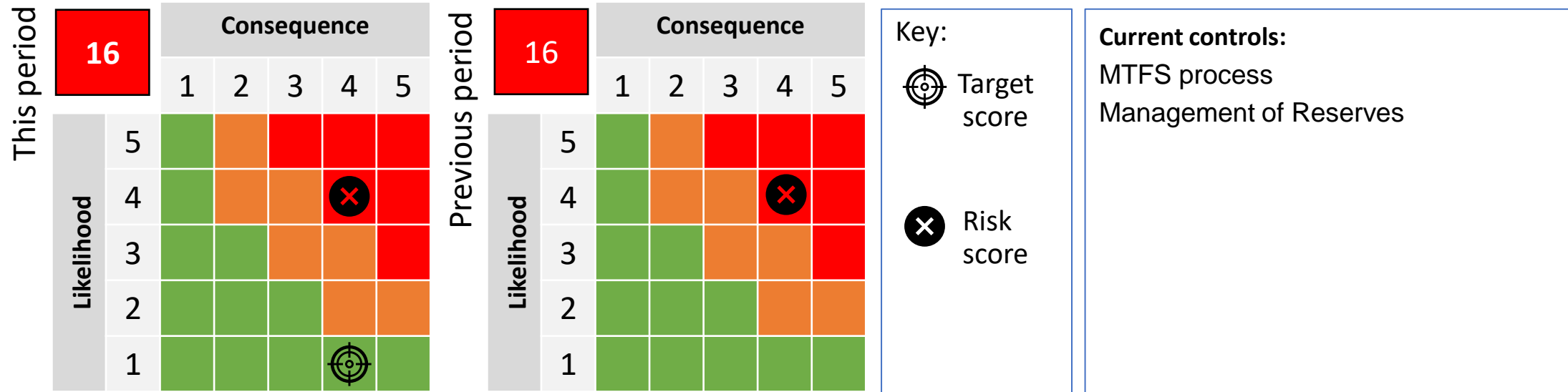
Previous year overspends have been addressed, subject to final confirmation of 2022/23 external audit of the Council's Statement of Accounts. Current year overspends, are being mitigated as previously reported through quarterly financial reporting, but if they increase, will have an impact upon the Council's reserve balances, and therefore potentially on the long-term financial sustainability of the organisation.

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. The overall funding assumptions for the Council for 2024/25 are based on a Policy Statement issued in December 2022, the 2023 Spending Review (SR23), the November 2023 Autumn Statement, an updated Policy Statement issued 6th December 2023, and the provisional finance settlement received on the 18th December 2023.

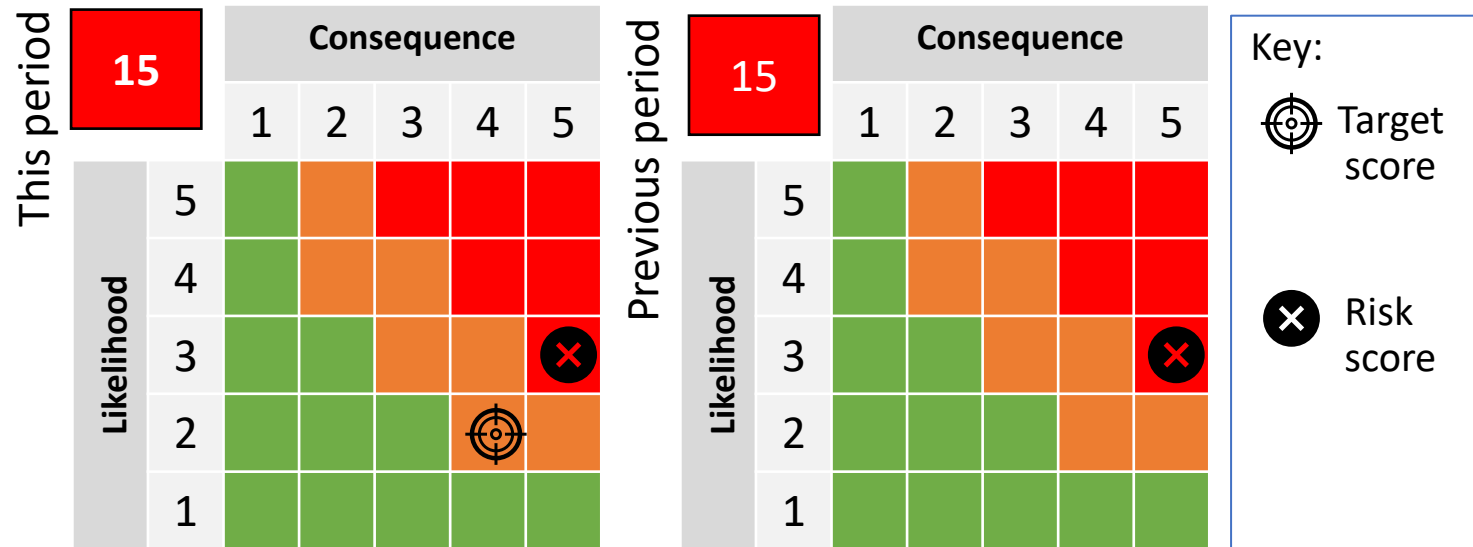
The provisional finance settlement provides more certainty over funding streams for 2024/25, however final funding will not be confirmed until the final Finance Settlement in February 2024. The final budget and MTFS will then be approved by County Council on 21st February 2024.

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:

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:

