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DATE: 8 October 2019

To: Members of the  
**AUDIT SUB-COMMITTEE**

Councillor Neil Reddin FCCA (Chairman)  
Councillor Robert Evans (Vice-Chairman)  
Councillors Gareth Allatt, Ian Dunn, Keith Onslow, Tony Owen and Stephen Wells

A meeting of the Audit Sub-Committee will be held at Committee Room 1 - Bromley Civic Centre on **THURSDAY 17 OCTOBER 2019 AT 7.00 PM**

MARK BOWEN  
Director of Corporate Services

*Copies of the documents referred to below can be obtained from*  
<http://cds.bromley.gov.uk/>

## A G E N D A

- 1 **APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**
- 2 **DECLARATIONS OF INTEREST**
- 3 **CONFIRMATION OF THE MINUTES OF THE MEETING HELD ON 4TH JUNE 2019, EXCLUDING THOSE CONTAINING EXEMPT INFORMATION (Pages 5 - 16)**
- 4 **QUESTIONS TO THE AUDIT SUB COMMITTEE**

In accordance with the Council's Constitution, questions that are not specific to reports on the agenda must have been received in writing 10 working days before the date of the meeting. This being the case, any questions for the Audit Sub Committee that are not specific to the agenda should be received by the Democratic Services Team by **5.00pm on Thursday, October 3<sup>rd</sup>**.

Questions specifically concerning reports on the agenda should be received within two working days of the publication date of the agenda. Please ensure that questions specifically regarding reports on the agenda are received by the Democratic Services Team by **5pm on Thursday 10<sup>th</sup> October.**

- 5 **MATTERS OUTSTANDING FROM THE LAST MEETING--PART 1 (Pages 17 - 22)**

**6 QUESTIONS ON THE INTERNAL AUDIT REPORTS PUBLISHED ON THE BROMLEY COUNCIL WEBSITE**

**The following reports have been published on the Council website:**

- 1-Review of Adults Health and Social Care Integration
- 2-Audit Review of Creditors 2018 to 2019
- 3-Review of ASC Domiciliary Care Contract Management
- 4-Review of Extra Care Housing
- 5-Review of Highways (Major Works) Audit
- 6-Review of no Recourse to Public Funds Audit for 2018 to 2019
- 7-Review of Riverside School
- 8-Internal Audit Review of the recent Troubled Families Claim
- 9-Review of Contract Management of the Council's IT Contractor
- 10-Review of Direct Payments (Children)
- 11-Review of Education, Care and Health Services Capital Schemes
- 12-Review of Fostering
- 13-Review of Licensing
- 14-Post Implementation Review of the Libraries Contract
- 15-Review of Starters and Leavers
- 16-Review of Workforce Planning Audit

The web link to the published reports is:

<https://cds.bromley.gov.uk/ieListDocuments.aspx?CId=559&MId=6807&Ver=4>

**7 INTERNAL AUDIT PROGRESS REPORT (Pages 23 - 86)**

**8 LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006 AND THE FREEDOM OF INFORMATION ACT 2000**

The Chairman to move that the Press and public be excluded during consideration of the item of business listed below as it is likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.

**Items of Business**

**Schedule 12A Description**

- |           |  |   |
|-----------|--|---|
| <b>9</b>  | <b>INTERNAL AUDIT FRAUD AND INVESTIGATION REPORT</b> (Pages 87 - 116)        | Information which is likely to reveal the identity of an individual.<br>Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
| <b>10</b> | <b>EXEMPT MINUTES OF THE MEETING HELD ON 4TH JUNE 2019</b> (Pages 117 - 120) | Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.   |

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## AUDIT SUB-COMMITTEE

Minutes of the meeting held at 7.00 pm on 4 June 2019

### Present:

Councillor Neil Reddin FCCA (Chairman)  
Councillor Robert Evans (Vice-Chairman)  
Councillors Gareth Allatt, Ian Dunn, Keith Onslow,  
Tony Owen and Stephen Wells

### Also Present:

Deepali Choudhary, Barrie Cull, Viknesh Gill, David  
Hogan, Councillor Pauline Tunnicliffe and Councillor  
Angela Wilkins, Hannah Lills and Nishtha Gupta

#### **1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**

Apologies were received from Catriona Ellis and Linda Pilkington.

#### **2 DECLARATIONS OF INTEREST**

No declarations of interest were declared initially.

Later in the meeting a matter was raised pertaining to St Olave's' School. At that point Councillors Stephen Wells and Robert Evans made declarations in that they both had interests in the Court of St Olave's.

The Head of Audit and Assurance declared an interest as a member of CIPFA.

#### **3 CONFIRMATION OF THE MINUTES OF THE AUDIT SUB COMMITTEE MEETING HELD ON 26th FEBRUARY 2019-- EXCLUDING THOSE CONTAINING EXEMPT INFORMATION**

The part 1 minutes of the meeting of the Audit Sub Committee held on 26<sup>th</sup> February 2019, were agreed and signed as a correct record.

**RESOLVED** that the part 1 minutes of the meeting that was held on 26<sup>th</sup> February 2019 be agreed and signed as a correct record.

#### **4 QUESTIONS TO THE AUDIT SUB COMMITTEE FROM COUNCILLORS OR MEMBERS OF THE PUBLIC**

No questions were received.

## **5 MATTERS OUTSTANDING REPORT**

### **CSD 19080**

Members noted that the outstanding matter relating to insurance against cyber-attack had now been closed, but that the matter relating to the objection to the accounts was still outstanding. A Member expressed concern at the length of time that was being taken to close the accounts. It was noted that this was a matter for the previous external auditors (KPMG) to resolve. It was agreed that the Head of Audit and Assurance should seek an update regarding this matter from KPMG.

Members noted the update on the Civic Centre Accommodation Strategy that had been provided by the Senior Property Manager and the update concerning the anti-fraud and corruption policy.

As requested, a briefing concerning the rental arrears of community groups had been provided by the Head of Asset and Investment Management. Members had asked for additional data and this had been requested by the Committee Clerk and subsequently disseminated to the Committee via email.

**RESOLVED that the Matters Outstanding report be noted and that the Head of Audit and Assurance should seek an update from KPMG regarding the outstanding issue of the objections to the accounts.**

## **6 QUESTIONS CONCERNING THE AUDIT REPORTS PUBLISHED ON THE WEB**

No questions had been received concerning the Audit reports that had been published on the Council website.

**RESOLVED that the Audit reports published on the Council website be noted.**

## **7 EXTERNAL AUDIT PENSION FUND PLAN 2018-19 AND AUDIT FEE LETTER FOR 2019-20**

### **FSD 19062**

The report reviewed the External Auditor's Pension Fund Plan arrangements for 2018-19 and also reviewed the Audit Fee Letter for 2019/20. Members noted the significant risks set out in the plan.

It was explained that the indicative fee was based on certain assumptions which were detailed in the Audit Fee Letter. Fees would be reviewed and updated as necessary, within the parameters of the contract. The indicative fee for the main accounts was £91,689 and for the Pension Fund was £16,170. Hannah Lill, (Ernst & Young), attended the Committee to present the report and the fee proposal. The Committee was pleased to note that the scale of audit fees remained the same as the previous year.

A Member expressed concern that the report on the External Audit Pension Fund Plan had not been brought to his attention previously in his role as Chairman of the Pensions and Investment Sub-Committee. He said that new rules were being brought in which would increase audit requirements and that in the future there could be additional issues concerning 'Admitted Bodies'. These issues could potentially increase the cost of managing the Pension Fund. He asked if there was going to be an audit on governance with respect of the Pension Fund. Ms Lill responded in the affirmative but explained that the pension audit would not be undertaken in isolation.

A Member asked about the audit of the LCIV (London Collective Investment Vehicle). It was explained that an audit of the LCIV would take place, but this would be a separate audit.

Ernst and Young (E&Y) had identified a possible risk in that the valuation of investments could sometimes be mis-stated. In some of these cases, E&Y had stated in their report that there may be occasions when they would require input from their own valuation specialists. A Member asked why this was necessary as LBB had their own Actuary. Ms Lill responded that generally speaking this would not be necessary—it would just be in the odd case when there may not be sufficient evidence provided, or where additional expertise was required.

In response to a question, Ms Lill explained the difference between 'Performance Materiality' and 'Planning Materiality'. A Member referred to page 13 of the report from E&Y where it referred to '*substantive tests of detail of transactions and amounts*'. He asked what was the definition of '*substantive*' in this context. Ms Lill answered that there were two different types of approaches that could be followed in the audit—a substantive approach and a 'control' approach. The 'control' approach would be more detailed, would require specialist IT input and would therefore be more expensive.

The Planning Report set out the following financial parameters:

- Planning Materiality--£9.67M
- Performance Materiality--£7.2M
- Audit Differences--£483,500

Members noted how Ernst and Young would respond to Significant Risks, and what the various areas of focus would be. Members were appraised on the timescale relating to communication and deliverables.

**RESOLVED that:**

**1) The External Auditor's arrangements for the Bromley Pension Fund Planning Report for 2018-19 are noted.**

**2) Members note the materiality limits within the plan and confirm their understanding of, and agreement to, the materiality and reporting levels as outlined in the report.**

**3) Members note and agree the risks identified in the 2018/19 Audit Strategy.**

**3) Members note the contents of the Audit Fee Letter for 2019/20.**

## **8 INTERNAL AUDIT PROGRESS REPORT**

### **FSD 19050**

The report informed Members of recent audit activity across the Council and provided updates on matters that had arisen from the previous meeting of the Committee.

The overall objective of the Financial Strategy and Budget Compliance Audit was to review the key controls around the Council's financial strategy and budget monitoring arrangements. Members noted that controls were in place and working well. Internal Audit had made three priority 2 recommendations to improve the framework of controls around the Financial Strategy and budget monitoring arrangements.

Members were appraised concerning the audit of Housing Benefit and the Council Tax Reduction Scheme. They were pleased to note that the audit opinion was 'Substantial'. A priority one and a priority two recommendation had been made to improve controls.

However, the audit of Arboricultural Services revealed many defects, and four priority one recommendations had been raised, along with six priority two recommendations. The priority one recommendations related to:

- Deficiencies in the payment process
- A significant number of orders remained 'open' on the 'Confirm' system.
- Deficiencies were identified in the way the contract was monitored
- Defaults were not being processed correctly

The value of the defaults had been estimated at £6357.00 and it was recommended that the default amount be recovered in the final invoice payment. The audit opinion for Arboricultural Services was therefore 'Limited'. The Head of Audit and Assurance explained that Arboricultural Services had lost the Service Manager in August 2018, and that one of the remaining officers had to step into the role at short notice on an interim basis, and probably with an inadequate hand over. In January 2019, two more officers left the service, and this was probably one of the main reasons why there had been so many difficulties. Additionally, the management of this contract had not been passed over to the Business Performance Management Team as had other ECS (Environment and Community Services) contracts. Members



found this surprising and wondered why this was the case. It was anticipated that now a business performance framework was going to be used, with a corrective action plan adopted—that the situation would improve significantly.

It was noted that the service still had staffing issues, but recruitment was now underway to recruit a new officer.

The Chairman was disappointed to hear of further problems with an ECS contract, and was pleased to note that the contract would be monitored going forward by Sarah Foster's team.

It had been mentioned that the new Arboricultural Service contract had commenced in April 2019. A Member wondered how a new contract could be negotiated when there were so many issues with the previous contract. It was explained that enough data relating to work undertaken and completed existed to enable this to be done.

A Member expressed concern that the contract had been allowed to drift along for so long without management control. He felt sorry for the Interim Service Manager and suggested that perhaps the Executive Director for Environmental and Community Services be asked to attend a meeting of the Audit Sub-Committee to explain. This was a suggestion but was not passed as a resolution.

A Member said that in his view, the management of the contract had been a shambles since 2008, and he asked what assurance could be provided that high level contracts were now being managed effectively. He suggested that the Contracts Sub-Committee should be re-instated.

A Member asked if a report on Arboricultural Services had gone to the Environment and Community Services, Policy Development and Scrutiny Committee (ECS PDS Committee) yet, and the answer to this was no. He expressed the view that as well as the PDS, the matter should also be referred to the Commissioning Board. The Head of Internal Audit and Assurance responded that it was possible to refer the matter to the Procurement Board. It was then noted that a Member had already requested that the matter be referred to the ECS PDS Committee. A Member said that it would be good to know when an audit on Arboricultural Services had previously been undertaken. The Head of Internal Audit and Assurance said that he would investigate this.

A Member commented that if tree inspections were not being adequately carried out, then this could result in insurance claims for tree damage being instigated against the Council. He asked if LBB had lost any money due to the deficiencies in the management of the contract and the Head of Internal Audit and Assurance responded that he was not aware that LBB had lost any money.

It was agreed that the issues concerning Arboricultural Services be referred to the ECS PDS Committee for their attention and scrutiny.

The Committee heard that the audit of Residential Care had gone well, and the audit opinion was 'Substantial'. Two priority two recommendations had been made. There had been instances when the weekly fee charged by the service provider had exceeded the recommended ceiling rates without proper explanation. There had also been instances when placements had been categorised as 'Emergency Placements' in error—this had now been addressed.

Members were pleased to learn that the audit of Strategic Commissioning' had gone well, and that the audit opinion was 'Substantial'. The overall objective of the audit was to review the 3 lines of defence and existing controls in place to mitigate the risk of failure to deliver the target operating model as a commissioning organisation. One priority two recommendation was made to improve the control framework.

Members were briefed around the audit of Total Facilities Management (TFM). The objective of the audit was to review the key controls around the management of the Total Facilities Management contract. Unfortunately, the audit opinion for Total Facilities Management was 'Limited'. Eleven priority two recommendations were made by the audit team to improve controls. Ten of these were accepted by management for implementation. One was accepted as a 'risk' but no management action was proposed.

The recommendation that was accepted in principle (but without any action being proposed by Management) related to carrying out pro-active measures such as spot checks on maintenance works undertaken by the contractor. When the reason for this was queried by Members the answer provided was that management had stated that they did not have the required resources or expertise. Members were not happy with this as they felt that to do basic maintenance checks would not require significant expertise.

With respect to the TFM contract, mention was made of problems with the complaints process and the use of a customer satisfaction survey. A Member expressed the view that customer satisfaction surveys were of very limited value, and felt that the focus should be on resolving issues that had arisen from the complaints process.

It was agreed that the matters raised in the TFM audit should be referred back to the Executive, Resources and Contracts PDS Committee for their information and scrutiny.

The Head of Audit and Assurance continued with an update on Traffic and Road Safety Procurement. The procurement arrangements had been audited to ensure that controls were in place and that contract procedure rules were being complied with. There were three priority 2 recommendations, but the overall audit opinion was substantial.

The Committee was briefed on the audit of Treasury Management. The objective of the audit was to review the key controls around the Council's

investments. The Committee was pleased to note the 'Substantial' audit opinion, with just one priority two recommendation made to improve the control framework.

Members noted that with respect to the audit of the Adult's Social Care Budget Management, and Children's Social Care Budget Management, that in both cases the audit opinion was 'Substantial'. The Committee was appraised concerning the sharp increase in demand for Children's Social Care Services nationally and the risk of a consequent overspend, which was why it was included in the Audit Plan.

Members noted that the audit of payroll expenses had resulted in a 'Substantial' audit opinion. Three priority 2 recommendations were made to tighten the control framework.

The Head of Audit and Assurance explained how the Troubled Families Programme, and the criteria used to determine if the intervention in the family had been successful, worked. If an intervention was judged to be successful, then a 'results payment' could be claimed. The total amount claimed for payment by results for the 426 individual claims submitted between the period 1 October 2018 and 31 March 2019 was £340,800.

Regarding the update following the Home Tuition Audit, the Head of Audit and Assurance briefed the Committee concerning the progress made in dealing with the three outstanding priority 1 recommendations. These related to Core Panel Decisions, Attendance Registers, and Procurement issues (which included the use of only one supplier). It was now the case that the recommendations pertaining to Core Panel Decisions and Attendance Registers had been fully implemented; the recommendation relating to procurement issues had been partially implemented.

Members were briefed around the audit undertaken to review Health and Safety. A priority 1 recommendation had been made because a full suite of risk assessments was not available. This was a work in progress and it had been agreed by the Corporate Leadership Team that the matter be added to the Annual Governance Statement as a significant weakness.

Barry Cull (Principal Auditor) informed the meeting that the matter of the extended use of agency workers in non-ECHS roles had been referred by the Director of HR to the Chief Officers' Executive (COE). The COE issued instructions to Directors for a business case to be made to and approved by the Director of HR, for all non-ECHS agency staff who had been in post over 6 months. Resultantly, all 37 non ECHS business cases had now been received by the Director of HR and 25 had been approved. The outstanding business cases would be assessed by the Director of HR when he came back from leave. Mr Cull felt that the Director of HR was being rigorous in his approach to dealing with this matter, and that significant progress had been made. Therefore the priority 1 recommendation was now considered to be implemented.

Members were advised that the two outstanding priority 1 recommendations for Leaving Care remained outstanding. The Head of Service indicated that they did not have the resources to check the 200+ grant sheets that required checking due to a lack of resources. A meeting was going to be held with the Head of Service and Head of Finance to discuss.

The Committee was reminded that as at the end of the previous Audit Sub-Committee meeting, there were three priority 1 recommendations that remained outstanding relating to the audit of the adult mental health contract. The recommendations relating to the deed of variation, performance monitoring and management reporting remained open. It was now the case however, that the Deed of Variation to the contract had been returned by Oxleas and had been looked at by LBB's Legal Section. The document had been returned to Oxleas for sign off. It was therefore anticipated that this priority 1 recommendation would soon be implemented; implementation of all of the recommendations was expected shortly.

Members were notified concerning the progress that had been made in resolving the outstanding priority 1 issues that had been identified at the previous audit relating to Strategic Property. Further checks were required by Audit to see if the recommendations had been implemented, so for the time being the recommendations remained open.

The Head of Audit and Assurance reminded the Committee that at the previous meeting of the Audit Sub Committee, it was noted that two priority 1 recommendations required to be implemented regarding the way that LBB's waivers were managed. These related to the use of a central register and a standard template. Both of these recommendations had now been fully implemented.

Members noted the Departmental and Corporate Risk Registers. The Head of Audit stated that a new 'Risk' had been added to the Corporate Risk Register. This was to do with the possible detrimental impact of Brexit on service delivery. Members were reminded that it had been agreed that any 'Risk' deemed to be 'Red' (High) should be brought to the attention of the relevant PDS Committee and that the 'further action column' on the register be kept under review.

A Member drew attention to the Corporate Risk Register and to Risk 4, which was the risk that LBB would fail to manage change and maintain an efficient workforce. The first risk causes identified included '*Potential changes to working relationship with Members as we move to a smaller organisation*'. He asked for further clarification concerning this, and the Head of Internal Audit and Assurance said that he would try and find out more about this from HR.

A Member referred to Risk 18 on the ECHS Risk Register which identified housing related risks connected to the roll-out of Universal Credit. In the '*further action required*' column, an action that had been identified was to '*set up a working group with Housing Associations to explore additional measures to support residents with the roll out of universal credit*'. A Member requested

an update regarding this and it was agreed that the Head of Internal Audit and Assurance would provide the Member with an update via email.

A Member asked for an update concerning the Mortuary Contract and it was agreed that an email update be provided to the Member concerned.

*(Post meeting note: an email was sent to the Member from the Assistant Director for Public Protection and Enforcement on 6<sup>th</sup> June to provide an update).*

A Member referred to Risk Item 8 on the ECS Risk Register, which was 'Arboricultural Management'. This had been rated as 'Low Risk' on the Risk Register. The Member suggested that in view of the audit report on the service, the risk should be re-classified to a higher risk rating.

**RESOLVED that:**

- 1) The Progress Report is noted.**
- 2) The list of Internal Audit reports published on the Council's web-site is noted.**
- 3) Members note the latest position on the Council's Departmental and Corporate Risk Registers.**
- 4) Members note the list of waivers sought since November 2018**
- 5) The Head of Audit and Assurance would investigate when an audit on Arboricultural Services was last conducted and report back to the Committee.**
- 6) The matters raised in the TFM audit should be referred back to the Executive, Resources and Contracts PDS Committee for their information and scrutiny.**
- 7) The issues concerning Arboricultural Services are referred to the ECS PDS Committee for their attention and scrutiny.**
- 8) The Head of Internal Audit and Assurance would contact HR and obtain clarification concerning the comment in the Corporate Risk Register about the ongoing need to reduce the size of the organisation.**
- 9) The Head of Audit and Assurance would investigate progress made with the setting up of a working group in partnership with Housing Associations to mitigate risks associated with the roll out of Universal Credit.**
- 10) Consideration is applied to re-rating the level of risk for Arboricultural Management on the ECS Risk Register.**

*Post Meeting Note:*

*The referrals to committees noted in resolutions 6 and 7 above, were made on 5th June.*

## **9 ANNUAL INTERNAL AUDIT REPORT**

### **FSD19048**

The Head of Audit explained that the annual report was for Member information, its aim being to assist the Council in meeting the requirements of the Accounts and Audit Regulations 2015, which required the Council to undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance procedures.

The Head of Internal Audit and Assurance stated that Internal Audit had ensured that controls were operating in an efficient and effective manner, statutory and management requirements were being complied with, and records were completed and were accurate. He briefed Members on the number of audit days that had been allocated to each Department as well as the total number of planned tasks which was 55. He pointed out that in addition to the planned tasks for the year; some audit work had been carried forward from the previous year and completed. In addition, some unplanned anti-fraud work had also been undertaken.

Members heard that the number of actual audit days for 2017/2018 was 824, this compared with 874 for 2018/2019. In consideration of 45 internal audit reviews for 2018/2019, 28 had been given a rating of 'Substantial Assurance' and 14 had been given a rating of 'Limited Assurance'. In three cases, enough evidence was available to support grant claims requiring Internal Audit verification. Seventeen priority 1 recommendations had been implemented and 17 had been carried forward. Members were informed that there had been a total of 271 fraud referrals with 85 successful prosecutions.

A Member brought up the matter of Risk Registers and the need for training on Risk Management to be provided to new Councillors. Another Member commented that individual Members should be asked if they required the training or not.

Members noted that Internal Audit was subject to a Quality Assurance and Improvement Programme that covered all aspects of internal audit activity. This consisted of an annual self-assessment of the service, and its compliance with the UK Public Sector Internal Audit Standards.

Under the requirements of the Public Sector Internal Audit Standards (PSIAS) there was a need for an external quality assessment of the service every 5 years. A peer review was carried out in March 2016 and concluded that the section generally conformed to the required standards.

Members were pleased to note that Internal Audit still generally conformed to the PSIAS. There were no significant findings from Internal Audit's Quality Assurance and Improvement Programme that required reporting to the Audit Sub-Committee or referred to in the Annual Governance Statement.

The Head of Audit and Assurance summarised the Annual Audit opinion. He stated that from the work undertaken during 2018/19, reasonable assurance was provided that there existed a sound system of internal control; this was designed to meet the Council's objectives—the controls were applied consistently. If weaknesses were identified, these were monitored by the Corporate Leadership Team and the Audit Sub Committee until any recommendations were implemented or discharged. Members noted that assurance could never be absolute.

There would now be a need to focus on the financial challenges that were looming for 2020-2021. A need had been identified to strengthen the Health and Safety Management systems and processes across the Council as well as the need to strengthen control arrangements and effectiveness around Contract Management.

A Member commented that the final audit report for St Olave's School had a 'Limited' assurance rating. He was not comfortable that a 'final' report should have a limited rating and suggested that a follow up report would be required.

**RESOLVED that Members note the report and the Head of Audit's opinion on the soundness of the internal control environment within the London Borough of Bromley.**

## **10 ANNUAL GOVERNANCE STATEMENT**

### **FSD19049**

Members noted the Annual Governance Statement. Members heard that the Council had to approve an Annual Governance Statement (AGS). The purpose of the AGS was to review the effectiveness of the system of internal control. The AGS had to be drawn up to comply with The Accounts and Audit Regulations (England) 2015.

The AGS, after having been approved by the Audit Sub-Committee, would then need to be approved by the General Purposes and Licensing Committee. It would then be signed off by the Leader and by the Interim Chief Executive. The AGS explained how actions had been discharged and identified areas of significant concern. Members were informed that the Code of Corporate Governance had now been updated and had been agreed by the Director of Corporate Services.

**RESOLVED that**

**1) The Audit Sub Committee note and agree the Annual Governance Statement**

**2) The Audit Sub-Committee agree to the changes that had been made to the Council's Code of Corporate Governance**

**11 DATE OF THE NEXT MEETING**

Members noted that the next meeting of the Audit Sub-Committee was scheduled for 17<sup>th</sup> October 2019

**12 LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006 AND THE FREEDOM OF INFORMATION ACT 2000**

**RESOLVED** that the press and public be excluded during consideration of the items of business listed below as it was likely in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present, there would be disclosure to them of exempt information.

**13 ANNUAL FRAUD & INVESTIGATIONS AND EXEMPT ITEMS REPORT**

Members noted the Annual Fraud and Investigations Exempt Items report and commented on matters arising.

As this was a part 2 (Exempt Information) report, the full minutes for this item were recorded in the part 2 minutes.

**14 EXEMPT MINUTES OF THE MEETING HELD ON 26th FEBRUARY 2019**

Members noted the exempt minutes of the meeting of the Audit Sub-Committee that was held on 26<sup>th</sup> February 2019.

**RESOLVED** that the exempt minutes of the meeting held on 26<sup>th</sup> February 2019, be agreed and signed as a correct record.

The meeting ended at 9.52 pm

Chairman



Report No.  
CSD 19142

LONDON BOROUGH OF BROMLEY

PART 1 PUBLIC

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**Decision Maker:**      **AUDIT SUB-COMMITTEE**

**Date:**                    **17<sup>th</sup> October 2019**

**Decision Type:**        Non-Urgent                    Non-Executive                    Non-Key

**Title:**                   **MATTERS OUTSTANDING**

**Contact Officer:**     Stephen Wood, Democratic Services Officer  
Tel: 020 8313 4316   E-mail: Stephen.Wood@bromley.gov.uk

**Chief Officer:**        Mark Bowen, Director of Resources

**Ward:**                    N/A

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1.   Reason for report

To update the Sub-Committee on progress with Matters Arising (Part 1) from previous meetings.

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2.   **RECOMMENDATION(S)**

**To note and comment on progress with matters outstanding from previous meetings.**

**To recommend any action as deemed appropriate with respect to matters that have not been resolved.**

## Corporate Policy

1. Policy Status: Existing Policy:
  2. BBB Priority: Excellent Council
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## Financial

1. Cost of proposal: Not Applicable:
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre: Democratic Services
  4. Total current budget for this head: £358,740
  5. Source of funding: 2019/2020 revenue budget
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## Staff

1. Number of staff (current and additional): 8 posts 6.79fte)
  2. If from existing staff resources, number of staff hours: Completion of "Matters Arising" reports for the Audit Sub Committee normally takes a few hours per meeting.
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## Legal

1. Legal Requirement: None:
  2. Call-in: Not Applicable:
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## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for the benefit of members of the Audit Sub-Committee so that Committee Members can monitor progress made on matters that are outstanding.
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## Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: N/A

### **3. COMMENTARY**

Attached is a schedule of matters outstanding from previous meetings of the Audit Sub Committee with a note of progress made. Most of these issues are taken up in more detail in the progress reports on the agenda (parts 1 and 2). Once an outstanding matter has been completed it will be removed from the schedule.

