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DATE: 12 October 2021

To: Members of the
AUDIT SUB-COMMITTEE

Councillor Neil Reddin FCCA (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Gareth Allatt, Simon Fawthrop, Tony Owen, Stephen Wells and
Angela Wilkins

A meeting of the Audit Sub-Committee will be held at Bromley Civic Centre on
THURSDAY 21 OCTOBER 2021 AT 7.00 PM

PLEASE NOTE: This meeting will be held in the Council Chamber at the Civic Centre, Stockwell Close, Bromley, BR1 3UH. Members of the public can attend the meeting. You can ask questions submitted in advance, or just observe the meeting. There will be limited space for members of the public to attend the meeting – if you wish to attend please contact us, before the day of the meeting if possible, using our web-form:

<https://www.bromley.gov.uk/CouncilMeetingNoticeOfAttendanceForm>

Please be prepared to follow the identified social distancing guidance at the meeting, including wearing a face covering.

Ade Adetosoye
Chief Executive

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 8TH JUNE 2021
(EXCLUDING THOSE CONTAINING EXEMPT INFORMATION) (Pages 3 - 12)**
- 4 QUESTIONS TO THE AUDIT SUB COMMITTEE FROM COUNCILLORS OR MEMBERS
OF THE PUBLIC**

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.

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 15th October.**

Questions should be no more than 50 words and can be asked orally at the meeting or can be for written response. Questions can be emailed to stephen.wood@bromley.gov.uk

- 5 **MATTERS OUTSTANDING FROM THE LAST MEETING--(EXCLUDING EXEMPT INFORMATION)** (Pages 13 - 16)
- 6 **INTERNAL AUDIT PROGRESS REPORT** (Pages 17 - 84)
- 7 **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.

	<u>Items of Business</u>	<u>Schedule 12A Description</u>
8	INTERNAL AUDIT FRAUD AND EXEMPT ITEMS REPORT (Pages 85 - 110)	Information which is likely to reveal the identity of an individual. Information relating to the financial or business affairs of any particular person (including the authority holding that information)
9	MATTERS OUTSTANDING--PART 2 (Pages 111 - 118)	Information relating to the financial or business affairs of any particular person (including the authority holding that information)
10	EXEMPT MINUTES OF THE MEETING HELD ON 8TH JUNE 2021 (Pages 119 - 124)	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 8 June 2021

Present:

Councillor Neil Reddin FCCA (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Gareth Allatt, Simon Fawthrop, Tony Owen,
Stephen Wells and Angela Wilkins

Also Present:

Sara Bowrey—Director of Housing, Planning and
Regeneration

71 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

There were no apologies for absence and the Chairman welcomed Councillor Wilkins and Councillor Fawthrop to the Committee.

72 DECLARATIONS OF INTEREST

Councillor Fawthrop declared an interest with respect to the item on the Corporate Risk Register regarding IT failure. This was because he worked for British Telecom; he commented that he did not believe his interest was prejudicial and the Chairman agreed.

Councillor Evans declared an interest as a Governor at Saint Olave's School.

Councillor Wells declared an interest as he sat on the Court of St Olave's and was a Governor of St Saviour's School. He declared a further interest in that his wife ran a company which had been in receipt of government grants via Bromley Council.

73 CONFIRMATION OF THE MINUTES OF THE MEETING HELD ON 9th MARCH 2021 (EXCLUDING THOSE CONTAINING EXEMPT INFORMATION)

A Member made a comment concerning the previous minutes with respect to updating the profile of the Committee. She asked where the reports of the Audit Sub-Committee went to. She referred to the issue of time spent working on Covid related work. She had been told that this had had no impact on the normal work undertaken by officers. She felt that this was clearly not the case and asked for an update concerning this. The Chairman commented that reports could be referred onward by the Committee itself and it was further noted that the reports of the Audit Sub Committee were published.

A Member stated that in his view, reports should go to the relevant PDS Committee for scrutiny. The Chairman commented that the Committee could be reporting to Full Council in the future if the profile of the Committee was elevated.

RESOLVED that the minutes of the meeting held on 9th March be agreed as a correct record.

74 QUESTIONS TO THE AUDIT SUB COMMITTEE

No questions had been received.

75 MATTERS OUTSTANDING--PART 1

CSD 21066

The previous year's audit fee had been arbitrated by the PSAA (Public Sector Audit Appointments) after being challenged by the Director of Finance; the fee had subsequently been reduced from £219k to £199k. The fee for the current year was still being challenged by the Director of Finance. It was clarified that the £199k fee related to the year 2018/19.

A discussion took place to explain why the recommendations for the Leavers' process had been closed off despite what had been recorded as 'limited assurance.'

RESOLVED that the Matters Outstanding report be noted.

76 QUESTIONS ON THE AUDIT REPORTS PUBLISHED ON THE COUNCIL WEBSITE

No questions were received regarding the published audit reports on the Council's website.

77 ANNUAL GOVERNANCE STATEMENT 2020/21

FSD21031

The Head of Audit and Assurance summarised the report.

A review was required annually of the Council's control and governance practices—this had to be compared with the relevant local government framework. In drafting the AGS (Annual Governance Statement), relevant officers from across the Council had been consulted—these included the CLT, Monitoring Officer, Democratic Services Manager, Risk Management Group and the Director of Finance.

The main significant governance issues arising in the AGS were:

- Finance
- Valuation of Fixed Assets
- Impact of Covid 19 on service delivery

Members noted this was a comprehensive document that outlined much good practice. Key documents were referenced at the back of the AGS. The AGS would be examined by the External Auditors. The Committee was informed that the AGS had to be signed off by the Leader and the Chief Executive.

The Chairman asked if it had ever been the case that any problems had arisen after the External Auditors had looked at the AGS. The Head of Audit and Assurance replied that LBB had not experienced any issues in this regard.

A Member referred to the arrangements for meetings that were resolved by the Urgency Committee when the pandemic first started. She said that it had been promised that these arrangements would be reviewed in June 2020, but that this had not been the case. She further expressed concern that no mention was made of the increased spending limits granted to the Leader of the Council at that time. The Head of Audit and Assurance responded that as the document was still in draft form it could be amended if required.

A Member commented on the issue of procurement and said that it was unfortunate that the report was silent with respect to tenders and bids under £50k. He understood that the Council looked at cumulative totals as well as individual elements. The Member referred to the matter of what the report referred to as 'continuing to reduce bureaucratic burdens'. He wondered if this was actually taking place and if so it would be good to include examples in the report.

A Member referred to the fact that the Council's accounts had not been signed off for a few years. In his view, there did not seem to be enough urgency in resolving this matter, which he felt needed to be expedited as soon as possible. It was not good for the reputational image of the Council to have no value for money assessment for three consecutive years.

A discussion took place around the issue and the protocols followed with respect to whistle blowing. The Head of Audit and Assurance commented that in some cases it would be appropriate for him to discuss whistle-blowing issues with the Monitoring Officer and with the Director of Finance. It would not always be appropriate to report back to the whistle-blower, if the matter related to another individual, but in some cases it was appropriate to report back to the manager of the relevant service. The Member asked what the Head of Audit and Assurance would do if he was unhappy with how whistle blowing information was dealt with. The Head of Audit and Assurance stated that the relevant regulations allowed him to have access to the Chair of the Audit Sub-Committee as well as the Chief Executive if required. Generally, appropriate action was taken and there would be no sweeping of issues under the carpet.

The Committee discussed the matter of senior people who had previously worked for the Council in LBB's planning section and then subsequently were employed in the private sector as planning agents. Public perception could be that this person may have undue influence and so perhaps stricter protocols concerning such matters should be considered. The Head of Audit and Assurance said that this was a matter he could discuss with the Monitoring Officer.

A Member expressed the view that £2.75m of public money had been wasted, with respect to the development of the Crofton Road Cycle Lane. He said that the local residents had been 'up in arms' about this development. He disputed the fact that the development had been undertaken based on clear evidence and enquired as to what Members could do if they felt that public money had been wasted--as they no longer had access to a District Auditor. It was noted that in this case the matter had been 'called in'. The Head of Audit and Assurance responded that if it was an issue with due process then the matter could be referred to the Monitoring Officer. He clarified that whilst the District Auditor or the Audit Commission no longer existed, the equivalent rights existed where matters could be referred by electors to the External Auditor.

A Member enquired as to where she could make complaints with respect to planning issues. She said that she had in the past referred matters with respect to planning to the Standards Committee, but in her view the responses were unsatisfactory. She wondered if the Audit Sub-Committee could draft a report on the governance procedures that related to the Standards Committee. She highlighted the fact that after the Planning Advisory Service Review of 2019, it had been suggested that changes be made to some of the governance procedures around planning.

As a result of this review, some changes were made with respect to the governance process around planning, including the fact that now if a Member called in a planning application, the planning reason for the 'call in' had to be supplied. The Member expressed the view that in addition, the name of the Member who called in the application should be published with the agenda papers. She commented on the perceived undue influence that staff leaving the Council (after working in Planning) and then being re-employed in the private sector as a planning agent could seem to have.

A Member wondered (with respect to the Crofton Cycle Lane) if objectors could submit an objection to the accounts if they felt that the project was not value for money. The Head of Audit and Assurance responded that any resident could exercise their democratic rights and raise objections to the accounts, these would then be looked at by the External Auditors; obviously the relevant grounds would need to be established for any objections to be taken seriously.

RESOLVED that

- 1) The Committee noted the comments made with respect to the Annual Governance Statement and the Committee agreed the Statement.**
- 2) The Head of Audit and Assurance would discuss the matter of former senior members of the Planning Department leaving the Council and working in the private sector as Planning Agents with the Director of Corporate Services.**
- 3) The Head of Audit and Assurance noted comments made by the Committee and he would amend the draft AGS if he felt that this was appropriate.**

78 ANNUAL INTERNAL AUDIT REPORT 2020/21

FSD21030

This was a summary of work undertaken in the last year. Covid 19 had significantly impacted on the Internal Audit Team directly, with some of the team being allocated to other duties and those remaining provided assurance on Covid 19 work streams. This was in addition to the impact on services due to be audited.

Much of the work of the Internal Audit Team had been directed towards Covid related functions and dealing with the various government grants that were due to be allocated to businesses. The Internal Audit Team were involved in providing advice on setting up the processes required so that the various grants could be paid out quickly, effectively and with the minimum amount of fraud. This work had been unrelenting. The work undertaken was therefore different in style to previous years, with more assurance being provided in real time.

Things had been different over the course of the last year and Internal Audit (in order to ensure they had sufficient evidence for their annual opinion) had sought signed assurances from Directors that their Departments were following the relevant rules and regulations. Assurances had also been sought by Internal Audit from what was termed as the Council's 'second line of defence' functions which included departments such as Legal, Health and Safety, IT, various performance management teams, Safeguarding and Complaints.

Internal Audit was due to have an external assessment on themselves by an audit team from another council, but this had to be abandoned because of Covid and had now been scheduled for quarter four of next year. It was planned that the LBB Internal Audit Team would undertake a review of the London Borough of Hackney's internal audit function in 2023 to 2024.

The Head of Audit and Assurance expressed the view that after an analysis of the quality and effectiveness of Internal Audit, he was confident that the service generally conformed with the Public Sector Internal Audit Standards.

The Internal Audit Team was looking at the use of rotation of assignments and at updating the risk register with respect to fraud related risks. Going forward, new checklists would be introduced and considered before new audits were undertaken.

The Head of Audit and Assurance confirmed that there had been no threats/interference to the scope or objectivity concerning the work undertaken by Internal Audit. He confirmed that overall, LBB had an adequate and effective framework of governance, risk management and a sound system of control.

At this point the Committee moved briefly into the Part 2 section of the meeting to discuss issues relating to cyber security. (The details of this discussion will be found in the Part 2 Minutes).

The Committee was provided with a brief update concerning the finalising of the Council's accounts for 2019/20 and 2020/21.

A brief discussion took place with respect to the matter of fixed assets. The comment was made that no one really knew what they were worth (until the point of sale) and what was the risk to LBB of a bad valuation. The Head of Audit and Assurance commented that in his view, a different valuation created by a different methodology was not in itself a high risk to the Council. Different companies used different methodologies. It was noted that other local authorities were experiencing similar issues. However, it was important that the accounts were considered to be accurate and reliable.

A discussion took place concerning the resourcing of the Internal Audit Team and the additional £30k funding that had been allocated to them to buy in expertise from Mazars. It was noted that they would be used by Internal Audit to catch up on a backlog of work.

At this point the Committee moved back into Part 2 to discuss further matters with respect to cyber security.

RESOLVED that

- 1) The Annual Internal Audit Report be noted.**
- 2) The Committee notes the opinion of the Head of Audit and Assurance that the overall internal control environment within the London Borough of Bromley is sound.**

79 INTERNAL AUDIT PROGRESS REPORT

FSD21029

The Committee was informed that Internal Audit was nearing the end of dealing with restart grants. Staff dealing with the ARG grants were being given training and access to the NFI database to carry out the required checks around grant payments. For the next Committee, it was likely that reports would follow regarding GDPR, Creditors and Housing Benefit. An update was provided regarding the Leavers' process, which was a matter that had previously been referred to the Chief Executive. A Team was leading on this issue and it was now the case that the recommendations had been mostly implemented.

Members were updated regarding the follow up audit for St Olave's School. Most of the previous recommendations had now been implemented and so the assurance level had been raised from 'Limited' to 'Reasonable'. Internal Audit had noted some issues around the way that contracts had been procured in that in some cases it seemed that there had been inadequate planning and preparation before going out to tender.

It was noted that one duplicate claim had been spotted during the audit of the Troubled Families Claim.

An update was provided with respect to the follow up audit concerning Highways. There had previously been three priority one recommendations, one of which had been implemented and two of which still needed to be followed up and addressed. The Internal Audit Team had sought documented proof that the other two priority one recommendations were being implemented. As at the date of the meeting, this confirmation had not been uploaded to the system and so those remaining recommendations were still not able to be closed. It was acknowledged that one of the key officers involved with respect to Highways had been required to oversee responsibility for the Vaccination Centre. The Head of Audit and Assurance stated that a follow up report with respect to Highways would be presented at the next meeting of the Committee.

Members received an update concerning risk management and it was noted that all of the Council's risk registers for all of the relevant departments and portfolios had been incorporated into the agenda papers. The risk management process had been operating well remotely.