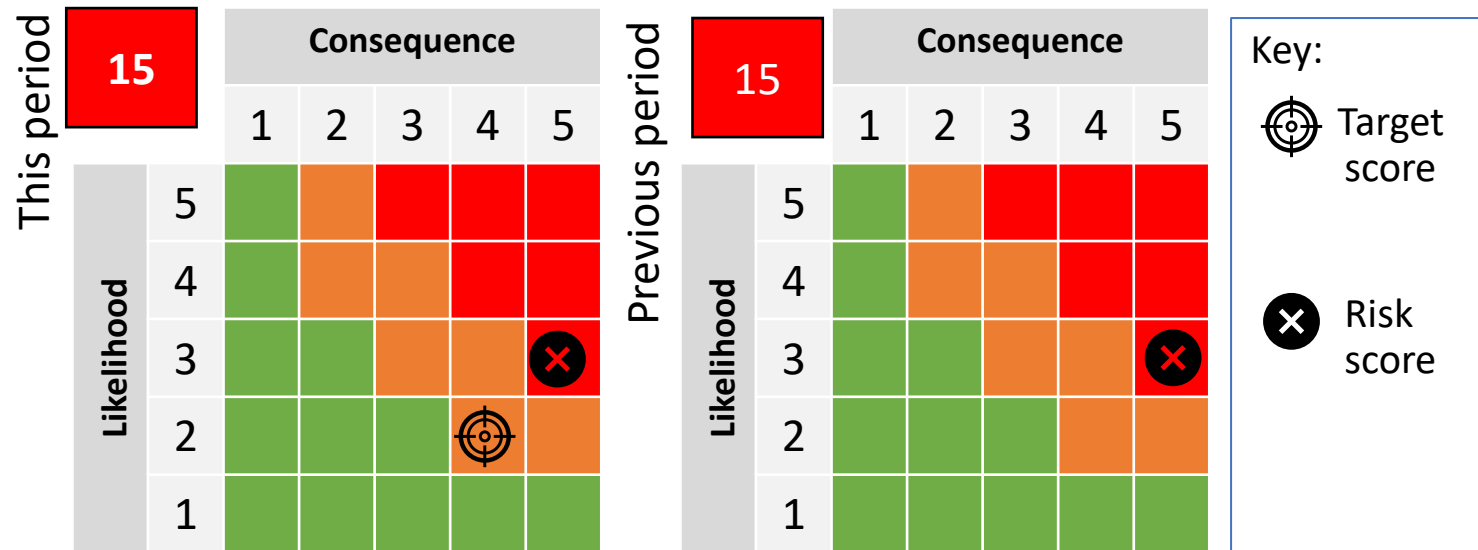
Work continues to move the legacy applications to more suitable solutions and good progress has been made, Liquid Logic is now cloud hosted and final remediation work nearing completion. Work continues to move all applications off the Citrix blue layer.

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:

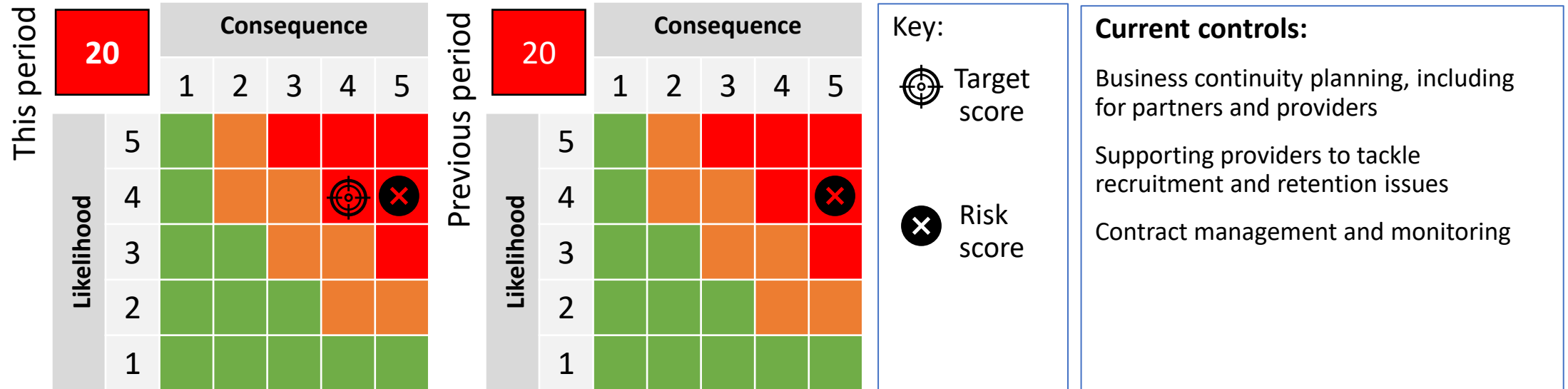
Laptop replacement project has replaced all laptops displaying security vulnerabilities have been replaced. The SIEM tool has now been technically stood up and the RACI model and operational process workshops are taking place.

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:

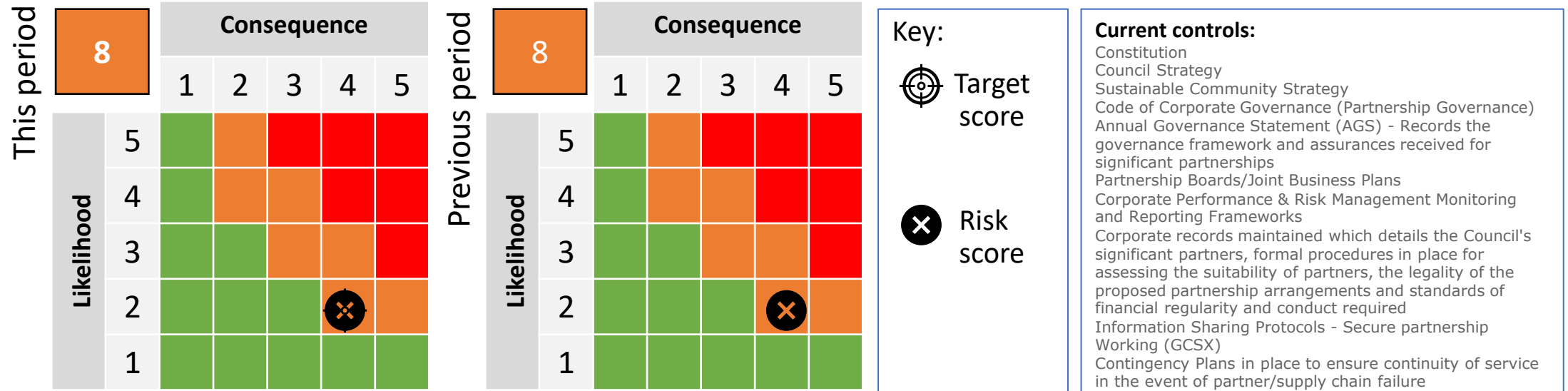
No change in risk. The independent market continues to be in a state of uncertainty due to the economic tensions in relation to costs for staff, utilities, food, and fuel. Number of disabilities providers asking for in year uplifts in their fees increasing. The risk is higher in bed and building based 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 drafted 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 – 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 delivering the Homes for Ukraine scheme and the more recent Homes for Refugees programme. 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 with systems update discussions also taking place regularly over the recent period of industrial action and the bank holidays

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.