<b>Non-Applicable Sections:</b>	Policy/Financial/Legal/Personnel
Background Documents: (Access via Contact officer)	Previous Minutes of Audit Sub Committee.

## Appendix 1

Issue & Date	Summary	Update and/or Action being taken.	By	Completion date if known
<p><b>Minute 21</b> <b>8<sup>th</sup> November 2017</b></p> <p><b>Internal Audit Progress Report</b></p> <p><b>Minute 5</b> <b>4<sup>th</sup> June 2019</b></p> <p><b>Matters Outstanding</b></p>	<p>Members were advised that there had been an objector to the accounts. The objections were in relation to Waste Management and Trade Waste Collection.</p> <p>A Member expressed concern at the length of time that was being taken to close the accounts. It was noted that this was a matter for KPMG to resolve. It was agreed that the Head of Audit and Assurance should seek an update.</p>	<p>This matter has still not been concluded and is ongoing.</p> <p>On 28<sup>th</sup> June, the Head of Audit and Assurance reported that KPMG stated that they were still waiting for responses to requests for information from the Council and were unable to proceed until the responses had been received. The Director of Environmental Services had said that he had been in regular contact with KPMG. There were a large number of complex questions that were turning out to be more time consuming to resolve than had been envisaged. The Director was in the process of co-ordinating responses from corporate colleagues.</p> <p><i>This update was emailed to Members by the Committee Clerk on 28<sup>th</sup> June.</i></p>	<p>KPMG External Auditors.</p> <p>KPMG and the Director of Environmental and Community Services.</p> <p><b>An update concerning this matter has been provided on the current Internal Audit report.</b></p>	<p>Date is not known.</p> <p>Not known.</p>
<p><b>Minute 8</b> <b>4<sup>th</sup> June 2019</b></p> <p><b>Internal Audit Progress Report</b></p>	<p>During the discussion pertaining to Arboricultural Services a Member said that it would be good to know when an audit of the service had been undertaken previously.</p>	<p>On 28th June the Head of Audit and Assurance reported that the previous Arboricultural Services contract had commenced in 2008 and Internal Audit had attempted to identify if any audit review was undertaken during this period.</p> <p>Audit plans from 2008 were checked and confirmed that a Parks and Greenspace Investigation report was finalised in May 2012. This review was followed up and reported to committee in November 2013.</p> <p>Arboricultural Services were part</p>	<p>Head of Audit and Assurance.</p>	<p>Closed</p>

		<p>of the Parks and Greenspaces division but this service had not been included in the scope of the audit review or subsequent investigation as the audit was concerned with parks.</p> <p>The Internal Audit Plan for 2013-14 included a 10 day audit of Parks and Greenspaces with the objective to “Follow-up of previous audit recommendations for the Parks and Greenspace audit and to review Arboriculture Services”. This audit review was rolled forward to 2014-15. The Parks and Green Space audit was allocated to the Wandsworth Internal Audit Team as part of the audit contract arrangement in place at that time.</p> <p>There is evidence that the Arboriculture Service was included in the initial terms of reference, but at the time of scoping the audit, the Parks and Greenspace client function was being outsourced and greater emphasis was placed on the monitoring role and the department’s ability to cope with this change.</p> <p>It is thought that the additional testing and review demanded by this change would have resulted in Arboricultural services being removed from the scope, but this cannot be confirmed as the Head of Audit at that time left the Authority in June 2017.</p> <p>The audit report for Parks and Greenspaces, finalised in August 2015 does not refer to Arboricultural Services.</p>		Closed
<p><b>Minute 8</b> <b>4<sup>th</sup> June 2019</b></p> <p><b>Internal Audit Progress Report</b></p>	<p>A Member drew attention to the Corporate Risk Register and to Risk 4, which was the risk that LBB would fail to manage change and maintain an efficient workforce. The first risk causes identified, included ‘Potential changes to working relationships with Members as we move to a smaller organisation’. He asked for further clarification concerning this.</p>	<p>The Head of Audit and Assurance provided the following response on 28<sup>th</sup> June which was emailed out by the Committee Clerk:</p> <p><i>The Director of HR has advised that risk cause 13 was a poor description of the point being made and offered his apologies. He stated that the correct description is adequately covered in risk causes 1, 3 and 7 in particular.</i></p> <p><i>1. The on-going need to reduce the size and change the shape of the organisation to secure priority</i></p>	<p>Head of Audit and Assurance and the Director of HR.</p>	Closed

		<p><i>outcomes within the resources available.</i></p> <p><i>3. Potential skills gap and deterioration of service quality through loss of experienced staff as a result of age profile of workforce and downsizing (failure to succession plan).</i></p> <p><i>7. Lack of capacity to lead projects / manage change agenda and consequent ability to respond to change initiatives and the achievement of outcomes and benefits.</i></p> <p><i>He added that the risk cause in question (number 13) will be removed with immediate effect.</i></p>		Closed
<p><b>Minute 8 4<sup>th</sup> June 2019</b></p> <p><b>Internal Audit Progress Report</b></p>	<p>A Member referred to Risk 18 on the ECHS Risk Register which identified housing related risks connected to the roll-out of Universal Credit. In the 'further action required' column, an action that had been identified was to 'set up a working group with Housing Associations to explore additional measures to support residents with the roll out of universal credit'. He requested an update regarding this.</p>	<p>The Director of Housing has said that this work has been picked up in the Bromley Federation of Housing Associations work plan and is ongoing to monitor the impact of Universal Credit, share good practice and explore options to improve the support to tenants receiving Universal Credit.</p>	<p>Director of Housing.</p>	Closed
<p><b>Minute 8 4<sup>th</sup> June 2019</b></p> <p><b>Internal Audit Progress Report</b></p>	<p>It was resolved that the matters raised in the TFM audit should be referred back to the ERC PDS Committee for their attention and scrutiny.</p>	<p>The matter was referred back to the ERC PDS and was discussed at their meeting on 3<sup>rd</sup> July.</p>	<p>ERC PDS Committee</p>	Action is closed.
<p><b>Minute 8 4<sup>th</sup> June 2019</b></p> <p><b>Internal Audit Progress Report</b></p>	<p>It was resolved that the issues concerning Arboricultural Services should be referred to the ECS PDS Committee for their information and scrutiny.</p>	<p>An update report regarding Arboricultural Services (written by Sarah Foster) was provided to the ECS PDS Committee on 18<sup>th</sup> June.</p>	<p>Report from Sarah Foster scrutinised by ERC PDS on 18<sup>th</sup> June.</p>	Closed.
<p><b>Minute 8 4<sup>th</sup> June 2019</b></p> <p><b>Internal Audit Progress Report</b></p>	<p>Resolution 10 was that 'Consideration is applied to re-rating the level of risk for Arboricultural Management on the ECS Risk Register'.</p>	<p>This was completed and included in the revised risk register presented at ECS PDS on 28<sup>th</sup> August.</p>		Closed.

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Report No.  
FSD 19081

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:**       **AUDIT SUB-COMMITTEE**

**Date:**                   **Thursday 17 October 2019**

**Decision Type:**       Non-Urgent                   Non-Executive                   Non-Key

**Title:**                   **INTERNAL AUDIT PROGRESS REPORT**

**Contact Officer:**     David Hogan, Head of Audit and Assurance  
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**Chief Officer:**        Director of Finance

**Ward:**                   (All Wards)

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1. Reason for report

This report informs Members of recent audit activity across the Council and provides updates on matters arising from the last Audit Sub Committee. It covers:-

- 3.2 Audit Activity
    - 3.2.1 Priority 1 Recommendations
    - 3.2.2 Audit Report Summaries
  - 3.4 Publication of Internal Audit Reports
  - 3.5 Risk Management
  - 3.6 Waivers
  - 3.7 Audit of Accounts / update on previous years' objections
- 

2. **RECOMMENDATIONS**

- a) **Note the Progress Report and comment upon matters arising**
- b) **Note the list of Internal Audit reports published on the Council's web-site**
- c) **Note the latest position on the Council's Departmental and Corporate Risk Registers**
- d) **Note the list of waivers sought since April 2019**
- e) **Note the status on the Audit of Accounts for 2018/19 and the update on the objections to previous years' accounts.**

### Impact on Vulnerable Adults and Children

1. Summary of Impact: Some of the audit findings could have an impact on Adults and Children's Services
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### Corporate Policy

1. Policy Status: Not Applicable:
  2. BBB Priority: Excellent Council:
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### Financial

1. Cost of proposal: Not Applicable:
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre: Internal Audit and Assurance
  4. Total current budget for this head: £535k including Internal and External Audit, Fraud Partnership, Insurance Management and Claims handling
  5. Source of funding: General Fund, Admin Penalties, Legal cost recoveries, insurance recharged to Insurance Fund
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### Personnel

1. Number of staff (current and additional): 7.5 including 1 FTE Insurance and Risk Manager
  2. If from existing staff resources, number of staff hours: 2019/20 – 902 audit days are proposed to be spent on the audit plan, fraud and investigations – excludes RB Greenwich time.
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### Legal

1. Legal Requirement: Statutory Requirement:
  2. Call-in: Not Applicable:
- 

### Procurement

1. Summary of Procurement Implications: Some planned audits will have procurement implications.
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### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 100 including Chief Officers, Managers, Head Teachers and Governors
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### Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable



### 3. COMMENTARY

3.1 This report advises Members of the Audit Sub-Committee on the work undertaken by the Internal Audit Team since the meeting held on 4<sup>th</sup> June 2019 and the level of assurance on that work. The Accounts and Audit Regulations require the Council to undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes; taking into account the Public Sector Internal Auditing Standards (PSIAS) and other guidance.

#### 3.2 Audit Activity (Key Findings)

3.2.1 The latest list of outstanding Priority 1 recommendations is shown at Appendix A. There have been some additions since the last meeting of this Committee and these are detailed below. There has also been some movement in Priority 1 recommendations brought forward that are also detailed below.

3.2.2 A summary of key findings from Audits completed to date follows. Members are reminded that the full reports have been published with the agenda if they require further detail.

#### 3.2.3 Adults Health and Social Care Integration

Audit opinion	Reasonable
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3.2.4 The objective of the audit was to review existing controls to secure joint working across the health and social care economy, looking at the use of Delayed Transfer of Care, Better Care Fund and Improved Better Care Fund. This was to ensure satisfactory progress towards statutory duties.

3.2.5 The audit review identified that controls were in place and working well in that the Bromley Health and Wellbeing Strategy was approved by the Health and Well Being Board in November 2018 and an Integrated Commissioning Board meets every two months with a formal Terms of Reference, a detailed work programme and receives regular progress reports. The Health and Well Being Board receives quarterly performance reports; Integrated Care Networks (ICN) have been in place since 2016; the One Bromley Partnership is delivering joined up services to individuals and an integrated commissioning unit will be in place by April 2020. Lastly, the Council and Bromley CCG are working on a digital roadmap to allow care records for individual service users to be viewed by health and social care professionals.

3.2.6 There were four priority 2 recommendations identified. Outstanding actions from the superseded 2020 Bromley Action Plan need to be transferred to the Integrated Commissioning Board Work Programme. The draft Joint Mental Health and Wellbeing Strategy was not approved by the Council's Adult Care and Health PDS as more work needed to be done in several areas (interface with CAHMS and for people with limited internet access to access services). Performance statistics for ICN's reported to the Health and Wellbeing Board for 2018/19 did not relate to agreed performance indicators and require further development. The latest version of the Section 75 Agreement between the Council and Bromley CCG has not yet been signed.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	0	0	0
Priority 2	4	4	0
Priority 3	0	0	0

### 3.2.7 Contract management of the Council's IT contractor

Audit opinion	Substantial
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3.2.8 The overall objective of the audit was to review governance and management of the Council's IT contract to ensure controls are satisfactory and mitigate risk

3.2.9 Controls noted to be in place and working well included the two Lots of the contract being approved by the Executive, signed by the Director of Corporate Services and sealed accordingly. Contract monitoring and performance board meetings take place regularly, with performance presentations provided by the contractor and with Key Performance Indicators reviewed and explanations sought where necessary.

3.2.10 Invoices received from the contractor are checked to the supporting information provided showing the volume data for each service and the appropriate fee.

3.2.11 We have made three Priority 3 recommendations to improve the framework of controls. These relate to the arrangements for performance monitoring on any occasion when a monthly meeting cannot be arranged and the recording and accuracy of meeting minutes.

3.2.12 The recommendations have all been accepted by management.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	0	0	0
Priority 2	0	0	0
Priority 3	3	3	0

### 3.2.13 Education, Care and Health Services Capital Schemes

Audit opinion	Reasonable
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3.2.14 The overall objective of the audit was to review the governance and management of the Schools' Capital Programme element of the Education, Care and Health Services Capital Scheme.

3.2.15 We have made four priority 2 recommendations to improve the framework of controls. These relate to implementing a robust file management system; documenting the end to end procedure for delivery of projects within the School Capital Programme; ensuring that post completion reports are undertaken in a timely manner and, that contract documentation is retained correctly to enable it to be located and retrieved without delay.

3.2.16 The recommendations have all been accepted by management.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	0	0	0
Priority 2	4	4	0
Priority 3	0	0	0

### 3.2.17 Fostering

Audit opinion	Substantial
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3.2.18 The overall objective of the audit was to review controls in place for the assessment, placement review and payment procedures for in house and independent fostering.

3.2.19 We have made three priority 2 recommendations relating to our testing and identified the following issues:-

3.2.20 Queries arose with one of the Independent Fostering Arrangement (IFA) placements relating to an incorrect date for the start date of the placement and the date of birth of the child was recorded incorrectly within the contract.

3.2.21 Service agreements were found to have not been closed down as a matter of process by Fostering or Commissioning. There is confusion as to which team should close the service agreements as and when relevant. Carefirst therefore does not show the current position and can be misleading.

3.2.22 Supporting documentation had not been uploaded onto Carestore for review in respect of an interim payment. This was subsequently uploaded.

3.2.23 The recommendations have been accepted by management.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	0	0	0
Priority 2	3	3	0
Priority 3	0	0	0

### 3.2.24 Licensing

Audit opinion	Reasonable
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- 3.2.25 The overall objective of the audit was to assess the controls around compliance with legal/regulatory requirements.
- 3.2.26 We have made five priority 2 recommendations relating to our testing and identified the following issues:-
- 3.2.27 Procedures provided at the start of the audit, of which there were many, had various dates although we were advised that this was not correct. The Team Leader advised that the procedures were in the process of being updated in respect of the changes in legislation in regard to the animal licenses. The updated procedures could not be tested as they were not provided to us at the time of the review.
- 3.2.28 It was confirmed that the House in Multiple Occupation (HMO) team do not notify council tax of HMO properties within the borough. With the change in legislation regarding the mandatory Licensing classification of premises that came into force on 1<sup>st</sup> October 2018, it is likely that the number of HMO properties will increase.
- 3.2.29 At the time of the audit it was noted that the Public Protection, Trading Standards & Community Safety Fees and Charges document does not currently include the fees and charges in relation to HMO's.
- 3.2.30 Supporting documentation could not be found on Uniform in respect of some of the samples selected for review; applications, licences and details of payment method.
- 3.2.31 The Licensing team officers explained to us that problems were experienced by them in trying to determine whether individual licence fees had been received. Enquiries have been made to ensure that a report is made available to the team as well as access to the Discoverer reporting tool to enable the team to check on income received.
- 3.2.32 The recommendations have been accepted by management.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	0	0	0
Priority 2	5	5	0
Priority 3	0	0	0

### 3.2.33 No Recourse to Public Funds (NRPF) – New Priority 1

Audit opinion	Limited
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- 3.2.34 The overall objective of the audit was to review the controls for the assessment and monitoring of NRPF cases, to include payment procedures and to consider the effectiveness of counter fraud initiatives and data sharing with other Boroughs. This audit review was limited to the NRPF service within the Children’s Social Care Division. Adult Social Care were supporting 4 NRPF cases but these were not reviewed this time.
- 3.2.35 The No Recourse to Public Funds (NRPF) function for families with children is part of the Referral and Assessment Team. Eligibility to access support from the Authority as NRPF clients is based on an initial assessment, collection of key documents, verification of a connection to Bromley, Home Office application status and evidence of destitution.
- 3.2.36 Controls were in place and working well in the areas of utilisation of the Connect system to record cases, track progress and support counter fraud initiatives. There was one priority 1 recommendation relating to the procurement, contractual arrangements and cost of accommodation. The procurement of accommodation did not comply with Financial Regulations or Contract Procedure Rules. One contractor has been used as the main source of accommodation but no consideration given to cumulative spends with this one provider. Accommodation was procured via a telephone call; there was no contractual agreement with the providers or formal order. With no contract or purchase order there are no agreed terms and conditions that may impact on liability around health and safety, compliance to Housing Regulations and payments. The nightly rate paid for the sample of NRPF cases selected for audit testing identified that the accommodation charge paid by NRPF to the provider was higher than the Pan London rates in 8 out of 10 cases. The difference in cost for the period of placement during 2018/19 totalled £24,617.
- 3.2.37 If this value is indicative and applied to previous years, savings would have been significant. The actual cost of accommodation for NRPF 2018/19 is £166,373; the potential saving represents 15% of this value.
- 3.2.38 During the course of the audit it was noted that accommodation had been procured from the provider on behalf of other CSC teams. The findings identified for NRPF will therefore be replicated for the accommodation procured for the families in these other teams.
- 3.2.39 As part of the Transformation agenda the Authority will be reviewing Housing services. There will be scope to refer the accommodation element of the NRPF to Housing if sufficient resources are available but a robust referral process would need to be developed.
- 3.2.40 Five priority 2 recommendations were raised relating to the need for locally agreed procedures and working practices to allow business continuity, cover the absence of the one

designated NRPf officer and allow management to exercise challenge and scrutiny of working practices. This would include formalising the financial assessments, standardising the scanned document process and agreeing the location to store information. The regulation of subsistence allowances in line with Home Office guidelines and improving the information uploaded to the Connect system, allowing access to colleagues in Adult Social Care and Housing as necessary also need to be improved.

3.2.41 One priority 3 recommendation was raised relating to the classification of NRPf cases on CareFirst.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	1	1	0
Priority 2	5	5	0
Priority 3	1	1	0

**3.2.42 Review of Creditors’ systems and processes – Priority 1 Recommendation**

Audit opinion	Limited
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- 3.2.43 The overall objective of the audit was to review key controls over the creditors’ system.
- 3.2.44 Controls noted to be in place and working effectively included having a Service Level Agreement with the Council’s exchequer contractor for the service provided and with monthly performance reports provided by the contractor.
- 3.2.45 Procedural guidance and checklists are in place for the respective teams involved in the creditors’ process, with regular reconciliations of the creditors’ control account being undertaken.
- 3.2.46 Appropriate controls, including a supervisory check, are in place for the processing of invoices. Other checks to help prevent and detect any duplicate payments are carried out and payments over £500 are published on the Council’s website as required.
- 3.2.47 There are however several areas where management attention is required. Appropriate bank mandate checks to prevent fraud were not in place and this represented a significant risk to the Council which needed to be addressed urgently. There is also no privacy statement included on supplier set up forms.
- 3.2.48 We found evidence of users being set up on the financial system without reference to financial authority limits and with the required forms not being completed properly. Furthermore, staff no longer engaged by the Council had not always been removed from the authorised signatory list.
- 3.2.49 Some purchase orders had been raised after the invoices had been received for payment. Reports to identify retrospective orders are not being run regularly.

- 3.2.50 We have also made recommendations to strengthen controls around the availability of iProc training to staff, assigning financial approval responsibilities to colleagues when staff are out of the office for a period of time and the information shown on remittance advices for payments made via the CareFirst system. The use of AP1 payment forms to process transactions that do not meet the criteria set out in Financial Regulations needs to be reviewed.
- 3.2.51 Management have accepted all the recommendations made with instructions to implement the priority 1 recommendation on bank mandate checks immediately the issue was flagged with management.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	1	1	0
Priority 2	5	5	0
Priority 3	2	2	0

**3.2.52 Highways Maintenance Contract – 3 New Priority 1 Recommendations**

Audit opinion	Limited
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- 3.2.53 The overall objective of the review was to ensure that a risk based approach was in place for the maintenance of the LBB's highways infrastructure including setting levels of service, inspections and their outcome, resilience, priorities and programmes.
- 3.2.54 The contract arrangements and contract payments were also reviewed to ensure compliance with the Contract Procedure Rules and Financial Regulations.
- 3.2.55 There are several areas where management attention is required. These include the selection process of highways schemes for the major works programme, management of delivery of agreed highways schemes and controls on reconstruction and widening of vehicle crossovers as part of footway schemes. (It should be noted that controls on vehicle crossovers which are not part of footway schemes have been separately reviewed by Internal Audit in 2018-19).
- 3.2.56 Management advised that in respect of the selection of schemes for the Highway Investment Project, a series of assessments were undertaken before recommendations were made to the Environment and Community Services PDS. The network survey was completed by external consultants to identify the maintenance need of all sections of carriageway, each of which is up to 500m long. Reports from Highway Inspectors, Councillors or members of the public are considered to establish requirement for maintenance. Once the full list for maintenance has been compiled from the above information, further surveys are undertaken by Council officers to identify the need for maintenance in the short-term, the extent of the works and likely cost. This data is used to prepare each phase of the investment project which is circulated to all Ward Councillors for comment before being submitted to the ES PDS committee for scrutiny, and finally the Portfolio Holder for approval. Management stated that officers are not the decision makers for these projects.

- 3.2.57 A sample of 8 schemes from the Highways Investment Project was randomly selected by Internal Audit (4 footways and 4 carriageways) to review the process followed by management before recommending the schemes to ES PDS committee for decision making. The following were noted:
- 3.2.58 4 of 4 carriageways were found to be in 'as new' condition or 'not requiring preventative maintenance for 5 years' by the external consultants (survey undertaken October 2015 to February 2016). On enquiry management advised that while the overall condition of carriageway may have been recorded as 'up to standard' or 'as new', reports from Highway Inspectors, Councillors or members of the public have identified areas of carriageway that require maintenance. Management were asked to provide reports from Highway Inspectors, Councillors or members of the public as evidence and no documentary evidence was available to confirm the reasons for recommendation of 1 of 4 carriageways. The actual spent on resurfacing this carriageway was £160,079. An email from a former Highways Inspector stating that he had used the data from the survey undertaken by the contractor and Inspectors data and Members comments to select the carriageways was provided as evidence for 3 of 4 carriageways. The information that the former Highways Inspector referred to in his email (survey data from contractor, inspector data and Members comments) and relied on to compile the list of schemes was not available. The actual spent on resurfacing these carriageways was £145,843. Therefore, the rationale for recommendation of the 4/4 sampled carriageways for the Highways Investment Project which costed £305,921 in total could not be satisfactorily evidenced.
- 3.2.59 In respect of management of delivery of agreed Highways investment schemes these are raised as jobs on the Confirm system by the Highways Contract Manager following the site visit by the Highways Inspector. It was noted that there are no written procedure notes for agreeing work to be undertaken, raising and varying orders, inspections and rectification of defects. It was found that in respect of these schemes
- No formal process is in place to establish the work to be undertaken as part of agreed schemes. The order is not supported by a formal record of the site visit to establish measurement of site and description of work.
  - Where the order amount differed from the invoiced amount, no records of agreed variation were found.
  - Insufficient evidence is retained for the monitoring undertaken by the Highways Inspectors.
  - Re-measurement sheets for carriageway inspections which support payment of works were not dated.
  - The inspections are not diarised and are not supported by photographs.
  - The Highways Inspectors do not maintain a written record of defects and their rectification.

#### Reconstruction of vehicle crossovers

- 3.2.60 Before commencement of a major footways scheme, residents are notified of the timetable of the proposed footways work and are offered the opportunity to have their vehicle crossing reconstructed and/or widened at a reduced rate. It was noted that there is no documented procedure to manage requests for reconstruction/ widening of crossovers. Internal Audit was informed that these requests are dealt with at short notice and in some instances the work is agreed verbally by the resident with the Highways Inspector.

For one of the footways scheme in the sample:

- Five requests for the vehicle crossings to be reconstructed and/or widened were received as per the ad hoc records kept by the Highways Inspector.



- From the information obtained from the cashier, payments for only 3 crossover requests could be evidenced.
- No documents were available to establish if the prices charged were correct.
- No reconciliation is undertaken to ascertain the number of crossovers actually reconstructed or widened by the contractor and the income received.

3.2.61 We have also made recommendations to strengthen controls around the segregation of duties of Highways officers and contract management training. Management have accepted all the recommendations made.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	3	3	0
Priority 2	2	2	0
Priority 3	0	0	0

### 3.2.62 Domiciliary Care Contract Management – New Priority 1

Audit opinion	Limited
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3.2.63 The overall objective of the audit was to review governance and management of the contracts to ensure controls are satisfactory and mitigate risk.

3.2.64 There are two types of domiciliary care service provider contracts in place; spot contracts and framework contracts. Providers on spot contracts are expected to be used on an ad-hoc basis when no framework providers are available. However, in practice, this is not the case and providers on spot contracts are used as much as framework providers to meet demand. There are currently 39 care providers in use by the Council, 22 on spot contracts and 17 on framework contracts. The majority of the initial contracts in place expired in August 2017, with extensions subsequently being agreed.

3.2.65 Controls were in place and working well in the areas of Quality Assurance Framework (QAF) reports which are produced annually for each provider, links to the CQC monitoring spreadsheet, monthly updates to the Portfolio Holder, the annual quality monitoring report presented to Adult Care and Health PDS and budget monitoring for domiciliary care expenditure.

3.2.66 There was one priority 1 recommendation relating to three current provider contracts. For one framework provider, the signed contract in place had expired in August 2017 but there were 19 active care plans with a total weekly cost of £4,298. For one spot contract provider the contract had expired in March 2015 but there were 15 active care plans with a total weekly cost of £3,148. For one provider the contract was due to expire in August 2019 and there was no provision of an extension.

3.2.67 Two priority 2 recommendations were raised relating to the need for agreed procedures and working practices to allow the hospital team to approve care packages above £200 outside of the Practice Review Group and for the QAF documents to record successful verification as

opposed to exception only. It was also suggested that the QAF report shows the reconciliation between Council hours and provider hours.

3.2.68 Two priority 3 recommendations were raised relating to the development of a procedure document to support contract monitoring and management and secondly consideration of additional management information to be available to monitor variances identified by Accounts Payable.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	1	1	0
Priority 2	2	2	0
Priority 3	2	2	0

**3.2.69 Direct Payments (Children)**

Audit opinion	Reasonable
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3.2.70 The overall objective of the audit was to review the controls in place for the assessment, service agreement and review of direct payments for children. The audit was to consider any split costs between Education and Health services.

3.2.71 We have made five priority 2 recommendations relating to our testing and identified the following issues:-

DP1 & 7 Forms (Referral or change of Service Form)

3.2.72 It was found that there were delays in completing the DP1 form for 2 out of 20 cases.

3.2.73 In one case, the service agreement commenced on 24/9/18 and the DP1 was dated 25/10/18. Management confirmed that the payment was backdated hence the delay in dates.

3.2.74 For the second case, the service agreement commenced on 27/3/17 to 16/9/18 and the DP1 was dated 21/9/18. An email from the contractor confirms the delay was down to the contractor.