The Committee was briefed concerning waivers, and the relevant data concerning waivers had been incorporated into the agenda pack; this had been produced by the Assistant Director for Governance and Contracts.

An update was provided with respect to the Redmond Review and it was noted that the Government had decided not to establish a new oversight body. Instead, a new body was already in the process of being established and this was the Audit Reporting and Governance Authority.

This authority was going to replace the Financial Reporting Council and would now include the additional responsibilities relating to local government audit.

Regarding the Leavers' process, a Member asked if any deficiencies in this regard had had an adverse effect on the pension fund or on pay. The Head of Audit and Assurance responded that the people who had left the employment of the Council had been notified to HR and as far as he was aware there had been no adverse effect on the pension fund or on pay. The deficiencies in the Leavers' process had more to do with the return of IT equipment, phones and purchasing cards and removing access to systems. It was noted that in the future there would be an audit of payments and pension and this would be considered.

At this point two announcements were made. The first announcement was that this would be Councillor Reddin's last year as a Councillor and as the Chairman of the Audit Sub Committee. The second announcement was that the Head of Audit and Assurance (Mr. David Hogan) was planning to retire. He had agreed with the Director of Finance to stay on until a replacement was found and a handover was completed. The Chairman and the Committee expressed their many thanks to Mr Hogan for his excellent work for the Council and the Committee.

RESOLVED that:

- 1) The Internal Audit Progress report be noted.**
- 2) The Internal Audit reports published on the Council's website be noted.**

**80 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.

**81 INTERNAL AUDIT FRAUD, INVESTIGATION AND EXEMPT
 ITEMS REPORT**

As this report detailed matters that were deemed to be of a confidential nature, then the minutes for this part of the meeting are detailed in full in the Part 2 (confidential) minutes.

82 MATTERS OUTSTANDING--PART 2

As this report detailed matters that were deemed to be of a confidential nature, then the minutes for this part of the meeting are detailed in full in the Part 2 (confidential) minutes.

83 EXEMPT MINUTES OF THE MEETING HELD ON 9th MARCH 2021

The Part 2 minutes of the meeting held on 9th March 2021 were agreed as a correct record.

The meeting ended at 9.30 pm

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Report No.
CSD 21114

LONDON BOROUGH OF BROMLEY

PART 1 PUBLIC

Decision Maker: **AUDIT SUB-COMMITTEE**

Date: **21st October 2021**

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: **Ade Adetosoye—Chief Executive**

Ward: N/A

1. Reason for report

To update the Audit Sub-Committee on progress with Matters Arising (Part 1) from previous meetings and noting any matters that are still outstanding.

2. **RECOMMENDATION(S)**

To note and comment on progress with matters arising 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: 2021/2022 revenue budget
-

Staff

1. Number of staff: Currently 5 full time staff
 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.
-

Legal

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

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 from previous meetings.
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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.

Non-Applicable Sections:	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	Status
Minute 67 09/03/21 Internal Audit Progress Report	The Head of Audit and Assurance would try and find out when the fee payable to the external auditors would be agreed.	<p>The audit fee has yet to be agreed. PSAA has set a fee of £91,689, whilst EY has proposed a fee of £188,271. The Director of Finance has asked PSAA to review EY's proposed fee and it is hoped this will lead to agreement on a revised figure in the near future.</p> <p>The latest position is included in the Progress Report</p>	Director of Finance	Ongoing
Minute 67 09/03/21 Internal Audit Progress Report	The Head of Audit and Assurance would find out when the upgrade to the Council's financial management system would take place.	<p>It will be updated and operational by April 2022</p> <p>As at the 29/09/21 the new financial system will go live on the 1/4/2022.</p>	Head of Audit and Assurance	Ongoing
Minute 77 08/06/21 AGS	The Head of Audit and Assurance would discuss the matter of former senior members of the Planning Department leaving the Council and working in the private sector as Planning Agents with the Director of Corporate Services.	<p>The Head of Audit and Assurance consulted with the Director of Corporate Services and the Director of HR and Customer Services and their advice is set out below.</p> <p><i>"The starting point is that a restraint of trade by agreement in an employment situation will be contrary to public policy, and therefore unlawful, unless:</i></p> <ul style="list-style-type: none"> <i>- the person seeking to enforce the restraint has a legitimate business interest to protect;</i> <i>- the restraint is reasonable in the public interest, and</i> <i>- the restraint is reasonable as between the parties</i> 	Head of Audit and Assurance	

		<p><i>Restraint of Trade clauses are far more common in some of the private rather than the public sector – not least because the legitimate business interest point is much harder for us to make out.</i></p> <p><i>Even in very sensitive areas it is unusual to see the restraint period last longer than 6 months with 12 tending to be an upper limit.</i></p> <p><i>Also it is an implied condition in a contract of employment that an employee shouldn't disclose confidential information or trade secrets during their employment. Only the position on trade secrets will usually survive if someone leaves without an express provision which will rarely or ever be applicable to the public sector and the private sector will often manage by putting people on garden leave when they are of course still employed."</i></p>		
Minute 77 08/06/21 AGS	The Head of Audit and Assurance noted comments made by the Committee and he would amend the draft AGS if he felt that this was appropriate.	Updates to the AGS were made where appropriate.	Head of Audit and Assurance	

Report No.
FSD21058

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: **AUDIT SUB-COMMITTEE**

Date: **Thursday 21st October 2021**

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

Title: **INTERNAL AUDIT PROGRESS REPORT**

Contact Officer: David Hogan, Head of Audit and Assurance
Tel: 020 8313 4886 E-mail: david.hogan@bromley.gov.uk

Chief Officer: Director of Finance

Ward: (All Wards);

1. Reason for report

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

- Audit Activity (Key Findings)
- Impact of COVID-19
- Audit Activity (Priority 1 Commentary)
- Audit Report Summaries
- Audit Activity (Other work)
- Publication of Internal Audit Reports
- Risk Management
- Waivers
- Update on the Statement of Accounts and Objections
- Public Sector Audit Appointments (PSAA) invitation to opt into the national scheme for auditor appointments from April 2023

2. **RECOMMENDATION(S)**

- a) Note the Progress Report and comment on matters arising
- b) Note the list of Internal Audit Reports published on the Council's website

Impact on Vulnerable Adults and Children

1. Summary of Impact: Some of the audit findings could have an impact on Adult and Children's Services
-

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
 4. Total current budget for this head: £541k including Internal Audit and External Audit, Fraud Partnership, Insurance Management and Claims handling
 5. Source of funding: General Fund/Legal Cost recoveries
-

Personnel

1. Number of staff (current and additional): 7.5 FTE, including 1 FTE Insurance and Risk Manager
 2. If from existing staff resources, number of staff hours: 2021/22 – 881 days are proposed to be spent on the audit plan, fraud and investigations – excludes RB Greenwich investigators' time.
-

Legal

1. Legal Requirement: Statutory Requirement None:
 2. Call-in: Not Applicable:
-

Procurement

1. Summary of Procurement Implications: Some audit recommendations will have procurement implications.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 100, including Chief Officers, Heads of Service, 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
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3. COMMENTARY

3.1 Internal Audit Progress

- 3.1.1 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) or guidance. Internal audit is a key component of corporate governance within the Council. The three lines of defence model provides a simple framework for understanding the role of internal audit in the overall risk management and internal control processes of an organisation:
- First line – operational management controls
 - Second line – monitoring controls
 - Third line - independent assurance (Internal Audit forms the Council's third line of defence)
- 3.1.2 In simple terms, this assurance will assess whether risks are being appropriately managed. This will help the organisation to; avoid surprises, establish whether activities are being delivered as expected and ensure opportunities are delivered in an efficient way. This provides accountability to our stakeholders and establishes priorities for managers where further action is required.

3.2 Audit Activity (Key Findings)

Impact of COVID-19

- 3.2.1 The impact of the COVID-19 pandemic has become less disruptive in this quarter as restrictions were eased. Internal Audit work has reduced significantly on Restart Grants and Additional Restriction Grants to support businesses. However, shortly before publication of this report, we were notified by the DWP of a new Household Support Fund (HSF) grant to support those most in need this winter. Bromley's allocation is £1.87m and at the request of the Director of Finance, Internal Audit will ensure that checks are in place to mitigate fraud risk. Additionally, the requirements on Post Event Assurance work required by the Department for BEIS and National Fraud Initiative (NFI) work on Business Support Grant data matches has continued.
- 3.2.2 The volume of work required on the numerous business grants since April 2020 had been unrelenting and had a significant impact on the time and staff resources. To address the risks to the 2021/22 plan caused by the redirection of available resources the Director of Finance and Members approved additional funding of £30,000 to be carried forward from departmental underspends. This would allow Mazars staff to carry out additional work via the LB Croydon Apex framework. Work has been commissioned from them and is underway which, together with the Internal Audit team returning to business as usual, means that risks to achieving delivery of the plan have been addressed.
- 3.2.3 The latest list of outstanding Priority 1 recommendations is shown in Appendix A. There has been some movement and additions to Priority 1 recommendations, and these are detailed further in the report
- 3.2.4 A summary of key findings from audits completed to date follows. Members are reminded that the full redacted reports have been published with the agenda if they require further detail.

Creditors

Audit opinion	Substantial
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- 3.2.5 The overall objective of the audit was to review a sample of payments made to creditors and the operation of controls during lockdown due to Covid-19 pandemic.
- 3.2.6 Controls noted to be in place and working effectively included the checks in place to help prevent and detect duplicate payments, reconciliations of the creditors' control account were being undertaken, changes made to the services and their delivery due to Covid-19 were documented and circulated to the relevant stakeholders and the expenditure exceeding £500 was published on the Council's website in compliance with the Local Government Transparency Code 2015.
- 3.2.7 All the payments examined in our sample were authorised by the manager at the correct authority level, VAT was claimed correctly where applicable, and the invoices were scanned and retained to support the payments made.
- 3.2.8 The Council is implementing new systems for Finance and Care Management by April 2022. We have taken this into account when making recommendations.
- 3.2.9 Two new recommendations have been made to improve the control framework. These relate to the authorising managers verifying payment amounts to the signed copies of the contracts, and controls for setting up and amendment of suppliers' details on the Council's Finance System.
- 3.2.10 The recommendations made in the previous audit report issued on 30 September 2019 were also followed up as part of this review. There was one priority 1 recommendation which had been implemented following the publication of the previous report. There were seven other priority 2 and priority 3 recommendations made. Where recommendations had not been implemented, we either re-recommended them or made further recommendations; these relate to the supplier set-up procedures, remittance advice, authorised signatory list and access to the Council's Finance System. We will revisit these as part of our advice on controls which should be included in the new version of the Finance system.
- 3.2.11 Our testing also identified issues relating to the accuracy and completeness of information held on the Council's case management system. This has been referred to the Head of Service Placements and Brokerage to liaise with Care Management, to review and resolve. Internal Audit will be reporting separately to management on this issue and the remedial action to be taken as appropriate.
- 3.2.12 We also noted that a supplier set up form from our sample had not been completed correctly by the supplier. The supplier was based outside the UK but the details of the bank account to which the supplier had requested payment was a personal bank account based in the UK. We have examined this and related matters concerning this supplier. A separate report has been issued about this and is summarised in the next section.

	Number of recommendations made	Number of recommendations accepted	Risk accepted but no action proposed
Priority 1	0	0	0
Priority 2	6 (including 4 follow-up)	6 (including 4 follow-up)	0

Priority 3	0	0	0
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Review of engagement of a consultant for a business area of Children's Services

- 3.2.13 Our audit of creditors identified a supplier which had been set up on Oracle in December 2020 for providing consultancy work in Children's Services. The supplier was based at an address in the European Union (EU) and the company was registered there. The payment details showed however that the name of the bank account to be paid was a UK personal bank account with a North of England address. We reviewed this supplier set up, including the financial and procurement arrangements and the IR35 assessment.
- 3.2.14 We found that the consultant's tax arrangements were properly considered, as required by Contract Procedure Rules, before the payment arrangements to the consultant's personal bank account in the UK were put in place. BACS payments made through the Oracle financial system can only be made in British pound sterling. Payment by CHAPS was considered but not proceeded with as it would not be cost effective to make international payments in this way. We were however informed subsequently by senior management in Finance Directorate that the cost is not as prohibitive as a member of Finance Directorate had originally told Children's Services. The decision-making process within Finance Directorate for authorising international payments to suppliers needs to be clarified. The Council's tax advisors have advised that as the engagement was outside of the off payroll working rules and the worker was based in the EU, there would be no liability for UK tax/NICs to be deducted from the payments.
- 3.2.15 The consultant had been engaged in November 2019 and an IR35 assessment had been carried out correctly, as required. At the end of the engagement the consultant relocated to the EU and set up a new business. They were then re-engaged after four months under this new company name, but no new contract had been issued or signed. This was remedied as soon as we identified it during our review. We requested, but did not see, the supplier's public liability and professional indemnity insurance for the new contract or the specification accompanying the initial and re-engagement contracts. The supplier's contract has now ended following completion of the improvement work.
- 3.2.16 An IR35 assessment was not carried out when the consultant's re-engagement was identified by HR, because they would be carrying out the same work as when previously engaged. There is however no guidance in the 'Engagement of Additional Resources' procedure manual specifying what information and evidence of relevant due diligence checks should be obtained, prior to re-engaging someone for an off-payroll engagement. The Director of HR and CS and the Director of Finance approved this re-engagement without being aware that the original budget of £38,500 for this work had been exceeded by £17,100, with a further £13,200 spent by the time the re-engagement was identified by HR.
- 3.2.17 A 22% increase in the daily rate was agreed when the consultant was re-engaged, four months after the original engagement ended. That was a market factor agreed as the consultant was being used by other local authorities for similar work. The agreement was not however documented. The consultant's performance was reviewed at regular meetings between senior managers in Children's Services.
- 3.2.18 The consultant was engaged due to their expertise in the specialism of the particular service they were working on, but no quotations were sought for this work and a waiver exemption was not obtained, as required by Contract Procedure Rules. A total of £94,850 was spent on this work against an original budget of £33,750. The Children's Services cost centre was overspent in 2019/20 and 2020/21. This was contained in the overall expenditure on Council

Services. There was no evidence that sufficient funds were made available prior to the re-engagement of this consultant.