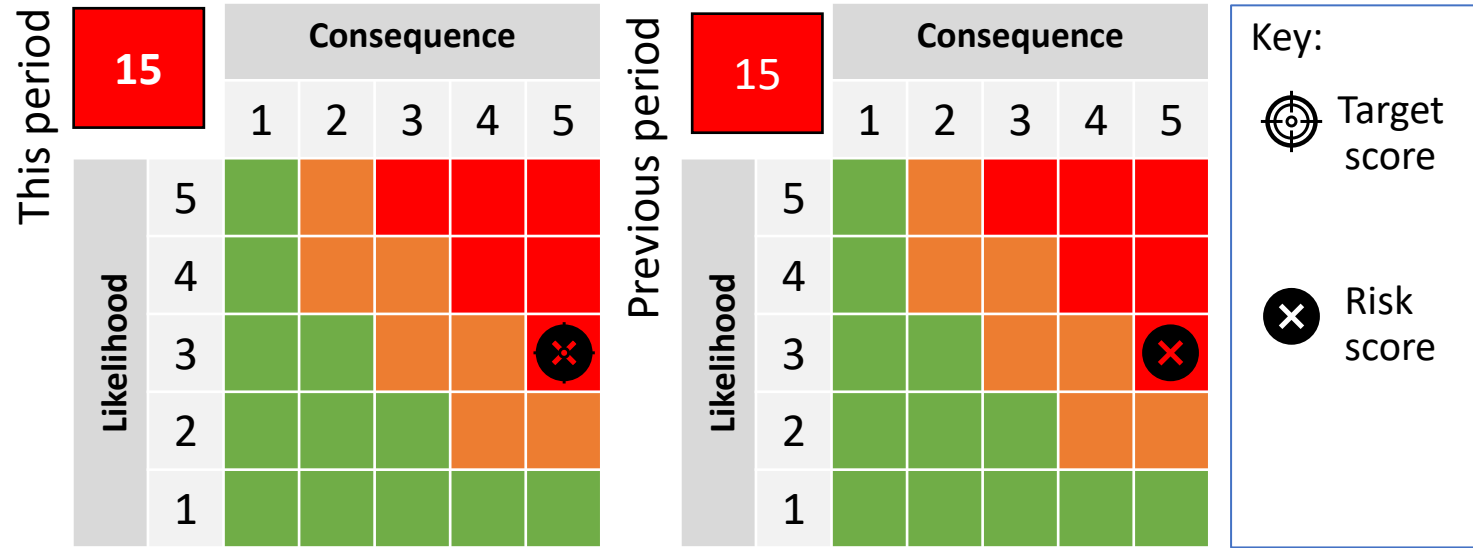
We continue with extensive external consultancy work looking at our NHS relationship, focused on emergency and urgent care

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



Period comments:
 The safeguarding single point of access started in August 2023 and is seeing a positive impact. The safeguarding team now screen all safeguarding concerns raised in Gloucestershire through the Safeguarding portal. However, this has led to a significant increase in the number of concerns received by the team - 56% in October, 40% in November and 32% in December compared to the same period last year. This is leading to an increased number of concerns awaiting decisions. Work is underway to address this, including introducing a new role into the team to work primarily on assisting in decision making on the safeguarding concerns. 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 quality and safeguarding 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.
 59% Performance where risk was reduced or removed (this reduced performance is being driven by the increased demand at Safeguarding Single Point of Access) there were 178 Section 42 enquiries during the Quarter, of which 119 remain open. Of the S42 enquiries 118 were in their own home, the most prevalent type of abuse was emotional/psychological (87 enquiries), followed by financial/material abuse (74) and neglect (44). (Multiple abuses frequently occur simultaneously, therefore the numbers don't match to the number of enquiries).

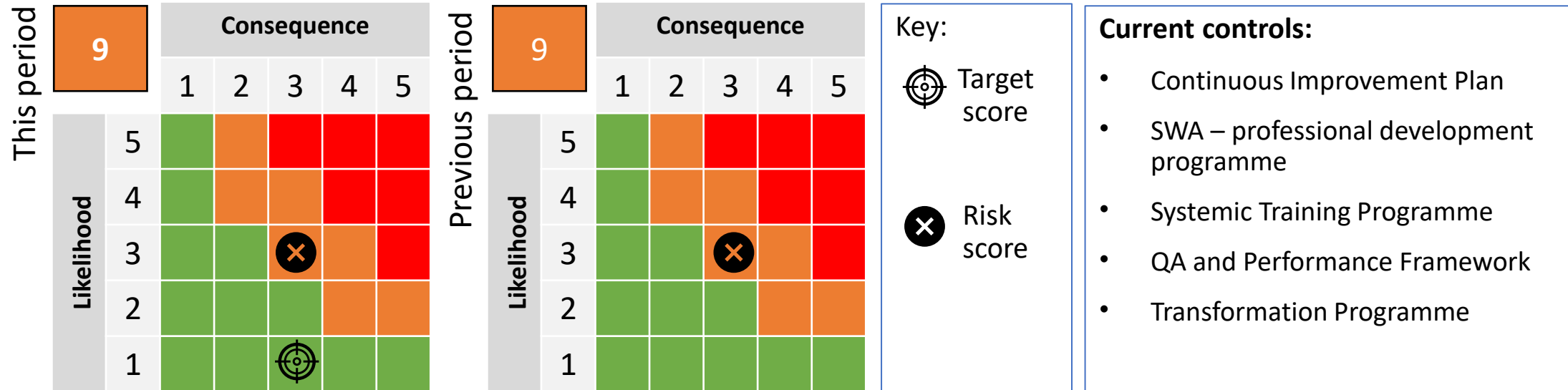
- Current controls:**
- Board and governance controls:**
- GSAB in place since 2009 with an Independent Chair and membership of 29 including statutory partners, District Councils and voluntary sector organisations
 - GSAB reports to Health & Wellbeing Board and the Adult Social Care and Communities Scrutiny 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

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:

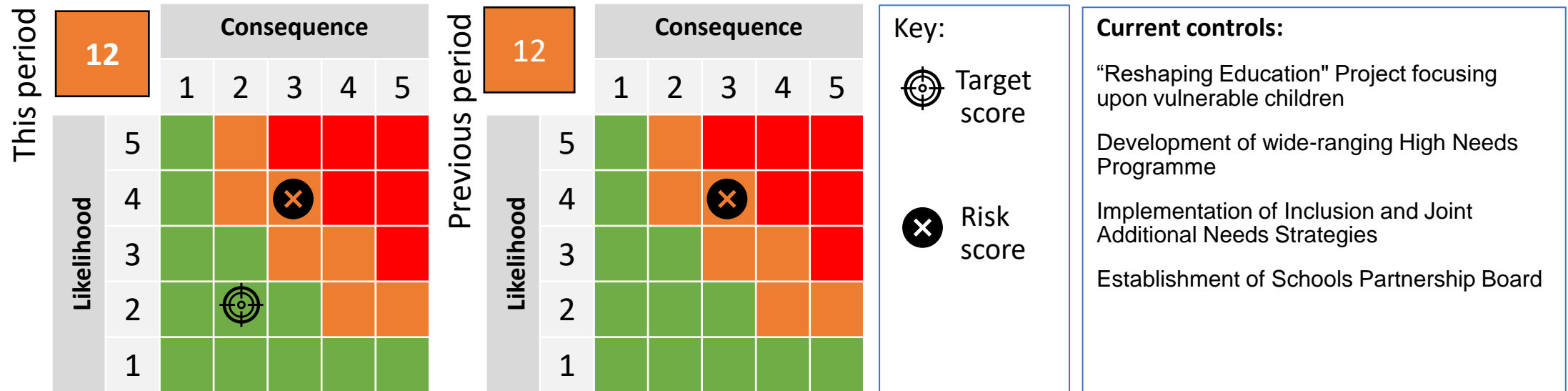
The Ambitions Plan overseen by the Ambitions Board provides the framework for our improvement activity. Our performance data up to end of November 2023 shows an increase in the % of measures achieving tolerance of target or better up from 45% to 63%, further supported by the evidence from quality assurance on the % of practice found to be good or better. The roll out of systemic as our model of practice and increasing workforce stability will further contribute to the improvements in practice necessary to deliver consistently good practice for children and families.

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:

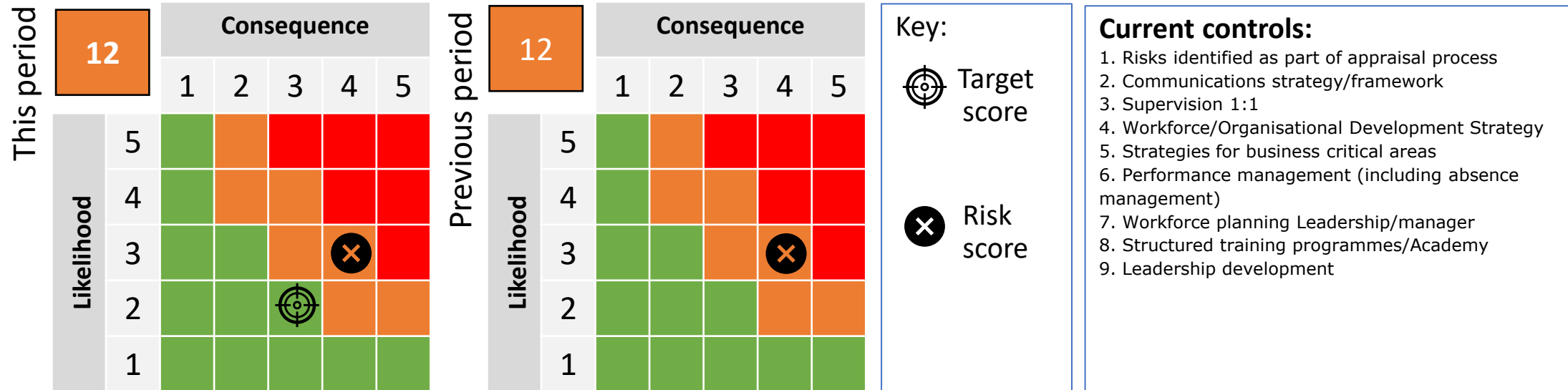
The Gloucestershire Local Area SEND Inspection took place between 27th November and 15th December, 2023. The report is expected to be published by 23rd February, 2024. Whilst the outcome of the inspection remains confidential until that date, the risk now sits around the detail of the published report in terms of reputation and service users' response to those outcomes. The Local Area will update its strategic improvement plan in response to the inspection outcomes. Cumulative timeliness has nonetheless remained above 40% and there has been a reduction in new complaints, including ombudsman and tribunal cases, as the increased workforce capacity, and the induction and training of new staff starts to embed and deliver better communication and productivity. Progress is being made around the Annual Review backlog and the new Educational Psychology Service Model has been well-received by the school system, though Education Psychologist capacity remains an issue despite focused recruitment and retention approaches and developing more relational practice with schools and families. The relational approach remains in its infancy and we are yet to see any significant reduction in the high levels of demand for an EHCNA.

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:

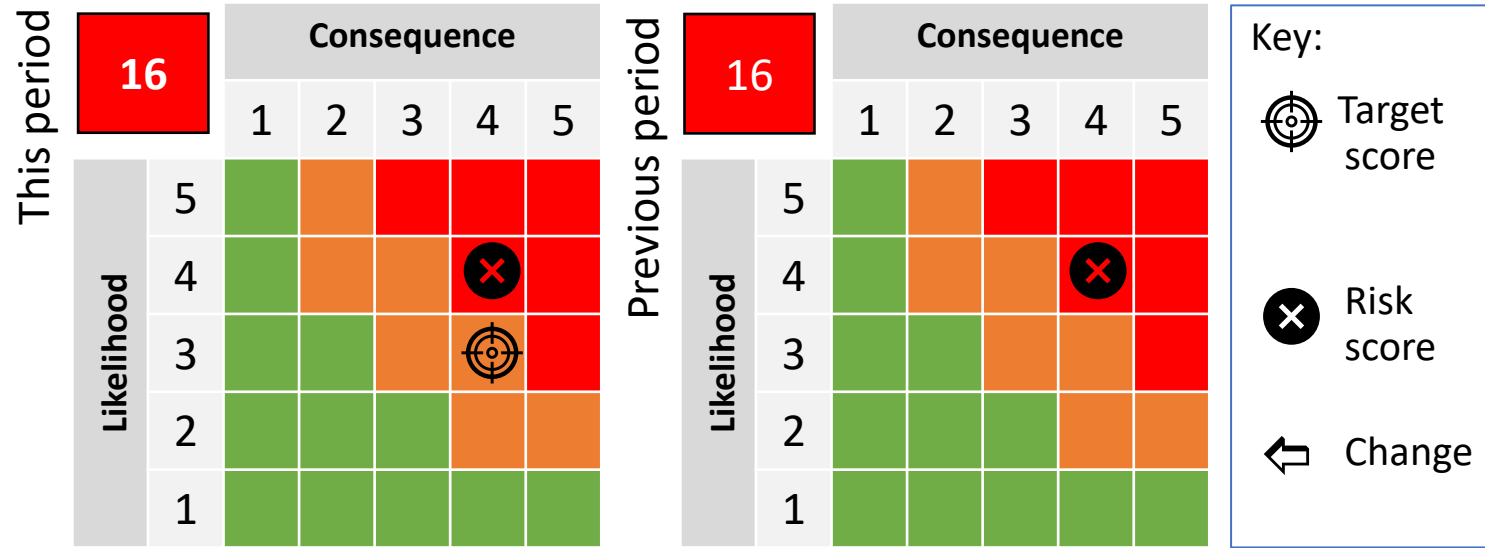
Our data at 1 December 2023 shows a broadly improving position, with vacancies reducing to 17.5% and turnover stabilising at 20.9%. Our agency rate remains high at 28.7%, reflecting the challenges in recruiting permanent staff. We will continue to maximise the routes into social care and keep our employment offer under review to ensure it remains competitive.