Reviews

3.2.75 From sample testing of 20 cases it was found that issues arose in three cases at the time of testing. In some cases the reviews could not be located or they had been delayed. It should be noted that management are setting up a new online review assessment, but this is still in progress at the time of the audit.

Service Agreements

3.2.76 All service agreements sampled for review on Carefirst had been authorised. However, sample testing showed that there had been delays in authorising service agreements in a timely manner in 16 cases. The delays ranged from a matter of weeks to four months in one case.

### DP Calculation

3.2.77 Through sample testing, it was found that for one case, the calculation detailed within the DP1 dated 24/4/19 was not clear. The calculation is based on 50 weeks which has been queried as well as the payment should be made monthly.

### Direct Payment Rate for Children

3.2.78 It was confirmed by management that the direct payment rate of £10.73 for children had not been reviewed in line with the adult rate.

3.2.79 The recommendations have been accepted by management.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	0	0	0
Priority 2	5	5	0
Priority 3	0	0	0

### **3.2.80 Extra Care Housing**

Audit opinion	Reasonable
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3.2.81 The overall objective of the audit was to review governance and management of contracts to ensure controls are satisfactory and mitigate risk for all schemes.

3.2.82 Controls were in place and working well in the areas of the Quality Assurance Framework (QAF) reports produced annually for each Extra Care Housing (ECH) scheme, links to the CQC monitoring spreadsheet, agreed improvement plan for two care providers evidenced progress against specified objectives, care plans had been authorised, KPI's discussed at monthly monitoring meetings with the care providers and monthly budget reports are produced to identify any costs associated with voids.

3.2.83 There was one priority 2 recommendation relating to the formal contract for one landlord not being uploaded to the contract database and the signed contract had not been uploaded for one care provider.

3.2.84 One priority 3 recommendation was raised relating to the development of a procedure document to support contract monitoring and management.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	0	0	0
Priority 2	1	1	0
Priority 3	1	1	0

### 3.2.85 Riverside School

Audit opinion	Reasonable
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3.2.86 The overall objective of the audit was to review the adequacy and effectiveness of the system of controls surrounding the financial administration of the school, as required by the 1998 School Standards and Framework Act Section 48, paragraph 2(d) and the Authority's Scheme for Financing Schools.

3.2.87 The school was visited to review financial management, governance arrangements, safeguarding assets and probity testing for the primary accounting procedures.

3.2.88 Controls were in place and working well for financial management and governance. However there were five priority 2 recommendations raised relating to the expenditure process, HMRC online questionnaires, petty cash, lettings and the asset register. One priority 3 recommendation was raised with regard to the contract register.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	0	0	0
Priority 2	5	5	0
Priority 3	1	1	0

### 3.2.89 Post implementation review of Libraries Contract

Audit opinion	Substantial
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3.2.90 The overall objective of the audit was to review governance and management of contract to ensure controls are satisfactory and mitigate risk.

3.2.91 We have made three priority 3 recommendations to improve the control environment. These relate to enhancing the monthly contract monitoring meeting recording process to ensure clarity of timescales for actions; ensuring that an official order has been raised prior to receipt of the invoice and managing the process for receipt of the monthly invoices to ensure that they are paid within contractual timescales.

3.2.92 The recommendations have been accepted by management.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	0	0	0
Priority 2	0	0	0
Priority 3	3	3	0

### 3.2.93 Review of Starters and Leavers – New Priority 1

Audit opinion	Limited
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3.2.94 The overall objective of the audit was to review systems and procedures for controlling new starters and leavers to provide assurance that the controls around new starters and leavers are sound and secure.

3.2.95 Controls noted to be in place and working effectively included completion of the starters' checklist, references obtained and on-line health questionnaire. The Council's intranet has a page dedicated to standards and values for new staff to view.

3.2.96 There are several areas where management attention is required. These include the notification process by managers for informing IT and other relevant departments, such as those who issue building security passes and procurement cards, of staff who are leaving. An IT solution which will notify all relevant parties is being proposed and will be introduced in 2020 when the new version of Sharepoint is rolled out. Until that time HR will take the lead on informing relevant departments. The identification of staff who have not accessed their IT user account for a considerable period of time and therefore may have left the Council, needs to be carried out more promptly.

3.2.97 We have also made recommendations to strengthen controls around the confirmation by managers of induction checks for new staff and the leavers' checklist. The introduction of an electronic document management system is being worked on and is expected to reduce the risk of errors and inconsistencies. Management have accepted all the recommendations made.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	1	1	0
Priority 2	4	4	0
Priority 3	1	1	0

### 3.2.98 Workforce Planning

Audit opinion	Limited
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3.2.99 The overall objective of the audit was to review the extent to which the Council has assessed its current and future skills gap and addressed risks caused by the demographic make-up of its workforce

3.2.100 Controls noted to be in place and working well included the link of HR initiatives and strategies to ‘Building a Better Bromley’ and the Council’s REAL leadership values. A dedicated Recruitment and Retention Board has been put in place for Adult Social Care and Children Social Care staff, together with a plethora of training courses and initiatives for staff in those areas. The Bromley Learning Hub has a range of learning and development activities for all staff.

3.2.101 There are several areas which management attention is required. These include to the lack of controls over succession planning, except for hard to fill posts mainly in Adult Social Care and Children Social Care. A ‘Critical Post Identification Tool for Succession Planning’ has been created and is in draft form. A culture of talent management has not been established, although an Organisational Development Pathway diagram has been created.

3.2.102 Whilst a Recruitment and Retention Board has been set up to identify and implement initiatives to recruit to ‘hard to fill’ positions in Adult Social Care and Children Social Care, there is, however, nothing similar in place for other areas of the Council where ‘hard to fill’ vacancies in key positions exist. The Council’s HR strategy needs to be amended to include how success in workforce planning will be measured.

3.2.103 A position statement had been written by the Head of Learning and Development in 2018, reviewing current and past talent management and succession planning programmes in the Council and including an action plan with nine recommendations to address various elements of workforce planning. An update on each of the recommendations was provided to us during the audit and has been included as an appendix to our report.

3.2.104 We have made three Priority 2 recommendations to improve controls in this area. The recommendations have all been accepted by management.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	0	0	0
Priority 2	3	3	0
Priority 3	0	0	0

### 3.2.105 Integration and Better Care Fund: The Disabled Facilities Capital Grant (DFG) Determination (2018/19): No 31/3337

3.2.106 On 16<sup>th</sup> May 2018, the Housing Support Division, Ministry for Housing, Communities and Local Government confirmed, by letter, that a 2018/19 Disabled Facilities Grant Allocation of £1,994,974 had been awarded to the London Borough of Bromley.

3.2.107 The Chief Executive or Chief Internal Auditor of each of the recipient payment authorities is required to sign and return to the Housing Support Division of the Ministry for Housing, Communities and Local Government a declaration, to be received no later than 31st October 2019, in the following terms: “To the best of our knowledge and belief, and having carried out appropriate investigations and checks, in our opinion, in all significant respects, the conditions attached to the Disabled Facilities Capital Grant Determination (2018-19) No [31/3337] have been complied with”.

3.2.108 Based on discussions with officers and a review of the records held, Internal Audit has gained appropriate assurance that the conditions of the grant determination have been met however, within the 2018/19 Financial Year, a spend of £1.247m against the budget was achieved. The remainder has been carried forward and mandatory DFG work continues in 2019/20 with a further £417k spent during the first quarter.

### **3.2.109 Local Transport Capital Block Funding (Integrated Transport and Highway Maintenance) Specific Grant Determination (2018/19): No 31/3224**

3.2.110 On 13th November 2018, the Department for Transport confirmed, by letter, that an additional Highway Maintenance funding allocation of £1,117,000 had been awarded to the London Borough of Bromley’.

3.2.111 The Chief Executive and Chief Internal Auditor of each of the recipient authorities were required to sign and return to the team leader of the Local Infrastructure team in the Department for Transport a declaration, to be received no later than 30th September 2019, in the following terms: “To the best of our knowledge and belief, and having carried out appropriate investigations and checks, in our opinion, in all significant respects, the conditions attached to the Local Transport Capital Block Funding (Integrated Transport and Highway Maintenance) Specific Grant determination (2018/19) No.31/3224 have been complied with”.

3.2.112 Based on discussions with officers and a review of the records held, Internal Audit has gained appropriate assurance that the conditions of the grant determination have been met, with the signed declaration submitted on 15th August 2019.

### **3.2.113 Troubled families claim for September 2019**

3.2.114 The Troubled Families Programme is a programme of targeted intervention for families with multiple problems, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse.

3.2.115 It is led by the Ministry of Housing, Communities and Local Government, in partnership with the Departments for Education, Health, Work and Pensions and Ministry of Justice. A local authority can claim a results payment if it can demonstrate that an eligible family has achieved significant and sustained progress against all problems identified at the point of engagement and during the intervention or if an adult in the family has moved into continuous employment.

3.2.116 We analysed a random sample of individual claims for the claim period between 1 April 2019 and 30 September 2019. From our testing we found that there was documentary evidence to support that the individual claims sampled met the employment or significant and sustained criteria, enabling a claim to be made.

3.2.117 We also confirmed that the total amount claimed for payment by results for the 403 individual claims submitted between the period 1 March 2019 and 30 September 2019 was £322,400.

3.2.118 At the end of July the MHCLG carried out a spot check of a sample of claims made by the Council and examined the Council's arrangements for achieving outcomes for families. One of our auditors attended for part of this visit and explained the role which we undertake. The feedback at the end of the visit was very positive with no learning points raised. Formal confirmation of this from the MHCLG is awaited.

### **3.3 Priority 1 Follow Up**

#### **3.3.1 Arboricultural Management – Priority 1 update**

3.3.2 At the previous meeting Members were informed that four priority 1 recommendations had been raised for the Arboricultural Service. The findings related to the payment process, open orders on Confirm, contract monitoring and defaults. Progress has been made to implement the recommendations but this has been limited by the commencement of the new contract, continued resource issues within the Arboricultural Team and the outstanding invoice to be submitted by the previous contractor.

3.3.3 At the time of this update two of the four arboricultural posts are still vacant. However a more positive response to recent adverts may fill these posts. The Department have also secured approval to procure an external consultant to complete the tree surveys for 2019/20, alleviating pressure for the in-house team up to March 2020.

#### Payment Process

3.3.4 The most significant progress has been made to move the payment process to the Performance and Business Support Team in line with other Environment contracts and to produce comprehensive procedure notes to support the payment process. The transfer of roles and the process set out in the guidelines should address the system weaknesses identified in the original audit. Given the contract has only been live since April there has been insufficient time and data to allow the new procedures to become embedded and tested. However given the work done to date it is accepted that the recommendation is partially implemented.

#### Open Orders and Confirm

3.3.5 The recommendation relating to open orders was considered in two parts; the cleansing of data on Confirm for the previous contract and the number and value of open orders since April 2019.

3.3.6 For the old contract, which expired in March 2019, the IT system administrator confirmed that as at 27th September there were 598 open orders (status being "job printed") held on Confirm for the previous provider. The same report detailed 228 jobs (status being "contractor completed on site") that had not been transferred to the payment certificate and subsequent inclusion on an invoice. When the contract expired the outgoing provider was given 3 months access to Confirm to process allocated jobs and submit the final payment certificate. The previous contractor failed to achieve this and have therefore requested access to Confirm to complete all tasks to allow the final invoice for March 2019 to be submitted. Open orders should be duly processed once access has been approved and actioned. The Service Manager confirmed that he has received a schedule from the previous contractor setting out the status of outstanding jobs. This schedule is currently being reviewed by Arboricultural Services to confirm this information in preparation for agreeing the final invoice.

3.3.7 As part of budget monitoring the Service Manager will review the open orders and financial commitment. A report ran by the Confirm system administrator on the 4th September for Internal audit showed that for the period April to July 2019 (the new contract), 332 jobs with a value of £40,460 were open.



- 3.3.8 The system administrator confirmed that a management report is currently being developed that will be added to the Dashboard to show the status of each job to allow the contractor and client to monitor and control progress on all tasks.
- 3.3.9 The recommendation relating to open orders and Confirm will remain outstanding.

#### Monitoring the contract

- 3.3.10 The contract states that there will be joint visits (LBB Service Manager and Contractor) to performance monitor 10% of the jobs submitted on the draft payment certificate; however this is an error and should be the top 10 highest value jobs each month. The Service Manager is submitting a CCN to correct the contract.
- 3.3.11 The Service Manager has written Quality Monitoring Procedures, dated and owned, that outline the process to be followed by LBB officers including sample selection, timing and recording. The Service Manager will allocate 10% of the jobs claimed on the monthly payment certificate to the Arboricultural Officers. Monitoring visits must be completed before the Service Operations Board (SOB) to allow discussion and agreement.
- 3.3.12 The SOB minutes for Arboricultural Services were evidenced for the five months May to September. These are a comprehensive record of discussions and agreed actions with senior representation from LBB and the contractor. The minutes indicate that there have been problems at the start of the contract with regard to access to Confirm and uploading information to Bromley. The minutes evidence consideration of the contract KPI's. The August meeting minutes that the Service Manager has satisfactorily completed quality checks for April to June work and the September minutes detail completion of the jobs completed in July. The monitoring spreadsheets completed by the arboricultural officers had been uplifted to the team site, evidencing that for the sample jobs the work had been satisfactorily completed. For the April to June monitoring, 19% of the total jobs submitted for payment were quality checked by arboricultural officers however as this report does not specify the costs it was not possible to confirm that the top 10 value jobs were in the sample inspected. For July, the top 13 jobs in terms of value, were inspected by the Service Manager but the 10% of other jobs are not showing as allocated or checked.
- 3.3.13 The payment procedure states that the draft payment certificate should be received by Bromley within 5 working days from the end of the month, this would allow 2 weeks for performance monitoring of selected jobs before the SOB. The payment certificates for July and August were both submitted late, which resulted in an additional SOB to be scheduled to agree performance monitoring and final payment certificate.
- 3.3.14 The recommendation relating to monitoring of the contract is now considered partially implemented as the Department have addressed key issues such as the procedure notes and completion of quality monitoring, although there are still issues to resolve with the completion of the monitoring spreadsheet. Internal Audit will complete testing on ordering, monitoring and payment for the next meeting of this Committee to give assurance that the agreed procedures are being followed for quarter three of this new contract.

#### Defaults

- 3.3.15 The final invoice from the previous contractor is still outstanding although it had been agreed that all jobs and payments would be completed within three months of the contract expiry date. The service manager has estimated the value of the outstanding payments. The audit identified 61 default penalties with a value of £3,050; the value of these jobs totalled £6,357.86. Both amounts should be deducted when the final invoice is received. The Service Manager confirmed that at the exit meeting, the previous contractor was informed that Bromley would be seeking to recover defaults identified during the course of the contract. Subsequent discussions with the previous contractor have referred to the outstanding

defaults but the number and value have not been detailed or communicated in writing.

- 3.3.16 The default process was changed for the new contract. There is no fixed penalty for work not done, the job is reissued and the job value deducted from the payment certificate. All Performance Adjusted Values (PAV) are discussed as a standing item on the SOB.
- 3.3.17 The recommendation relating to defaults remains outstanding as the defaults for the previous contract have not been collected.
- 3.3.18 In summary, the four priority 1 recommendations will remain as outstanding although the recommendations relating to the payment process and monitoring are now partially implemented. The recommendations relating to open orders and defaults should be progressed once the final invoice has been received from the previous contractor.

### **3.3.19 Contract Management – Adult Mental Health – Priority 1 update**

- 3.3.20 At the previous meeting in June 2019 Members were informed that Oxleas had returned the deed of variation for the Bromley Legal Team to review and verify. As this deed of variation would formally adopt the monitoring framework and schedule of quarterly and annual management reports, three priority one recommendations were reported as outstanding.
- 3.3.21 The week before the meeting in June, management had provided a verbal update to Internal Audit to reflect recent changes with the Oxleas Agreement and outstanding Priority 1 recommendations. The deed of variation was agreed by both parties and was ready to be signed by both parties. The agreed performance monitoring indicators had been included in the revised specification and schedule. The full data set was received for April 2019. The original agreement specified quarterly monitoring information and this had been enhanced in the revised agreement to report monthly. The management reports specified in the original agreement have been reviewed and updated; shown in schedule 14 of the revised agreement. There are two new reports (Short and Long Term Returns and Safeguarding Adults Collection), three of the original list had been moved to the monthly performance reports and two reports relating to improvement plans will only be generated as and when required. Given the evidence available to Internal Audit on the 29/5/19 the two recommendations relating to performance monitoring and management reports were considered implemented. The final sign off of the deed of variation was imminent, the Programme Division satisfied that all changes were agreed but the recommendation would remain open until Internal Audit evidenced the signed document.
- 3.3.22 The Authority received the sealed agreement from Oxleas on the 24<sup>th</sup> September; however our Legal Team then confirmed that this was an earlier version and not the document issued to Oxleas by them. Bromley Legal Team is now working with Oxleas to rectify this error as a priority.

### **3.3.23 Creditors – Priority 1 update**

- 3.3.24 This has been superseded by the Priority 1 recommendation in the Review of Creditors Systems and Processes referred to in paragraph 3.2.42

### **3.3.25 Health and Safety – Priority 1 update**

- 3.3.26 The Health and Safety audit report contained one Priority 1 recommendation which related to a full suite of comprehensive, fully documented Health and Safety Risk Assessments not being held and the Authority not being able to demonstrate that it has assessed its Health and Safety Risks and has action plans in place to implement controls.

- 3.3.27 The Director of Human Resources and Customer Services has advised that as part of a planned risk assessment programme across the Council, the Corporate Health and Safety Advisor will consult and canvass the views of the departmental health and safety committee and the approval of each Director on a list of 4 priority risk areas for assessment. This approach will ensure discipline and commitment to risk assessment as well as ensure that corporate and departmental resources are targeted at high risk areas.
- 3.3.28 The recommendation is therefore in progress.
- 3.3.29 Home Tuition – Priority 1 update**
- 3.3.30 The Internal Audit report finalised in October 2018 identified five priority 1 recommendations. At the meeting in June 2019 Members were informed that four recommendations had been implemented but the finding relating to the procurement of agency tutors and the use of one supplier was still outstanding. However given the progress to address several of the issues arising, the recommendation was considered partially implemented.
- 3.3.31 The update for this Committee considered the business plan to reduce reliance on agency tutors sourced through the proprietary procurement system, the financial reports generated from the system and to evidence compliance to agreed procedures for any new requirements uploaded to the system.
- 3.3.32 The Head of Access and Inclusion is currently undertaking a review of Alternative Provision to be completed by November 2019, this includes the Home Tuition service. The Lead Teacher confirmed that the aim would be to create established posts on the payroll and reduce the reliance on agency tutors. The service have now transferred the two full time tutors at the Link to Bromley contracts, reducing costs; the outgoings to the agency had been £154K per annum and will now be £124K including on costs for the 38 week per year contracts.
- 3.3.33 The Home Tuition Team has not needed to use the proprietary procurement system this term as the current agency tutors and Bromley tutors are meeting demand. The Home Tuition Team benefited from the training delivered by the provider and will be arranging a follow up session later this term. The Team are now able to access financial reports from the system that allows an adequate control over agreed rates and rates claimed.
- 3.3.34 The recommendation relating to the proprietary procurement system and the use of one supplier is now considered closed.
- 3.3.35 Leaving Care – Priority 1 update**
- 3.3.36 The Leaving Care Audit, issued on 15th October 2018, contained six Priority One findings, four of which were reported as implemented at the last Audit Sub Committee meeting of 4th June 2019.
- 3.3.37 The two recommendations outstanding at that time related to the grant sheets (central log) not reconciling to the finance records held and Individual Service User Finance Records. A comprehensive record should be readily available to detail all payments made to support each individual leaving care service user.
- 3.3.38 Internal Audit were advised that in July 2019, a BOXI report had been developed in order to assist the service. We are aware that that the report has been issued and some queries were referred back to Finance as it is still progress and as yet we are to be advised that it is ready for testing.

3.3.39 All service user finance records should be fully reviewed to ensure that all payments and allowances are up to date accurate and complete. We have been advised that the Leaving Care Finance Officers update all Grant sheets to reflect current payments made. The outgoing Head of Service stated that they had dip sampled a selection of the grant sheets and they had been up to date. Testing will need to evidence this and confirm the practice is embedded. However, the officer has left the service and the new Head of Service has only been in post for 4 weeks. Management have stated that sometimes people will require additional payments which will exceed their allowances. The allowances are a guide amounts set by the LA and it cannot withhold services or purchasing essential items if a young person needs this. There is still a requirement for the records to be accurate and up to date. Both recommendations are in progress and will be tested shortly when it is practical to do so.

### **3.3.40 Strategic Property – Priority 1 update**

3.3.41 At the previous meeting Members were informed that progress has been made in implementing the four Priority 1 recommendations from the review of the management of Strategic Property. The Priority 1 recommendations related to Verification of Contract Performance to support payments, issues with work commissioned from the Strategic Property sub-contractor which is outside the scope of the contract, key performance indicators and the £1m income generation plan.

3.3.42 Management advised that progress has been made and provided following comments and some supporting information.

#### Verification of Contract Performance to support payments

3.3.43 Since the audit took place a series of meetings have been held with the Contractor and rather than sampling work from the tracker it was agreed that all casework undertaken by the Contractor in terms of Disposals/Rent Reviews/Lease Renewals/New Leases would be checked by the Head of Asset and Investment Management (HAIM). This ensures that the work behind each transaction has been carried out in a diligent and accurate manner. The Contractor meets with the client on a regular basis where the Contractor presents works undertaken so that the HAIM can query, review and then approve. A hard copy record of each transaction is kept by the TFM Client Team.

#### Issues with work commissioned from the Strategic Property sub-contractor which is outside the scope of the contract

3.3.44 Prior to the Audit taking place Management recognised that the Contractor was not adhering to the Schedule of Rates and therefore decided not to issue any new instructions on this basis. Consequently other pieces of major work have been issued to other Contractors with individual Executive approvals. Where the contractor has continued to be instructed these are for specific works which are not provided via the Schedule of Rates and are usually provided by Third Parties – where the Contractor has obtained either a number of quotes or has undertaken costed works via agreement with the TFM Team approved by the HAIM. These tend to be, for example, either bespoke dilapidation reports, measurement surveys and Arbitration Fees determined by the RICS.

#### Key performance Indicators (KPIs)

3.3.45 Since the audit took place a series of meetings have been held with the Contractor and the Strategic Property KPIs will be removed from the BBS and be presented in their own format with a separate penalty methodology to reflect multiple failure and linkage to non-delivery of service. As all casework undertaken by the Contractor in terms of Disposals/Rent Reviews/Lease Renewals/New Leases is now being checked by the Head of Asset and Investment Management (HAIM) this further provides Management assurance that satisfactory service is being applied. The revised KPI's with written guidance are due to be finalised by 7 June and then taken via CCN to the Strategic Partnership Board on 26 June

2019. As at 19/09/2019, these KPIs have not been formally signed due to changes in Directors.

£1m income generation plan

3.3.46 Since the audit took place a series of meetings have been held with the Contractor together with Finance whereby the identified savings have been analysed and in respect of Q1 and Q2 reviewed. Q3 and Q4 are currently being reviewed with anticipated completion by 7 June 2019. A process has been implemented by the HAIM whereby each Savings/Income Generation line provided by the Contractor is reviewed and approved by the HAIM, following query, review and if appropriate challenge. This provides Management assurance that the identified benefit is genuine and is in addition to what would have been expected if the Contractor was not delivering its enhanced service to produce the extra £1M.

3.3.47 Internal Audit have reviewed the information provided by management this time however there was insufficient to evidence implementation of the 4 outstanding recommendations. Further information has been requested from management and once received Internal Audit will undertake further verification checks. The results of these checks will be reported to the next meeting of this Committee.

**3.3.48 Street Cleansing Contract Management – Priority 1 update**

3.3.49 At the previous meeting Members were informed that one Priority 1 recommendation was raised from the review of the Street Cleansing Contract Management. The Priority 1 recommendation related to invoices being processed for payment without supporting documentation. The prices charged for some elements of the agreed programme of additional work could not be substantiated. (NB these had been in place over the length of the contract but no breakdown could be provided).

3.3.50 Internal Audit is currently reviewing the draft payment processing procedure for the new Street Cleaning Contract with Head of Performance Management & Business Support.

3.3.51 There is also a planned audit to start in quarter 3 that will review the contract implementation process for the new Environmental Services Contracts (LOT1, LOT2, LOT3, LOT4, LOT5). This will include the payment process and will be timely to test and verify the agreed payment procedures in Street Cleansing to update at the next meeting of this Committee.

**3.4 Publication of Internal Audit Reports**

3.4.1 Since the last cycle of this Committee, we have published 16 redacted final reports, listed in the table below. At the request of Members of this Committee, we have included the audit opinion given to each audit. Follow up audits for implementation of previous recommendations are not given an opinion.

AUDIT	OPINION
Adult Health and Social Care Integration	Reasonable
Contract management of the Council’s IT contractor	Substantial
Education, Care and Health Services Capital Schemes	Reasonable
Fostering	Substantial

Licensing	Reasonable
No Recourse to Public Funds	Limited
Creditors 2018/19	Limited
Highways Maintenance Major Works Contract	Limited
Domiciliary Care	Limited
Direct Payments for Children	Reasonable
Extra Care Housing	Reasonable
Riverside School	Reasonable
Post Implementation of Libraries Contract	Substantial
New Starters and Leavers	Limited
Workforce Planning	Limited
Disabled Facilities Grant 2018/19	N/A
Local Transport Capital Block Funding 2018/19	N/A
Troubled Families Grant	N/A

3.4.2 For current definitions of audit opinions, see below:-

Assurance Level	Definition
<b>Substantial Assurance</b>	There is a sound system of control in place to achieve the service or system objectives. Risks are being managed effectively and any issues identified are minor in nature.
<b>Reasonable Assurance</b>	There is generally a sound system of control in place but there are weaknesses which put some of the service or system objectives at risk. Management attention is required.
<b>Limited Assurance</b>	There are significant control weaknesses which put the service or system objectives at risk. If unresolved these may result in error, abuse, loss or reputational damage and therefore require urgent management attention.
<b>No Assurance</b>	There are major weaknesses in the control environment. The service or system is exposed to the risk of significant error, abuse, loss or reputational damage. Immediate action must be taken by management to resolve the issues identified.