- 3.2.19 A comprehensive Procurement Practice Note entitled 'Contracting for Professional and Consultancy Services' was written by the Head of Procurement in March 2021. It was uploaded on the Procurement Team's Sharepoint site but has not been publicised Council-wide to raise awareness of the procedures to be followed by managers.

	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	1	1	0

Freedom of Information and Subject Access Requests – New Priority 1 Recommendation

Audit opinion	Limited
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- 3.2.20 The audit objective was to provide an independent opinion on the adequacy and effectiveness of the control environment relating to the Freedom of Information (FOI) and Requests for Subject Access Requests (SARs)
- 3.2.21 Controls noted to be in place and working effectively included training for the Information Management Team (IMT) on information governance and changes to legislation; cascade of information to departmental information coordinators and performance feedback at semi-annual meetings; requests logged on the system in a timely manner; weekly reminders were sent to coordinators with outstanding requests to ensure compliance to statutory deadlines and there was collation of FOI and SAR data to record volume and process/response times.
- 3.2.22 The review identified one priority 1 finding relating to correspondence not being retained centrally. The IMT should issue an acknowledgement e-mail upon receipt of an FOI or SAR request and a final e-mail response to the request. For the sample of 10 FOIs and 5 SARs tested, not all correspondence was evidenced due to the unavailability of staff (long term leave or having left the Authority). In summary, for 7 of the FOI and 2 of the SAR tested, the acknowledgement could not be evidenced; for 2 FOI's, the draft response was not verified and for 1 FOI the full response could not be verified. Management have confirmed that this recommendation has been implemented as the new case management system, OneTrust, went live in August and will hold all information relating to the request. As a priority 1 recommendation this will be retested, and an update reported to Members at the next Committee. At that point the new system will have been live for several months and the effectiveness of the procedures can be evaluated.
- 3.2.23 There were two priority 2 recommendations raised relating to the SAR and FOI policy documents. The SAR policy, available on the Council's website was last revised in May 2018, should have been reviewed in May 2019 but was this was not completed. There was no FOI policy or internal policy for processing FOI requests available for internal or external use.

	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	0	0	0

Housing Benefit 2019-20

Audit opinion	Substantial
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3.2.24 This audit was delayed due to the Covid 19 pandemic and was completed alongside the 2020/21 Housing Benefit Audit.

3.2.25 The key risk areas identified on the terms of reference for review were:-

- Changes in circumstances may not properly supported by valid documentation or assessed in line with policies and procedures and properly processed.
- Reconciliations may not be undertaken.
- Previous audit recommendations may not have been implemented

The audit included a review any revised service delivery arrangements put in place in recent months, as a result of COVID-19 pandemic.

3.2.26 A sample of 20 cases were selected for testing. The samples were selected from the different areas of coverage such as overpayments, backdated claims, change in circumstances and appeals.

3.2.27 We brought to management's attention that in four of the appeal cases sampled, the Authority was found not to be compliant with the DWP's three month appeal decision timeframe. A re-recommendation was made and agreed by 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	0	0	0

Housing Benefit 2020-21

Audit opinion	Substantial
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3.2.28 This audit was delayed due to the Covid 19 pandemic and therefore a review of current year claims and arrangements was undertaken and completed alongside the 2019/20 Housing Benefit Audit.

3.2.29 The key risk areas identified on the terms of reference for review were :-

- Changes in circumstances may not properly supported by valid documentation or assessed in line with policies and procedures and properly processed.
- Reconciliations may not be undertaken.
- Previous audit recommendations may not have been implemented

A review any revised service delivery arrangements put in place as a result of COVID-19 pandemic was undertaken.

3.2.30 A sample of 20 cases were selected for testing. The samples were selected from the different areas of coverage such as overpayments, backdated claims, change in circumstances and appeals.

3.2.31 There were no recommendations made.

Implementation of COVID-19 Procurement Arrangements

Audit opinion	Substantial
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3.2.32 The audit objective was to review actions taken during the COVID-19 pandemic to support providers of Council services in compliance with the Government's Procurement Practice Notes (PPNs) 01/20 and 02/20.

3.2.33 PPN 1/20 – Responding to COVID-19 detailed options that could be considered for procurement under the Public Contract Regulations 2015 including:

- Direct award due to extreme urgency
- Direct award due to the absence of competition or protection of exclusive rights
- Call off from an existing framework or dynamic purchasing system
- Call for competition using a standard procedure with accelerated timescales
- Extending or modifying a contract during its term

3.2.34 PPN 2/20 – Supplier relief due to COVID-19 – offered practical guidance to contracting authorities and suppliers on keeping payments flowing through the supply chain and encouraged all contracting authorities to provide support to their suppliers during the disruption arising from COVID-19. This support included continuing to pay throughout and/or

adapting payment terms and relaxing key performance indicators. Any agreed changes would be implemented through a temporary variation agreement.

- 3.2.35 Controls were noted to be in place and working effectively based on the audit testing conducted. PPN guidance was issued to contract owners in April 2020 and again in July 2020. The Leader's decision on the 24 April 2020 granted delegated authority to Chief Officers to take appropriate action to manage contracts during and after the pandemic. Communication was sent out to all providers on 24 March 2020 detailing the support available and arrangements to meet specific needs of each supplier. There was a dedicated website offering advice and guidance.
- 3.2.36 The Gateway report and supporting documentation for a sample of 10 contract awards (after 1 April 2020) were satisfactorily checked to the guidance set out in PPN1/20 (7 extensions and 3 direct awards).
- 3.2.37 A sample of 10 providers was tested to ensure compliance to PPN2/20 (supplier relief). Two providers did not require relief, and this was logged by the contract owner. For the other 8 providers checked there were appropriate reasons, documented, to give support however the agreed template to record the support arrangement had not been completed and returned.
- 3.2.38 The Assistant Director Governance & Contracts confirmed that the templates had been requested to support COE (Chief Officer Executive) and CLT (Corporate Leadership Team) oversight at the time, July/August 2020. It was agreed that there was no value in completing these templates retrospectively however a communication has been sent to all contract owners emphasising the importance of responding to similar requests in the future. It would also serve to remind all contract owners to review their contracts to ensure that any actions taken at that time have been supported by a suitable contract variation.

	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	0	0	0

Review of the operation of the Waste Collection and Waste Disposal Contracts

Audit opinion	Substantial
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- 3.2.39 The Waste Collection and Waste Disposal Contracts were awarded to the current contractor with effect from 1/4/2019 for a period of 8 years. The whole life value of the contracts for Waste Disposal and Waste Collection are £73 million and £103 million respectively with an actual spend of £25,358,366 in 2020/21.
- 3.2.40 The new contracts had incorporated measures to address any areas of weakness identified in the previous Internal Audit reports and management investigation which have been considered by the Committee. The contract management and monitoring of the new contracts should operate within the controls offered by the developed frameworks, separation

of duties and revised procedures for all aspects of the contract (financial, service delivery and performance).

- 3.2.41 This audit review measured the current waste contracts against the previous 15 priority 1 recommendations as these were representative of key areas of risk within the contracts. Additionally, these were known areas of previous weakness and therefore facilitated targeted audit testing.
- 3.2.42 Management fully engaged with the audit process and supplied comprehensive documentation to support compliance to control procedures for the 15 areas of review. Audit accessed all shared areas to independently test payments, monitoring and contract management.
- 3.2.43 Management advised that a Performance Management Framework (PMF) has been agreed and adopted for the new waste contracts. The aim of the PMF is to have a shared vision of the contract performance and future direction of the Service and Contract, and the roles that both parties will play to achieve targets.
- 3.2.44 The sample testing evidenced that the PMF has allowed adequate contract monitoring, independent review of the data submitted by the contractor that can then be quality checked and tracked through to contract monitoring.
- 3.2.45 Management confirmed that all changes/variations were documented and formalised as Change Control Notices (CCN) and saved on the Contract Filing System and shared online platform with the contractor.
- 3.2.46 Management advised that an agreed process was in place for wet paper and card which was formalised by a CCN in December 2019. The Waste Strategy Manager acknowledged that this agreed process was not fully followed in 2020/21 as LBB staff were not always on site due to COVID-19 restrictions, to undertake the required checks on the rejected paper loads. The process was temporarily revised to accommodate remote working. The interim change to agreed processes should have been supported by written procedures to evidence approval by an appropriate authorising officer and to ensure business continuity in the absence of the responsible officer. An interim change in process should also be time limited and a review date diarised to ensure agreed working practices can be resumed as soon as circumstances revert to normal and business as usual is allowed. This has been set out as a finding.
- 3.2.47 Management advised that a reconciliation process for tonnage was in place and documented in the Contract Monitoring Framework. The agreed process was observed to be followed except for the physical checks of a sample of LBB disposal tickets corresponding to the contractor's spreadsheet report. The Waste Strategy Manager stated that the process will be resumed once the COVID-19 restrictions are lifted. Interim changes to agreed procedures should be documented, approved, time limited and subject to regular review.
- 3.2.48 Management confirmed and audit sample testing verified that the staff responsible for the authorisation and payment of invoices understand their responsibility to comply with Financial Regulations in performance of their roles.
- 3.2.49 The declaration of interest forms were also checked for officers involved in contract management and payment of invoices. For one officer a personal interest was declared, and management evidenced their statement to show knowledge and they had considered any impact.
- 3.2.50 Management advised that the payment mechanism for Waste Disposal was applied monthly. It was noted that at the time of audit review there were no outstanding payments due to the Council.

- 3.2.51 Management also confirmed that the performance management information presented to Committee is collated by the Business Support Officer who is independent to the waste contracts and works in a team separate to the waste management officers. All committee reports written by the Waste team are reviewed by Procurement, Legal and Finance before being published, this is in line with the Council's governance procedure. The information presented to the Committee was satisfactorily verified by the auditor to the supporting evidence.
- 3.2.52 Management advised that the Head of Finance was consulted on the financial impact of any changes being considered before agreement. The two contract managers regularly liaise with the Senior Accountant, and there were planned quarterly budget monitoring meetings. Notes from these finance meetings are attached to a spreadsheet and saved. Summary notes from the Senior Accountant, in the form of emails are also retained. Internal Audit satisfactorily verified the evidence of regular budget monitoring meetings to review the financial position.
- 3.2.53 The Department has maintained a Gift and Hospitality Register up until February 2020. Since home working emails have been sent to the Business Support Officer. The Department has introduced an electronic version of the register in June 2021 which has been rolled out to all officers in EPP. There have been no declarations in the Gifts and Hospitality Register in respect of the Waste contracts for the reviewed period.
- 3.2.54 Management confirmed that the signed contracts for the Waste Disposal and Waste Collection are held in the strong room which is managed by Legal Services. Electronic copies of the contracts were available on the Contract Filing System and the shared online platform with the contractor. Internal Audit checked the Contracts Database and confirmed that signed copies of contracts have been uploaded for both Waste Collection and Waste Disposal. The Legal Services team also verbally confirmed that a copy of the contract should be in the vault. The physical check on the sealed contracts could not be checked due to ongoing COVID-19 restrictions.
- 3.2.55 Management advised that the Contract Managers have undertaken the Financial Regulations and the Contract Procedure Rules training. Internal Audit discussed the ongoing management responsibility to ensure that all officers involved in financial processes have access to the Financial Regulations and understand their roles and responsibilities. Any issues identified with the understanding and interpretation of the Financial Regulations should be addressed by appropriate management support and training. The Financial Regulations are available on the corporate intranet and have embedded links to relevant policy documents and the contact details for the responsible team.
- 3.2.56 The review of the payment process as part of this Audit did not highlight any issues with the officers understanding of their roles and responsibilities. Other evidence seen as part of this review also demonstrated that the Contract Managers were aware that any variations to contracts need to be actioned formally via a CCN.
- 3.2.57 The Senior Performance Officer advised that the Business Support Team undertook a review of the contract management process at the start of the new Waste contract in April 2019. Their review formed the basis of the Contract Monitoring Framework which sets out the Contract Monitoring Systems that operates for the Waste Collection and Disposal Contract. Satisfactory evidence of the review in April 2019 was provided.
- 3.2.58 This audit review has considered areas of known weakness previously identified by Internal Audit reports and management investigations. Management have evidenced ownership of the issues previously raised and have adopted processes and procedures to mitigate identified risks.

- 3.2.59 The audit opinion is based on the specific areas defined in the scope for this review. It is acknowledged that not all aspects of the Waste Management contracts have been considered but adequate coverage has been achieved in key areas to allow the substantial assurance audit opinion to be given.

	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	0	0	0

Marjorie McClure School

Audit opinion	Reasonable
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- 3.2.60 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.
- 3.2.61 The audit review was completed remotely to comply with Government guidelines to work from home. The information required for audit examination was scanned and e-mailed by the School Business Manager (SBM). The Internal Audit Questionnaire has been revised for 2021/22 to include the impact and response to COVID-19. The questionnaire formed part of the audit review as a self-assessment. As such, the questionnaire, completed by the SBM was certified by the Headteacher and the Chair of Governors to give an adequate assurance that the return was representative of current working arrangements; the certification was independent of the Finance function.
- 3.2.62 Controls were in place and working well for financial management, expenditure, income, asset management and governance. However, there were four priority 2 recommendations raised relating to the HMRC online assessments (IR35), the contract register, waivers for expenditure over £5K and the certification process for the procurement card. Three priority 3 recommendations were raised with regard to the lettings policy, annual stock take and committee minutes.

	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	3	3	0

Supporting Families Claim – Claim September 2021

Audit opinion	The evidence seen by Internal Audit demonstrates that the grant claim conditions have been met for expenditure as at September 2021
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- 3.2.63 The Troubled Families Programme (now renamed as the Supporting 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.
- 3.2.64 It is led by the Ministry of Housing, Communities and Local Government (now called the 'Department for Levelling Up, Housing and Communities'), 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.
- 3.2.65 There were 143 individual claims closed between 1 April 2021 and 30 September 2021 and we checked a randomly selected sample of 10% of these claims (i.e.15 claims).
- 3.2.66 Our review of these claims found that 14 out of 15 claims in our sample met the relevant criteria for a claim to be made. For the remaining claim, in our opinion the indication from the practitioner that 'significant progress' had been met was misleading. The Intelligence and Operations Lead agreed with us, removed the claim from the list and replaced it with another claim which had been closed and set aside to be claimed for in the next reporting period. She is addressing this issue for future claims by adding an option to the form to make it clear where a case has been referred to specialist services instead. We will confirm that this has been done when we audit a sample of claims in the next claim window in March 2022.
- 3.2.67 We also checked to confirm that the families in our sample had not been claimed for previously and no such instances were identified.
- 3.2.68 We also confirmed that the total amount claimed for payment by results for the 143 individual claims submitted between the period 1 April 2021 and 30 September 2021 was £114,400.