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:

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:

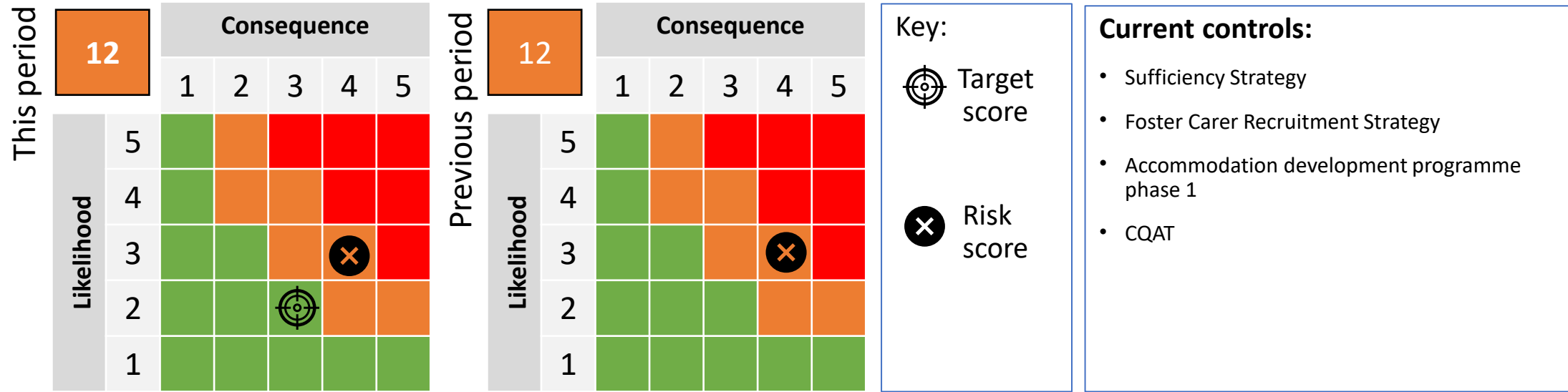
No change in risk. Work on the intermediate care pathway continues to develop alongside UEC Programme of improvement work with plans to reduce the number of short term and temporary bed-based care (the D2A beds) and to increase capacity in care at home, both through work on Home First and re-ablement (delivered by GHC) and through the domiciliary care sufficiency work (hyper localised commissioning). There have been delays in distributing the Market sustainability fund, and this may have had an impact on providers, particularly providers of nursing homes. We are working 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



- Current controls:**
- Sufficiency Strategy
 - Foster Carer Recruitment Strategy
 - Accommodation development programme phase 1
 - CQAT

Period comments:

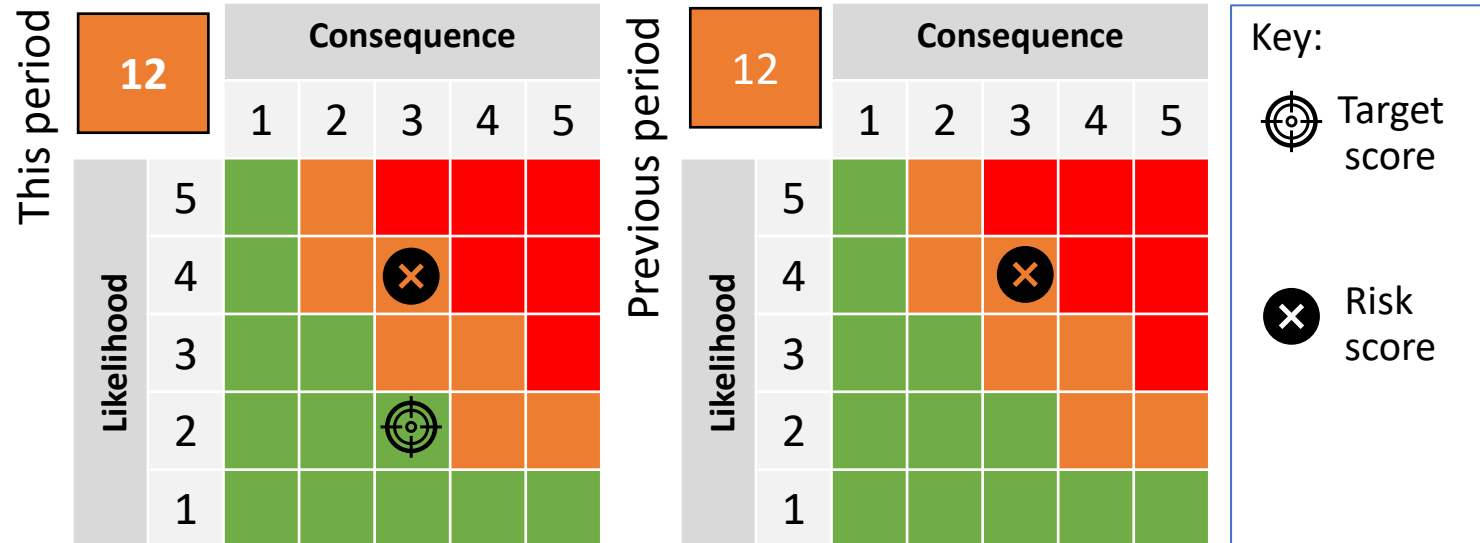
Our revised Sufficiency Strategy Homes@theHeart provides the framework for our work to ensure we have the right placement options to meet the needs of children requiring care. The GCC/DfE joint funded capital programme is now progressing and will deliver around 20% of our residential need, alongside our work to increase foster care capacity and achieve timely permanence. The first two sites are scheduled to mobilise in the second half of 2024, subject to registration and recruitment. 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 later in 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 has 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.