### 3.4.3 We have also carried out the following

- Fraud and investigations – the results of which are reported in Part 2 of this agenda. On 3 July 2019 serious allegations were made at Plans Sub-Committee No 2 by an objector to the Council and the Chairman advised Members that these were under thorough investigation but that the application should be considered on its merits as set out in the Chief Planner's report. The matter is considered in more detail in the Part 2 report. However the conclusion was that the proper processes appeared to have been adhered to and the Planning Committee considered the case on its individual merits. There was a lack of any further specific information and therefore insufficient evidence to support the allegations made.
- Advice and support – Internal Auditors are available to offer advice and consultation to all officers. The input required from Internal Audit varies; ad hoc enquires will be received by e-mail, phone or in person. Requests are not always settled by one response and have generated audit review work. Internal Audit also attend working groups to advise on system controls and good practice.
- Monitoring/authorisation role for the Greenwich Fraud partnership.
- Committee work.
- Internal Liaison with the Corporate Leadership Team/Directors' Group; Directorate Management Teams and Corporate Risk Management Group.
- External liaison with the London Audit Group, the Kent Audit Group and our External Auditors

## 3.5 Risk Management

- 3.5.1 It was agreed by the Committee that risk registers would be reviewed at least six monthly, updated and reported first to Audit Sub Committee and then to the respective PDS Committees. Following the realignment of the Corporate Leadership structure, work has commenced on mapping the risk registers accordingly. The latest iterations of the departmental and corporate risk registers, attached as Appendices B1 – B8 are reported in line with the departmental structure as at the time of approval. These formed part of the Corporate Risk Management Group meeting agenda on 11<sup>th</sup> September 2019.
- 3.5.2 Since the last meeting of the Audit Sub Committee on 4<sup>th</sup> June 2019, one key amendment has been made to the Corporate Risk Register, by way of the addition of a risk reflecting the 'Failure to deliver the Transforming Bromley Programme' and the corresponding removal of the 'Failure to deliver the Council's Target Operating Model as a 'Commissioning Organisation' although this risk has been retained at departmental level on the Corporate Services Risk Register.
- 3.5.3 Risks marked as 'Red' (High) are presented to every other meeting of the relevant PDS Committee for noting.

## 3.6 Waivers

- 3.6.1 Members of this Committee took the decision to only report on waivers sought under the Contract Procedure Rules 3 and 13.1 and to therefore exclude specific exemptions provided to officers under the Council's Scheme of Delegation which relate to social care placements. As required by the Contract Procedure Rules (CPR) this Committee has to be updated on waivers sought across the Authority at six monthly intervals.

- 3.6.2 The Assistant Director Governance and Contracts (AD G&C) has written and issued a series of practice notes related to the information and actions stipulated by the Contract Procedure Rules. Practice note 1 issued to all contract owners included a section on waivers:-
- 3.6.3 Waivers (extensions, variations, exemptions) – Contract Owners need to report these to Audit Sub bi-annually where they are over £50k. Make sure you are recording these so you can pass the information to Internal Audit upon request, who then make the report to Audit Sub on your behalf.
- 3.6.4 The waivers reported should include all exemptions, extensions and variations as defined in 13.1 of Contract Procedure Rules with reference to 3.1, 3.5.5 and 23.7.
- 3.6.5 For this committee cycle the Assistant Director Governance and Contracts generated a report from the Contracts Database and reports submitted to the Procurement Board for the sample period, April 2019 to September 2019. The information shown at Appendix C is the collation of information uploaded to the Contracts Database; gateway report, authorisation sign off or waiver document.
- 3.6.6 Members are asked to review this list and comment as necessary, preferably prior to the meeting so that officers can extract the details on queried waivers.

### **3.7 Audit of Accounts / update on Objections to previous years**

- 3.7.1 At the previous meeting a Member expressed concern at the length of time it was taking to close the accounts for the 2 previous years. It was agreed that the Head of Audit & Assurance would seek an update from KPMG.
- 3.7.2 The objections that have been raised are in respect of the waste collection contract and the decision making around the procurement and extensions made to it (both in terms of the scope of services included and also the length); and arrangements for the on-going management of the waste management and street cleansing contracts. KPMG accepted an objection relating to 2016/17. They have stated that there had been something of a hiatus following changes in key staff at the Council. They stated that recently they have received information that they had requested from the Council. This should enable them to progress their consideration of the objection, although given the complexities and breadth of the subject matter, this is likely to lead to further queries from them. In addition to the objection, the objector asked a large number of questions. The objector also wrote to KPMG raising similar matters in 2017/18. Once they have concluded the 2016/17 questions referred to above (but not the objection) they will progress 2017/18. There are almost 200 questions in total which have been raised. They will be asking for the Council's answers to the questions that they accept.

#### **New objection to 2018/19 Accounts**

- 3.7.3 Our new external Auditor Ernst & Young has also received an objection to the 2018/19 accounts from the same local elector who has objected to both the 2016/17 and 2017/18 accounts. It is once again a lengthy and detailed document (some 47 pages) setting out a large number of concerns and questions. The context of the objection is similar to previous years in that it relates to the waste management/collection and street cleansing contracts. The scope has been widened this year to include the recent tendering and letting of the environmental services contracts. At the time of writing we are awaiting information from our external auditor as to how they intend to take this forward.

#### **2018/19 Audit of Accounts**

- 3.7.4 Members will be aware of the delayed audit of the 2018/19 accounts. With regard to the C & W valuation issues work is progressing steadily but unfortunately, until this is complete, officers will not know to what extent further testing is required or the scale of work to correct



the accounts. While the property valuation work is ongoing there are some other areas where testing is still to be finalised. This includes the adjustments relating to the McCloud judgement (the late court ruling relating to pensions). Finalisation of the audit will be dependent on the valuation issues being completed. A special meeting of the General Purposes and Licensing Committee has been provisionally arranged for 28th November 2019.

**4. IMPACT ON VULNERABLE ADULTS AND CHILDREN**

4.1 The content of this report will have implications for both adults and children in respect of audits that will be undertaken in both Children’s and Adults Social Care.

**5. POLICY IMPLICATIONS**

None

**6. FINANCIAL IMPLICATIONS**

6.1 Some of the findings identified in the audit reports will have financial implications.

**7. PERSONNEL IMPLICATIONS**

7.1 Where appropriate and following a reasonable management investigation, a disciplinary process may be initiated in response to poor practices or/and misconduct.

**8. LEGAL IMPLICATIONS**

8.1 Under Section 1 of the Local Government Act 1972, the authority is required to make proper arrangements in respect of the administration of its financial affairs.

8.2 The provisions of the Accounts and Audit Regulations 2015 require the Council to maintain an adequate and effective Internal Audit Function.

**9. PROCUREMENT IMPLICATIONS**

9.1 The contents of this report includes planned audits that will have implication for procurement relating to contract procedure rules, financial regulations and Value for Money issues.

<b>Non-Applicable Sections:</b>	Policy
Background Documents: (Access via Contact Officer)	None

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Priority 1 list - October 2019

Appendix A

Report Number/Date	Title	Opinion	No. of Priority Ones	Details of original Recommendation	Implemented	Responsible Officer	Comments	Risk of fraud or loss
ECHS/08/2017/AU  Finalised date 29th May 2018	Review of Contract Management for the Agreement with Oxleas - Mental Health	Limited	5 1o/s	The 20 year agreement has been in place for 14 years with no evidence of review or variation.	In progress	Deputy Chief Executive and Executive Director of Education, Care and Health Services  Director of Adult Social Care and Interim Director Programmes	November 2018 See Progress Report  February 2019 See Progress Report  June 2019 See Progress Report October 2019 See Progress Report	High
ECHS/01/2017/AU  Finalised date 15th October 2018	Review of Leaving Care	Limited	6 2o/s	Issues arose within the following areas :- 1) Individual service user finance records were found not to be up to date; 2) Grant sheet (Central Log) issues arose with a number of cases;	In progress	Deputy Chief Executive and Executive Director of Education, Care and Health Services  Director of Children's Social Care	November 2018 See Progress Report  February 2019 See Progress Report  June 2019 See Progress Report October 2019 See Progress Report	High
ECS/07/2017/AU  Finalised date 23rd November 2018	Review of the management of Strategic Property	Limited	4	Issues arose within the following areas :- 1) Verification of contract performance to support contract payments; 2) Issues with work commissioned from a sub contractor which is outside the scope of the contract; 3) Monitoring of KPIs; 4) Validation and Monitoring of £1m Income Generation Plan;	In progress	Executive Director of Environmental Services / Director of Regeneration	February 2019 See Progress Report  June 2019 See Progress Report October 2019 See Progress Report	High

Report Number/Date	Title	Opinion	No. of Priority Ones	Details of original Recommendation	Implemented	Responsible Officer	Comments	Risk of fraud or loss
<b>CORP/05/2018/AU</b>  <b>Finalised date</b> <b>18th January 2019</b>	<b>Review of Health and Safety</b>	Limited	1	A full suite of comprehensive Health and Safety Risk Assessments (Risk Assessment Universe) is not held. The Authority is not, therefore, able to demonstrate that it has assessed its Health and Safety risks and has action plans in place to implement controls	In Progress	Director of Human Resources and Customer Services	February 2019 See Progress Report  June 2019 See Progress Report  October 2019 See Progress Report	High
<b>ECS/1/2018/AU</b>  <b>Finalised date</b> <b>8th February 2019</b>	<b>Review of Street Cleansing Contract Management</b>	Substantial	1	Invoices processed for payment without supporting documentation. The prices charged for some elements of the agreed programme of additional work could not be substantiated. (NB these had been in place over the length of the contract but no breakdown could be provided)	In Progress	Executive Director of Environmental Services / Assistant Director of Environment	February 2019 See Progress Report  June 2019 See Progress Report October 2019 See Progress Report	High
<b>ECS/7/2018/AU</b>  <b>Finalised date</b> <b>18th April 2019</b>	<b>Review of Arboricultural Services</b>	Limited	4	Issues arose within the following areas:- 1) The payment process had remained within the arboricultural team with poor controls; inadequate separation of duties, inadequate supporting documentation and incorrect coding of expenditure. 2) Open orders held on Confirm that had not been reconciled to ORACLE or committed for payment 3) Inadequate performance monitoring 4) Defaults have not been collected for 2018/19.	In Progress	Executive Director of Environmental Services / Assistant Director of Environment	June 2019 See Progress Report  October 2019 See Progress Report	High

Report Number/Date	Title	Opinion	No. of Priority Ones	Details of original Recommendation	Implemented	Responsible Officer	Comments	Risk of fraud or loss
<b>ECHS/12/2018/AU</b>  <b>Finalised date 18th July 2019</b>	<b>Review of No Recourse to Public Funds</b>	Limited	1	The procurement of accommodation for NRPF clients within the Referral and Assessment Team (CSC) did not meet the requirements of Financial Regulations and Contract Procedure Rules. There was no formal contract arrangements with the provider selected. Comparison with Housing indicated that the provider used by the NRPF team did not offer value for money and there was potential for savings.	In Progress	Director of Children's Services	See Progress Report New addition to the P1 list	High
<b>ECHS/3/2018/AU</b>  <b>Finalised 23rd September 2019</b>	<b>Review of Domiciliary Care Contract Management</b>	Limited	1	From a sample of current domiciliary care contracts 1 framework provider with 19 active care plans had a contract that had expired in August 2017. For 1 spot contract provider with 15 active care plans, the contract had expired in May 2015. One provider had a contract due to expire in August 2019 but there was no provision to extend at the time of the audit.	In Progress	Director of Adult Social Care	See Progress Report New addition to the P1 list	High
<b>CEX/08/2018/AU</b>  <b>Finalised date 30th September 2019</b>	<b>Review of Creditors</b>	Limited	1	The supplier set up forms do not include a privacy statement and appropriate bank mandate checks are not in place.	In progress	Chief Executive  Director of Finance	See Progress Report  October 2019 Original P1 now superseded by this recommendation raised in the report finalised in September 2019.	High
<b>CEX/13/09/2019</b>  <b>Finalised date 30th September 2019</b>	<b>Review of Starters and Leavers</b>	Limited	1	The notification process for managers to inform IT and other relevant departments (for the issue of building security passes and procurement cards) of staff who are leaving the Authority, is not operating effectively.	In Progress	Director of Human Resources	See Progress Report New addition to the P1 list	High

Report Number/Date	Title	Opinion	No. of Priority Ones	Details of original Recommendation	Implemented	Responsible Officer	Comments	Risk of fraud or loss
ECS/2/2018/AU  Finalised date 2nd October 2019	Review of Highways Maintenance	Limited	3	1) Recommendation of schemes for the Highways Investment Project were not evidenced as compliant to the prioritisation system agreed by the Executive. The rationale for recommendation to the schemes to the Environment PDS was not retained. 2) Management of the delivery of agreed Highways Investment schemes for both carriageway and footways including written procedures, ordering, variations, documentation to support inspections and confirmation to remedy defects before payment. 3) Reconstruction of vehicle crossovers as part of footways schemes should be supported by written procedure notes, documentation for each job including request form, date of instruction and inspection report when completed. Income to be reconciled to reconstructions invoiced.	In Progress	Director of Environment and Public Protection  Assistant Director Highways	See Progress Report New addition to the P1 list	High

**The following P1 recommendations have been implemented :**

Agency Staff - See progress Report  
Home Tuition - see Progress Report  
Creditors P1 raised in the audit report finalised 26/10/18 has been replaced by the P1 raised in the Creditors report finalised 30/9/19

1500554

**Risk Assessment Guidance**

Likelihood	Almost Certain (5)	5	10	15	20	25	<table border="1"> <tr> <td>15+</td> <td><b>High Risk</b> - review controls and actions every month</td> </tr> <tr> <td>10 - 12</td> <td><b>Significant Risk</b> - review controls and actions every 3 months</td> </tr> <tr> <td>5 - 9</td> <td><b>Medium Risk</b> - review controls and actions every 6 months</td> </tr> <tr> <td>1 - 4</td> <td><b>Low Risk</b> - review controls and actions at least annually</td> </tr> </table>	15+	<b>High Risk</b> - review controls and actions every month	10 - 12	<b>Significant Risk</b> - review controls and actions every 3 months	5 - 9	<b>Medium Risk</b> - review controls and actions every 6 months	1 - 4	<b>Low Risk</b> - review controls and actions at least annually
	15+	<b>High Risk</b> - review controls and actions every month													
	10 - 12	<b>Significant Risk</b> - review controls and actions every 3 months													
	5 - 9	<b>Medium Risk</b> - review controls and actions every 6 months													
	1 - 4	<b>Low Risk</b> - review controls and actions at least annually													
Highly likely (4)	4	8	12	16	20										
Likely (3)	3	6	9	12	15										
Unlikely (2)	2	4	6	8	10										
Remote (1)	1	2	3	4	5										
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)	Impact								

Risk Likelihood Key					
	Score - 1	Score - 2	Score - 3	Score - 4	Score - 5
	Remote	Unlikely	Possible	Likely	Definite
Expected frequency	10 - yearly	3 - yearly	Annually	Quarterly	Monthly

Risk Impact Key					
Risk Impact	Score - 1	Score - 2	Score - 3	Score - 4	Score - 5
	Insignificant	Minor	Moderate	Major	Catastrophic
Compliance & Regulation	Minor breach of internal regulations, not reportable	Minor breach of external regulations, not reportable	Breach of internal regulations leading to disciplinary action Breach of external regulations, reportable	Significant breach of external regulations leading to intervention or sanctions	Major breach leading to suspension or discontinuation of business and services
Financial	Less than £50,000	Between £50,000 and £100,000	Between £100,000 and £1,000,000	Between £1,000,000 and £5,000,000	More than £5,000,000
Service Delivery	Disruption to one service for a period of 1 week or less	Disruption to one service for a period of 2 weeks	Loss of one service for between 2-4 weeks	Loss of one or more services for a period of 1 month or more	Permanent cessation of service(s)
Reputation	Complaints from individuals / small groups of residents Low local coverage	Complaints from local stakeholders Adverse local media coverage	Broader based general dissatisfaction with the running of the council Adverse national media coverage	Significant adverse national media coverage Resignation of Director(s)	Persistent adverse national media coverage Resignation / removal of CEX / elected Member
Health & Safety	Minor incident resulting in little harm	Minor Injury to Council employee or someone in the Council's care	Serious Injury to Council employee or someone in the Council's care	Fatality to Council employee or someone in the Council's care	Multiple fatalities to Council employees or individuals in the Council's care

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## Corporate Risk Register - Appendix B2

											DATE COMPLETED:		27/09/2019
REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)			FURTHER ACTION REQUIRED	RISK OWNER
					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING		
1	Corporate Risk	Failure to deliver a sustainable Financial Strategy which meets with BBB priorities and failure of individual departments to meet budget	<p><b>Cause(s):</b></p> <ol style="list-style-type: none"> <li>The 2019/20 Council Tax report identified the need to reduce the Council's significant 'budget gap' of £31.7m per annum by 2022/23. Funding changes have been announced in the One Year Spending Round and the outcome through the Local Government Finance Settlement is awaited (due December 2019).</li> <li>Part of the devolution of funding, business rates will be devolved to Local Government from 2021/22 (75% of the total national business rate monies). The outcome of the Government's three year Spending Review and Fair Funding Review will impact on the 2021/22 and future years budget and creates financial uncertainty. A future national recession could have a significant impact on income generated to fund key services within a more devolved model.</li> <li>Failure to meet departmental budgets due to increased demand on key services resulting in overspends: (Housing (homelessness and cost of bed and breakfast); Social Care (welfare reform and ageing population); and Waste (growing number of households).</li> <li>The risk of the Council not being able to carry out its statutory duties (e.g. pupil admissions, school improvement, child protection) as a consequence of funding reductions.</li> <li>Dependency on external grants to fund services (schools and housing benefits are ring-fenced) - effect if grant reduces (Public Health services) or ceases.</li> <li>The new national living wage will have cost implications to the Council over the next few years (e.g. care providers and carers).</li> <li>As the local government core grant is fully phased out, local government will take on new funding responsibilities e.g. public health, housing benefit administration for pensioners. With ageing population there will be associated cost pressures.</li> <li>Impact of welfare reforms and the phased roll out of Universal Credit.</li> <li>Failure to identify and highlight frauds and weaknesses in the system of internal control (which invariably have a financial impact). Overall, fraud losses are mainly benefit related (Council Tax Support / Single Person Discount).</li> </ol> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>Increased overspends in particular services</li> <li>Council unable to carry out its statutory duties due to services cuts</li> <li>Reputational damage</li> <li>Failure to achieve our Building a Better Bromley priorities.</li> </ul>	Finance Financial	5	5	25	<ul style="list-style-type: none"> <li>Regular update to forward forecast</li> <li>Early identification of future savings required</li> <li>Transformation options considered early in the four year forward planning period</li> <li>Budget monitoring to include action from relevant Director to address overspends including action to address any full year additional cost</li> <li>Mitigation of cost pressures including demographic changes</li> <li>Quarterly review of growth pressures and mitigation</li> <li>Apart from 'One Bromley' projects, there are opportunities for the Transformation Reviews and Core Statutory Minimum Reviews</li> </ul>	4	5	20	The Council is undertaking a review to determine the core statutory minimum service requirements and exploring transformation opportunities to help meet the ongoing budget gap	Director of Finance
3	Corporate Risk	Failure to deliver partial implementation of Health and Social Care Integration. Plans not in place to deliver partial integration by 2020	<p><b>Cause(s):</b></p> <ol style="list-style-type: none"> <li>Difficulty in achieving rapid change in a system as complex as health and social care.</li> <li>Rising social care costs due to ageing population and people living longer with increasing complex needs.</li> <li>Difficulties with agreeing budgets (given likely funding reductions going forward), complex governance arrangements, and workforce planning.</li> <li>Need to focus on collaborative working (cultural differences).</li> <li>Pressure for social care services to be accessible 7 days a week both in terms of our own workforce and contracts with external providers in line with NHS priority to deliver 7 day working across the health sector.</li> <li>LBB will need to contribute to a whole system review (led by the Bromley Clinical Commissioning Group) to ensure that funding follows the patient.</li> </ol> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>Failure to deliver statutory duties</li> <li>Failure to achieve our Building a Better Bromley priorities.</li> </ul>	Health and Social Care Integration Contractual and Partnership	2	3	6	<ul style="list-style-type: none"> <li>A draft 2020 integration plan for health and social care integrated service delivery and commissioning across the borough was developed by May 2018 by Education, Care and Health Services and the Bromley Clinical Commissioning Group</li> <li>Continued work with health partners to deliver the main transformation programmes e.g. Bromley Well and the transformation of prevention</li> <li>Building on the work already delivered through S75 agreement with Oxleas and being implemented through the Better Care Fund workstreams e.g. Winter Resilience work, Transfer of Care Bureau, Integrated Care Records and Discharge to Assess.</li> <li>New Governance structure between the London Borough of Bromley and the Bromley Clinical Commissioning Group feeding into the Health and Wellbeing Board via the Integrated Commissioning Board (strategic) and Commissioning Network (operational)</li> </ul>	2	3	6		Director of Adult Services
4	Corporate Risk	Failure to manage change and maintain an efficient workforce to ensure that BBB priorities are met	<p><b>Cause(s):</b></p> <ol style="list-style-type: none"> <li>The on-going need to reduce the size and change the shape of the organisation to secure priority outcomes within the resources available.</li> <li>Having the right people in place by implementing effective recruitment and retention strategies.</li> <li>Potential skills gap and deterioration of service quality through loss of experienced staff as a result of age profile of workforce and downsizing (failure to succession plan).</li> <li>Disruption while services realigned and staff appointed to new structure.</li> <li>Increasing demands and pressures on remaining staff given increased customer expectation levels, could lead to morale issues.</li> <li>Increased potential for internal controls to be bypassed due to flatter reporting structure.</li> <li>Lack of capacity to lead projects / manage change agenda and consequent ability to respond to change initiatives and the achievement of outcomes and benefits.</li> <li>Potential future shortage of professionally qualified practitioners in key areas, particularly around the Safeguarding agenda.</li> <li>Need to ensure that relevant staff have necessary disciplines to drive improvement and enable good practice and consistency in delivering change and the achievement of outcomes and benefits e.g. risk and performance management.</li> <li>Adverse industrial relations climate with individual and collective grievances including trade disputes with the unions, causing some disruptions to vital Council services.</li> <li>Increasing number of employment tribunal cases causing financial and administrative inconveniences.</li> <li>Having the right buildings and facilities to support fewer, more professional, differently organised staff.</li> <li>The need to track continued changes to government strategy and policies coupled with changes in legislation to avoid compliance issues (approx. 1,300 statutory duties).</li> <li>Adequacy of consultation on issues that affect residents across the borough i.e. re-organisation of libraries, Biggin Hill expansion.</li> <li>Adverse external audit comment and resulting ratings in relation to 'excellent in the eyes of local people'.</li> </ol> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>Skill gaps</li> <li>Deterioration of service quality through loss of experienced staff</li> <li>Disruption while services are realigned</li> <li>Weaker internal controls</li> </ul>	Organisational Change Personnel	4	2	8	<ul style="list-style-type: none"> <li>Continuously address the recruitment and retention of key individuals in critical posts.</li> <li>Effective succession planning and grow your own initiatives, and using the Apprenticeship Levy to address recruitment challenges in the medium-long term</li> <li>Ensure the organisation has the HR capacity and employment law expertise to manage change.</li> <li>Address the transformational and transitional capabilities (including leadership) required for a successful commissioning journey/process.</li> <li>Provide adequate resources to support and improve staff engagement and communications.</li> </ul>	4	2	8		Director of Human Resources and Customer Services
5	Corporate Risk	Ineffective governance and management of contracts	<p><b>Cause(s):</b></p> <ol style="list-style-type: none"> <li>Ensuring client side staff have the necessary training and skills to manage and monitor contracts.</li> <li>Ensuring effective communication channels between client and provider to ensure contract compliance.</li> <li>Need for monitoring officers to check quality of outsourced services and customer satisfaction levels.</li> <li>Lack of understanding of the contract deliverables.</li> <li>Short cuts in procurement processes e.g. extending contracts rather than retendering.</li> <li>Compatibility of different systems and availability of IT support.</li> <li>Failure of a contractor / partner / provider to maintain agreed service levels resulting in an interruption to or deterioration of service delivery.</li> <li>Potential for operational errors / omissions by contractors (responsibility remains with LBB).</li> <li>Managing customer expectations and dealing with complaints where there are failures.</li> </ol> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>Financial losses</li> <li>Service disruptions</li> <li>Provider fails to maintain agreed service levels routinely</li> <li>Increased resource to handle and manage complaints / customer expectations</li> <li>Failure to achieve our Building a Better Bromley priorities.</li> </ul>	Contract Management Contractual and Partnership	4	4	16	<ul style="list-style-type: none"> <li>Review of contract management and contract monitoring controls including any issues identified by internal audit</li> <li>Database alerts to assist in monitoring</li> <li>Contract and Commissioning Sub Committee</li> <li>Member scrutiny</li> </ul>	3	4	12		All Directors