3.3 Priority 1 Follow Up

Highways Maintenance – Priority 1 update

- 3.3.1 The audit review of Highways Maintenance was finalised in October 2019. There were 3 priority 1 recommendations identified and at the previous meeting Members were informed that the recommendation relating to the selection of schemes had been implemented. The two remaining priority 1 recommendations related to the management and delivery of an agreed highways scheme and secondly the controls on the widening and reconstruction of vehicle crossovers as part of footway schemes.
- 3.3.2 In previous updates to this committee, Internal Audit acknowledged that management had submitted process documents to evidence implementation of the two priority 1 recommendations relating to the availability of and compliance to written procedures. Management was advised that these procedures would need to be embedded before effective testing by Internal Audit. Internal Audit selected a sample of schemes in October 2020 to ensure compliance with the revised procedures. Management engaged with Internal Audit to provide the requested information however there have been issues relating to the availability of all documents to support the agreed procedures for ordering, performance

monitoring and processing the invoices for payment. These processes were also impacted by interim changes driven by the pandemic.

- 3.3.3 Information provided by management thus far is insufficient to conclude that the two outstanding recommendations relating to the processes to manage and deliver Highways and Footway schemes have been satisfactorily implemented. Given the elapsed time since the completion of the selected sample schemes there is limited value in Internal Audit requesting supporting documentation to evidence compliance for these projects.
- 3.3.4 At this time, the two outstanding recommendations are deemed redundant given the elapsed time and the need to consider other issues arising. An audit review of the Highways Maintenance service will therefore be a more effective way of following up the areas previously identified by the outstanding priority 1 recommendations and assess current procedures for ordering, contract monitoring and payment of invoices. The review can also consider the impact of COVID and the ongoing recovery for contract monitoring.

Data Centre – Priority 1 update

- 3.3.5 The Director of Housing, Planning, Property and Regeneration (HPP&R) attended the previous Audit Sub Committee meeting in June and updated Members on the ongoing issues with the power supply to the data centre. The Director of HPP&R confirmed that an update would be provided after the system shutdown on the 18th June at which point it would be clear what work needed to be completed and scheduled.
- 3.3.6 Internal Audit contacted the Director of HPP & R on the 8th July and confirmed that the shutdown did take place on the 18th June as planned with all interested parties on site. It was agreed that the work required was a repair not a replacement. The final specification for the work to be done had been considered by the contractor, IT and Facilities Management (FM) and a date would be agreed by mid-July to complete the work. The Head of FM and Capital Projects (CP) had been asked to confirm the UPS provider and age of the unit, but this was unlikely to be available.
- 3.3.7 Internal Audit contacted the Head of FM & CP to provide an update for this Committee. It was confirmed that major components had not yet arrived in the country. With no confirmed delivery date for the kit to be on site the contractor had been unable to allocate resources to the project work and had programmed the work for November. The work to replace the switch could have gone ahead on the weekend of 2nd and 3rd October but this would have resulted in two planned shutdowns attracting two sets of costs from the IT contractor. The Head of FM and CP confirmed that another site visit had been scheduled for 30/9/2021 to agree the work to be undertaken and schedule dates.
- 3.3.8 The Head of FM and CP contacted Internal Audit on 4/10/2021 to give an update on the discussions and agreement from the site visit on 30/9/2021. The repair work is now scheduled for late November by which time all equipment should have been received in the UK and the necessary resources, from both contractors, available. The exact date will be updated to Members at the meeting.

Work on additional Certification of Grants

- 3.3.9 Members will be aware that alongside our normal workload, the government have made a condition of certification (by the Chief Internal Auditor and/or the Chief Executive) that the terms and conditions of the grant are complied with.

Disabled Facilities Capital Grant (DFG) Determination 2020-21 [31/5267] - £289,868

Audit opinion	The evidence seen by Internal Audit demonstrates that the grant claim conditions have been met for expenditure as at 31st March 2021
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- 3.3.10 During 2020-21, the London Borough of Bromley was awarded a total of £2,442,564 Disabled Facilities Capital Grant Funding. In line with the conditions attached to the funding, 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 2021, 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 (2020-21) No [31/5037] and No [31/5267] have been complied with".
- 3.3.11 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 2020-21 Financial Year, a spend of £1.050m against the budget was achieved, with mandatory DFG work restricted by COVID-19. The remainder has been carried forward and work continues, with a further £799k spent as at 31st August 2021
- 3.3.12 It was noted during the course of the testing that a change in the collection arrangements for the Agency Fees had resulted in an in year undercharge. This did not affect compliance with the grant conditions and following discussions with the Head of Finance, Adult Social Care, Health and Housing, assurance has been received that systems are in place to ensure they are correctly adjusted and accounted for in the 2021/22 Financial Year.

HIV pre-exposure prophylaxis (PrEP) grant determination 2020 to 2021 [31/5179] - £52,330

Audit opinion	The evidence seen by Internal Audit demonstrates that the grant claim conditions have been met for expenditure as at 31st March 2021
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- 3.3.13 On 25th September 2020, the Department of Health and Social Care (DHSC) advised by E mail of the HIV pre-exposure prophylaxis (PrEP) grant determination 2020 to 2021 No: [31/5179]. The purpose of the grant was to fund additional service costs associated with provision of HIV PrEP. Annex A of the document confirmed that Bromley's allocation was £52,330.
- 3.3.14 The sign off process for the funding included a requirement that the Chief Executive/Chief Finance Officer specified in a Statement of Grant usage, to be submitted no later than 30th June 2021, states whether 'he or she has received an audit opinion from the authority's Chief Internal Auditor that he can provide reasonable assurance that the statement of grant usage, in all material respects, fairly presents the eligible expenditure in the period 1 April 2020 to 31 March 2021 in accordance with the definitions and conditions in this determination'.
- 3.3.15 The data from the tariff validation system, whilst not validated by Internal Audit, reflected that services with a tariff value of £48,937 were provided during the 2020/21 financial year and, in line with the London Sexual Health Programme's agreed approach to routine commissioning of PrEP, a further £4,665 of online testing expenditure is estimated to have been incurred for the same period. Based on this methodology, the eligible expenditure for the programme during 2020/21 is £53,602 and Internal Audit has gained appropriate assurance that the conditions of the grant determination have been met.

**Surrey & South London Regional Partnership Step Up to Social Work – Cohort 6
[SCME/CSC GR1000656 SUSW6]**

01 April 2019 – 31 March 2020 - £193,727.20

01 April 2020 – 31 March 2021, including the extension period in 2021 - £576,220.45

Audit opinion	The evidence seen by Internal Audit demonstrates that the grant claim conditions have been met for expenditure as at 31st March 2021
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- 3.3.16 The Council has been required to submit a Certificate of Grant usage, initialled by the organisation's Chief Auditor, confirming that the total amount of the grant was used exclusively for the purposes set out in the agreement with the Department for Education, for the periods 1st April 2019 to 31st March 2020 and 1st April 2020 to 31st March 2021, including the extension period in 2021.
- 3.3.17 Based on discussions with the relevant officers and a review of the records held, Internal Audit has gained appropriate assurance that, To the best of our knowledge and belief, and having carried out appropriate investigations and checks, in our opinion, in all significant respects, the Cohort 6 grant funding received was exclusively used for the purposes set out in the agreement between the Grant Recipient and the Department for Education, dated 19th December 2018'.

Social Care – Case Management System

- 3.3.18 The new case management system, Liquidlogic, the replacement for CareFirst, has been rolled out in two stages. Children Social Care (CSC) went live on 19th July and Adult Social Care (ASC) is planned for a go live date of 1st November.
- 3.3.19 Internal Audit involvement in the development and implementation of the new system has been limited to date. In the preliminary stages Internal Audit had shared audit findings related to CareFirst with the Project Team. As the CSC go live approached, Internal Audit received a walk-through demonstration of the system, specifically the financial elements. A follow up meeting was held with the Assistant Director Strategy, Performance and Corporate Transformation (project sponsor) and the SCIS Programme Manager to discuss initial observations and to confirm that a full audit would be completed in December 2021. Internal Audit remain available to the project team for any advice regarding system controls and processes.

Additional Restrictions Grant scheme - control advice and checks

- 3.3.20 The Additional Restrictions Grant scheme was introduced in December 2020 to enable local authorities to support local businesses impacted by the pandemic. The Council used the Additional Restrictions Grant to devise and administer schemes to support businesses within the Borough, including the Hardship Fund scheme, the Innovation scheme, the Public House scheme and the Tier 4 top up scheme. A total of £9,598,000 was paid to local businesses under this scheme.
- 3.3.21 Using our knowledge and experience gained from the other grant schemes, we liaised with Finance Directorate, the Head of Regeneration and representatives from the Exchequer Services contract, advising on risks and controls to mitigate fraudulent payments and prevent and detect instances of error and non-compliance.
- 3.3.22 These controls were derived from the Government's Counter Fraud Measures Toolkit and included having a fraud clause, clawback agreement and privacy statement in the on-line application and due diligence checks on the companies' pre-payment to identify if they were

dissolved or in liquidation at the time of application, had overdue accounts or a history of insolvency and/or a different registered company number and address from that stated in their application.

- 3.3.23 We carried out pre-payment checks using the Government's Counter Fraud Function tool 'Spotlight'. Open-source data was checked where the business was not registered at Companies House or was a sole trader. We also set up colleagues in the Culture and Regeneration Directorate with access to the National Fraud Initiative application so that they could carry out a pre-payment check on the bank account referenced in an application. 745 applications by businesses and individuals were checked using pre-payment checks. There were no applications which were identified and investigated as fraudulent. One business was paid twice in error and the amount is being recovered.
- 3.3.24 Additional testing will be carried out in the coming months as part of our post payment assurance plan required by central government to confirm that there are no instances of fraud, error, or non-compliance which were not discovered during our pre-payment checks.

Meadowship Homes LLP Property Acquisition Scheme Advisory Review

- 3.3.25 At the request of the Director of Housing, Planning and Regeneration, a desktop/advisory review of the draft documentation underpinning the Meadowship Homes LLP scheme was undertaken to identify any additional governance arrangements or controls which should be considered. The review was carried out as an additional piece of work to the 2021/2022 Internal Audit Plan.
- 3.3.26 The purpose of the scheme is to acquire approximately 242 properties under a funding arrangement with Orchard and Shipman for use as accommodation to help reduce the current pressures in relation to homelessness and temporary accommodation.
- 3.3.27 Based on a review of the documentation the following areas were identified for consideration:-
- 3.3.28 Lines of accountability for the strategic and operational roles, together with the governance pathway for the scheme, should be defined and formally documented to ensure effective oversight of all areas.
- 3.3.29 Key deliverables specified within the documentation should be extracted to form a monitoring framework with timescales, ownership, and overall responsibility for the framework assigned to ensure that all quality assurance requirements are met. End to end procedures should be documented and available to all relevant staff to ensure that all processes within the scheme are carried out consistently.
- 3.3.30 Whilst the Scheme has a risk register, consideration should be given to using the Departmental/Corporate Risk Register template, with each risk allocated an owner who has responsibility for regular review and management of the risk.
- 3.3.31 A file management system should be agreed between the strategic and operational elements of the scheme, ensuring that all information such as Legal documents, meeting minutes, Key Performance Indicators, property details and procedure notes is retained and available.
- 3.3.32 The Council should satisfy itself that:-
- all entities have an appropriate structure in place to support both the initial purchasing and ongoing management phases.

- all policies of insurance stated in the documentation have been taken out, remain in force and provide an adequate range and level of cover
- provision is made for Lease extensions, if required, at the end of the scheme
- the average cost in the model is based on sold prices of properties within the stated procurement area and not 'asking' prices, and that the model is kept under review in line with publicly available information such as HM Land Registry Sale price analysis.
- interest will not be compounded during the repayment holiday

and, as to the robustness of the funding structure and its security position versus financial exposure in terms of both the loan and its obligations under the Guarantee.

3.3.33 The areas for consideration have been accepted by management.

3.4 Publication of Internal Audit Reports

3.4.1 Since the last cycle of this Committee, we have published 11 redacted final reports and Statements of Grant usage, listed in the table below. Members are requested to agree exemption for one audit report as detailed in Part 2 of this agenda.

AUDIT	OPINION
Creditors	Substantial
Review of engagement of a consultant for a business area of Children's Services	N/A
FOI and Subject Access Requests	Limited
Housing Benefit 2019-20	Substantial
Housing Benefit 2020-21	Substantial
Implementation of COVID19 Procurement Arrangements	Substantial
Operation of the Waste Collection and Waste Disposal Contracts	Substantial
Marjorie McClure School	Reasonable
Supporting Families Claim – Sept 2021	The evidence seen by Internal Audit demonstrates that the grant claim conditions have been met
Disabled Facilities Capital Grant (DFG) Determination 2020-21 [31/5037] and [31/5267]	The evidence seen by Internal Audit demonstrates that the grant claim conditions have been met
HIV pre-exposure prophylaxis (PrEP) grant determination 2020 - 2021 [31/5179]	The evidence seen by Internal Audit demonstrates that the grant claim conditions have been met

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

Assurance Level	Definition
Substantial Assurance	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.
Reasonable Assurance	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.
Limited Assurance	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.
No Assurance	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

- 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. 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, 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. Risks marked as 'Red' (High) are presented to every other meeting of the relevant PDS committee for noting.

3.5.2 The Corporate Risk Management Group met on 10th September 2021 undertaking its usual programme of scrutiny and the current Risk Registers are attached as Appendices B1 to B9. Since the last meeting of the Audit Sub Committee on 8th June 2021, the Corporate Risk Register has been refreshed with the existing controls and further action required updated. The risk 'Failure to adequately adapt to the impacts of Climate Change' has been added, the 'Impact of COVID-19 pandemic on service delivery' has seen a reduction in both Gross and Net Risk Ratings and the following two risks have seen a reduction in Net Risk Rating:-

- Failure to deliver partial implementation of Health and Social Care Integration.
- Effective governance and management of Contracts.