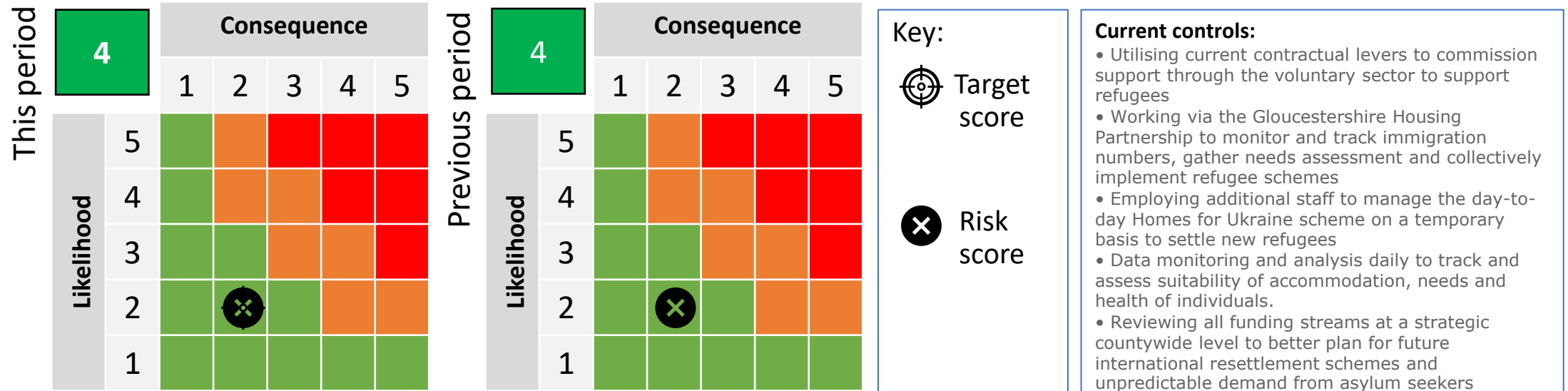
Some concerns over the number of young people transitioning who will require Court of Protection DoLS in place and whether we have enough legal capacity to support this additional workload. This continues to be reviewed by ASC Operations with GCC Legal colleagues.

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:

During the last quarter, the Home Office published a decision to close two of the contingency hotels in Gloucestershire. One closed in December and the second is scheduled to close during January. 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. The closure and moves have not presented any further challenges or local pressures. Where asylum seekers receive a positive decision on their asylum claim and are granted refugee status, they are required to leave their contingency accommodation, often with minimal notice. They are therefore at risk of homelessness and rough sleeping. This risk was increased towards the end of 2023 as the Home Office processed asylum claims at speed. Increasing numbers were receiving positive decisions with little time to organise onward housing and plans. This situation has been recognised by the Home Office and they responded to requests for pacing decisions and a pause over the festive period. It has also been announced that the full 28 day move on period will be honoured for all asylum seekers following the issue of the residency permit. The risk of increased homelessness 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.

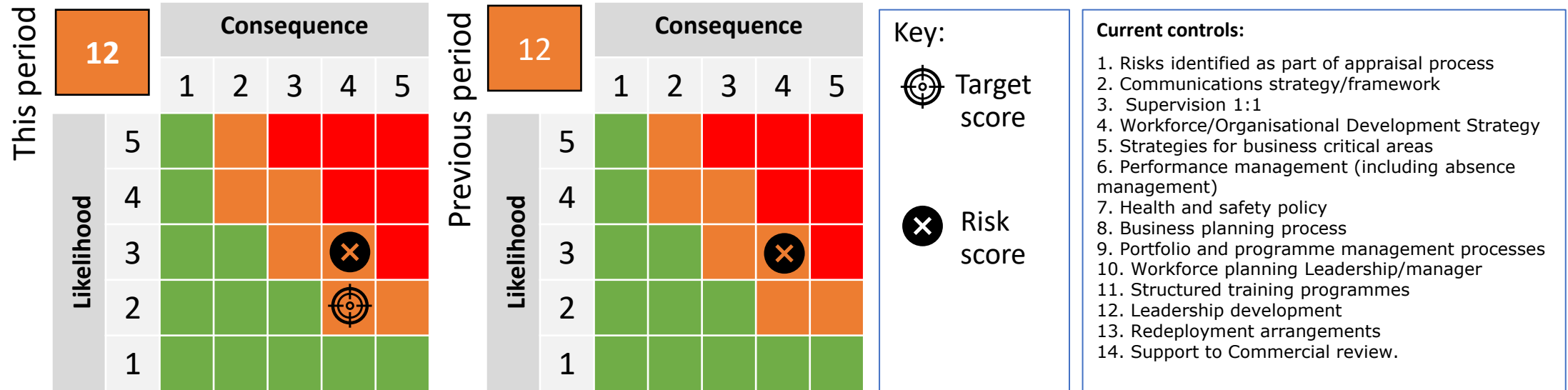
The arrival of a new cohort of Afghan refugees to transitional accommodation at a MoD barracks site has increased the number of refugees living in the county, but their welfare and housing is being managed by the MoD and their provider. The input and associated risk for partners has been minimal to date, but there is awareness of the potential need for support if the new arrivals do not move on to their longer term accommodation as quickly as planned. National funding has been announced for a third year of the HFU scheme. Funding allows sufficient budget for the rest of this year and for the full three years.

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:

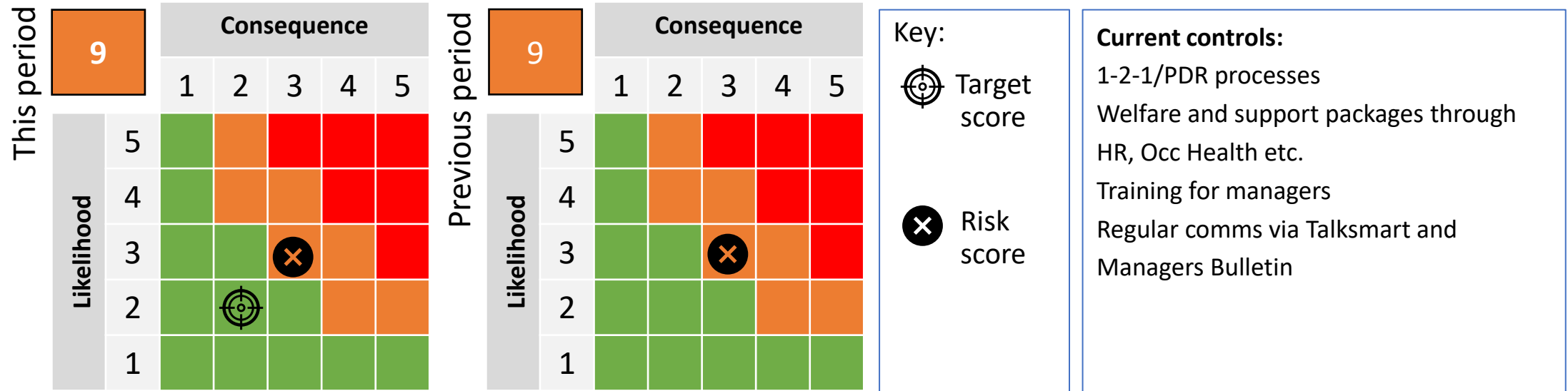
A significant amount of work is ongoing in this area and is having an impact on attraction and retention. This will continue but this area will remain an area of risk for the council, as it does for other councils. Work which is upcoming includes a review of the council careers sites, and bringing online of new gym and bike to work benefits packages.