## Corporate Risk Register - Appendix B2

											DATE COMPLETED:		27/09/2019	
REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)			FURTHER ACTION REQUIRED	RISK OWNER	
					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING			
6	Corporate Risk	Failure to maintain and develop ICT information systems to reliably support departmental service delivery	<p><b>Cause(s):</b></p> <ol style="list-style-type: none"> <li>Need to ensure that Information systems are fit for future business purpose.</li> <li>Capacity and skill within Corporate ICT to maintain and support systems during a period of significant change and in the future.</li> <li>Increasing reliance on stability of ICT infrastructure in all areas of the Council (Lync telephony service).</li> <li>Council website now a major channel for the delivery of services (Pay for it, Apply for it, Report it).</li> <li>Adequacy of information governance data protection rules to ensure the confidentiality, integrity and availability of information assets.</li> <li>IT failure impacting on critical operational systems.</li> <li>Over the next 3 years we will need to undertake gateway reviews / procurement plans for at least 4 of the Council's business critical systems; Customer Relationship Manager, Carefirst, Housing info system and Education's Capita One system plus the main LBB website and SharePoint.</li> <li>Transfer of IT contract to new ICT 3rd party supplier.</li> </ol> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>Service disruptions</li> <li>Inability to access key systems</li> <li>Reputation damage</li> <li>Inability to support organisation change and savings targets</li> <li>Failure to achieve our Building a Better Bromley priorities.</li> </ul>	ICT Data and Information Technological	3	2	6	- Transfer of IT contract to new BT in 2016 to give greater resilience. Robust backup arrangements - Enhanced antivirus/cyber security. tested system restoration arrangements.	3	2	6	Review data storage /hosting arrangements. Carry out at least 4 gateway reviews for major systems. Increase stability of ICT infrastructure including Lync.	Director of Corporate Services	
7	Corporate Risk	Failure to maintain robust Business Continuity and Emergency Planning arrangements	<p><b>Cause(s):</b></p> <ol style="list-style-type: none"> <li>Unavailability of Council offices / depots due to explosion, fire flood or police cordons around Council buildings</li> <li>Operational emergencies due to severe weather conditions, fire, or major incident.</li> <li>Availability of staff to deliver key services if trained volunteers are taken away to deal with a major incident (the Council is a Category 1 responder under the Civil Contingencies Act).</li> <li>Loss of key business systems due to power problems or system failure.</li> <li>Inadequate IT disaster recovery arrangements leading to dislocation of Council services.</li> <li>Sustained industrial action affecting key services.</li> <li>Lack of Business Continuity Plan testing.</li> <li>Adequacy of contractor's business continuity plans.</li> <li>Shortage of staff to deliver key services in the event of a flu pandemic or similar</li> </ol> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>Significantly prolonged service disruptions</li> <li>Normal service takes longer to resume</li> <li>Reputational damage / loss of credibility</li> <li>Increased costs to rectify disruptions</li> <li>Injury / harm</li> <li>Loss of access to key systems</li> <li>Failure to achieve our Building a Better Bromley priorities.</li> </ul>	Business Continuity Physical Reputational	4	3	12	- Business Continuity Plans - Emergency Planning procedures	4	3	12	<p>To ensure that all Business Continuity Plans are up to date and are cross linked with one another across the Authority, specifically in relation to fall back sites, where there may be a number of departments using the same scarce resource.</p> <p>To consider our Business Continuity plans in the event of a major incident in the Borough (staff unable to get to work, staff caught up in or helping with the incident.</p> <p>To revisit the evacuation protocols within the Civic Centre site, specifically where staff would go if there was a large cordon around Bromley Town Centre.</p> <p>To continue to provide a resilient out of hours service to Emergency Planning by having Trained contactable volunteers.</p>	Executive Director of Environment & Community Services	
8	Corporate Risk	Failure to deliver effective Children's services The Council is unable to deliver an effective children's service to fulfil its statutory obligations in safeguarding and protect those at risk of significant harm or death, sexual exploitation or missing from care	<p><b>Cause(s):</b></p> <ol style="list-style-type: none"> <li>Local authority response to Bromley's Safeguarding Children's Board following Wood Review.</li> </ol> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>Impact on Life chances and outcomes for children</li> </ul>	Children's Social Care Legal, Reputational	3	5	15	<ul style="list-style-type: none"> <li>Multi Agency Bromley Children's Safeguarding Board (BCSB) Training programme 2019 to be set</li> <li>Dedicated HR programme of support in place to recruit social workers to front line posts</li> <li>Scrutiny of Performance Management Framework and Indicators</li> <li>Effective procurement framework and contract monitoring arrangements to ensure acceptable quality of service provision and value for money - under review</li> <li>Quality Assurance Audit Programme Phase3</li> <li>Children's Services Practice Improvement Board to commence April 2019 to deliver Ofsted and local authority recommendations</li> <li>Continued reduction of caseloads &amp; within Caseload promise on average</li> <li>Atlas Team reviewed and moved to MASH to improve safeguarding</li> <li>Identified Training plan for qualified social workers and other professionals reviewed and updated quarterly</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Ofsted validation - report published 7th January 2019</li> <li>Phase 3 - 'to excellence' plan in development</li> </ul>	Director of Children's Services	
9	Corporate Risk	Temporary Accommodation Inability to effectively manage the volume of people presenting themselves as homeless and the additional pressures placed on the homeless budgets	<p><b>Cause(s):</b></p> <ol style="list-style-type: none"> <li>Changes in government funding</li> <li>Rising numbers of placements (approx. 20 per month).</li> </ol> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>Failure to fulfil statutory obligations</li> <li>Impact on life chances and outcomes for individuals and families in temporary accommodation</li> <li>Increased risk of legal challenge due to provision of unsuitable accommodation (including shared accommodation)</li> <li>Pressure on other services</li> </ul>	Housing Social	5	4	20	<ul style="list-style-type: none"> <li>Focus on preventing homelessness and diversion to alternative housing options through:-</li> <li>Landlord and Tenancy advice, support and sustainment</li> <li>Assistance, (including financial aid) to access the private rented sector</li> <li>Access to employment and training</li> <li>Debt, money, budgeting and welfare benefits advice, including assistance to resolve rent and mortgage arrears</li> <li>Sanctuary scheme for the protection of victims of domestic violence</li> <li>Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money</li> <li>Implementation of the More Homes Bromley initiative to ensure the supply reduces the reliance on nightly paid accommodation</li> <li>Implementing the Homelessness Strategy - setting up the multi agency Homelessness forum and taking forward the priorities of the strategy</li> <li>New incentive campaign for private sector landlords embedded and benefits being realised</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>Housing Transformation Board progressing projects to increase cost effective temporary accommodation and affordable housing supply. Member approval to be sought in May 2019.</li> <li>Transformation Board action plan in place for next 3-4 years.</li> <li>Continue to develop partnership working with private sector landlords to assist households to remain in private sector accommodation.</li> <li>Work innovatively with a range of providers to increase access to a supply of affordable accommodation</li> <li>Implement Intake and Early Intervention service to meet Homelessness Reduction Act</li> <li>Complete tender process for modular homes supplier for temporary accommodation</li> </ul>	Director of Housing, Planning and Regeneration	
10	Corporate Risk	Potential detrimental impact of BREXIT upon service delivery	<p><b>Cause(s):</b></p> <ol style="list-style-type: none"> <li>Lack of clarity provided by HM Government regarding how and when Britain will leave the EU</li> <li>Multiple scenarios and associated time frames causing regulatory and legislative issues</li> <li>Uncertainty making planning assumptions difficult</li> </ol> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>Scale and impact difficult to assess</li> <li>Impact upon mitigation planning</li> </ul>	Corporate	3	2	6	<ul style="list-style-type: none"> <li>Process in place to monitor potential impacts upon specific key services</li> <li>Monitoring of potential effects with key partners</li> <li>Collaboration with all London Local Authorities to ensure concerns are raised with HM Government</li> <li>Regular BREXIT updates received from HM Government</li> <li>Contingency fund provided by HM Government</li> <li>Local Authority has adequate reserves to deal with any unforeseen consequences of BREXIT</li> </ul>	3	2	6	<ul style="list-style-type: none"> <li>Review of planning assumptions and mitigation once Clarity regarding BREXIT is known</li> </ul>	Brexit Lead - Executive Director of Environment & Community Services	

## Corporate Risk Register - Appendix B2

										DATE COMPLETED:	27/09/2019		
REF	DIVISION	RISK TITLE & DESCRIPTION <small>(a line break - press shift &amp; return - must be entered after the risk title)</small>	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING <small>(See next tab for guidance)</small>			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING <small>(See next tab for guidance)</small>			FURTHER ACTION REQUIRED	RISK OWNER
					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING		
11	Corporate Risk	Failure to deliver the Transforming Bromley Programme	<p><b>Cause(s):</b></p> <ol style="list-style-type: none"> <li>Failure to identify and put forward sufficient transformation proposals to deliver the quantum of savings required by 2022/23</li> <li>Failure to deliver appropriate mitigation of existing projected growth pressures within the financial forecast</li> <li>Failure to appropriately resource each Transforming Bromley workstream with sufficient project support and subject matter expertise to enable the identification of proposals</li> <li>Insufficient management oversight and governance arrangements to shape the delivery of proposals to enable Member decision making and inform budget setting for each financial year</li> <li>Insufficient consultation and engagement with relevant stakeholders to ensure the successful delivery of proposals.</li> </ol> <p><b>Effect(s)</b></p> <ul style="list-style-type: none"> <li>Inability to address the Council's budget gap of £31.7m by 202/23</li> <li>Unable to meet key commitments of the Medium Term Financial Strategy</li> </ul>	Finance Financial	4	5	20	<ol style="list-style-type: none"> <li>Robust governance process: fortnightly meetings of the Transformation Board, chaired by the Chief Executive and attended by Chief Officers</li> <li>Each Transformation Board workstream attends the Transformation Board twice before proposals are reviewed by Cabinet/Directors, Group, PDS Committees and the Executive.</li> <li>Each Transformation Programme Board has its own Project Manager and additional Transformation Leads are brought in to support the successful delivery of proposals</li> <li>Communications Plan will be in place to enable the successful engagement with Members, staff and partners as needed</li> <li>Where transformation proposals have public law implications, an appropriate assessment will be carried out and stakeholders will be engaged.</li> <li>Each Chief Officer will give an standing item update at their respective PDS Committee(s) on the Transforming Bromley Programme</li> <li>Transformation Fund to support the successful delivery of transformation proposals subject to a suitable business case being provided</li> <li>A review of core statutory minimum service requirements will enable each service area to identify where potential savings could be and to evidence that where discretionary services are delivered, they are done so on a cost-recovery basis and/or they reduce long-term dependency on higher levels of statutory intervention which generate longer term growth pressures for the Council</li> <li>All proposals will be submitted to the Executive to inform budget setting for 2020/21.</li> </ol>	3	5	15	<p>In the event that the Transformation Programme fails to support the successful identification of the required quantum of savings to address the Council's underlying budget gap by 2022/23, the Council will still be legally required to deliver a balanced budget as set out in the Local Government Finance Act 1988.</p> <p>As part of the Transformation Programme, the Chief Executive, the Section 151 officer and the senior leadership team have reviewed the delivery of discretionary services across the organisation and this has informed the development of the Transformation Programme workstreams. They will, therefore, report to Members on this review and other administrative decisions in order to meet the statutory requirement for a balanced budget. If funding reductions remain and growth/cost pressures continue, these decisions are likely to have an impact on the delivery of services to our residents and service users</p>	Chief Executive

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## Adult Services, Health and Housing Risk Register - Appendix B3

Q1 2019/20

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)				EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)				FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO	OD	IMPA CT	RISK RATI NG		LIKE LIHO	OD	IMPA CT	RISK RATI NG		
1	All	<b>Failure to deliver Financial Strategy</b>	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Continual reduction in Central Government funding</li> <li>- Demographic changes</li> <li>- Increased demand for services</li> <li>- Demand led statutory services (c. 80% of operations) which can be difficult to predict</li> <li>- Increasing cost volatility due to rise of complex, high cost families or placements requiring services.</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- Lower than anticipated levels of financial resource</li> <li>- Failure to achieve a balanced budget</li> <li>- Failure to secure economy, efficiency, and effectiveness of use of resources leading to a Qualified Independent Auditors' Report</li> <li>- Objectives of the service not met</li> <li>- Reputation is impacted</li> <li>- Wider goals of the Council are not achieved</li> </ul>	Financial	5	5	25	<ul style="list-style-type: none"> <li>- Budget monitoring and forecasting</li> <li>- Regular review of medium term strategy</li> <li>- Regular reporting to CLT and Members via the Committee reporting process</li> <li>- Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money</li> <li>- Monitor demographics, economic indicators and develop insight into future demand</li> <li>- Match financial planning to Council priorities</li> <li>- Internal audit framework</li> <li>- Early intervention with service users</li> <li>- Constantly reviewing service operations for potential efficiencies</li> <li>- Developed a series of commissioning plans, with mitigating actions, for Adult Social Care (Mental Health, Learning Disabilities and Older People) including mitigating actions addressing financial pressures</li> <li>- Growth and mitigation discussions</li> <li>- Service strategies in place to mitigate growth</li> </ul>	4	5	20	<ul style="list-style-type: none"> <li>- Draft Housing Strategy in public consultation.</li> <li>- Housing Transformation Board to increase rate and pace of affordable housing supply. Six schemes approved by Members for progression. Update report in November 2019 including the overall strategic approach to development and models for delivery.</li> <li>- Delivering commissioning actions in Transformation Board programme for ASC.</li> </ul>	Director, Adult Services Kim Carey Director, Housing (Sara Bowrey) Director, Public Health (Nada Lemic)		
2	Adult Social Care	<b>Failure to deliver effective Adult Social Care services</b> The Council is unable to deliver an effective adult social care service to fulfil its statutory obligations including the safeguarding of Adults	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Increasing demand</li> <li>- Above compounded by associated longer waiting lists leading to deteriorating condition and ultimately increased service user/ carer costs</li> <li>- Failure to deliver effective safeguarding arrangements</li> <li>- Failure to comply with statutory requirements including the Care Act</li> <li>- Potential instability in social care workforce</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- Impact on life chances and outcomes for service users</li> <li>- Failure to keep vulnerable adults safe from harm or abuse</li> </ul>	Legal	4	4	16	<p><b>Care Act</b> - Redesigned processes, including amending forms, and operational procedures in place and Care Act compliance training</p> <p><b>Improved Better Care Fund</b> - Programme overseen by the Interim Director of Programmes and the CCG</p> <p><b>Safeguarding</b> - 1. Multi Agency Bromley Adult Safeguarding Board (BSAB) in place. 2. BSAB Training programme (E Learning and Face to Face). 3. Awareness training for vulnerable groups. 4. Care Act compliance training</p> <p><b>Recruitment</b> - Dedicated HR programme of support in place to recruit social workers to front line posts</p> <p><b>Performance Monitoring Framework</b> - Review of Performance Management Indicators</p> <p><b>Procurement and Contract Monitoring</b> - Effective procurement framework and contract monitoring arrangements to ensure acceptable quality of service provision and value for money</p>	3	4	12	<ul style="list-style-type: none"> <li>- Actions as part of LBB's Adult Social Care Transformation Plan</li> </ul>	Director, Adult Services (Kim Carey)		
3	Learning Disability Service	<b>Failure to deliver effective Learning Disability services</b> Failure to assess service users, establish eligibility criteria and carry out the review process.	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Failure to identify and meet service users' needs</li> <li>- Provision of service to ineligible clients</li> <li>- Provision of service prior to/without appropriate authorisation</li> <li>- Failure to manage the transition process of service users from Children's Services to Adult Services leading to increased risk of Judicial Review</li> <li>- Potential instability in social care workforce</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- Costs associated with Legal process</li> <li>- Ongoing care package costs as a result of Legal process outcome</li> <li>- Placement predictions leading to financial pressures (cross refer Budget risk)</li> </ul>	Legal	4	4	16	<ul style="list-style-type: none"> <li>- Close monitoring of placements and eligibility criteria</li> <li>- Budget monitoring and forecasting</li> <li>- Regular review of medium term strategy</li> <li>- Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money</li> <li>- Hold provider to account for poor performance</li> <li>- Monitor demographics, economic indicators and develop insight into future demand</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>- LD Strategy in development</li> <li>- Actions as part of LBB's Adult Social Care Transformation Plan</li> </ul>	Director, Adult Services (Kim Carey)		
4	Adult Social Care	<b>Deprivation of Liberty</b> Failure to prevent unlawful deprivation of liberty	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Risk increased due to change in legislation increasing scope.</li> <li>- Any claim by service user with a community package of care if DoL not in place</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- Failure to comply with statutory requirements pursuant to Section 4 (Section 4A) and paras 129, 180 and 182 of Schedule A (Schedule A1) of the Mental Capacity Act 2005 (as amended to incorporate the Deprivation of Liberty Safeguards 2009)</li> </ul>	Legal	4	4	16	<ul style="list-style-type: none"> <li>- Core administrative function maintained</li> <li>- Framework in place to deliver the functions of the Best Interest Assessor and the 'Section 12' Doctor</li> <li>- Rolling out training for all social workers to become Best Interest Assessors - will be reviewed in light of future change in legislation</li> <li>- Scoping of potential deprivation of liberty cases in the community completed on CareFirst and cases prioritised accordingly</li> </ul>	2	4	8		Director, Adult Services (Kim Carey)		

## Adult Services, Health and Housing Risk Register - Appendix B3

Q1 2019/20

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO	OD	IMPA CT	RISK RATI NG	LIKE LIHO		OD	IMPA CT	RISK RATI NG				
5	Adult Social Care	<b>Recruitment and Retention - ASC</b> Failure to recruit and retain key skilled staff with suitable experience/qualifications	<b>Cause(s):</b> - Failure to compete with other organisations to recruit the highest quality candidates to build an agile workforce - Small pool of experienced adult's Social Workers  <b>Effect(s):</b> - Failure to identify and meet service user needs - Provision of service to ineligible clients - Provision of service prior to/without appropriate authorisation - Lack of skill set results in an inability to deliver effective adults' services to fulfil statutory safeguarding obligations, impacting on life chances and outcomes	Personnel		5	4	20	- Joint meetings held between HR and employment agencies to improve the quality and speed of locum assignments - Review of the current Recruitment and Retention package through Recruitment and Retention Board - Recruitment drive to convert locums to permanent staff - Commissioning of improvements to the Council's recruitment web site to include a video virtual tour of the Council - Support in effectively managing staff performance - Provision of training measures to include targeted leadership and management training programmes including partners and other stakeholders - Tailored individual career plan for staff - Bespoke training for first line managers - Training and quality assurance of practice - Dedicated HR worker to focus on Adult Social Care recruitment		3	3	9		Director, Adult Services (Kim Carey)  Director, Human Resources (Charles Obazuaye)		
6	Education Adult Social Care	<b>Transport - School and Adult Social Care</b> Failure to provide appropriate home to school transport assistance for children and young people with special educational needs and disabilities and home to day activities for vulnerable adults	<b>Cause(s):</b> - Fluctuating demand year on year - Rising numbers of children meeting criteria for transport provision and associated increase in costs - Interim transport service arrangements for adults currently uncertain  <b>Effect(s):</b> - Disruption to education - Impact on life chances and outcomes for children and young people - Impact on outcomes for vulnerable adults	Legal  Financial		5	3	15	- Budget monitoring and forecasting - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Travel Training Programme - Route review and rationalisation - Gateway review to improve efficiency - Options for adult transport being explored to cover period from Sept 2019 to August 2020		4	3	12	- Review of policy - Gateway review for adult and children's re-commissioning of transport services from September 2020 approved by Executive in July 2019 to proceed to tender for a framework from September 2020.	Director, Education (Jared Nehra)  Director, Adult Services (Kim Carey)		
7	Strategy, Performance and Engagement	<b>Social Care Information System</b> Failure to procure and implement new system	<b>Cause(s):</b> - Failure to establish tender specification of need - Failure to procure within budget - Failure to retain Programme Manager and appoint team to manage implementation - Failure to effectively implement and go live  <b>Effect(s):</b> - Failure to safeguard vulnerable children and adults - Failure to manage children and adult records effectively	Financial Legal Data		4	5	20	- A multi-disciplinary Programme Board in place - Reviewing landscape of procurement options - Qualified and experienced Programme Manager appointed.		3	5	15	- Developing tender specification	Assistant Director, Strategy, Performance and Corporate Transformation (Naheed Chaudhry)		
8	Public Health	<b>Inability to deliver an effective Public Health service</b> The Council is unable to deliver an effective Public Health service to fulfil its statutory obligations	<b>Cause(s):</b> - Reduced budget which has led to funding cuts, reduced service and redundancies. Withdrawal of non-statutory services. - Potential fluctuating medicines market  <b>Effect(s):</b> - Increased clinical risk to patients and Bromley residents - Reputational risk to council - Gaps and potential blocks in health service between NHS and Local Authority	Professional, Legal		4	4	16	- Working with partners including the CCG and Hospital Trust to jointly deliver Public Health functions and mitigate impact of reduced funding - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money		3	4	12	Plans for further integration of some functions and services with CCG	Director, Public Health (Nada Lemic)		



## Adult Services, Health and Housing Risk Register - Appendix B3

Q1 2019/20

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO	OD	IMPA CT	RISK RATI NG	LIKE LIHO		OD	IMPA CT	RISK RATI NG				
9	Housing Needs	<b>Failure to deliver effective Housing Needs services</b> The Council is unable to deliver an effective Housing Needs service to fulfil its statutory obligations	<b>Cause(s):</b> - very demand led - lack of trained staff - homelessness is increasing number and complexity of cases <b>Effect(s):</b> - Impact on life chances and outcomes for individuals and families in need of Housing Services - Reputational damage - Legal challenge	Legal	4	4	16				2	4	8			Director, Housing (Sara Bowrey)	
10	Housing Needs	<b>Temporary Accommodation</b> Inability to effectively manage the volume of people presenting themselves as homeless and the additional pressures placed on the homelessness budgets	<b>Causes:</b> - changes in government funding - rising number of placements (approx. 20 per month) <b>Effect(s):</b> - Failure to fulfil statutory obligations - Impact on life chances and outcomes for individuals and families in temporary accommodation - Increased risk of legal challenge due to provision of unsuitable accommodation (including shared accommodation) - Pressure on other services	Social	5	4	20				4	4	16			Director, Housing (Sara Bowrey)	
11	Housing Needs (Housing Strategy)	<b>Capital Grant</b> Failure to deliver the Council's affordable housing strategy in support of statutory obligations Lack of infrastructure in place where growth is occurring (Section 106 monies)	<b>Cause(s):</b> - Lack of availability of external capital grant (Housing Associations) to deliver key housing schemes - Lack of available suitable sites within the borough on which to develop new affordable housing schemes over the short to medium term - Potential fluctuations in house prices and supply chains <b>Effect(s):</b> - An inadequate supply of housing will lead to an inability to meet housing needs of a range of client groups in support of statutory housing and homelessness duties.	Social	4	4	16				3	4	12			Director, Housing (Sara Bowrey)	
12	Housing Needs	<b>Recruitment and Retention - Housing</b> Failure to recruit and retain key skilled staff with suitable experience/qualifications	<b>Cause(s):</b> - Failure to compete with other organisations to recruit the highest quality candidates to build an agile workforce - Small pool of experienced workers <b>Effect(s):</b> - Failure to identify and meet service user needs - Provision of service to ineligible clients - Provision of service prior to/without appropriate authorisation - Lack of skill set results in an inability to deliver effective housing services, impacting on life chances and outcomes	Personnel	5	4	20				3	4	12			Director, Housing (Sara Bowrey) Director, Human Resources (Charles Obazuaye)	

## Adult Services, Health and Housing Risk Register - Appendix B3

Q1 2019/20

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO	OD	IMPA CT	RISK RATI NG	LIKE LIHO		OD	IMPA CT	RISK RATI NG				
13	Housing Needs	<b>Welfare Reform</b> Impact of Welfare Reform legislation (including Universal Credit).	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Universal Credit payments commenced on 18th January 2016 in Bromley for single people only. From this time, there is no separate Housing.</li> <li>- Benefit payment direct to the Landlord</li> <li>- Further roll out planned for 2018 which will increase the impact of this reform</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- Increased Rent Arrears</li> <li>- Subsequent evictions and landlords reluctant to rent properties to claimants.</li> </ul>	Social	4	4	16		<ul style="list-style-type: none"> <li>- Notification, advice and support provided through:-</li> <li>- Housing Association transfers</li> <li>- Negotiations with landlords</li> <li>- Budgeting/debt advice</li> <li>- Moves to cheaper areas</li> <li>- Prevention grants/welfare fund/Credit union loans and savings</li> <li>- Access to child care and employment</li> <li>- Awareness raising campaign for Universal Credit Digital rollout and monitor impact from July 2018.</li> <li>- Structures to support changes reviewed and money advice support extended.</li> </ul>	3	3	9		<ul style="list-style-type: none"> <li>- Work in partnership with Housing Benefit, the DWP, partner landlords and Social Care to minimise the impact of the Welfare Reform Act</li> <li>- Setting up working group with Housing Associations to explore additional measures to support residents with the rollout of Universal Credit</li> <li>- CAB Universal Credit advice service went live in April 2019. Close working with CAB to ensure identification and support to those at risk.</li> <li>- Review rent arrears procedures and support for debt advice in temporary accommodation.</li> </ul>	Director, Housing (Sara Bowrey)		
14	Adult Social Care Housing Public Health Strategy, Performance & Corporate Transformation	<b>Business Interruption / Emergency Planning</b> Failure to provide Council services or statutory requirements of mass illness/fatalities scenario following a business interruption or emergency planning event	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Business Interruption could be caused by Loss of Facility (fire, flood etc.), Staff (illness, strike) or IT (cyber attack).</li> <li>- Mass fatalities or illness has a range of causes and this risk to the council could be caused by council staff being impacted resulting in failure to manage statutory requirements of mass illness/fatalities scenario (e.g. registering of deaths within timescales)</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- Business interruption - failure to deliver services, loss of customer / resident satisfaction.</li> <li>- Emergency planning - failure to deliver statutory duties.</li> </ul>	Personnel	2	5	10		<p>Business Interruption</p> <ul style="list-style-type: none"> <li>- Civil protection and emergency planning policies in place at corporate level overseen by the Corporate Risk Management Group</li> <li>- Business Continuity Plans in place at service level. Reviewed and updated.</li> <li>- Contracts contain business continuity provision</li> <li>- Communication to all staff prior to all impending industrial action, informing of any possible service disruption as well as explaining implications of strike action for individual staff members</li> </ul> <p>Emergency Planning</p> <ul style="list-style-type: none"> <li>- Robust plans in place, including Outbreak Plan, Flu Plan and Pandemic Flu Plan</li> <li>- Alert system via the South East London Health Protection Unit (SEL HPU)</li> <li>- Annual Flu vaccination programme in place</li> <li>- Introduction of Humanitarian and Lead Officer (HALO) role</li> </ul>	1	5	5		- Business Continuity Plans reviewed annually.	Director, Adult Services (Kim Carey) Director, Housing (Sara Bowrey) Director Public Health (Nada Lemic) Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry)		
15	Strategy, Performance and Corporate Transformation	<b>Data Collections</b> Failure to undertake statutory statistical data collections; including key housing and adults' social care information, thereby adversely affecting government grant allocations and performance assessments	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Business Interruption</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- Failure to commission effectively</li> <li>- Adverse impact on the timing and quality of decision making</li> </ul>	Data and Information	3	3	9		<ul style="list-style-type: none"> <li>- Schedule of statutory returns has been incorporated into the Performance and Information team's work programme</li> <li>- Specialist members of the team for each area</li> <li>- Other staff trained to provide 'back up' for specialist members of the team</li> <li>- Good project planning in place to co-ordinate all data collections including contributions from other services</li> </ul>	1	3	3			Assistant Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry)		
16	Adult Services	<b>Failure to deliver partial implementation of Health &amp; Social Care Integration</b> Plans are not in place to deliver partial integration by 2020	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Difficulty in achieving rapid change in a system as complex as health and social care</li> <li>- Rising social care costs due to ageing population and people living longer with increasing complex needs</li> <li>- Difficulties with agreeing budgets (given likely funding reductions going forward), complex governance arrangements and workforce planning</li> <li>- Need to focus on collaborative working (cultural differences)</li> <li>- Pressure for social care services to be accessible 7 days a week in terms of our own workforce and contracts with external providers in line with NHS priority to deliver 7 day working across the health sector</li> <li>- LBB will need to contribute to a whole system review (led by BCCG) to ensure that funding follows the patient</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- Failure to deliver statutory duties</li> </ul>	Financial Compliance /Regulation	2	3	6		<ul style="list-style-type: none"> <li>- A draft 2020 integration plan for health and social care integrated service delivery and commissioning across the borough was developed by May 2018 by ECHS/BCCG</li> <li>- Continued work with health partners to deliver the main transformation programmes eg Bromley Well and the transformation of prevention</li> <li>- Building on the work already delivered through S31 agreement with Oxleas and being implemented through the Better Care Fund workstreams eg Winter Resilience work, Transfer of Care Bureau, Integrated Care Records and Discharge to Assess</li> <li>- New governance structure between LBB and BCCG feeding into the Health and Wellbeing Board via the Integrated Commissioning Board (strategic) and Commissioning Network (operational)</li> </ul>	2	3	6		- Ongoing discussions around the developing Integrated Care System with Bromley CCG	Director, Adult Social Care (Kim Carey)		