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 For this committee cycle, the Assistant Director Governance and Contracts (AD G&C) generated a report from the Contracts Database and the Procurement Board Planner to identify contracts that met the criteria for the period April 2021 to September 2021. The AD G&C confirmed the governance procedures for each entry.
- 3.6.5 The waivers detailed at Appendix C meet the criteria to be reported to Audit Sub Committee. 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 External Audit Update

Progress and Update on the 2019/20 and 2020/21 accounts:

- 3.7.1 The external audit of the 2019/20 accounts is ongoing. Members have previously been advised of significant issues in relation to the accounting and valuation of Property, Plant & Equipment and Investment Properties, which will require the accounts to be amended including a prior period adjustment, causing a delay in completion of the audit to allow for these matters to be investigated and remediated.
- 3.7.2 It was agreed with the external auditor that the valuations of the Council's Investment Properties needed to be reviewed and amended by the Council's valuer. The Council's valuer has now completed this exercise and made a number of changes and corrections to the underlying data. The revised valuations will now be reviewed by the external auditor to determine whether they are acceptable; once this has been completed it should be possible to finalise the adjustments to the accounts and for the audit to be completed.
- 3.7.3 Work is underway to close the Council's main accounts and pension fund for 2020/21, although this has been delayed as a consequence of the 2019/20 account not being finalised. Given this, a timetable for the audit of the 2020/21 financial statements has yet to be confirmed with the external auditor.

Update on Electors Objections:

- 3.7.4 The Council has objections outstanding for three years of accounts. For the 2016/17 and 2017/18 objections, officers are in regular contact with KPMG to discuss resolving this matter as soon as possible. KPMG has recently requested further information from the Council to inform its review and officers are collating and passing their response back to KPMG. Once KPMG has concluded its work, it will report the outcome to officers. There are four potential options available to KPMG:

- Considering if there is an unlawful item of account that they need to ask the court to consider
- Issuing a report in the public interest on this matter
- Reporting on this matter with recommendations for Council action (these could be statutory recommendations under the Local Audit and Accountability Act)
- Taking no action and dismissing the objection

- 3.7.5 Once KPMG has concluded its work on the 2016/17 and 2017/18 objections, it will fall to Ernst & Young (EY) to consider the objection received in relation to the 2018/19 accounts, informed by the conclusions that KPMG has made.
- 3.7.6 Whilst the objections remain unresolved, the external audits for the years in question cannot be formally concluded and a completion certificate being issued.
- 3.7.7 No objections were received in relation to the 2019/20 accounts and the inspection period is now closed. Owing to the delays described the Council has not yet opened the 2020/21 accounts for public inspection

Audit Fees

- 3.7.8 The Council asked the PSAA (Public Sector Audit Appointments Ltd) to arbitrate to determine an appropriate fee for the 2018/19 audit. The process concluded that EY's proposed fee of £219,171 should be reduced by £20,049 to £199,122. This compares to the scale fee, set by PSAA, of £91,689.
- 3.7.9 Whilst EY has produced an audit plan for 2019/20 including a proposed audit fee of £188,271, this has not yet been agreed by officers. The Director of Finance has again requested that PSAA review EY's proposed fee and it is hoped this will lead to agreement on a revised figure. EY has yet to issue its plan for 2020/21, including the proposed fee for this period.
- 3.7.10 PSAA is currently consulting on and developing its procurement plans for the next round of audit appointments commencing in April 2023. This is against a challenging national backdrop of a fragile supplier market, lacking competition and capacity, and with an underlying tension concerning the level of audit fees, particularly when considered against the increasing level of audit work that is being driven by the regulator, the Financial Reporting Council.

Public Sector Audit Appointments (PSAA) invitation to opt into the national scheme for auditor appointments from April 2023

- 3.7.11 In accordance with the Local Audit and Accountability Act 2014 and the Local Audit (Appointing Person) Regulations 2015 (the Regulations), PSAA has formally invited all eligible bodies to become opted-in authorities to the national auditor appointment arrangements for the audit years 2023/2024 to 2027/2028 in its role as a specified appointing person. The length of the compulsory appointing period is the five consecutive financial years commencing 1 April 2023.
- 3.7.12 A decision to become an opted-in authority must be taken in accordance with the Regulations that is by the members of an authority meeting as a whole (Full Council).
- 3.7.13 To become an opted-in authority, the form of acceptance notice has to be completed and returned by Friday 11 March 2022.
- 3.7.14 The Local Government Association (LGA) supports the appointing person arrangements and encourages as many eligible bodies as possible to opt in. It believes the national scheme

remains the best option councils can choose. In its view, there are many reasons for favouring the national arrangements and those reasons have become more compelling since 2016/17 when councils were last asked to make this choice.

The benefits of opting in are expressed by PSAA are that it:

- has a specialist, experienced team who will use that technical expertise and sector knowledge to make transparent and independent auditor appointments
- aims to procure an audit service of the required quality at a realistic market price and to support the drive towards a long term competitive and more sustainable market for local audit. The focus of their quality assessment will include resourcing capacity and capability including sector knowledge, and client relationship management and communication
- is very familiar working with the complexities of the evolving local audit framework and regulations when making auditor appointments, managing contracts with audit firms, and setting and determining audit fees
- is a not-for-profit organisation whose costs are around 4% of the total scheme costs, and they distribute any surplus back to scheme members
- independently assesses proposed fee variations, authorising billing only when satisfied that the proposal is justified and in line with the requirements of the statutory regulations
- is an active member of the new Local Audit Liaison Committee, chaired by MHCLG and attended by key local audit stakeholders, enabling them to feed in body and audit perspectives to decisions about changes to the local audit framework, and the need to address timeliness through actions across the system
- conducts research to raise awareness of local audit issues, and works with MHCLG and other stakeholders to enable changes arising the Redmond review, such as more flexible fee setting and a timelier basis to set scale fees

Opting in:

- is the PSAA believe the best option for securing the appointment of a qualified, registered auditor in the current challenging market – there are currently only nine registered suppliers
- avoids the need to undertake an auditor procurement and ongoing contract management activities (such as fee variation management), saving local time, effort and cost, including establishing an Auditor Panel with an independent chair to oversee a local procurement and running of the contract. A panel must have a minimum of three members, with a majority who are independent of your organisation
- is the most efficient solution for the sector – collective procurement is much less time-consuming for bodies (and for auditors) than a multiplicity of local, smaller procurements
- give free access to their Local Audit Quality Forum and webinar events on key topics
- needs to be done by 11 March 2022 – if the Council decides not to opt in by this date it will not have another opportunity to join the scheme until 1 April 2023 at the earliest. In the case of late entrants PSAA is entitled to recover any costs incurred in sourcing an auditor for them

It should be noted that:

- the scope of local audit is fixed, as it is defined by statute and by accounting and auditing codes – it would be the same under any local procurement as under PSAA's procurement

- some typical services contract levers such as penalties for late delivery cannot be applied to an audit services contract, as fees calculated on the basis of a specified outcome (eg specific date completions) are classified as contingent fees, not allowed under the FRC's Ethical Standard

It is therefore recommended that the Committee recommend opting in to the PSAA arrangement when the Full Council consider the matter.

3.8 Recruitment of new Head of Audit and Assurance

- 3.8.1 Following the notice of intended retirement by the Head of Audit & Assurance, a recruitment exercise was undertaken for a replacement. There was a very strong field of applicants. Following short listing and interview the decision was made to appoint Francesca Chivers. Francesca graduated from Pembroke College Cambridge with an MA in English in 2001. She then fulfilled a variety of roles in the public and private sectors before starting her audit career in 2012 as a trainee with Kent County Council. She obtained her Chartered Internal Auditor qualification whilst at Kent County Council and worked her way up to become an Audit Manager, which included being the Chief Audit Executive for Kent Fire and Rescue Service and Tonbridge and Malling Borough Council. She is currently Chief Audit Executive for the Dartford and Sevenoaks Internal Audit Partnership and hopes to attend tonight's committee. She will commence employment in Bromley in December.

3.9 Fraud Summary

- 3.9.1 **This report provides an update on both new and previous cases of fraud and special investigations. The RB Greenwich Fraud Team covers all aspects of fraud including maintenance of a fraud register. Internal Audit also carry out investigations into conflicts of interests, breaches of rules and regulations and will assist the Fraud Investigators where there is a requirement to understand or examine LBB systems.**

Blue Badge Fraud

- 3.9.2 Members are aware of the activity by the Shared Parking Service to combat the criminal offence of Blue Badge misuse. APCOA Civil Enforcement Officers (CEOs) carry out inspections and ask drivers of vehicles displaying a Blue Badge specific questions to determine whether or not misuse is taking place. CEOs and authorised Council Officers can legally confiscate a Blue Badge and return it to the issuing Local Authority should any misuse be suspected. High rates of prosecution success have been achieved through close working with the Greenwich Fraud Team.
- 3.9.3 Following investigation after confiscating a badge, evidence is collected, and the case passed to the Greenwich Fraud Team (GFT). The Greenwich Team will carry out an investigation, identifying drivers, arranging interviews under caution, establishing intent and mitigation and undertaking public interest and evidential tests on cases which may be suitable for prosecution before being passed to Legal for final authorisation. Feedback is also provided where evidence or process errors affect the suitability for prosecutions so that this can inform CEO training.
- 3.9.4 Prosecutions are undertaken by Bromley Legal Services utilising the Single Justice Procedure. The Criminal Justice and Courts Act 2015 introduced the Single Justice Procedure which applies only to cases involving adults charged with summary-only non-imprisonable offences. It enables such cases to be dealt with by a single magistrate sitting with a legal adviser on the papers without the attendance of either a prosecutor or the defendant. The defendant will instead be able to engage with the court online (or in writing) and the case will not be heard in a traditional courtroom. The Single Justice Procedure was designed to save Court time in cases where a full hearing may not be necessary.

- 3.9.5 It is for prosecutors to identify cases which are suitable for the single justice procedure. These are commenced by a written charge and a document called a 'single justice procedure notice'.
- 3.9.6 The single justice procedure notice is sent to the defendant explaining the offence which has given rise to the proceedings, the options available to the defendant, and the consequences of not responding to the notice. It is accompanied by the evidence upon which the prosecutor will be relying to prove the case. The notice will give the defendant a date to respond in writing to the allegation - rather than a date to attend court. However, the defendant has the right to request a traditional hearing in open court. If they wish to plead not guilty, or otherwise want to have a hearing in a traditional courtroom, the defendant can indicate these wishes in the response to the single justice procedure notice. In such circumstances the case will be referred to a traditional court and the case will be managed in the normal way.
- 3.9.7 In cases where a defendant pleads guilty and indicates that they would like to have the matter dealt with in their absence, or fails to respond to the notice at all, a single magistrate will consider their case on the basis of the evidence submitted in writing by the prosecutor, and any written mitigation from the defendant. The single magistrate can convict and sentence or dismiss the charge as appropriate.
- 3.9.8 If a single justice considers at any point that it would be inappropriate to conduct the case under the single justice procedure, the justice can refer it to a traditional magistrates' court.
- 3.9.9 The Parking Services Blue badge policy was reviewed in November 2020 with a new set of procedures which included an additional outcome of a simple Caution. This additional outcome is now included in the statistics.

Covid-19

- 3.9.10 The lockdown and restrictions as a result of the pandemic had a significant impact on the volume of Blue Badge referrals generated by the Council.
- 3.9.11 The table below provides a comparison of referrals received for a whole year with the pre COVID-19 affected year and the figure for the current year so far.

Table 1 – Blue Badge Referrals

	20/21	2020/21	21/ to date
Total	129	22	27

- 3.9.12 The table above shows that there is now a gradual increase in the number of new cases being referred, with more cases in 6 months than the whole of the previous year. Clearly though, the number of cases is still far below those of pre pandemic, when confiscation of badges and engagement with drivers was unrestricted.
- 3.9.13 As a result of the pandemic and the lockdown, 'Interviews under Caution' were only possible during short windows when the tier level allowed. Interviews have resumed since 12th April 2021.
- 3.9.14 As at 14 September 2021 there were 4 cases designated as "prosecution pending." This means that the cases have been fully investigated and are now with Legal Services for consideration of appropriate further action.

- 3.9.15 The table below provides a comparison of prosecutions and warning letters for the whole year with 2019/20 and 2020/21 and the year to date

Table 2 – Blue Badge Prosecutions and warning letters

	2019/20	2020/21	21/to date
prosecutions	46	57	6
warnings	30	30	7
Cautions			2
Total	76	87	15

- 3.9.16 The figures for 2020/21 are distorted in that they are the results of the backload of cases concluding from the previous year's referrals.

Blue Badge Fraud – Learning Disability Setting

- 3.9.17 The Greenwich Fraud Team completed an investigation and issued their report to Internal Audit on the 18/8/2021. In this case the driver had been using a Blue Badge issued by LB Islington and reported to have been stolen. In the subsequent appeal letter and Interview Under Caution the driver explained that he worked at a Learning Disabilities (LD) setting and had a service user in the car. The driver had mistakenly taken the wrong Blue Badge from the home. GFT confirmed that the service user had a valid Blue Badge that could have been used.
- 3.9.18 This case did raise audit concerns with regard to the controls in place at LD settings for the security, issue and usage of our service users' Blue Badges.
- 3.9.19 Internal Audit liaised with the Contract Compliance Team Leader, Adult Services, to contact the placement in question and establish their local procedures. It was confirmed that as a result of the incident the care provider at the unit had reviewed their processes. The Blue Badges were now secured in a lockable tin, recorded on the care plan and a handover procedure has been introduced to ensure the correct badge is issued and evidence accountability.
- 3.9.20 Internal Audit issued the Blue Badge guidance to the Compliance Team to be shared with this and other Learning Disability providers. The good practice discussed during this case will also be rolled out to all providers at the LD providers forum.

Direct Payments Investigation

- 3.9.21 Two direct payment have been referred to Internal Audit for advice and investigation.
- 3.9.22 In the first case, our Direct Payment contractor referred a change of bank account details request from a care provider. There were two issues arising, the new bank account was with an online finance platform not a bank and a search on Companies House identified that the named company was to be dissolved and the new bank account was in the name of a new company. For direct payments the service user engages the personal carer and as such we needed the agreement of the family to process the payment to the new business account. Given the overlap with care management and the priority to continue care for a complex case, Internal Audit liaised with the Head of Learning Disabilities to expedite affirmation from the family and resolve the issues from the Direct Payment contractor.