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:

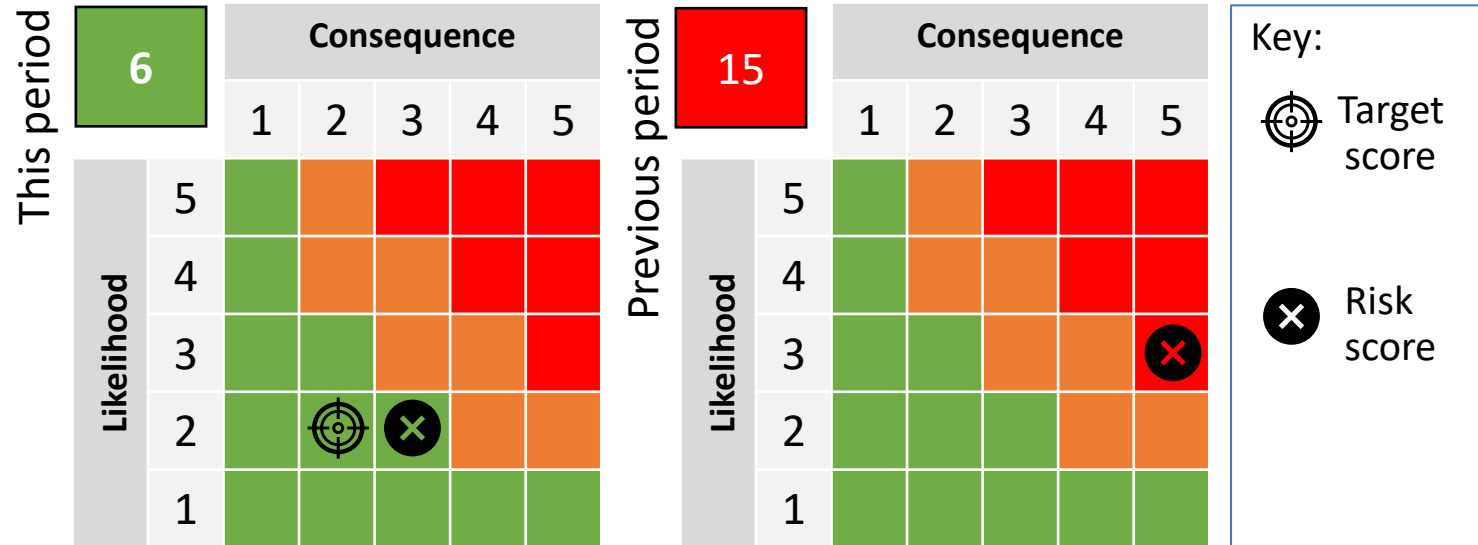
New structure in Occupational Health puts in place a more proactive approach to employee wellbeing via an Employee Mental Health Lead and Employee Wellbeing Lead. A new health and wellbeing strategy is being developed. A pilot referring more counselling activity to the EAP seems to be working well.

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.

This period has seen a steady level of updates across BC plans and BIA's. Exercising and training has been received by nearly 60% of services across GCC, clarifying plans and responses by plan writers.

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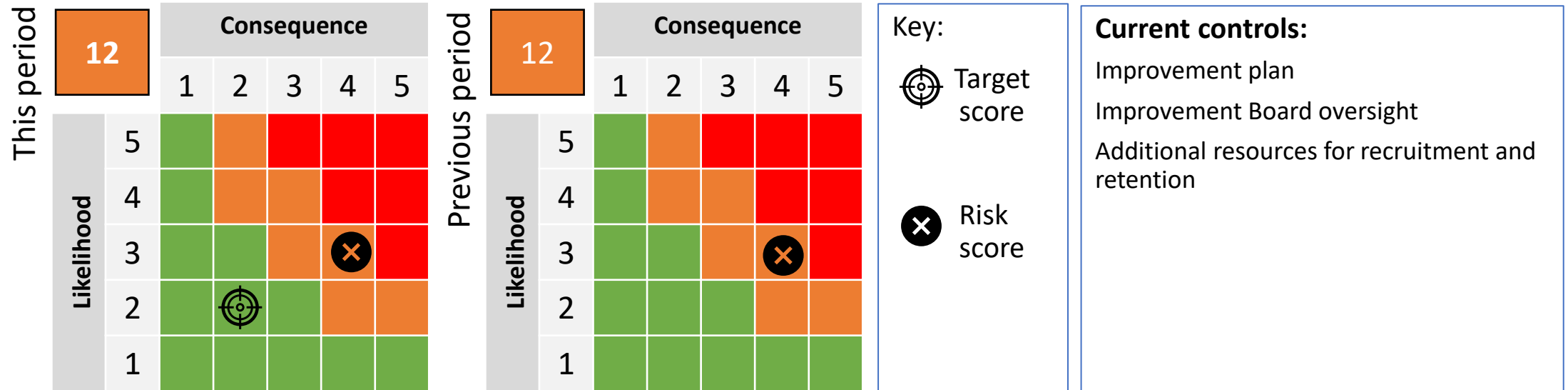
This period has seen a steady update of BC plans and BIA's. Some areas that were very out of date have been identified and addressed. The exercising of plans has continued and nearly 60% of services have had a level of training and exercising, bringing clarity to their plans and responses.