## Children's Services Risk Register - Appendix B4

Q1 2019/20

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO	OD	IMPA CT	RISK RATI NG	LIKE LIHO		OD	IMPA CT	RISK RATI NG				
1	Children's Services	<b>Failure to deliver Children's Services Financial Strategy</b>	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Continual reduction in Central Government funding</li> <li>- Demographic changes</li> <li>- Increased demand for services</li> <li>- Demand led statutory services (c. 80% of operations) which can be difficult to predict</li> <li>- Increasing cost volatility due to rise of complex, high cost families or placements requiring services.</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- Lower than anticipated levels of financial resource</li> <li>- Failure to achieve a balanced budget</li> <li>- Failure to secure economy, efficiency, and effectiveness of use of resources leading to a Qualified Independent Auditors' Report</li> <li>- Objectives of the service not met</li> <li>- Reputation is impacted</li> <li>- Wider goals of the Council are not achieved</li> </ul>	Financial	5	5	25	<ul style="list-style-type: none"> <li>- Budget monitoring and forecasting</li> <li>- Regular review of medium term strategy</li> <li>- Regular reporting to Members via the Committee reporting process</li> <li>- Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money</li> <li>- Monitor demographics, economic indicators and develop insight into future demand</li> <li>- Match financial planning to Council priorities</li> <li>- Internal audit framework</li> <li>- Early intervention with service users</li> <li>- Constantly reviewing service operations for potential efficiencies</li> <li>- Developed a series of commissioning plans, with mitigating actions, for Children's Social Care and SEND including mitigating actions addressing financial pressures</li> <li>- Growth and mitigation discussions</li> <li>- Service strategies in place to mitigate growth</li> </ul>	4	5	20	<ul style="list-style-type: none"> <li>- Plans covering 10 projects in Children's Social Care went to the Corporate Commissioning Board in September 2018 outlining savings proposals to be implemented.</li> <li>- Plans are in place in Children's Social Care for improving sufficiency whilst reducing identified areas of budget.</li> </ul>	Director, Children's Services (Janet Bailey) Director, Education (Jared Nehra)				
2	Children's Services	<b>Failure to deliver effective Children's services</b> The Council is unable to deliver an effective children's service to fulfil its statutory obligations in safeguarding and protect those at risk of significant harm or death, sexual exploitation or missing from care	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Local authority response to Bromley Safeguarding Children's Partnership following Wood Review.</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- Impact on life chances and outcomes for children</li> </ul>	Legal, Reputational	3	5	15	<ul style="list-style-type: none"> <li>- Multi Agency Bromley Children's Safeguarding Partnership (BCSP) Training programme 2019 set.</li> <li>- Dedicated HR programme of support in place to recruit social workers to front line posts</li> <li>- Scrutiny of Performance Management Framework and Indicators</li> <li>- Effective procurement framework and contract monitoring arrangements to ensure acceptable quality of service provision and value for money - under review</li> <li>- Quality Assurance Audit Programme Phase 3</li> <li>- Children's Service Practice Improvement Board commenced April 2019 to deliver Ofsted and local authority recommendations.</li> <li>- Continued reduction of caseloads &amp; within Caseload Promise on average</li> <li>- Identified training plan for qualified social workers and other professionals reviewed and updated quarterly</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>- Ofsted validation - report published 7 January 2019 and action plan agreed</li> <li>- Phase 3 - 'to excellence' plan developed</li> </ul>	Director, Children's Services (Janet Bailey)				
3	Children's Services	<b>Recruitment and Retention</b> Failure to recruit and retain key skilled staff with suitable experience/qualifications	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Failure to compete with other organisations to recruit the highest quality candidates to build an agile workforce</li> <li>- Small pool of experienced children's Social Workers</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- Failure to identify and meet service user needs</li> <li>- Provision of service to ineligible clients</li> <li>- Provision of service prior to/without appropriate authorisation</li> <li>- Lack of skill set results in an inability to deliver effective children's services to fulfil statutory safeguarding obligations, impacting on life chances and outcomes</li> </ul>	Personnel	5	4	20	<ul style="list-style-type: none"> <li>- Dedicated HR role to support managers in recruiting social workers to front line posts</li> <li>- Joint meetings held between HR and employment agencies to improve the quality and speed of locum assignments</li> <li>- Review of the current Recruitment and Retention package through Recruitment and Retention Board</li> <li>- Recruitment drive to convert locums to permanent staff</li> <li>- Commissioning of improvements to the Council's recruitment web site to include a video virtual tour of the Council</li> <li>- Support in effectively managing staff performance</li> <li>- Provision of training measures to include targeted leadership and management training programmes including partners and other stakeholders</li> <li>- Tailored individual career plan for staff</li> <li>- Launch of Social Work Academy in April 2019.</li> <li>- Bespoke training for first line managers on-going with cohort 2</li> <li>- Training and quality assurance of practice</li> </ul>	3	4	12		Director, Children's Services (Janet Bailey) Director, Human Resources (Charles Obazuaye)				
4	Children's Services	<b>Business Interruption / Emergency Planning</b> Failure to provide Council services or statutory requirements of mass illness/fatalities scenario following a business interruption or emergency planning event	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Business Interruption could be caused by Loss of Facility (fire, flood etc.), Staff (illness, strike) or IT (cyber attack).</li> <li>- Mass fatalities or illness has a range of causes and this risk to the council could be caused by council staff being impacted resulting in failure to manage statutory requirements of mass illness/fatalities scenario (e.g. registering of deaths within timescales)</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- Business interruption - failure to deliver services, loss of customer / resident satisfaction.</li> <li>- Emergency planning - failure to deliver statutory duties.</li> </ul>	Personnel, Reputational	2	5	10	<p><b>Business Interruption</b></p> <ul style="list-style-type: none"> <li>- Civil protection and emergency planning policies in place at corporate level overseen by the Corporate Risk Management Group</li> <li>- Business Continuity Plans in place at service level</li> <li>- Contracts contain business continuity provision</li> <li>- Communication to all staff prior to all impending industrial action, informing of any possible service disruption as well as explaining implications of strike action for individual staff members</li> </ul> <p><b>Emergency Planning</b></p> <ul style="list-style-type: none"> <li>- Robust plans in place, including Outbreak Plan, Flu Plan and Pandemic Flu Plan</li> <li>- Alert system via the South East London Health Protection Unit (SEL HPU)</li> <li>- Annual Flu vaccination programme in place</li> <li>- Introduction of Humanitarian and Lead Officer (HALO) role</li> </ul>	1	5	5	<ul style="list-style-type: none"> <li>- Business Continuity Plans reviewed annually</li> </ul>	Director, Children's Services (Janet Bailey) Director, Education (Jared Nehra)				

## Children's Services Risk Register - Appendix B4

Q1 2019/20

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER		
					LIKE	LIHO	OD	IMPA	CT		RISK	RATI	NG	LIKE	LIHO			OD	IMPA
5	Education	<b>School Place Planning</b> Failure to meet the statutory requirement to ensure sufficient school places to meet the needs of the population in the area	<b>Cause(s):</b> - Failure to secure sufficient Primary and Secondary school places in the area - Failure to secure sufficient educational placements for children with disabilities and special educational needs - Failure to secure sufficient alternative provision <b>Effect(s):</b> - Disruption to the education of children and impact on their life chances	Political, Legal, Professional		3		4		12	- Strategic needs analysis (birth rate, dwelling stock and migration) to project demand - Review analysis of demand annually - SEN sufficiency strategy will inform long term planning of specialist provision - Implement Basic Need programmes - Maintain relationships with DfE ESFA to support delivery of Free School and PSBP programmes - Monitor contractor performance in uncertain market		2		4		8	- Keep under review the provision of places for September 2019 at Bullers Wood School for Boys	Director, Education (Jared Nehra)
6	Children's Services	<b>Not in Education, Employment or Training (NEET)</b> Failure to meet requirements of Education, Care and Skills Act 2008 - duty on all young people to participate in Education, Employment or Training until their 18th birthday	<b>Cause(s):</b> - Lack of control over Academies <b>Effect(s):</b> - Disruption to Education - Impact on life chances for young people	Professional, Legal		3		2		6	- Provision offered by Bromley Youth Support Programme (BYSP) - Advice and Guidance Drop in sessions - One to one support - Looked After Children NEET support - YOT NEET support - Provision offered by Bromley Education Business Partnership (BEBP) - Bromley Youth Employment Scheme (YES) - Bromley Flexible Learning programme - Mentoring programme - Skills Xtra - Work experience and apprenticeships for Children Looked After - Tracking service in conjunction with South London CCIS Service - 'Door knocking' - Additional NEET worker started, based in Leaving Care service - a 4 year pilot programme, in partnership with Lewisham and Greenwich, providing support for care leavers most at risk of NEET.		3		2		6		Director, Children's Services (Janet Bailey)
7	Education Adult Social Care Programmes	<b>Transport - School and Adult Social Care</b> Failure to provide appropriate home to school transport assistance for children and young people with special educational needs and disabilities and home to day activities for vulnerable adults	<b>Cause(s):</b> - Fluctuating demand year on year - Rising numbers of children meeting criteria for transport provision and associated increase in costs - Interim transport service arrangements for adults currently uncertain <b>Effect(s):</b> - Disruption to education - Impact on life chances and outcomes for children and young people - Impact on outcomes for vulnerable adults	Legal Financial		5		3		15	- Budget monitoring and forecasting - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Travel Training Programme - Route review and rationalisation - Gateway review to improve efficiency - Options for adult transport being explored to cover period from Sept 2019 to August 2020		4		3		12	- Review of policy - Gateway review for adult and children's re-commissioning of transport services from September 2020 to be considered by Executive in July 2019	Director, Education (Jared Nehra) Director, Adult Services (Kim Carey)
8	Education	<b>SEND Reforms</b> Failure to meet expectation of SEND reforms	<b>Cause(s):</b> - Ineffective and inaccurate identification of SEND - Failure of schools to make reasonable adjustments to meet needs of individual children and young people - Failure to provide appropriate and effective support for children with identified needs and their schools - Pattern of provision which does not meet the needs of the local population resulting in placements in independent schools <b>Effect(s):</b> - Costs associated with the Legal process - Escalating cost of provision - Impact on education and life chances of children and young people	Financial Legal Professional		4		4		16	- SEND4Change completed a root and branch review of Bromley's response to SEND reforms - An Improvement Plan agreed for 2018/19 - Transfer of statements to EHC Plans completed March 2018 - SEN service realigned to improve decision making and management oversight - SEN Inspection Readiness team established with ongoing review and scrutiny - SEN Advisory Teams realigned to maximise resource and fill gaps in support with a specific focus on CYP with EHCPs in mainstream provision - Joint Commissioning arrangements established across a number of key services - Service Level Agreements being established with mainstream settings with additionally resourced provisions to provide clarity across both parties		3		4		12	- Readiness for SEND inspection monitored - QA programme for placements in independent schools to be implemented - Local Offer Development Officer being recruited to strengthen and promote the Local Offer - ASD Joint Strategy in development - Engagement framework in final stages - CYP Participation Officer post extended with workplan agreed - CAMHS trailblazer project to be implemented - Bromley Teaching Schools leading SEN training collaborative to support school improvement. - Placement planning framework in development for September 2020 and beyond - Legal advice to be drawn in to support complex tribunal cases	Director, Education (Jared Nehra)

## Children's Services Risk Register - Appendix B4

Q1 2019/20

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)				EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)				FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO	OD	IMPA CT	RISK RATI NG		LIKE LIHO	OD	IMPA CT	RISK RATI NG		
9	Children's Social Care	<b>Youth Offending</b> Failure to deliver effective youth offending services to protect children and young people and reduce their vulnerability	<b>Cause(s):</b> - Increase in youth offending <b>Effect(s):</b> - Impact on life chances and outcomes for children - Failure to protect the public and actual or potential victims (assessment of risk to others and planning to manage the risk and protect the public)	Professional Reputational				12	- Learning from the Youth Justice follow up Inspection of February 2017. Action plan developed, fortnightly Improvement Board implemented to ensure action plan carried out. - Improved inspection result - Good in 2017 - Implementation of Strategic Plan 2017/19 - Youth Justice Board self-assessment audit of National Standards - 2 moderation exercises carried out and YJB assured that this reflected service standards - Bi-monthly audits with quality assurance check by SIT Team - Monthly YOS performance meeting to review national KPIs, act upon trends and drive improvement plan - Triage support to divert low level offenders from YJS - Packages of support to manage young people's risk appropriately in the community for those who are sent to custody. - YOS Partnership Improvement Board is overseeing the Improvement Plan - YOS Inspection preparation by all partners.				8		Director, Children's Services (Janet Bailey)
10	Children's Social Care	<b>Out of Borough Placements (Children and Young People)</b> Inability to reduce reliance on out of borough placements  Financial implications	<b>Cause(s):</b> - Failure to provide/commission sufficient local placements for children with disabilities and children in care <b>Effect(s):</b> - Cost implications of out of borough placements (Cross refer Budget risk) - Impact for children's welfare and development	Professional Financial				9	- Close monitoring of placements and eligibility criteria - Budget monitoring and forecasting - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Monitor demographics, economic indicators and develop insight into future demand - Out of borough officer in Placements Team reviewing OOB placements and those placed in Bromley from other authorities				9	- Carrying out a review of how to move this forward. - Review of children's residential, IFA and semi-supported 16+ market in borough and discussions with Bromley providers to increase our ability to place with them.	Director, Children's Services (Janet Bailey)
11	Strategy, Performance and Corporate Transformation	<b>Data Collections</b> Failure to undertake statutory statistical data collections; including pupil census, attainment data and key children's social care information, thereby adversely affecting government grant allocations and performance assessments	<b>Cause(s):</b> - Business Interruption <b>Effect(s):</b> - Failure to commission effectively - Adverse impact on the timing and quality of decision making	Data and Information				9	- Schedule of statutory returns has been incorporated into the Strategy and Performance team's work programme - Specialist members of the team for each area - Other staff trained to provide 'back up' for specialist members of the team - Good project planning in place to co-ordinate all data collections including contributions from other services				3		Assistant Director, Strategy, Performance and Corporate Transformation (Naheed Chaudhry)
12	Education	<b>30 hours funded childcare for three and four year olds of working parents</b> The Council is unable to provide sufficient places within the local sector to fulfil its Statutory Duty	<b>Cause(s):</b> - Insufficient places within local sector resulting in Local Authority failure to meet its statutory duty - Inability to implement a suitable IT system which supports efficient and timely processing of funding claims <b>Effect(s):</b> - Parental dissatisfaction - Official notification from DfE regarding failure to fulfil statutory duty - Delays in payment to providers, destabilising local businesses.	Political, Reputational				3	- Work to stimulate the market has increased capacity overall and work continues, minor local pockets at low risk of pressure remain - Monitor eligibility, confirmations and take up of places to predict growth of demand - Work carried out with IT provider to manage current minimal IT needs within deadlines whilst permanent solution resolved				3	- Market research to identify best fit IT solution completed. Gateway report approved for procurement of appropriate solution; implementation in progress.	Director, Education (Jared Nehra)
13	Education	<b>Speech and Language Therapy</b> Failure to provide appropriate SALT services to children and young people	<b>Cause(s):</b> - Current service provision not meeting needs of children and young people in a timely way <b>Effect(s):</b> - Failure to meet the need of children and young people including those with SEN/D and other vulnerabilities	Legal Reputational Professional				12	- Review of service begun in November 2018 to consider impact and effectiveness of current provision and potential service improvements. - Identification of additional funding for 2018/19. £250,000 from BCF funding and £90,000 from Bromley Clinical Commissioning Group.				12	- Multi-agency review of SaLT provision underway. - Recommendations regarding the SLT service were taken through LBB governance processes with reports presented to the Children, Education & Families Policy Development and Scrutiny Committee on 9th July 2019 and LBB Executive Committee on 10th July 2019, to go through for formal Member agreement.	Director of Education (Jared Nehra)

## Children's Services Risk Register - Appendix B4

Q1 2019/20

REF	DIVISION	RISK TITLE & DESCRIPTION <small>(a line break - press shift &amp; return - must be entered after the risk title)</small>	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING <small>(See next tab for guidance)</small>					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING <small>(See next tab for guidance)</small>					FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO	OD	IMPA CT	RISK RATI NG	LIKE LIHO		OD	IMPA CT	RISK RATI NG				
14	Strategy, Performance and Corporate Transformation	<b>Social Care Information System</b> Failure to procure and implement new system	<b>Cause(s):</b> - Failure to establish tender specification of need - Failure to procure within budget - Failure to retain Programme Manager and appoint team to manage implementation - Failure to effectively implement and go live  <b>Effect(s):</b> - Failure to safeguard vulnerable children and adults - Failure to manage children and adult records effectively	Financial Legal Data		4		5	20	- A multi-disciplinary Programme Board in place - Reviewing landscape of procurement options - Qualified and experienced Programme Manager appointed.		3		5	15	Developing tender specification	Assistant Director, Strategy, Performance and Corporate Transformation (Naheed Chaudhry)

## Corporate Services Risk Register - Appendix B5

											DATE LAST REVIEWED:	16/07/2019	
REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press alt & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)			FURTHER ACTION REQUIRED	RISK OWNER
					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING		
1	Corporate Services	<b>IT Security failure</b>	<p><b>Cause(s):</b> Failure of IT Security (responsibility across Bromley &amp; BT) to manage risk of attack or intrusion leading to potential corruption / loss of data / loss of systems</p> <p><b>Effect(s):</b> Loss of service, potential fines, resident dissatisfaction</p>	Data and Information	4	5	20	<ul style="list-style-type: none"> <li>- Application of effective security management including effective application of anti-virus protection and security measures through the IT Contract with BT</li> <li>- Regular Penetration Testing undertaken</li> <li>- Information Security Team in place</li> <li>- Patch updates undertaken regularly</li> <li>- IG training programme</li> <li>- PSN Compliant</li> </ul>	2	5	10		Vinit Shukle
2	Corporate Services	<b>Telecommunications failure</b> Prolonged telecoms / switchboard failure	<p><b>Cause(s):</b> Power surge, contractor failure, malicious attack, IT failure</p> <p><b>Effect(s):</b> Widespread disruption across the Council</p>	Data and Information	3	5	15	<ul style="list-style-type: none"> <li>- Stand-by arrangements available so that in the event of failure highest priority services can be recovered</li> <li>- Technical design takes into account the criticality of systems and ensures, where justified, that additional resilience is built in</li> <li>- All Critical Services now have additional independent lines as contingency (if not their first line)</li> <li>- Additional resilience in use of LBB mobile phones</li> <li>- The ICT Disaster Recovery Plan is in progress</li> <li>- Working with BT to implement disaster recovery arrangements as part of new backup contract</li> <li>- Effective application of anti-virus protection and security measures through the IT contract with BT</li> </ul>	2	3	6	<ul style="list-style-type: none"> <li>- Virtualisation project will help facilitate disaster recovery provision</li> <li>- Secondary Session Initiation Protocol (SIP) connection being added to provide resilience.</li> </ul>	Vinit Shukle
3	Corporate Services	<b>IT System Failure (partial loss)</b> Partial loss of IT systems	<p><b>Cause(s):</b> Failure of Outlook or similar applications Failure of Novell Filing Registry system which carries details of all departmental files</p> <p><b>Effect(s):</b> Widespread disruption across the Council</p>	Data and Information - Operational	4	4	16	<ul style="list-style-type: none"> <li>- Effective incident management / support and resilient systems in use so that single points of failure are minimised</li> <li>- Technical design that takes into account the criticality of systems and ensures, where justified, that additional resilience is built in</li> <li>- Ensure proactive monitoring tools are in place to highlight potential issues before there is a major incident</li> <li>- System now migrated to the server</li> <li>- No longer dependent on Win7 - all services successfully transferred. However, the Novell filing registry/Regnet system has no further upgrade options and is not compatible with Win10 which will be deployed before December 2019 (Win7 support expiry date)</li> </ul>	4	3	12	The Novell System is currently used by legal team for historical file information only on a 'stand alone' PC. As part of any future platform upgrades, investigation will need to be carried out as to whether this option is still viable (by way of impact assessment) or look at migrating the historical data into Norwel (the current system).	Vinit Shukle
4	Corporate Services	<b>IT System Failure (total loss)</b> Complete failure of IT systems resulting in widespread disruption across the Council	<p><b>Cause(s):</b> Complete loss of data centre and related hardware</p> <p><b>Effect(s):</b> Widespread disruption across the Council Financial loss Reputational impact</p>	Data and Information - Operational	3	5	15	<ul style="list-style-type: none"> <li>- Effective incident management / support and resilient systems in use so that single points of failure are minimised</li> <li>- Technical design that takes into account the criticality of systems and ensures, where justified, that additional resilience is built in</li> <li>- Ensure proactive monitoring tools are in place to highlight potential issues before there is a major incident</li> <li>- Backup power arrangements in the event of power issues (most likely)</li> <li>- Server room has fire suppression, water detection and significant physical security measures have been undertaken.</li> </ul>	2	4	8	<ul style="list-style-type: none"> <li>- Property are planning additional works to resolve the issues that caused the outages, but until then we remain at an elevated risk.</li> </ul>	Vinit Shukle
5	Corporate Services	<b>Network Loss</b> Loss of the customer service centre network as a result of a major malfunction of the council's network, leading to system access loss preventing staff from processing service requests.	<p><b>Cause(s):</b> Major malfunction of council's network caused by Cyber Attack or other means</p> <p><b>Effect(s):</b> Loss of system access Service Disruption Reputational impact</p>	Data and Information - Operational	3	3	9	<ul style="list-style-type: none"> <li>- Existing local resilience procedures (over Liberata network via Citrix)</li> <li>- Business Continuity Plan and manual procedure plans in place</li> <li>- Prepared for use of smart telephony messaging, web banner message and reception signage</li> </ul>	3	2	6		Vinit Shukle



## Corporate Services Risk Register - Appendix B5

													DATE LAST REVIEWED:	16/07/2019
REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press alt & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)			FURTHER ACTION REQUIRED	RISK OWNER	
					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING			
6	Corporate Services	<b>Budgetary overspend</b>	<b>Cause(s):</b> Overspending budgets as a result of increased costs outside Council's direct control (e.g. increase in minimum wage, court / legal fees)  <b>Effect(s):</b> Financial	Economic - Strategic	4	3	12	- Effective forward budgetary planning - On-going engagement with stakeholders - On-going management of costs, demand forecasting, allocation of existing resources	3	3	9	- Identify "risk areas" (e.g. contracts using low paid labour)	Director of Corporate Services	
7	Corporate Services	<b>Failure to follow Legal Advice</b> Breach of law, statutory duty or carrying out inadequate consultation arising from failure of clients to follow Legal briefing procedures	<b>Cause(s):</b> Advice not being sought and/or followed by clients.  <b>Effect(s):</b> - Breach of statutory obligations through failure of compliance with relevant legislation (e.g. 'Duty to Consult', EU Procurement Rules, Health and Safety etc.) leading to adverse publicity and significant costs including fines. - Council making unlawful decisions - Potential compensation to injured parties - Negative publicity - Potential judicial reviews	Legal - Operational	3	3	9	- Service procurement procedures reviewed for robustness - Register of all relevant statutory requirements - Regular review of compliance - Effective training of managers in requirements of relevant legislation - Systematic consultation - Robust internal customer service standards and service delivery meetings - Continuous learning and feedback - Statutory requirements (awareness and training)	2	3	6		Director of Corporate Services	
8	Corporate Services	<b>Data Protection Breach</b>	<b>Cause(s):</b> Failure to adapt to the upcoming change in legislation (GDPR) Failure to ensure the confidentiality, integrity, and availability of information assets.  <b>Effect(s):</b> 1. Distress and/or physical impact on wellbeing of customers 2. Impact on operational integrity 3. Reputational damage to services and the authority as a whole 4. Liability in law 5. Economic damage to authority and/or customers 6. Impact on service take up due to reduced confidence from the public	Data and Information - Operational	4	5	20	- LBB is currently compliant with the Public Services Network Code of Connection (PSN CoCo) and Connecting for Health Information Governance Toolkit (CfH IGT). The LBB Information Governance Board formally accepted the CfH IGT as the basis of LBB's internal information governance program at their meeting in August 2012. Both standards are based on the ISO27001 international best practice standard for managing information security and are therefore fit for purpose for assessing and managing the Council's information risk - <b>GDPR Training programme in place</b> - <b>Induction programme in place</b> - <b>Additional resources to manage risk</b>	2	3	6		Director of Corporate Services	
9	Corporate Services	<b>Failure to publish Register of Electors</b>	<b>Cause(s):</b> Failure of IT systems Insufficient resources provided to Electoral Registration Officer to deliver a comprehensive canvass Failure to follow legislative and regulatory requirements  <b>Effect(s):</b> Disenfranchisement of local residents Potential to challenge any election which relies on an inadequate register Reputational damage	Political - Strategic	2	3	6	<b>Controls:</b> 1. Project Plan including detailed Risk Register 2. Robust documented internal procedures 3. Monitoring by Electoral Commission through appropriate Performance Standards	1	3	3		Carol Ling	

## Corporate Services Risk Register - Appendix B5

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REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press alt & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)			FURTHER ACTION REQUIRED	RISK OWNER	
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10	Corporate Services	<b>Failure to manage election process</b>	<p><b>Cause(s):</b> Failure of Council in its duty to provide sufficient resources to the Returning Officer Failure of IT systems</p> <p><b>Effect(s):</b> Costs of dealing with a challenge to election process Reputational damage Cost of re-running an election if result is set aside</p>	Political	3	4	12	<ul style="list-style-type: none"> <li>- Project Plan including detailed Risk Register specific to election underway</li> <li>- Staff Training</li> <li>- Adequate insurance (Returning Officer - personal liability)</li> <li>- Monitoring by Electoral Commission through appropriate Performance Standards.</li> </ul>	2	3	6		Carol Ling	
11	Corporate Services	<b>Failure to deliver the Council's Target Operating Model as a "Commissioning Organisation"</b>	<p><b>Cause(s):</b> - Unclear (or lack of) commissioning strategies - Poor commissioning activities - Inability to undertake full commissioning cycles - Failure to engage and develop markets</p> <p><b>Effect(s):</b> - Service cuts required if balanced budget is not met - Reputational damage</p>	Procurement & Contracts	5	4	20	<ol style="list-style-type: none"> <li>1. Commissioning Work Plan agreed and reported to COE as part of Performance Management.</li> <li>2. Contract Register established with regular reports on actions required and alerts issued to Officers</li> <li>3. Commissioning Team represented at senior level across the Council.</li> <li>4. Commissioning Work Plan &amp; Contracts Register reported to COE quarterly and also Commissioning &amp; Contract Sub Committee – with alerts from Director of Commissioning (or delegate).</li> <li>5. Review of Commissioning Work Plan through Commissioning Board (or equivalent) and/or ongoing monitoring through the Assistant Director Governance &amp; Contracts</li> <li>6. Training for members and officers rolled out and published on Managers Toolkit.</li> <li>7. All Guidance Notes available to officers on the Managers Toolkit – covering the commissioning and contracting cycle.</li> <li>8. Lessons Learnt from all commissioning and contracting proposals covered at mandatory training with staff.</li> </ol>	3	4	12	<ol style="list-style-type: none"> <li>1. Ongoing maintenance, monitoring and review of Commissioning Work Plan through Procurement Board and through the Assistant Director Governance &amp; Contracts</li> <li>2. Transformation Programme (through Chief Executive) embedded and projects progressed.</li> <li>3. Regular review of accuracy and completeness of Contracts Database to ensure effectiveness as a tool.</li> <li>4. Ongoing effective use of Contracts Database via shared knowledge, alerts etc.</li> <li>5. Lessons Learnt from all commissioning and contracting proposals covered at mandatory training with staff.</li> </ol>	Service Directors supported by Assistant Director, Governance and Contracts	
12	Corporate Services	<b>Effective governance and management of contracts</b>	<p><b>Cause(s):</b> - Lack of clear management across contracts - Capacity and capability - Contract management processes ineffective - Organisational culture and understanding</p> <p><b>Effect(s):</b> - Financial losses - Service disruptions - Poor quality services</p>	Procurement & Contracts	4	4	16	<ol style="list-style-type: none"> <li>1. Review of contract management and Commissioning &amp; Contract monitoring controls including any issues identified by internal audit</li> <li>2. Database alerts to assist in monitoring</li> <li>3. Contract Sub Committee</li> <li>4. Member Scrutiny</li> </ol>	3	4	12	<ol style="list-style-type: none"> <li>1. Contract Management guidance on toolkit to be reviewed.</li> <li>2. Ongoing monitoring of compliance with Contract Procedure Rules requirements with Practice Notes issued as required.</li> <li>3. Improvement in production and scrutiny of Annual Contract Monitoring reports.</li> <li>4. Staff training - repeat sessions arranged regularly.</li> <li>5. Contracts Database authorisation function tested, embedded and reviewed.</li> </ol>	Service Directors supported by Assistant Director, Governance and Contracts	

## Corporate Services Risk Register - Appendix B5

											DATE LAST REVIEWED:	16/07/2019	
REF	DIVISION	RISK TITLE & DESCRIPTION <small>(a line break - press alt &amp; return - must be entered after the risk title)</small>	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING <small>(See next tab for guidance)</small>			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING <small>(See next tab for guidance)</small>			FURTHER ACTION REQUIRED	RISK OWNER
					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING		
13	Corporate Services	<b>Database Utilisation</b>	<b>Cause(s):</b> - Lack of organisational buy-in from contract managers - Lack of governance - Poor awareness / education in understanding purpose  <b>Effect(s):</b> - Impacts upon decision making and outcomes - Poor quality data - Commissioned services not fit for purpose - Increased financial costs	Procurement & Contracts	4	3	12	1. Database guidance issued to officers 2. Follow-ups issued to remind contract managers and commissioners 3. Quarterly Member reporting 4. Sign-off by CLT	3	3	9	1. Ongoing monitoring of database to ensure it remains accurate and comprehensive.	Assistant Director, Governance and Contracts

Remember to consider current Internal Audit priority one recommendations when identifying, assessing and scoring risks.