- 3.9.23 The second case was referred by the Greenwich Fraud Team in response to an allegation received regarding direct payments for personal care. Internal Audit reviewed the case on CareFirst and identified that the service agreement was still active, a weekly cost of £159 was being paid to the Direct Payment Contractor. Notation held on CareFirst showed that the service user had asked for the direct payment to be stopped in June 2021. An email from the Direct Payment Contractor dated 10 September showed that there was a balance of £7,752.16 on the account and that no timesheets had been received since July 2020. This case identifies two areas of concern; there was no apparent alert from the Direct Payment Contractor to care management that timesheets had not been received and therefore care had probably ceased and secondly that a service had been ended but because this had not been authorised, payments were still being made and the balance not clawed back. This case has been referred to the Group Manager of the service to process the outstanding authorisation and then review how this client was possibly overlooked. Issues raised in this investigation will be added to the planned audit of Direct Payments - Prepaid Cards in quarter four.

Miscellaneous Cases

- 3.9.24 There have been 10 cases of suspected Council Tax fraud received in the six-month period, and 10 of suspected subletting or vacating addresses. Six have resulted in referrals to Housing Associations. Two Council Tax cases resulted in overpayments of CTRS being recorded with a value of over £6,200 to the Authority.
- 3.9.25 A total of 24 cases were referred on to the DWP during the course of the year so far relating mainly to Benefit cases where allegations of undisclosed income and living together were made. In most cases of this type the DWP benefit needs a decision before any Council Tax Reduction Scheme (CTRS) decision can be made.

New Fraud types

- 3.9.26 A significant area of new work is suspected fraud associated with the COVID-19 small business grants. Eight new cases were raised in the period with one carried forward. Seven remain under investigation.
- 3.9.27 Last year £30,000 was recovered from three businesses investigated.
- 3.9.28 So far this year £20,000 has been recovered where a company operating at two premises within the Borough had claimed a grant that they were not entitled to and thus two £10,000 payments have been recovered.

National Fraud Initiative (NFI)

- 3.9.29 Checking of data matches is an ongoing feature of the current workload. A list of around 60 cases is being prepared that will require the Exchequer Services Contractor adjudication work to establish overpayments. The statistics from this will be available later in the year.

Housekeeping

- 3.9.30 Following the Pandemic, in an effort to maintain an efficient investigation service and react quickly to any incoming investigations, cases are assessed regularly for progress. There were 129 cases active at the start of April 2021 or opened within the current year of which 47 are still open. At the start of the previous year there were 113 open investigations.

Business Support Grants investigations arising from NFI matches

- 3.9.31 The matches in relation to the business grants were released on 23rd April 2021. The matches relate solely to the business support grant schemes that were introduced by the government at the beginning of the pandemic in March 2020.
- 3.9.32 The three schemes were the Small Business Grant Fund (SBGF) and the Retail Hospitality Leisure Grant Fund (RHLF) and the Discretionary Grant Fund. It is not known whether a similar data matching exercise will be undertaken in respect of the subsequent grant schemes introduced by the government since November 2020.
- 3.9.33 There were potentially 9 separate NFI reports that could have been received. LBB received a total of 44 separate matches over four reports which highlighted potential issues with duplicate grants being awarded to business.
- 3.9.34 After the initial review and examination of the business rates system and the associated application and supporting information located on the business rates database, a number of cases were closed with no further action necessary as there was a clear explanation behind why the grants would appear as potential matches.
- 3.9.35 In the remaining cases, there were queries raised as to how the highlighted businesses qualified for the grant scheme. This was predominantly where the SBGF grant was awarded but the business did not appear to be in receipt of the Small Business Rate Relief.
- 3.9.36 Across the four NFI reports received there were 22 matches identified where it was subsequently agreed with the Exchequer Services Contractor that the grant was awarded erroneously under the SBGF scheme.
- 3.9.37 In most cases the individual / business would have qualified for the same amount of grant via the RHLG scheme and would appear to have been an administrative error. There was no financial loss to the public purse or no financial gain by the individual / business.
- 3.9.38 As part of the business grant process in relation to the SBGF scheme, it is fair to say from dialogue with other peers responsible for administering and investigating the grants awarded under the scheme that due to the nature of the SBRR scheme (i.e. 100% rate relief in most cases) there is a tendency towards businesses choosing not to notify the local authority that a business has “changed hands”.
- 3.9.39 As a result, local authorities will have invited businesses to apply who would not qualify for the grant as they were not open / trading on the key qualification date of 11th March 2020.
- 3.9.40 Many of these will have been identified as part of the grant administration process at the time of application and award. Nevertheless, there are still some cases identified as part of the NFI exercise where the SBRR in place in respect of the business has been called into question.

Current status of investigations

- 3.9.41 The final results of the exercise are still to be confirmed as there are three matches where interviews under caution have yet to take place. It will also be necessary to revisit the business rate accounts where the Exchequer contractor have indicated that it may need to review SBRR entitlement to establish the amounts involved.
- 3.9.42 In some instances, there are concerns that the SBRR may have been in place erroneously for a number of years. At present there is a total of £70,000 that has been paid in SBGF grants where it seems the individual / business was not eligible for the payment relief. (Relates to 6 matches – 2 of which need to be finalised).

- 3.9.43 There are 7 matches where there is an expectation that the SBRR in place may potentially be withdrawn. Current calculations from the Exchequer contractor in respect of 5 of these matches show a total of £95,275.30 in SBRR that was in place erroneously. Further calculations are awaited in respect of the other 2 matches.

Potential for further matches

- 3.9.44 In addition to the potential for further matching exercises with the subsequent business support grants the NFI have released 6 further business grant matches on 30/09/2021 in respect of the SBGF, RHLF and Discretionary Grant schemes. The outcome of their review will be reported at the next committee meeting.

Further fraud related information is recorded in Part 2 of this report.

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 Adult and Children's Services

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

Non-Applicable Sections:	Policy
Background Documents: (Access via Contact Officer)	None

Priority 1 list - October 2021

Appendix A

Report Number/Date	Title	Opinion	No. of Priority Ones	Details of original Recommendation	Responsible Officer	Lead Officer	Comments
CORP/01/2020 Finalised 30th September 2021	Review of Information Governance and GDPR	Limited	1	Part II Report	Director of Corporate Services	Head of Information Management	October 2021 See Part II Report
CORP/01/2021 Finalised 28th September 2021	Review of Freedom of Information and Subject Access Requests	Limited	1	All correspondence with requestors should be retained centrally, to ensure that it is available irrespective of staff changes.	Director of Corporate Services	Head of Information Management	October 2021 See Progress Report
CEX/03/2018/AU Finalised 29th May 2020	Review of Controls to Mitigate the Risk of ICT System Failures	Limited	1	Management should ensure that :- -The replacement of the electrical mains and generator control is completed by the TFM contractor as soon as possible - A review of the process to escalate outstanding job requests to Amey in a timely and formal manner is undertaken -The roles and responsibilities with regard to the electrical supply on the Civic Centre site and the need to mitigate the risk of system failure and loss of data is clarified.	Director of Corporate Services	Head of Information System Services Senior Property Manager	July 2020 See Part II Report November 2020 See Part II Report March and June 2021 See Part II Report October 2021 See Progress Report

The following P1 recommendations have been implemented :

Review of Highways Maintenance - 2 recommendations now redundant -see Progress Report

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Risk Assessment Guidance

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

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

Risk Impact Key					
Risk Impact	Score - 1 Insignificant	Score - 2 Minor	Score - 3 Moderate	Score - 4 Major	Score - 5 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:		28/09/2021	
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>Cause(s):</p> <p>1. The 2021/22 Draft Budget report to Executive identified the need to reduce the Council's 'budget gap' of £14.1m per annum by 2024/25. The Council received a one-year financial settlement for 2021/22, which creates uncertainty on funding levels for future years.</p> <p>2. The fundamental review of local government funding through the Fair Funding Review and Business Rate review has been delayed until at least 2022/23 which adds to financial uncertainty in considering the impact on the financial forecast for 2022/23 to 2024/25. A significant challenge to the future year's financial position relates to the ongoing impact of the Covid 19 situation and the uncertainty relating to the cost implications of the 'new normal'. Further details are included in the Draft 2021/22 Budget and Update on the Council's Financial Strategy 2021/22 to 2024/25 report to Executive on 13th January 2021. It is not clear whether local authorities will be fully compensated for the Covid 19 impact from Government.</p> <p>3. Failure to meet departmental budgets due to increased demand on key services resulting in overspends: Housing (homelessness and cost of bed and breakfast); Adult Social Care (welfare reform and ageing population); Children's Social Care, Education (central costs), Waste (growing number of households) and limited delivery of planned mitigation savings.</p> <p>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 pressures not being met.</p> <p>5. Dependency on external grants to fund services (schools and housing benefits are ring-fenced) - effect if grant reduces (Public Health services) or ceases.</p> <p>6. The new national living wage will have cost implications to the Council over the next few years (e.g. care providers and carers).</p> <p>7. Local government may be required to take on new funding responsibilities in the future without adequate funding.</p> <p>8. Impact of welfare reforms and the phased roll out of Universal Credit.</p> <p>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).</p> <p>Effect(s):</p> <ul style="list-style-type: none">- Increased overspends in particular services- Council unable to carry out its statutory duties due to services cuts- Reputational damage	Finance Financial	5	5	25	<ul style="list-style-type: none">- Regular update to forward forecast- Ongoing monitoring of impact of COVID situation and trends re 'new normal'- Regular analysis of funding changes and new burdens particularly on Covid situation and full year impact- Early identification of future savings required- Transformation options considered early in the four year forward planning period- Budget monitoring to include action from relevant Director to address overspends including action to address any full year additional cost- Mitigation of future cost pressures including demographic changes- Quarterly review of growth pressures and mitigation- Continue to progress with opportunities for the Transformation Reviews towards meeting future years' budget gap.	4	5	20	The Council continues to explore 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	<p>Cause(s):</p> <p>1. Difficulty in achieving rapid change in a system as complex as health and social care.</p> <p>2. Rising social care costs due to ageing population and people living longer with increasing complex needs.</p> <p>3. Difficulties with agreeing budgets (given likely funding reductions going forward), complex governance arrangements and workforce planning.</p> <p>4. Need to focus on collaborative working (cultural differences).</p> <p>5. 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.</p> <p>6. LBB will need to contribute to a whole system review (led by the Bromley Clinical Commissioning Group) to ensure that funding follows the patient.</p> <p>Effect(s):</p> <ul style="list-style-type: none">- Failure to deliver statutory duties- Failure to achieve our Building a Better Bromley priorities.	Financial Compliance/ Regulation	2	3	6	<ul style="list-style-type: none">- Continued work with health partners to deliver the main transformation programmes eg Bromley Well and the transformation of prevention- 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, Discharge to Assess. Single Point of Access for hospital discharge implemented in April 2020- New governance structure between LBB and BCCG with links to emerging SEL ICS governance- Joint Assistant Director of Integrated Commissioning in post April 2020; Integrated Placements, Brokerage and Direct Payments agreed for implementation in 2021/22; senior commissioner Integrated Children and Young People Commissioning appointed- Health and care whole systems response to the COVID-19 pandemic	2	2	4	Ongoing discussions around the developing Integrated Care System with Bromley CCG; taking learning from the joint health and care response to the COVID-19 pandemic	Director of Adult Services
4	Corporate Risk	Failure to manage change and maintain an efficient workforce to ensure that BBB priorities are met	<p>Cause(s):</p> <p>1. The on-going need to reduce the size and change the shape of the organisation to secure priority outcomes within the resources available.</p> <p>2. Having the right people in place by implementing effective recruitment and retention strategies.</p> <p>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).</p> <p>4. Disruption while services realigned and staff appointed to new structure.</p> <p>5. Increasing demands and pressures on remaining staff given increased customer expectation levels, could lead to morale issues.</p> <p>6. Increased potential for internal controls to be bypassed due to flatter reporting structure.</p> <p>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.</p> <p>8. Potential future shortage of professionally qualified practitioners in key areas, particularly around the Safeguarding agenda.</p> <p>9. 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.</p> <p>10. Adverse industrial relations climate with individual and collective grievances including trade disputes with the unions, causing some disruptions to vital Council services.</p> <p>11. Increasing number of employment tribunal cases causing financial and administrative inconveniences.</p> <p>12. Having the right buildings and facilities to support fewer, more professional, differently organised staff.</p> <p>13. 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).</p> <p>14. Adequacy of consultation on issues that affect residents across the borough i.e. re-organisation of libraries, Biggin Hill expansion.</p> <p>15. Adverse external audit comment and resulting ratings in relation to 'excellent in the eyes of local people'.</p> <p>Effect(s):</p> <ul style="list-style-type: none">- Skill gaps- Deterioration of service quality through loss of experienced staff- Disruption while services are realigned- Weaker internal controls	Organisational Change Personnel	4	2	8	<ul style="list-style-type: none">- Continuously address the recruitment and retention of key individuals in critical posts.- Effective succession planning and grow your own initiatives, and using the Apprenticeship Levy to address recruitment challenges in the medium-long term- Ensure the organisation has the HR capacity and employment law expertise to manage change.- Address the transformational and transitional capabilities (including leadership) required for a successful commissioning journey/process.- Provide adequate resources to support and improve staff engagement and communications.	4	2	8		Director of Human Resources and Customer Services
5	Corporate Risk	Ineffective governance and management of contracts	<p>Cause(s):</p> <p>1. Ensuring client side staff have the necessary training and skills to manage and monitor contracts.</p> <p>2. Ensuring effective communication channels between client and provider to ensure contract compliance.</p> <p>3. Need for monitoring officers to check quality of outsourced services and customer satisfaction levels.</p> <p>4. Lack of understanding of the contract deliverables.</p> <p>6. Short cuts in procurement processes e.g. extending contracts rather than retendering.</p> <p>7. Compatibility of different systems and availability of IT support.</p> <p>8. Failure of a contractor / partner / provider to maintain agreed service levels resulting in an interruption to or deterioration of service delivery.</p> <p>9. Potential for operational errors / omissions by contractors (responsibility remains with LBB).</p> <p>10. Managing customer expectations and dealing with complaints where there are failures.</p> <p>Effect(s):</p> <ul style="list-style-type: none">- Financial losses- Service disruptions- Provider fails to maintain agreed service levels routinely- Increased resource to handle and manage complaints / customer expectations- Failure to achieve our Building a Better Bromley priorities.	Contract Management Contractual and Partnership	3	4	12	<ul style="list-style-type: none">- Contract Procedure Rules and regular Practice / Guidance notes to all Contract Owners- Review of contract management and contract monitoring controls including any issues identified by internal audit- Contracts Database and Quarterly Contracts Database Report to all relevant Committees- Procurement Board oversight- Member scrutiny including regular Contract Monitoring Reports for £500k+ contracts- Regular programme of training delivery to staff- Quarterly Contract Owners meetings- Recent Audit (Substantial Assurance) demonstrates current effectiveness	2	4	8	<ul style="list-style-type: none">- Contract Management guidance on toolkit to be reviewed- Ongoing training delivery- Improve compliance with annual Contract Monitoring Requirement- Sample check of Contracts Database and supporting documentation to assess compliance	Service Directors supported by Assistant Director, Governance and Contracts
6	Corporate Risk	Failure to maintain and develop ICT information systems to reliably support departmental service delivery	<p>Cause(s):</p> <p>1. Need to ensure that Information systems are fit for future business purpose.</p> <p>2. Capacity and skill within Corporate ICT to maintain and support systems during a period of significant change and in the future.</p> <p>3. Increasing reliance on stability of ICT infrastructure in all areas of the Council (Lync telephony service).</p> <p>4. Council website now a major channel for the delivery of services (Pay for it, Apply for it, Report it).</p> <p>5. Adequacy of information governance data protection rules to ensure the confidentiality, integrity and availability of information assets.</p> <p>6. IT failure impacting on critical operational systems.</p> <p>7. 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.</p> <p>8. Transfer of IT contract to new ICT 3rd party supplier.</p> <p>Effect(s):</p> <ul style="list-style-type: none">- Service disruptions- Inability to access key systems- Reputation damage- Inability to support organisation change and savings targets- Failure to achieve our Building a Better Bromley priorities.	ICT Data and Information Technological	3	2	6	<ul style="list-style-type: none">- Transfer of IT contract to new BT in 2016 to give greater resilience. Robust backup arrangementsEnhanced antivirus/cyber security. tested system restoration arrangements.	3	2	6	<p>Review data storage /hosting arrangements. Carry out at least 4 gateway reviews for major systems.</p> <p>Increase stability of ICT infrastructure including Lync.</p>	Director of Corporate Services