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:

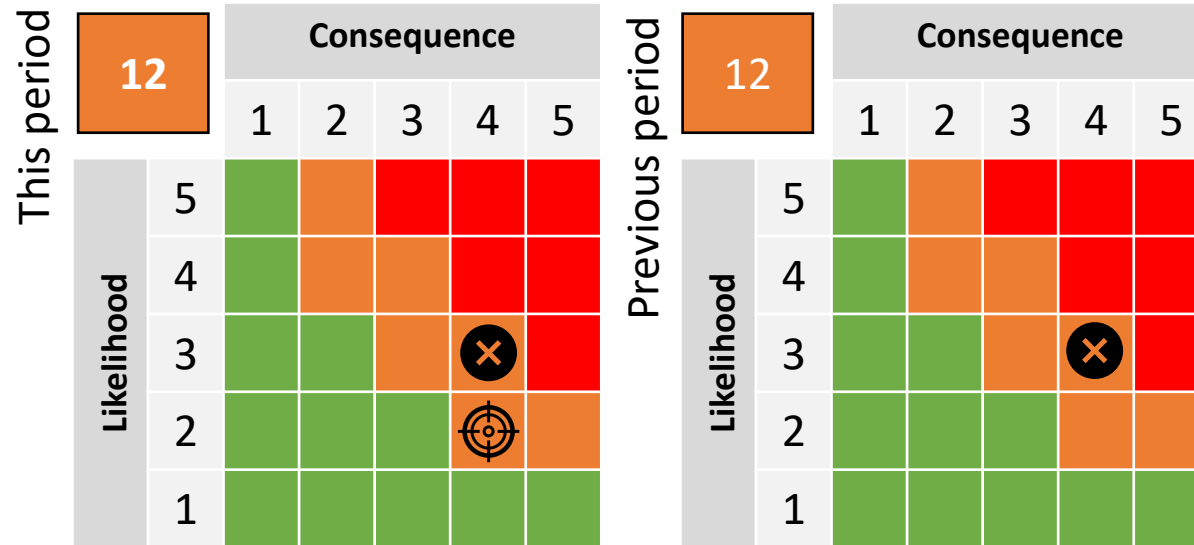
Recruitment and selection processes have taken place to fill substantive posts and we have seeing more success in filling Support Staff posts. Nevertheless, we are predicting gaps in Operational posts largely due to retirements, this is expected to affect capacity and capability through the next 3 quarters, 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, personal 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, Exec. Director of Corporate Resources

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:

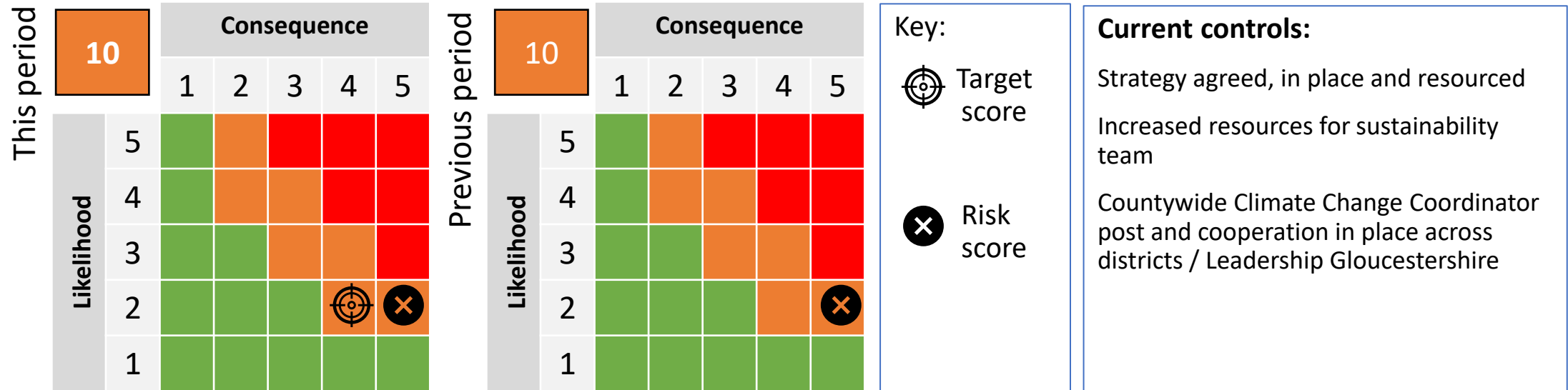
No significant issues or changes this quarter.

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:

Climate Change Action plan has been updated for 2023 with over 90% of actions progressing. The updated plan will be taken to cabinet in January 2024. The Climate Action Plan has also been presented to CLT and the team are looking at initiatives to support organisational wide activities to reduce Scope 3 emissions.

Design work to decarbonise council owned buildings has continued with the aim to start a rollout of £1 million of PV installations from Qrt 4.

The first four On-street EV charge point locations have been commissioned and are operational.

Recruitment is in progress for the Climate Action Programme Manager and Climate Action Engagement Manager posts, and a Climate Action Officer.

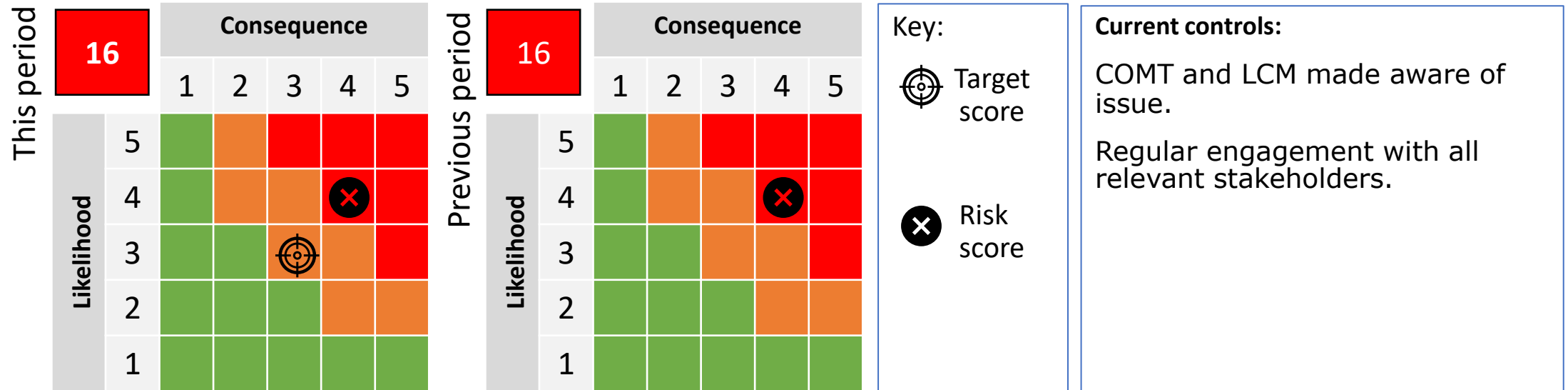
45,000 trees have been planted in Qrt 3.

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



Period comments:

This risk remains as a high priority and is being regularly monitored, including liaison with the relevant District Councils.