## Environment & Public Protection (E&PP) Risk Register - Appendix B6

													DATE LAST REVIEWED:	07/10/2019
No.	E&PP RISK REF	DIVISION	RISK TITLE & DESCRIPTION	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK			FURTHER ACTION REQUIRED	RISK OWNER
						LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING		
1	1	All E&PP	<b>Emergency Response</b> Failure to respond effectively to a major emergency / incident internally or externally	<b>Cause(s):</b> -Emergency may be triggered by storms, floods, snow, extreme heat or other emergency. Ineffective response could be caused by capacity and/or organisational issues <b>Effect(s):</b> - Failure to fulfil statutory duties in timely manner - Disruption to infrastructure and service provision in general	Service Delivery	2	4	8	1. Corporate Major Emergency Response Plan 2. E&CS Incident Plan (held by Emergency Planning) 3. Service Business Continuity Plans 4. Out-of-Hours Emergency Service 5. Winter Service Policy and Plan (reviewed annually) 6. Training, Testing and Exercising (includes training provided as part of Corporate Business Continuity Group formed in June 2018), to include Safer Cities Exercise (May 2019) 7. Multi-agency assessment of emergency risks 8. 2019 Training Programme in place for volunteers to be trained to run the Borough Emergency Control Centre (BECC)	2	3	6	1. Continuation of the Corporate Business Continuity Group 2. Development of risk-specific arrangements in accordance with Minimum Standards for London and informed by the Borough Risk Assessment 3. Implement 'on-call rota' for Emergency Response Manager 4. Recruit and train more Emergency Response Volunteers (to include Silver training for CLT)	David Tait
2	2	All E&PP	<b>Central Depot Access</b> Major incident resulting in loss of / reduced Depot access affecting service provision (LBB's main vehicle depot)	<b>Cause(s):</b> -Fire, explosion, train derailment, strike etc. <b>Effect (s):</b> -Significant service disruption (Waste, Street Cleaning, Gritting, Fleet Management, Streetscene & Greenspace service management etc.)	Service Delivery	4	3	12	1. Contingency plans for: - Alternative vehicle parking - Temporary relocation of staff - Storage of bulky materials 2. Implement Business Continuity Plans 3. Close liaison with other Depot users (e.g. Waste Contract, Street Cleansing) and Highways Winter Service Team 4. 'Central Depot Users Group' (Health & Safety forum for all site users) 5. Work Place Risk Assessments in place 6. Depot Insurance reviewed September 2019 to ensure full reinstatement cover is in place 7. Consideration of issue as part of the mobilisation of Environmental Services Contracts, through involvement of new Service Providers in the Central Depot User Group and liaison with colleagues in Property regarding future development of the site.	3	3	9	1. Site re-development plans to include recommendations from fire safety audit. To include consideration of fire suppression systems 2. Waste Service Change to incorporate separate battery collection which will reduce likelihood of fires from batteries in residual waste	Paul Chilton
3	3	All E&PP	<b>Fuel Availability</b> Fuel shortage impacting on both LBB and service provider transport fleet	<b>Cause(s):</b> -National or local fuel shortage caused by picketing or other external factors <b>Effect (s):</b> -Failure to provide services impacting on residents and other customers	Service Delivery	1	5	5	1. Identified alternative fuel supplies at contractors and neighbouring boroughs (corporate Fuel Disruption Plans based on National Plan are held by the Emergency Planning Team) 2. Designated Filling Station identified under National Emergency Plan by London Resilience Team as designated fuel supply for LBB logoed vehicles 3. Fuel store at Central Depot 4. Ongoing liaison with other London Boroughs concerning collaboration and assistance	1	4	4	1. Continue to monitor service provider arrangements for ensuring adequate fuel supply	Peter McCready
4	4	All E&PP	<b>Business Continuity Arrangements</b> Lack of up-to-date, tried and tested, BCP for all Council services	<b>Cause(s):</b> -Failure to implement and keep up-to-date effective service and corporate Business Continuity Plans <b>Effect(s):</b> -Non-provision of critical services following an incident (internal or external)	Service Delivery	2	4	8	1. Corporate Risk Management Group now encompasses Business Continuity 2. Corporate Business Continuity Group established in June 2018 with representation from EPP 3. Undertaking Business Impact Analyses of all services to identify priorities 4. Developing a Corporate Business Continuity Plan and updating service BCPs 5. Emergency Planning Training Exercises (March 2018 and May 2019) with involvement across all of EPP	2	4	8	1. Continue to conduct training exercises to ensure that BCPs for each service area work in real life. ICT system failure has been identified as the largest risk and is outside the control of EPP	David Tait
5	6	All E&PP	<b>Industrial Action</b> Contractors' staff work-to-rule / take strike action impacting on service delivery	<b>Cause(s):</b> -Union dissatisfaction over pay and conditions (particularly in Waste, Libraries) <b>Effect (s):</b> -Temporary disruption to service / reduced customer satisfaction	Service Delivery	3	4	12	1. Ongoing monitoring / meetings regarding workforce issues 2. Joint development of Business Contingency Plans with Service Providers 3. Staff training and engagement built into the mobilisation strategy for the new Environmental Services contracts	2	4	8	1. Review public communications to be used in the event of a strike 2. Staff training and engagement incorporated into communications with Library staff	Colin Brand
Page 73	#REF!	All E&PP	<b>Health &amp; Safety (E&amp;CS)</b> Ineffective management, processes and systems within E&CS departmentally	<b>Cause(s):</b> -Failure to take departmental action to reduce likelihood of accidents, incidents and other H&S issues <b>Effect (s):</b> -HSE investigation / prosecution leading to fines, increased insurance claims, and reputational damage	Health & Safety	3	4	12	1. Workplace Risk Assessments (including lone and home working) 2. Accident & Incident Reporting system (AR3 & Riddor) 3. Contractor Inspection electronic Reporting system 4. Interface with Corporate Risk Management Group 5. Annual audits and annual paths surveys (Parks) 6. Cyclical 5-year survey of park trees and highway trees 7. Regular Footway inspections 8. Fire responsible persons list in place for all sites under the control of E&PP 8. EPP Health and Safety Committee meets regularly to review departmental Health and Safety arrangements	2	4	8	1. Ensure Workplace Risk Assessments (inc. Homeworking) updated annually and biennial reviews conducted 2. Encourage reporting of all significant accidents and incidents using AR3 form (and reporting of RIDDOR incidents) 3. and ensure the necessary communication and training is provided. 4. Ensure resource exists to discharge statutory functions	Sarah Foster

## Environment & Public Protection (E&PP) Risk Register - Appendix B6

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No.	E&PP RISK REF	DIVISION	RISK TITLE & DESCRIPTION	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK			FURTHER ACTION REQUIRED	RISK OWNER
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7	#REF!	SSGS	<b>Environmental Services Contract (Mobilisation)</b> Failure to effectively mobilise the new Environmental Services Contracts	<b>Cause(s):</b> - Unfamiliarity with new contract model (client & contractors) - Lack of client capacity to progress mobilisation - Lack of supplier capacity to progress mobilisation - Significant service change requiring service-user consultation - Lack of preparation of contract transition (exit and mobilisation) plans  <b>Effect(s):</b> - Reputational damage - Costs incurred as a result of additional last minute resources required to deliver services - Failure to deliver service to requirements / KPIs / expectations	Service Delivery, Financial & Reputational	2	4	8	1. Regular Project Planning meetings are held to discuss contract transition 2. Transition Plans developed and continually reviewed through regular contract meetings 3. Formal meetings with agreed Terms of Reference according to contract schedules have been established with service providers to mobilise contracts. Following contract commencement in April 2019, progress with mobilisation is being monitored closely by Contract Managers and any issues for resolution are being captured by the Mobilisation Team	1	4	4	1. Lessons learned documentation to be reviewed during internal audit in Q3	Peter McCready
8	#REF!	Highways	<b>Highways Management</b> Deterioration of the Highway Network due to under-investment	<b>Cause(s):</b> -Failure to manage Highways in respect of traffic volumes, winter weather, financial resources leading to deteriorating condition  <b>Effect (s):</b> -Leading to increased maintenance costs, insurance claims (trips, falls and RTAs) and reputational damage	Financial	2	4	8	1. Strategy to mitigate insurance claims 2. Inspection regime and defined intervention levels for maintenance repairs and monitoring 10% of works for compliance 3. Winter Maintenance procedures (gritting / salting) 4. Increased salt storage capacity 5. Improved customer expectation management 6. Asset management technique (e.g. Highway Asset Management Plan) 7. New capital programme to reduce reactive works 8. Performance Management measures incorporated into Highways contract 9. Modernisation of contractor's programming and completion of maintenance repairs involving remote working ICT technology	3	2	6	1. Review frequency of Highways Inspections and adjust as deemed appropriate to effectively manage the risk in line with revised Code of Practice (published 2016) 2. Additional inspections carried out and repairs undertaken as necessary	Garry Warner
9	#REF!	SSGS	<b>Arboricultural Management</b> Failure to inspect and maintain Bromley's tree stock leading to insurance claims etc.	<b>Cause(s):</b> -Failure to ensure that trees are managed as safely as reasonably practicable  <b>Effect (s):</b> -Leading to blocked highways, reputational damage and financial liabilities	Financial	4	3	12	1. Tree care and safety contract in place (new contract commenced April 2019) 2. Full asset Survey of ~30% of street and park trees (and 50% of school trees) 3. Risk trees identified and registered increased inspection frequency using asset management database (Confirm) 4. Implement remedial works to address risk associated defects 5. Review Tree Risk Management Strategy (annually) 6. Review the 'Storm Strategy' annually-to be able to respond quickly and call in additional staff, equipment and contractors 7. Provide a cyclical safety survey and remedial works schedule commensurate to budget availability and potential prioritisation	4	3	12	1. Staffing levels are not satisfactory within the Arboriculture team, therefore existing risk controls alone are not sufficient. Suitable staff to fill the 2 vacancies could not be identified through the standard recruitment process to fill vacant tree officer posts. An apprenticeship opportunity is being investigated with HR for one of these posts. As at 30.09.19 the advert for the remaining tree officer post is open and 4 applicants had applied, with a closing date of mid October in industry journals	Peter McCready
10	#REF!	All E&PP	<b>Income Variation (Highways and Parking)</b> Loss of income when the Council is looking to grow income to offset reduced funding	<b>Cause(s):</b> - Improved Street Works performance by utility companies (reduced fines) - Under-achievement of expected car parking income and parking enforcement, due to resistance to price increases and reduced incidents - Loss of income from Penalty Charge Notices for Bus Lane Enforcement activity - Reduction in Street Enforcement activity (Fixed Penalty Notices) - Failure of APCOA (new Parking contractor) to provide contracted services (e.g. strikes)  <b>Effect (s):</b> -Loss of income with potential to reduce service delivery funds	Financial	3	3	9	1. Regular income monitoring and review of parking tariff structures, including benchmarking Parking charges against other authorities and local private sector competitors 2. Monitoring contractor performance (e.g. only issue good quality PCNs) 3. Good debt recovery systems 4. Monitoring parking use and avoid excessive charge increases 5. Provide attractive, safe clean car parks 6. Regular contractor meetings 7. Monitoring of parking enforcement activity through Performance Indicators reported to PDS Committees (E&CS, PP&E) 8. Scrutiny of APCOA at PDS meetings	3	2	6	1. Refine procedure for resolving disputes with utilities 2. Review of parking tariff structures 2. Monitor income trends 3. Continue to monitor success in achieving enforcement objectives 4. Intelligence-led targeting of hotspot sites for enforcement 5. Review of further income opportunities as part of Council's Transformation agenda	Colin Brand

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11	#REF!	SSGS	<b>Waste Budget</b> Increasing waste tonnages resulting in increased waste management costs	<p><b>Cause(s):</b> - Failure to anticipate/manage waste management financial / cost pressures due to increasing landfill tax, increasing property numbers, declining recycling income (lower paper tonnages) and limited incineration capacity - Waste tonnage growing faster than budgeted or operational factors (i.e. adverse weather conditions, etc.)</p> <p><b>Effect (s):</b> - Budgets being exceeded and potential knock-on impact on other Council services</p>	Financial	3	4	12	<ol style="list-style-type: none"> <li>1. Cost pressures recognised in Council's Financial Strategy</li> <li>2. Landfill tonnages falling - offsets any tax increase</li> <li>3. Continued focus on promoting waste minimisation and recycling (e.g. in Environment Matters and through targeted campaigns such as Food Waste doorstepping) - Monthly monitoring of recycled tonnages and projection to yearly figures - Regular and sustained recycling awareness campaign - Consolidation of Compositing for All campaign - Continuing investigation of waste minimisation and recycling initiatives - Monthly monitoring of all waste tonnages and projection to yearly figures - Monthly monitoring of all collection costs and figures - Ongoing analysis of collection and disposal methodology</li> <li>4. Consideration of alternative disposal routes e.g. increased use of Veolia's Mechanical Biological Treatment (MBT) plant</li> <li>5. Reviewing and benchmarking operational costs to identify options</li> <li>6. Achieving best value tenders under new contract - contract commencement April 2019</li> </ol>	2	3	6	1. The new waste contract commenced in April 2019. This risk will continue to be reviewed during the first contract year to determine whether any additional action is required	Peter McCready
12	#REF!	Public Protection	<b>Food Standards Agency Audit</b> Failure to meet required service standards as required by Food Standards Agency Audit (April 2017)	<p><b>Cause(s):</b> -Lack of resource to meet Code of Practice service standards. Staff are not staying with Bromley due to other authorities providing more attractive employment opportunities.</p> <p><b>Effect(s):</b> -Leading to reputational damage and possible use of Power of Direction</p>	Health & Safety	1	3	3	<p>Following a meeting with the FSA (September 2018), they accepted the issues the Team has in recruiting Officers with the prerequisite qualifications necessary to carry out the spectrum of work. In response, they advised the Team to:</p> <ol style="list-style-type: none"> <li>a. Focus on completing due A -D inspections</li> <li>b. Focus on completing overdue C-D inspections</li> <li>c. This authorisation to shift focus has necessitated a new work programme designed to achieve the desired outcome which has now been developed by the Lead Practitioner.</li> </ol> <p>1. The new work programme has been implemented, and focus was given to completing due A - D inspections and overdue C-D inspections. 2. There are still issues with recruitment, as a FTE officer has resigned, and an agency officer left with no notice. Still a need to recruit to 1.4 X FTE food safety officers to address the vacancies. FSA confirmed September 2019 that they will now sign off the audit. Officers in this team have worked incredibly hard to achieve this and are now delivering a new Food Safety Service Plan.</p>	1	3	3	<ol style="list-style-type: none"> <li>1. Establish a process whereby recruitment of Environmental Health Officers to Bromley is encouraged and staff are provided with an incentive to remain.</li> <li>2. Build resilience into food safety team.</li> </ol>	Joanne Stowell
13	#REF!	All E&PP	<b>Town Centre Businesses</b> Loss of town centre businesses to competition	<p><b>Cause(s):</b> -Failure to redevelop high streets coupled with competition from out-of-town developments and online shopping</p> <p><b>Effect(s):</b> -Reduction in high street business and market stall occupancy Loss of income (Business rates and market stalls) Poor public perception and negative publicity</p>	Financial	3	4	12	<ol style="list-style-type: none"> <li>1. BID Teams organise town centres events</li> <li>2. Investment in Orpington High Street and Bromley North (done)</li> <li>3. Regular advertising / promotion of markets and availability of stalls</li> <li>4. Review of Market operational costs to reduce costs where possible (a review of the markets service is being undertaken as part of the Transforming Bromley agenda)</li> <li>5. Regular maintenance and renewal of market infrastructure - recent market relocation project has been completed and feedback from traders is positive</li> </ol>	2	3	6	<ol style="list-style-type: none"> <li>1. Ongoing review of market provision linked to outsourcing service provision to Bromley Business Improvement District</li> <li>2. Detailed annual action plan to be drawn up for each town centre</li> <li>3. Market Manager is to attend regular strategy meetings with BIDs</li> </ol>	Colin Brand
14	#REF!	Traffic and Parking	<b>New Parking Schemes</b> Failure to deliver new Parking schemes resulting income loss and congestion	<p><b>Cause(s):</b> Increasing demand from residents for parking schemes coupled with decreasing grant funding from TfL</p> <p><b>Effect (s):</b> Increased congestion and reduced income</p>	Service Delivery	3	4	12	<ol style="list-style-type: none"> <li>1. Set up register of agreed schemes with designated officers and timescales</li> <li>2. Develop and agree financial appraisal framework with finance department</li> <li>3. Software procured (2013/14) to help improve project and programme management</li> </ol>	2	2	4	1. Consideration to be given to better balancing the cost of scheme design against parking charges	Angus Culverwell

## Environment & Public Protection (E&PP) Risk Register - Appendix B6

													DATE LAST REVIEWED:	07/10/2019
No.	E&PP RISK REF	DIVISION	RISK TITLE & DESCRIPTION	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK			FURTHER ACTION REQUIRED	RISK OWNER
						LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING		
15	#REF!	All E&PP	<b>Staff Resourcing and Capability</b> Loss of corporate memory and ability to deliver as key staff leave (good new staff are at a premium)	<p><b>Cause(s):</b> -Availability of suitably qualified / experienced staff to replace retirees and leavers. Particular problem within Planning, Environmental Health and Traffic professionals (TfL offers better remuneration and career progression). Lack of incentive for good staff to remain at LBB.</p> <p><b>Effect (s):</b> -Loss of organisational memory, greater reliance on contracted staff, delays in delivering services / plans (e.g. Transport Local Implementation Plan). Inability to effectively manage contracts as Contract Managers may have started out in a different role (i.e. as Service Managers) and do not have the necessary expertise to do so (i.e. auditing).</p>	Service Delivery	3	4	12	1. Ongoing programme to find and retain quality staff through internal schemes such as career grades and ongoing CPD	4	3	12	1. Consider potential for contractors to supply necessary skills 2. Review options with HR for incentivisation schemes to ensure staff recruitment and retention is high 3. Existing controls are not currently sufficient to maintain the staff quota within the Arboriculture team. Explore apprenticeship scheme as a possibility to ensure this team can maintain deliverables of the service in terms of client inspections and reporting. Enlist contractor to assist with tree survey backlog.	Colin Brand
16	#REF!	All E&PP	<b>Climate Change</b> Failure to adapt the borough and Council services to our changing climate	<p><b>Cause(s):</b> -Severe weather events including extreme heat, storms, floods etc.</p> <p><b>Effect (s):</b> -Resulting in threats to service provision, environmental quality and residents' health in addition to reputational damage caused by perceived lack of action to tackle climate change</p>	Service Delivery	3	4	12	1. Adopt best adaptation practice as identified through London Climate Change Partnership, UK Climate Impacts Programme, and the Local Adaptation Advisory Panel 2. Implementation of LBB's Carbon Management Programme 3. LBB Surface Water Management Plan and Draft Local Flood Risk Strategy 4. Establish net zero (direct) carbon emissions target for 2029 as part of 10 year climate plan	2	4	8	1. Emergency Planning to liaise with Public Health on cross-cutting issues e.g. excess summer deaths and vector-borne disease etc. 2. Detailed climate action plan to be developed as part of ongoing Carbon Management Programme, in order to achieve net zero carbon emissions by 2029	Sarah Foster
17	#REF!	Public Protection	<b>Mortuary Contract</b> Failure to procure tendered services to budget	<p><b>Cause(s):</b> - Lack of interest from potential bidders - Tendered costs being higher than budget / forecast</p> <p><b>Effect(s):</b> - Risk of challenge - Reputational damage - Failure to achieve best value - Lack of competition / bids - Failure to deliver service to requirements / KPIs / expectations</p>	Financial & Service Delivery	1	3	3	1. Negotiations for the new contract are now complete and a report recommending contract award was presented to Executive in September 2019. This was fully supported and the contract documentation has been signed.	1	3	3	No action required at this time.	Joanne Stowell
18	24	Public Protection	<b>CCTV Contract (Mobilisation)</b> Failure to effectively mobilise the new CCTV contracts	<p><b>Cause(s):</b> - Unfamiliarity with new contract model (client &amp; contractors) - Lack of client capacity to progress mobilisation - Lack of supplier capacity to progress mobilisation - Significant service change requiring service-user consultation - Lack of preparation of contract transition (exit and mobilisation) plans</p> <p><b>Effect(s):</b> - Reputational damage - Costs incurred as a result of additional last minute resources required to deliver services - Failure to deliver service to requirements / KPIs / expectations</p>	Service Delivery, Financial & Reputational	2	3	6	1. Regular Contract meetings are held to discuss and monitor contract mobilisation	1	3	3	1. Continued review of contract as mobilisation is completed, as part of client project meetings	Joanne Stowell
19	25	Public Protection	<b>Income Reconciliation (Public Protection Licensing)</b> Uncertainty around income reconciliation when the Council is looking to grow income to offset reduced funding	<p><b>Cause(s):</b> - Lack of processes to reconcile actual licence fee income against expected income held on service specific IT systems.</p> <p><b>Effect (s):</b> - Loss of income with potential to reduce service delivery funds - Reputational damage</p>	Financial	3	2	6	1. Regular income monitoring 2. Good debt recovery systems 3. Monitoring of activity through Performance Indicators 4. Continual Benchmarking of licensing charges against other authorities	3	2	6	1. Refine procedure for reconciliation of expected income against actual and provide suitable training for staff to deliver this	Joanne Stowell

## Environment & Public Protection (E&PP) Risk Register - Appendix B6

													DATE LAST REVIEWED:	07/10/2019
No.	E&PP RISK REF	DIVISION	RISK TITLE & DESCRIPTION	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK			FURTHER ACTION REQUIRED	RISK OWNER
						LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING		
20	26	SSGS	<b>Income Reconciliation (Waste Management)</b> Uncertainty around income reconciliation linked to the mobilisation of new waste contracts	<b>Cause(s):</b> -Lack of integration between client and service provider IT systems so that data is not linked  <b>Effect (s):</b> - Loss of income from Commercial Waste and Green Garden Waste services with potential to reduce service delivery funds - Costs incurred as a result of additional last minute resources required to deliver services - Reputational damage	Financial	3	2	6	1. Regular income monitoring 2. Good debt recovery systems 3. Monitoring of activity through Performance Indicators	1	2	2	1. Refine procedure for reconciliation of expected income against actual and provide suitable training for staff to deliver this 2. Governance of mobilisation to be reviewed by internal audit in Q3	Peter McCreedy
21	27	SSGS	<b>Bromley Town Centre Market Reorganisation</b> Failure to deliver a successful market reorganisation which meets the needs of traders, businesses and customers	<b>Cause(s):</b> -Insufficient engagement to identify the needs of all stakeholders throughout the project  <b>Effect (s):</b> -Inability to deliver a thriving town centre market -Loss of income from reduced market stall hire -Reputational damage caused by dissatisfied businesses	Reputational/ Financial	3	3	9	1. Project Manager identified to lead on market reorganisation 2. Regular stakeholder meetings to review the progress of the market reorganisation (Markets Manager, Markets Supervisor, enforcement team, Highways team, Planning team and BID) 3. Public consultation on the design and layout of the new market position 4. Live RAID log maintained by Markets Manager and Business Support Team detailing any concerns raised by stakeholders and actions to address them 5. Regular dialogue with traders and businesses (in person meet and greet with Markets Manager and Markets Supervisor) 6. Successful launch event with the Mayor for new market location/to officially open Christmas trading	2	3	6	1. Lessons learned documentation to be completed 2. Meetings with Highways team to be continued in order to complete outstanding Highways snagging list in the High Street 3. Impact of potential High Street retail units/kiosks on existing market stalls to be reviewed	Sarah Foster
22	28	Public Protection	<b>Dogs and Pests Contract</b> Failure to deliver the contract to the required service levels	<b>Cause(s):</b> -Lack of robustness within contract specification in terms of contract deliverables and Key Performance measures  <b>Effect (s):</b> -Inability to deliver statutory functions -Reputational damage	Service Delivery	3	2	6	1. Identification of named Contract Manager 2. Regular contract management meetings with service provider 3. Review of contract specification to identify change control requirements (a contract change notice regarding a change to invoicing was signed in August 19).	2	2	4	No action required at this time.	Joanne Stowell
23	29	Public Protection	<b>Out of Hours Noise Service</b> Failure to deliver statutory services	<b>Cause(s):</b> The out of hours noise service is dependant on grant funding from the Mayors Office for Policing & Crime (MOPAC) by way of the Local Crime Prevention Fund. This grant is released on a 2 year cycle, current cycle ends March 2021. The grant was reduced in 2017 and there is no guarantee it will be sustained post April 2021. The service is staffed on a voluntary basis.  <b>Effect:</b> Inability to deliver Out of Hours Noise Service.	Service Delivery	3	4	12	1. Annual review with MOPAC on service outcomes	3	4	12	1. Meetings with MOPAC to ensure early warnings of any change to funding levels. MOPAC funding is outside of the control of LBB. 2. Review the Service offer	Hedley Pugh
24	30	Public Protection	<b>Integrated Offender Management</b> Failure to contribute to IOM in Bromley	<b>Causes:</b> -IOM functions are reliant on grant funding from MOPAC via the LCPF, equates to one day per week. Reduction or cessation of grant after April 2020.  <b>Effect:</b> -Inability to contribute to IOM in Bromley.	Service Delivery	3	4	12	1. Annual review with MOPAC on service outcomes	3	4	12	1. Meetings with MOPAC to ensure early warnings of any change to funding levels. MOPAC funding is outside of the control of LBB.	Rob Vale
Page 25 of 77	31	Public Protection	<b>Anti-Social Behaviour Co-Ordinator post:</b> Failure to deliver ASB problem solving and partnership activity	<b>Cause(s):</b> -Grant from MOPAC via the LCPF is used to fund the ASB Co-ordinator post which is responsible for delivering targeted ASB project work across the borough with partner agencies. Reduction or cessation of grant after April 2021.  <b>Effect:</b> -Inability to fund this post would result in the cessation of targeted ASB work with partners across the borough. Funding for this post was reduced in 2018 and the shortfall was met by LBB. LBB continue to meet the slight shortfall in 2019.	Service Delivery	3	4	12	1. Review of project outcomes to determine whether they can be delivered on a reduced budget with LBB contributions in kind	3	4	12	1. Review of Community Safety functions to allow for MOPAC project delivery on reduced days per week. MOPAC funding is outside of the control of LBB.	Rob Vale