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7	Corporate Risk	Failure to maintain robust Business Continuity and Emergency Planning arrangements	Cause(s): 1. Unavailability of Council offices / depots due to explosion, fire flood or police cordons around Council buildings 2. Operational emergencies due to severe weather conditions, fire, or major incident. 3. 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). 4. Loss of key business systems due to power problems or system failure. 5. Inadequate IT disaster recovery arrangements leading to dislocation of Council services. 6. Sustained industrial action affecting key services. 7. Lack of Business Continuity Plan testing. 8. Adequacy of contractor's business continuity plans. 9. Shortage of staff to deliver key services in the event of a flu pandemic or similar Effect(s): - Significantly prolonged service disruptions - Normal service takes longer to resume - Reputational damage / loss of credibility - Increased costs to rectify disruptions - Injury / harm - Loss of access to key systems - Failure to achieve our Building a Better Bromley priorities.	Business Continuity Physical Reputational	4	3	12	- Business Continuity Plans - Emergency Planning procedures - Lessons learnt from Covid, majority of staff currently working flexibly	4	3	12	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. All Business Continuity Plans to be reviewed and updated. To include 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). 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. To continue to provide a resilient out of hours service to Emergency Planning by having Trained contactable volunteers.	Director of Environment and Public Protection
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	Cause(s): - Local authority response to Bromley Safeguarding Children's Partnership following Wood Review. Effect(s): - Impact on life chances and outcomes for children	Children's Social Care Legal, Reputational	3	5	15	- Multi Agency Bromley Children's Safeguarding Partnership (BCSP) Training programme 2019 set. - Dedicated HR programme of support in place to recruit social workers to front line posts - Scrutiny of Performance Management Framework and Indicators - Effective procurement framework and contract monitoring arrangements to ensure acceptable quality of service provision and value for money - under review - Quality Assurance Audit Programme Phase 3 - Children's Service Practice Improvement Board commenced April 2019 to deliver Ofsted and local authority recommendations. - Continued reduction of caseloads & within Caseload Promise on average - Identified training plan for qualified social workers and other professionals reviewed and updated quarterly	3	4	12	- Phase 3 'to excellence' plan continues with Performance Improvement Board (PIB) sessions continuing to be held quarterly. - Practice review cycle has continued as has Practice Assurance Stocktakes (PAS) despite COVID-19 - Due to Covid-19, progression of some elements of this work have been delayed.	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	Cause(s): 1. Changes in government funding 2. Rising numbers of placements (approx. 20 per month). Effect(s): - 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	Housing Social	5	4	20	- Focus on preventing homelessness and diversion to alternative housing options through:- - Landlord and Tenancy advice, support and sustainment - Assistance, (including financial aid) to access the private rented sector - Access to employment and training - Debt, money, budgeting and welfare benefits advice, including assistance to resolve rent and mortgage arrears - Sanctuary scheme for the protection of victims of domestic violence - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Implementation of the More Homes Bromley initiative to ensure the supply reduces the reliance on nightly paid accommodation - Implementing the Homelessness Strategy - setting up the multi agency Homelessness forum and taking forward the priorities of the strategy - New incentive campaign for private sector landlords embedded and benefits being realised	4	4	16	- Approval to progress housing development schemes and reopening of the HRA. First 3 schemes now in development phases with options appraisals in place for further sites. - Transformation Board action plan in place for next 3-4 years to increase available housing supply with an overall initial target of 1000 additional affordable homes. - Continue to develop partnership working with private sector landlords to assist households to remain in private sector accommodation. - Work innovatively with a range of providers to increase access to a supply of affordable accommodation. - Continue to focus on early intervention and prevention of homelessness assessing trends in approaches to tackle main causes of homelessness. - Beehive acquisition schemes has secured 90 new units of accommodation with Executive approval to enter into an acquisition programme with Orchard and Shipman for c250 homes.	Director of Housing, Planning and Regeneration
11	Corporate Risk	Failure to deliver the Transforming Bromley Programme	Cause(s): 1. Failure to identify and put forward sufficient transformation proposals to deliver the quantum of savings required by 2022/23 2. Failure to deliver appropriate mitigation of existing projected growth pressures within the financial forecast 3. Failure to appropriately resource each Transforming Bromley workstream with sufficient project support and subject matter expertise to enable the identification of proposals 4. 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 5. Insufficient consultation and engagement with relevant stakeholders to ensure the successful delivery of proposals. Effect(s) - Inability to address the Council's budget gap of £14.1m per annum by 2024/25 - Unable to meet key commitments of the Medium Term Financial Strategy	Finance Financial	4	5	20	1. Robust governance process: fortnightly meetings of the Transformation Board, chaired by the Chief Executive and attended by Chief Officers 2. Each Transformation Board workstream attends the Transformation Board twice before proposals are reviewed by Cabinet/Directors, Group, PDS Committees and the Executive. 3. Each Transformation Programme Board has its own Project Manager and additional Transformation Leads are brought in to support the successful delivery of proposals 4. Communications Plan is in place to enable the successful engagement with Members, staff and partners as needed 5. Where transformation proposals have public law implications, an appropriate assessment will be carried out and stakeholders will be engaged. 6. Each Chief Officer gives a standing item update at their respective PDS Committee(s) on the Transforming Bromley Programme 7. Transformation Fund supports the successful delivery of transformation proposals subject to a suitable business case being provided 8. A review of core statutory minimum service requirements took place to 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 9. All proposals will be submitted to the Executive to inform budget setting for 2022/23.	3	5	15	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 2024/25, the Council will still be legally required to deliver a balanced budget as set out in the Local Government Finance Act 1988. 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	Chief Executive

Corporate Risk Register - Appendix B2

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12	Corporate Risk	Impact of COVID-19 pandemic on service delivery	<p>Cause(s)</p> <p>1. Increased workloads in key defined critical services due to increased demands</p> <p>2. Reduction in Council funds through reduced income, higher expenditure or longer term Government fiscal policy</p> <p>3. Challenging staff/trade union relationships re. supporting staff to deal with increased service demand</p> <p>Effect(s)</p> <p>- Impact upon delivering statutory responsibilities</p> <p>- Impact on the delivery of the Transformation Programme</p> <p>- Unable to address the Council's budget gap of £14.1m per annum by 2024/25</p>	Corporate	4	4	16	<p>COVID-19 COE meeting of COE Directors and BAU leads meeting fortnightly</p> <p>- Effective partnership working to collectively mitigate risks</p> <p>- Effective ongoing communication strategy and delivery in place</p> <p>- Phased return to workplace - 25% occupancy rate and will increase in line with public health infection control advice</p> <p>- Regular dialogue and communications with staff and their representatives re. ongoing return to work and ensuring relevant staff are in the office where this is a business-critical requirement</p> <p>- Continued lobbying of Government in relation to local financial impact and managing demand</p> <p>- HR processes refined and in place to support staff</p> <p>- Maintaining Outbreak Control plan for the borough to reduce impact</p>	3	4	12	<p>- Business-as-usual management of COVID-19 response</p> <p>- Implementation and monitoring of recovery plans</p>	Chief Officers' Executive
13	Corporate Risk	<p>Climate Change</p> <p>Failure to adequately adapt to the impacts of Climate Change</p>	<p>Cause(s)</p> <p>1. Lack of preparation for the severe weather events caused by climate change, including extreme heat, storms and floods.</p> <p>2. Insufficient staffing capacity to implement required climate adaptation and mitigation activities.</p> <p>3. Lack of support for council actions required to tackle climate change.</p> <p>4. Lack of funding to invest in climate change adaptation and mitigation measures.</p> <p>Effect(s)</p> <p>- Service provision is disrupted by extreme weather events.</p> <p>- Damage to infrastructure and local businesses.</p> <p>- Reduction in environmental quality.</p> <p>- Poorer health of residents attributed to extreme heating and cooling.</p> <p>- In the short term, there may be reputational damage caused to the Council from perceived lack of action to tackle climate change.</p>	Corporate Health Environmental Reputational	3	4	12	<p>- Adoption of adaptation best practice as identified through London Climate Change Partnership, UK Climate Impacts Programme, and the Local Adaptation Advisory Panel.</p> <p>- Established Carbon Management Team with 3 x FTE as at September 2021.</p> <p>- Established Carbon Fund, Carbon Offsetting Fund and S106 procedures in place to ensure funding availability, in addition to sourcing grant funding for Carbon initiatives in the borough.</p> <p>- Implementation of LBB's Carbon Management Programme.</p> <p>- Implementation of LBB's Surface Water Management Plan and Local Flood Risk Strategy.</p> <p>- Establishment of Net Zero (direct) carbon emissions target for 2029 as part of a 10 year climate plan.</p> <p>- Council-wide Green Recovery Working Group established to build back greener, following the COVID-19 pandemic.</p>	2	4	8	<p>1. Emergency Planning to liaise with Public Health on cross-cutting issues e.g. excess summer deaths and vector-borne diseases (which are impacted upon by extreme weather variations).</p> <p>2. Detailed climate action plan reviewed annually as part of the Council's ongoing Carbon Management Programme, in order to achieve net zero organisational carbon emissions by 2029.</p> <p>3. Roll out of Carbon Literacy Training to all staff to assist in the identification of climate change risks and opportunities at an individual, team and service level.</p>	Chief Officers' Executive

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Adult Care and Health Risk Register - Appendix B3

Q1 2021/22

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1	All	Failure to deliver Financial Strategy	Cause(s): <ul style="list-style-type: none"> - Continual reduction in Central Government funding - Demographic changes - Increased demand for services - Demand led statutory services (c. 80% of operations) which can be difficult to predict - Increasing cost volatility due to rise of complex, high cost families or placements requiring services. - Potential employer liability issues for direct payment users - Impact of COVID-19 pandemic Effect(s): <ul style="list-style-type: none"> - Lower than anticipated levels of financial resource - Failure to achieve a balanced budget - Failure to secure economy, efficiency, and effectiveness of use of resources leading to a Qualified Independent Auditors' Report - Objectives of the service not met - Reputation is impacted - Wider goals of the Council are not achieved 	Financial	5	5			25	<ul style="list-style-type: none"> - Budget monitoring and forecasting - Regular review of medium term strategy - Regular reporting to CLT and Members via the Committee reporting process - 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 - Match financial planning to Council priorities - Internal audit framework - Early intervention with service users - Constantly reviewing service operations for potential efficiencies - 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 - Growth and mitigation discussions - Service strategies in place to mitigate growth 	5	5			25	<ul style="list-style-type: none"> - Delivering commissioning actions in ASC Transformation Board programme. - Process to ensure employer liability insurance is held by direct payment users when appropriate 	Director, Adult Services Kim Carey Director, Public Health (Nada Lemic)
2	Adult Social Care	Failure to deliver effective Adult Social Care services The Council is unable to deliver an effective adult social care service to fulfil its statutory obligations including the safeguarding of Adults	Cause(s): <ul style="list-style-type: none"> - Increasing demand - Above compounded by associated longer waiting lists leading to deteriorating condition and ultimately increased service user/ carer costs - Failure to deliver effective safeguarding arrangements - Failure to comply with statutory requirements including the Care Act - Potential instability in social care workforce - Impact of COVID-19 pandemic Effect(s): <ul style="list-style-type: none"> - Impact on life chances and outcomes for service users - Failure to keep vulnerable adults safe from harm or abuse 	Legal	4	4			16	Care Act - Redesigned processes, including amending forms, and operational procedures in place and Care Act compliance training Improved Better Care Fund - Programme overseen by the Joint Assistant Director of Commissioning and the CCG Safeguarding - 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 Recruitment - Dedicated HR programme of support in place to recruit social workers to front line posts Performance Monitoring Framework - Review of Performance Management Indicators Procurement and Contract Monitoring - Effective procurement framework and contract monitoring arrangements to ensure acceptable quality of service provision and value for money Re-structure of assessment and care management service. Consultation for a new structure in the service which aims to improve outcomes for Bromley residents by creating a more effective social care pathway. Phase 2 of this re-structure will seek to further enhance services by developing OT, reablement and Carelink services	3	4			12	- Actions as part of LBB's Adult Social Care Transformation Plan	Director, Adult Services (Kim Carey)
3	Learning Disability Service	Failure to deliver effective Learning Disability services Failure to assess service users, establish eligibility criteria and carry out the review process.	Cause(s): <ul style="list-style-type: none"> - Failure to identify and meet service users' needs - Provision of service to ineligible clients - Provision of service prior to/without appropriate authorisation - Failure to manage the transition process of service users from Children's Services to Adult Services leading to increased risk of Judicial Review - Potential instability in social care workforce Effect(s): <ul style="list-style-type: none"> - Costs associated with Legal process - Ongoing care package costs as a result of Legal process outcome - Placement predictions leading to financial pressures (cross refer Budget risk) 	Legal	4	4			16	<ul style="list-style-type: none"> - Close monitoring of placements and eligibility criteria - Budget monitoring and forecasting - Regular review of medium term strategy - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Hold provider to account for poor performance - Monitor demographics, economic indicators and develop insight into future demand - Learning Disability Strategy agreed 	3	4			12	<ul style="list-style-type: none"> - Learning Disability Strategy Action Plan in development - Actions as part of LBB's Adult Social Care Transformation Plan 	Director, Adult Services (Kim Carey)