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## Finance Risk Register - Appendix B7

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press alt & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)			DATE LAST REVIEWED:	27/09/2019
					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING	FURTHER ACTION REQUIRED	RISK OWNER
1	Finance	<b>Failure to ensure sufficient cover of Council assets</b> This could result in the possibility of our insurance company refusing to cover a claim above the level of our current excess (£125k for general property and Liability, £250k for educational property).	<b>Cause(s):</b> 1. Incorrect/incomplete asset/risk data provided to insurer. 2. Total level of insurance insufficient e.g. to cover damage to multiple high value assets. 3. Uninsurable risks e.g. criminal/regulatory fines. <b>Effect(s):</b> Inadequate or no insurance cover could have significant financial implications, dependent on the value of the asset and the extent of the damage / loss.	Financial - Operational	1	4	4	1. Annual review during renewal process of all property, vehicle and school journey schedules 2. Maintain a register of all insurance premiums paid each year 3. Independent review of Council's self-insurance Claims fund by professional actuaries every 3 years 4. Endorsement under buildings insurance policy to cover up to £10m for inadvertent omission to insure property 5. Buildings insurance policy excess per event to protect Council for damage to multiple properties as a result of single event e.g. Flood/Storm	1	3	3		Viknesh Gill
2	Finance	<b>Financial Market Volatility</b> Financial loss arising from the volatility of financial markets.	<b>Cause(s):</b> Market volatility, recession, banking failure <b>Effect(s):</b> We do not maximise our interest earnings on balances and could also suffer the following issues - Liquidity, Interest rate, Exchange rate, Inflation, Credit and counterparty, Refinancing, legal and regulatory risks	Financial - Operational	3	5	15	1. Regular strategy meetings 2. Use of external advisors 3. Internal Audit review of activities 4. Quarterly reporting to E&R PDS Committee (Members) 5. Adoption of CIPFA Treasury Management Code of Practice 6. Regular meetings / discussions with external auditors 7. Treasury management strategy	2	4	8		Tracey Pearson
3	Finance	<b>Capital Income Shortfall</b> Inability to generate capital receipts	<b>Cause(s):</b> Property price reductions as a result of the economic environment. Falling number of assets available for disposal <b>Effect(s):</b> Financial	Economic - Strategy	3	4	12	1. Close monitoring of spend and income 2. Reporting to Members 3. Tight control of spending commitments 4. Quarterly reports on capital receipts (actual and forecast) to Executive.	2	3	6		Tracey Pearson
4	Finance	<b>Pension Fund</b> The pension fund not having sufficient resources to meet all liabilities as they fall due	<b>Cause(s):</b> 1. Investment markets fail to perform in line with expectations 2. Market yields move at a variance with assumptions 3. Investment managers fail to achieve their targets over the longer term 4. Longevity horizon continues to expand 5. Deterioration in pattern of early retirements 6. Administering authority unaware of structural changes in an employer's membership e.g. large fall in employee members, large number of retirements 7. Mandatory pooling of investments (London CIV) may result in appointment of poorer performing investment managers. <b>Effect(s):</b> Financial	Financial - Operational	3	5	15	1. Use of external advice. 2. Financial: Monitoring of investment returns - analysis of valuation reports 3. Demographic: Longevity horizon monitored at triennial reviews - quarterly review of retirement levels 4. Regulatory: Monitor draft regulations and respond to consultations - actuarial advice on potential where appropriate 5. Internal audit review of activities, performance, controls etc. 6. Quarterly reports to Pensions Investment Sub-Committee 7. Funding Strategy Statement 8. Statement of Investment Principles 9. Communications Policy 10. Governance Policy 11. Triennial valuation by actuary 12. Strategic asset allocation review.	2	4	8		Director of Finance
5	Finance	<b>Failure to deliver a sustainable Financial Strategy which meets with BBB priorities and failure of individual departments to meet budget</b>	<b>Cause(s):</b> 1. The 2019/20 Council Tax report identified the need to reduce the Council's significant 'budget gap' of £31.7m per annum by 2022/23. Funding changes have been announced in the One Year Spending Round and the outcome through the Local Government Finance Settlement is awaited (due December 2019). 2. Part of the devolution of funding, business rates will be devolved to Local Government from 2021/22 (75% of the total national business rate monies). The outcome of the Government's three year Spending Review and Fair Funding Review will impact on the 2021/22 and future years budget and creates financial uncertainty. A future national recession could have a significant impact on income generated to fund key services within a more devolved model. 3. Failure to meet departmental budgets due to increased demand on key services resulting in overspends: (Housing (homelessness and cost of bed and breakfast); Social Care (welfare reform and ageing population); and Waste (growing number of households). 4. The risk of the Council not being able to carry out its statutory duties (e.g. pupil admissions, school improvement, child protection) as a consequence of funding reductions. 5. Dependency on external grants to fund services (schools and housing benefits are ring-fenced) - effect if grant reduces (Public Health services) or ceases. 6. The new national living wage will have cost implications to the Council over the next few years (e.g. care providers and carers). 7. As the local government core grant is fully phased out, local government will take on new funding responsibilities e.g. public health, housing benefit administration for pensioners. With ageing population there will be associated cost pressures. 8. Impact of welfare reforms and the phased roll out of Universal Credit. 9. Failure to identify and highlight frauds and weaknesses in the system of internal control (which invariably have a financial impact). Overall, fraud losses are mainly benefit related (Council Tax Support / Single Person Discount). <b>Effect(s):</b> - Increased overspends in particular services - Council unable to carry out its statutory duties due to services cuts - Reputational damage - Failure to achieve our Building a Better Bromley priorities.	Financial - Operational	5	5	25	Strategic Controls: 1. Regular update to forward forecast 2. Early identification of future savings required 3. Transformation options considered early in the four year forward planning period 4. Budget monitoring to include action from relevant Director to address overspends including action to address any full year additional cost 5. Mitigation of cost pressures including demographic changes 6. Quarterly review of growth pressures and mitigation. 7. Apart from 'One Bromley' projects there are opportunities for the Transformation Reviews and Core Statutory Minimum Reviews. Operational Controls: 1. Management of Risks document covering inflation, capping, financial projections etc. attached to budget reports 2. Departmental risk analysis 3. Reporting of financial forecast updates in year to provide an update of financial impact and action required 4. Obtain monthly trend / current data to assist in any early action required 5. Obtain regular updates / market intelligence 6. Reporting full year effect of budget variations 7. Analysis of government plans and changes	4	5	20	The council is undertaking a review to determine the core statutory minimum service requirements and exploring transformation opportunities to help meet the ongoing budget gap	Director of Finance
6	Finance	<b>Failure to act upon Financial assessments or arrears in a timely manner</b>	<b>Cause(s):</b> 1. Severe/catastrophic IT problems 2. Loss of key staff 3. Organisation experiencing severe financial problems <b>Effect(s):</b> Loss of income	Financial - Operational	3	3	9	Controls: 1. There is a disputed debt process that is followed to ensure that departments do not hold up debt recovery (i.e. actioning write offs and disputes). 2. All outstanding Financial Assessments are completed in accordance with the agreed timescales 3. Monitoring is carried out on a regular basis to ensure financial assessments are completed and contributions are set up on CareFirst in order for service users to be charged 4. Effective SLA is in place	2	3	6		Claudine Douglas-Brown
7	Finance	<b>Failure of Finance IT systems</b>	<b>Cause(s):</b> Failure of CareFirst or the various databases Oracle cheques not being produced Failure of BACS to pay LBB <b>Effect(s):</b> Inability to pay creditors, calculate payments due to our suppliers / foster carers (Payments Team) or to accommodate charging information for billing clients which could result in fines, penalties and loss of goodwill / reputation.	Contractual and Partnership - Operational	3	2	6	1. CareFirst has replaced the majority of the databases used in Finance for ECHS payments 2. All systems are backed up daily 3. If systems fail, new databases can be built and/or manual calculations for charges or payments could be made 4. Manual cheque payments could be raised 5. Close liaison with Liberata (and sub contracted company Xerox) to discuss any problems - escalation procedure works well. 6. Alternative printers being available at Xerox reduces the risk of cheques not being produced due to printer failure 7. Stock control measures in place to ensure cheques are ordered in time 8. BACS payments increasing - solid and dependable	2	2	4	Implications of any replacement to Carefirst will need to be monitored closely, and preventative action taken to mitigate risk	Claudine Douglas-Brown
8	Finance	<b>Failure of external contractors</b>	<b>Cause(s):</b> Contractor ceases to trade due financial failings. <b>Effect(s):</b> disruption and delays to key services, financial loss and adverse publicity	Contractual and Partnership - Operational	3	4	12	1. Constant review of contractors financial standing 2. Maintaining knowledge and contact with alternative service suppliers	2	3	6		John Nightingale

## Finance Risk Register - Appendix B7

REF	DIVISION	RISK TITLE & DESCRIPTION <small>(a line break - press alt &amp; return - must be entered after the risk title)</small>	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING <small>(See next tab for guidance)</small>			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING <small>(See next tab for guidance)</small>			DATE LAST REVIEWED:	27/09/2019
					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING		
					FURTHER ACTION REQUIRED						RISK OWNER		
9	Finance	<b>Contractor Poor Performance</b> Contractor fails to meet performance expectations across Revs & Bens, Payroll, Pensions, Debtors and Accounts Payable	<b>Cause(s):</b> Severe catastrophic IT problems Loss of key staff Organisation experiencing severe financial problems  <b>Effect(s):</b> - Delay / non payment of suppliers, customers, staff salaries, pensions. - Increase in fraudulent payments - Delayed or non repayment from debtors  Resulting in loss of income, increased costs, increase in complaints and subsequent loss of good will and / or reputational damage.	Financial - Operational	3	3	9	1. Effective SLAs and contracts in place 2. Regular operational and strategic meetings monitoring progress and identifying action required 3. Action identified and formally agreed when monitoring key performance areas 4. Formal structures and procedures in place for monitoring and corrective action to minimise risk 5. Process reviewed on an ongoing basis 6. Weekly monitoring of complaints and patterns identified	2	3	6		Claudine Douglas-Brown / John Nightingale
10	Finance	<b>Significant Fraud/Corruption</b>	<b>Cause(s):</b> Lack of controls Dishonest staff/suppliers/customers Collusion Poor systems Lack of Management oversight Inadequate segregation of duties  <b>Effect(s):</b> Financial loss Adverse publicity/reputational damage Staff morale lowered Resource implications for investigation	Financial - Operational	3	3	9	1. Staff vetting 2. Segregation of duties 3. Documented procedures/regulations/code of conduct 4. Whistleblowing policy 5. Fidelity guarantee 6. IT security 7. Robust computer systems/audit trail 8. Counter Fraud staff 9. Internal/External audit	2	2	4		David Hogan

Remember to consider current Internal Audit priority one recommendations when identifying, assessing and scoring risks.



## Human Resources and Customer Services Risk Register - Appendix B8

											DATE LAST REVIEWED:	12/09/2019	
REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press alt & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)				CURRENT RISK RATING (See next tab for guidance)			FURTHER ACTION REQUIRED	RISK OWNER
					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING		
1	Human Resources	<b>Ability to respond to industrial action, changes in government initiatives or legal requirements</b>	<b>Cause(s):</b> - Changes to staff terms and conditions (localisation agenda) - Lack of flexibility of workforce - Poor horizon scanning and networking's  <b>Effect(s):</b> - Increased costs (bank / agency usage) - Reputation damage - Impacts on service delivery	Political	2	2	4	1. Early and effective engagement with staff and trade unions 2. Sound internal and external legal advice 3. Identifying appropriate legal options 4. Pro-active intelligence gathering via London Councils and other networks 5. HR processes in place for dealing with industrial action	2	2	4	1. Submitting timely proposals to Chief Officers and / or members of the Industrial relations committee.	Director of HR
2	Human Resources	<b>Failure to comply with HR related legislative requirements e.g. Equalities Act 2010</b>	<b>Cause(s):</b> - Lack of awareness with legislation - Failure to effectively consult staff where appropriate - Indirect / direct discrimination - Human error / lack of understanding - Lack of capacity and capability to deliver  <b>Effect(s):</b> - Reputation damage - Financial costs - Regulatory inspection / intervention	Legal	4	3	12	1. Bromley Council policies & procedures in place e.g.. Equality Scheme 2. Requirement to report and record accurately information e.g. equalities 3. Training in place for managers and staff to ensure they are aware of their responsibilities 4. Organisation to carry out a Capacity Risk Assessment	3	2	6	1. Professional updates / HR Mgt Team forward planning	Director of HR
3	Human Resources	1) ineffective workforce planning initiatives including succession planning, talent management. 2) upskilling of staff - lack of training resources/opportunities	<b>Cause(s):</b> - Insufficient strategic management control and planning - Staff turnover (capacity) - Lack of resources  <b>Effect(s):</b> - Potential service delivery impacts - Loss of skilled/experienced staff - Missed opportunity to develop and retain talent "in house" - Recruitment Costs	Personnel / Operational	3	3	9	Clear workforce planning strategy in place, including - Graduate Intern Scheme - Apprenticeship Scheme - Career Pathway - Leadership Development Programme - Succession Planning Tool	2	2	4	Review of 1. 'Development of a Talent Management Strategy. 2. Ensure that Apprenticeship Levy funds are utilised effectively 3. Consideration to resurrect 'Future Leaders Programme'	Director of HR
4	Human Resources	<b>Ineffective recruitment and retention strategies for hard to fill posts e.g. Adult's Social Workers, Children's Social Workers, Housing, Planning, Building Control</b>	<b>Cause(s):</b> - Physical environment/hygiene facilities - Culture - Increasingly fluid market - Increases in demand and/or reductions in supply - Lack of experienced staff in the labour pool - Budget constraints - Lack of leadership  <b>Effect(s):</b> - Potential service delivery impacts - Increased costs due to use of agency workers - Reduction in quality of service	Personnel / Operational	4	3	12	1. Horizon scanning to anticipate changes and trends to staff complement 2. Keeping up to date on national trends for hard to recruit professions 3. Case load review 4. Review of pay and comparison with neighbouring LAs 5. R&R Board to regularly review 6. No Quit Policy in place 7. Implement grow your own initiatives e.g. senior practitioners progression pathway, training pathways for social workers, graduate trainees, apprentices	2	2	4	None identified	Director of HR

## Human Resources and Customer Services Risk Register - Appendix B8

											DATE LAST REVIEWED:	12/09/2019	
REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press alt & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)				CURRENT RISK RATING (See next tab for guidance)			FURTHER ACTION REQUIRED	RISK OWNER
					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING		
5	Human Resources	<b>Ineffective pre-employment checks including agency workers</b>	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Poor procedures</li> <li>- Inadequate monitoring</li> <li>- Lack of awareness / understanding</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- Workers with safeguarding concerns not identified</li> <li>- Safeguarding incident occurs (harm / injury)</li> <li>- Agency worker ID fraud</li> <li>- Reputation damage</li> <li>- legal compliance implications inc. fines and sanctions</li> </ul>	Personnel / Operational	4	3	12	<ol style="list-style-type: none"> <li>1. HR Business Services carry out checks for LBB workers &amp; agencies to check agency workers.</li> <li>2. Managers check identity of candidate and of agency workers when arriving for work, with copy of DBS and proof of identity. E.g. passport, and original copy of birth certificate.</li> <li>3. Up front audits with Adecco undertaken to ensure processes are robust for agency workers</li> <li>4. Training provided for managers</li> <li>5. Internal audit undertakes a review of arrangement as part of their annual audit plan</li> </ol>	4	1	4	Consideration as to whether training should be mandatory	Director of HR
6	Human Resources	<b>Management of the on-going transitional and transformational changes (Commissioning process, baseline exercise and service redesigns and alternative delivery options)</b>	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Lack of adequate financial resources</li> <li>- Lack of expertise</li> <li>- Unexpected delays</li> <li>- Changes in strategic direction</li> <li>- Lack of capacity to undertake in a timely manner</li> <li>- Conflicting priorities</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- New service models are ineffective / not fit for purpose</li> <li>- Increased costs</li> <li>- Legislative and legal requirements breached (e.g. TUPE)</li> <li>- Reduction in service quality / provision</li> <li>- Reputation damage</li> </ul>	Personnel / Operational	4	3	12	<ol style="list-style-type: none"> <li>1. Managing change procedure in place</li> <li>2. Capacity building and additional resources to support the change process</li> <li>3. Effective communication and engagement with staff and their representatives.</li> <li>4. Formal consultation processes and departmental representatives</li> <li>5. Regularly meetings include Members</li> <li>6. Terms of Reference for each workstream led by Chief Officers</li> </ol>	3	2	6	One-off funding required to support transformation programmes and workstreams	Director of HR
7	Human Resources	<b>HR systems failures e.g. payroll, recruitment, HR self-service, pensions</b>	<p><b>Cause(s):</b></p> <ul style="list-style-type: none"> <li>- Contractual failure</li> <li>- IT failure</li> <li>- Loss of power</li> <li>- Data breach / cyber attack</li> <li>- Ineffective business continuity plan for manual work around</li> </ul> <p><b>Effect(s):</b></p> <ul style="list-style-type: none"> <li>- Delays or restriction in level of HR support available</li> <li>- Staff not paid</li> <li>- Staff morale reduction if for a long period</li> <li>- Delays in ability to recruit</li> <li>- Failure to apply for jobs employment/legal issues</li> <li>- Failure to comply with contractual obligations</li> <li>- Industrial action</li> </ul>	Data and Information	2	5	10	<ol style="list-style-type: none"> <li>1. Back-up payroll processes/systems</li> <li>2. Regular saving of personnel information on Resource Link</li> <li>3. Business Continuity Plan in place</li> <li>4. Internal audit carry out reviews as part of annual review programme</li> <li>5. Regular meetings with contractors and Business Continuity Plans for each contract</li> </ol>	4	2	8	None identified	Director of HR

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8	Human Resources	<b>Ineffective compliance with IR35</b>	<b>Cause(s):</b> - Inadequate information from managers, - Non submission of requests for HR scrutiny - Non submission of approval by relevant Chief Officers, - Poor knowledge of what is required  <b>Effect(s):</b> - Huge fine by IRS - Reputational damage - IRS investigation of the authority	Financial / Legal	2	5	10	1. Clear standards and expectations are set out in the procedure/manual 2. Dedicated HR Officer with updated knowledge of IR35 requirements 3. Access to external expert advice commissioned if required 4. HR monitoring	1	3	3	- Regular awareness sessions on IR35 for managers - 6-monthly compliance report to CLT/COE - Joint HR/audit review	Director of HR
9	Human Resources / Health & Safety	<b>Health &amp; Safety (Council)</b> <b>Ineffective management, processes and systems across all Council departments</b> <b>Specifically in relation to the following areas:</b> <b>Fire Risk Assessments</b> <b>Lone Working</b> <b>Violence &amp; Aggression at work</b>	<b>Cause(s):</b> - Inadequate risk assessments - Outdated policies - Poor use of data around accidents/near miss incidents - Lack of capacity to discharge the Council's H&S responsibilities - Ineffective monitoring of risks  <b>Effect (s):</b> - Potential prosecution of Council and / or civil claims for compensation - Increased sickness/absence - Poor staff morale - Impact on staff retention - Insurance claims - Potential accidents/fatalities - Corporate manslaughter	Health & Safety	3	5	15	1. 0.6 fte Corporate Safety Advisor employed 2. Safety Policies reviewed and updated regularly - ongoing 3. Commitment to HSW from Chief Executive and Directors premises, equipment & activities 4. Supported by H&S training programme and network of policies and procedures (regularly reviewed) 5. Property-related HSW matters now provided through Amey 6. Holding contractors to account for managing Council premises to required legal standards	3	4	12	Risk assessment & proactive monitoring being developed for Council  Departmental Safety Committees meet regularly. Corporate and Departmental Health and Safety Meetings to be further reviewed including Senior Management Ownership  *H&S audits to be undertaken by Corporate Safety Officer	Director of HR
10	Corporate Services	<b>Fall in income from Registrars</b> Economic downturn, uncertainty regarding accommodation and other external factors contributing to a significant fall in income in Registrars	<b>Cause(s):</b> Uncertainty regarding accommodation Leaving Civic Centre for a less appealing venue  <b>Effect(s):</b> Reduced level of bookings Financial impact	Financial - Operational	3	3	9	- Regular budget and activity monitoring - Targeted marketing of ceremonies, venues etc. to maximise income, website videos, use of 'twitter' - Flexible use of staff to maximise income in periods of high activity - Development of civil funeral service	3	2	6		Duncan Bridgewater
11	Corporate Services	<b>Contractor Failure</b>	<b>Cause(s):</b> Contractor (such as Liberata) cease trading due to financial or other failure.  <b>Effect(s):</b> Interruption to or deterioration of service due to failure of contractors (out of hours security guards @ Civic Centre, for example)	Contractual and Partnership - Operational	2	4	8	- Regular monitoring of performance and monthly operational meetings to identify any continued and ongoing reduction in service delivery - Core contract monitoring and overview of other elements of the contract to identify shortfalls in other areas of service delivery - Effective scrutiny of potential contractors - Appropriate performance bonds or parent company guarantees - Business continuity planning - Standardised contract letting procedures and documentation as contracts renew	2	3	6	-Identify potential alternative contractors	Duncan Bridgewater
12	Corporate Services	<b>Contractor Performance</b>	<b>Cause(s):</b> Failure to effectively manage service delivery contracts with provided such as Liberata  <b>Effect(s):</b> Continued and ongoing poor performance and/or increased customer complaints.	Contractual and Partnership - Operational	4	3	12	- Daily, weekly, monthly and annual monitoring of performance and key performance indicators - Monthly operational meetings with contractor to discuss performance and monitor against balanced score card - Escalation through core contract route of any continued and ongoing shortfalls in performance	3	2	6		Duncan Bridgewater

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13	Corporate Services	<b>Maintenance of Statutory and GRO standards</b>	<b>Cause(s):</b> Increase in life events (births / deaths) within Bromley Staffing pressures  <b>Effect(s):</b> Drop in standards leading to a potential breach of statutory duty and loss of confidence from residents.	Legal - Operational	3	3	9	-Regular monitoring of registration activity and timescales -use of casual staff to perform statutory registrations - close monitoring of quality and performance from GRO system reporting	1	3	3		Duncan Bridgewater
14	Corporate Services	<b>Loss of Facility</b> Loss of customer service accommodation as a result of a major power failure or other incident that prevents access to the Civic Centre	<b>Cause(s):</b> Major power failure or other incident that prevents access to the Civic Centre  <b>Effect(s):</b> Major disruption to council services	Data and Information - Operational	3	3	9	- Existing local resilience procedures (overflow to alternative Liberata Office)	2	2	4		Duncan Bridgewater
15	Corporate Services	<b>Safety of Statutory Records</b>	<b>Cause(s):</b> Fire / flooding Strong room not GRO compliant  <b>Effect(s):</b> Damage to or destruction of historic statutory registration records	Operational	2	4	8		2	4	8	- We are aware the strong rooms requires investment to bring it up to General Register Office (GRO) security standards. This will be looked at during he wider accommodation review	Duncan Bridgewater

Remember to consider current Internal Audit priority one recommendations when identifying, assessing and scoring risks.

Waivers - From April 2019 to September 2019					APPENDIX C			
Waivers > £50,000								
No.	DIRECTORATE	SERVICE AREA	CUMULATIVE VALUE	ANNUAL AMOUNT	DETAILS- PARTICULARS FOR SEEKING WAIVER	PERIOD FROM	PERIOD TO	APPROVAL
1	Environment and Community Services	Parking Services	£647,878 (includes equipment and licencing)	£40,600 (software licence)	Exemption - Provision of bus lane and school keep clear enforcement cameras	01/06/2019	31/05/2024	Report to Environment Portfolio Holder dated March 2019 authorised by Assistant Director Governance and Contracts, Directors of Corporate Services, Finance, Executive director of ECS and the Portfolio Holder for Environment
2	Education Care and Health Services	Adult Social Care	£422K	£105K	Extension - Services for the blind and partially sighted	01/10/2019	30/09/2020	Gateway Report dated 20/3/2019 authorised by Directors of Commissioning, Corporate Services, Finance and Interim Executive Director of ECHS
3	Education Care and Health Services	Children Social Care	£129,066.00	£66,146	Extension - Provision of individual support for short breaks for disabled children and YP and their families	01/10/2019	30/09/2020	Gateway Report dated July 2019 authorised by Directors of Commissioning, Corporate Services, Finance and Director of CSC
4	Education Care and Health Services	Learning Disabilities	£10,318K	£1,474K	Exemption - Supported Living Services at 5 Learning Disability properties	12/01/2020	11/01/2027	Gateway report dated 17/10/18 authorised by Directors of ASC, Commissioning, Corporate Services, Finance and the Executive Director ECHS.
5	Education Care and Health Services	Learning Disabilities	£2,402,260	£343,180	Exemption - Supported Living service at Johnson Court	14/01/2020	13/01/2027	Gateway Members report to Executive dated 17/10/18 authorised by Directors ASC, Commissioning, Corporate Services, Finance and Executive Director ECHS
6	Education Care and Health Services	Adult Social Care	£240K	£78,181K	Extension - Healthwatch Bromley	01/04/2020	31/03/2021	Gateway report dated 22/5/19 authorised by Directors of ASC, Corporate Services and Finance and Assistant Director of Governance and Contracts
7	Education Care and Health Services	Children Social Care	£604,500	£299,580 (for two year extension)	Extension - Framework agreement - Family drug and alcohol court service	01/01/2020	31/12/2021	Gateway report dated July 2019 authorised by Assistant Director of Governance and Contracts, Directors of Finance and CSC and Head of Legal Services.
8	Chief Executives	Human Resources	£57m	£14.4m	Extension - Agency worker provision	27/04/2020	23/04/2021	Report to Executive dated 10/7/2019
9	Education Care and Health Services	Adult Social Care	£9.9m	£2m	Extension - Membership of the London Community Equipment Consortium	01/04/2021	31/03/2022	Report to Executive dated 10/7/2019 authorised by Assistant Director of Governance and Contracts, Corporate Services and Finance.
10	Education Care and Health Services	Children Social Care	£3.86m	£386K	Exemption - Regional adoption agency	01/06/2019	31/5/2025 with a 2 +2 extension option	Report to Executive dated 21/5/19

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# Agenda Item 9

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of the Local Government Act 1972.

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