Adult Care and Health Risk Register - Appendix B3

Q1 2021/22

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					LIKE	LIHO	OD	IMPA		CT	RISK	LIKE	LIHO		
4	Adult Social Care	Deprivation of Liberty Failure to prevent unlawful deprivation of liberty	Cause(s): - Risk increased due to change in legislation introducing the Liberty Protection Safeguards (LPS) increasing scope. - Any claim by service user with a community package of care if DoL not in place - Any claim by service user relating to a gap in DoLS authorisation/period of unauthorised deprivation Effect(s): - 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) - Failure to comply with Mental Capacity (Amendment) Act 2019 when implemented if adequate preparations are not in place.	Legal	4	4	16	- Core administrative function maintained and all received referrals are assessed for DoLS - All available posts of Best Interest Assessors (4 FTE) have been filled - Framework in place to deliver the functions of the Best Interest Assessor and the 'Section 12' doctors through the use of independent providers - Weekly performance data produced on expired DoLS and followed up to ensure no gap in DoLS cover for known service users. - Scoping of potential deprivation of liberty cases in the community completed on CareFirst and cases prioritised accordingly. Monthly data to be produced by Performance Team and added to Management Digest. Organisational wide planning and scoping to identify the cases and minimise legal risks before the actual date the amended legislation will come into force. - On-going work with health commissioners, hospitals and care homes in planning for the implementation of the new legislation of Liberty Protection Safeguards - Joint working with Children's Services on data and impact of DoLS and LPS on the 16 - 17 year olds - First draft of LPS impact assessment and costing has been completed - Implementation of government guidance on remote assessments during COVID-19 pandemic	2	2	4	- ASLT to be kept up to date with development in LPS implementation. - LPS Local Impact Assessment to be updated as more information is available	Director, Adult Services (Kim Carey)		
5	Adult Social Care	Recruitment and Retention - ASC Failure to recruit and retain key skilled staff with suitable experience/qualifications	Cause(s): - 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 Effect(s): - 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 - Senior management team in place with 76% permanent staff - Wake up to Care programme to recruit, support the training and oversee the development of care workers in Bromley including LBB staff.	1	3	3		Director, Adult Services (Kim Carey) Director, Human Resources (Charles Obazuaye)		
6	Education Adult Social Care	Transport - Children and Adults 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	Cause(s): - Fluctuating demand year on year - Rising numbers of children meeting criteria for transport provision and associated increase in costs - Impact of COVID-19 on the stability of the provider market Effect(s): - Disruption to education - Impact on life chances and outcomes for children and young people - Impact on outcomes for vulnerable adults	Legal Financial	4	3	12	- 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 - Framework contracts to multiple providers via call-off contracts and mini-tender agreements began in September 2020 - Provider support available, but not the amount that some providers have requested, which may impact on post pandemic relations	4	3	12	- Review of policy	Director, Education (Jared Nehra) Director, Adult Services (Kim Carey)		
7	Strategy, Performance and Corporate Transformation	Social Care Information System (SCIS) Failure to procure and implement new system	Cause(s): - 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 Effect(s): - Failure to safeguard vulnerable children and adults - Failure to manage children and adult records effectively - Failure to meet government and CQC expectations	Financial Legal Data	4	5	20	- A multi-disciplinary Programme Board in place providing governance - Multi-disciplinary 'SCIS' team appointed and contracts secured. - Award of contract for the new IT system agreed in May 2020. - SCIS team influencing Transformation work streams to maximise digitalisation opportunities.	2	2	4	- Implementation phase development ongoing - reflective of Covid-19 impact - Go live on schedule for April 2022	Assistant Director, Strategy, Performance and Corporate Transformation (Naheed Chaudhry)		

Adult Care and Health Risk Register - Appendix B3

Q1 2021/22

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 RATING	LIKE LIHO		OD	IMPA CT	RISK RATING				
8	Public Health	Inability to deliver an effective Public Health service The Council is unable to deliver an effective Public Health service to fulfil its statutory obligations	Cause(s): - Reduced budget which has led to funding cuts, reduced service and redundancies. Withdrawal of non-statutory services. - Potential fluctuating medicines market - Localised COVID-19 outbreaks - Lack of capacity for contract tracing Effect(s): - 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 - Existing COVID-19 assistance processes to be utilised if new outbreaks occur - Outbreak Control Plan published which provides framework for prevention and management of local outbreaks - Frameworks in place for response to COVID-19 outbreaks in specific settings and with vulnerable groups - Communication and engagement plans in place for potential COVID-19 outbreaks - Local Contact Test and Trace programme established	3		4	12	- Plans for further integration of some functions and services with CCG	Director, Public Health (Nada Lemic)		
9	Adult Social Care Public Health Strategy, Performance & Corporate Transformation	Business Interruption / Emergency Planning Failure to provide Council services or statutory requirements of mass illness/fatalities scenario following a business interruption or emergency planning event	Cause(s): - Business Interruption could be caused by Loss of Facility (fire, flood etc.), Staff (illness, strike) or IT (cyber attack). - 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) Effect(s): - Business interruption - failure to deliver services, loss of customer / resident satisfaction. - Emergency planning - failure to deliver statutory duties.	Personnel	2		5	10	Business Interruption - Civil protection and emergency planning policies in place at corporate level overseen by the Corporate Risk Management Group - Business Continuity Plans in place at service level. Reviewed and updated. - Contracts contain business continuity provision - 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 Emergency Planning - Robust plans in place, including Outbreak Plan, Flu Plan and Pandemic Flu Plan - Alert system via the South East London Health Protection Unit (SEL HPU) - Annual Flu vaccination programme in place - Introduction of Humanitarian and Lead Officer (HALO) role	1		4	4	- Business Continuity Plans reviewed annually.	Director, Adult Services (Kim Carey) Director Public Health (Nada Lemic) Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry)		
10	Strategy, Performance and Corporate Transformation	Data Collections Failure to undertake statutory statistical data collections; including key housing and adults' social care information, thereby adversely affecting government grant allocations and performance assessments	Cause(s): - Business Interruption Effect(s): - Failure to commission effectively - Adverse impact on the timing and quality of decision making	Data and Information	3		3	9	- Schedule of statutory returns has been incorporated into the Performance and Information 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	1		3	3		Assistant Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry)		

Adult Care and Health Risk Register - Appendix B3

Q1 2021/22

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	LIKE	LIHO	OD	IMPA			CT
11	Adult Services	Failure to deliver partial implementation of Health & Social Care Integration	<p>Cause(s):</p> <ul style="list-style-type: none">- Difficulty in achieving rapid change in a system as complex as health and social care- Rising social care costs due to ageing population and people living longer with increasing complex needs- Difficulties with agreeing budgets (given likely funding reductions going forward), complex governance arrangements and workforce planning- Need to focus on collaborative working (cultural differences)- 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- LBB will need to contribute to a whole system review (led by BCCG) to ensure that funding follows the patient <p>Effect(s):</p> <ul style="list-style-type: none">- Failure to deliver statutory duties- Failure to achieve our Building a Better Bromley priorities	Financial Compliance /Regulation	2			3	6	<ul style="list-style-type: none">- Continued work with health partners to deliver the main transformation programmes eg Bromley Well and the transformation of prevention- 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, Discharge to Assess. Single Point of Access for hospital discharge implemented in April 2020- New governance structure between LBB and BCCG with links to emerging SEL ICS governance- Joint Assistant Director of Integrated Commissioning in post April 2020; Integrated Placements, Brokerage and Direct Payments agreed for implementation in 2021/22; senior commissioner Integrated Children and Young People Commissioning appointed- Health and care whole systems response to the COVID-19 pandemic	2			2		4	<ul style="list-style-type: none">- Ongoing discussions around the developing Integrated Care System with Bromley CCG; taking learning from the joint health and care response to the COVID-19 pandemic	Director, Adult Social Care (Kim Carey)

Children, Education and Families Risk Register - Appendix B4

Q2 2021/22

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 RATING	LIKE LIHO		OD	IMPA CT	RISK RATING				
1	Children's Services	Failure to deliver Children's Services Financial Strategy	Cause(s): - Continual reduction in Central Government funding - Demographic changes - Increased demand for services - Demand led statutory services (c. 80% of operations) which can be difficult to predict - Increasing cost volatility due to rise of complex, high cost families or placements requiring services. - Specific cost factors impacting transport services Effect(s): - Lower than anticipated levels of financial resource - Failure to achieve a balanced budget - Failure to secure economy, efficiency, and effectiveness of use of resources leading to a Qualified Independent Auditors' Report - Objectives of the service not met - Reputation is impacted - Wider goals of the Council are not achieved	Financial		5		5	25	- Budget monitoring and forecasting - Regular review of medium term strategy - Regular reporting to Members via the Committee reporting process - 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 - Match financial planning to Council priorities - Internal audit framework - Early intervention with service users - Constantly reviewing service operations for potential efficiencies - Developed a series of commissioning plans, with mitigating actions, for Children's Social Care and SEND including mitigating actions addressing financial pressures - Growth and mitigation discussions - Service strategies in place to mitigate growth		4		5	20	- Plans are in place in Children's Social Care for improving sufficiency whilst reducing identified areas of budget. - Transformation work being undertaken on High Needs spend on SEND	Director, Children's Services (Janet Bailey) Director, Education (Jared Nehra)
2	Children's Services	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	Cause(s): - Local authority response to Bromley Safeguarding Children's Partnership following Wood Review. Effect(s): - Impact on life chances and outcomes for children	Legal, Reputational		3		5	15	- Multi Agency Bromley Children's Safeguarding Partnership (BCSP) Training programme 2019 set. - Dedicated HR programme of support in place to recruit social workers to front line posts - Scrutiny of Performance Management Framework and Indicators - Effective procurement framework and contract monitoring arrangements to ensure acceptable quality of service provision and value for money - under review - Quality Assurance Audit Programme Phase 3 - Children's Service Practice Improvement Board commenced April 2019 to deliver Ofsted and local authority recommendations. - Continued reduction of caseloads & within Caseload Promise on average - Identified training plan for qualified social workers and other professionals reviewed and updated quarterly		3		4	12	- Phase 3 'to excellence' plan continues with Performance Improvement Board (PIB) sessions continuing to be held quarterly. - Practice review cycle has continued as has Practice Assurance Stocktakes (PAS) despite COVID-19 - Due to Covid-19, progression of some elements of this work have been delayed.	Director, Children's Services (Janet Bailey)
3	Children's Services	Recruitment and Retention Failure to recruit and retain key skilled staff with suitable experience/qualifications	Cause(s): - Failure to compete with other organisations to recruit the highest quality candidates to build an agile workforce - Small pool of experienced children's Social Workers Effect(s): - 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 children's services to fulfil statutory safeguarding obligations, impacting on life chances and outcomes	Personnel		5		4	20	- Dedicated HR role to support managers in recruiting social workers to front line posts - 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 - Launch of Social Work Academy in April 2019. - Bespoke training for first line managers on-going with cohort 2 - Training and quality assurance of practice		3		4	12	- April 2021 - workforce currently 84% permanent, despite challenges of Covid-19	Director, Children's Services (Janet Bailey) Director, Human Resources (Charles Obazuaye)
4	Children's Services	Business Interruption / Emergency Planning Failure to provide Council services or statutory requirements of mass illness/fatalities scenario following a business interruption or emergency planning event	Cause(s): - Business Interruption could be caused by Loss of Facility (fire, flood etc.), Staff (illness, strike) or IT (cyber attack). - 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) Effect(s): - Business interruption - failure to deliver services, loss of customer / resident satisfaction. - Emergency planning - failure to deliver statutory duties.	Personnel, Reputational		2		5	10	Business Interruption - Civil protection and emergency planning policies in place at corporate level overseen by the Corporate Risk Management Group - Business Continuity Plans in place at service level - Contracts contain business continuity provision - 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 Emergency Planning - Robust plans in place, including Outbreak Plan, Flu Plan and Pandemic Flu Plan - Alert system via the South East London Health Protection Unit (SEL HPU) - Annual Flu vaccination programme in place - Introduction of Humanitarian and Lead Officer (HALO) role		1		5	5	- Business Continuity Plans reviewed annually. BCP reviewed and activated in response to Covid 19	Director, Children's Services (Janet Bailey) Director, Education (Jared Nehra)
5	Education	School Place Planning Failure to meet the statutory requirement to ensure sufficient school places to meet the needs of the population in the area	Cause(s): - 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 Effect(s): - 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		4		3	12	- Continue to work with DfE on delivery of approved new secondary and special Free Schools at the earliest possible opening date	Director, Education (Jared Nehra)

Children, Education and Families Risk Register - Appendix B4

Q2 2021/22

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	RISK		LIKE	LIHO	OD	IMPA	RISK		
6	Children's Services	Not in Education, Employment or Training (NEET) 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	Cause(s): - Lack of control over Academies - Lack of suitable opportunities for young people locally Effect(s): - 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 and 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' - ETE Strategy for LCT and Care is in place with ETE panel and DWP/Bromley education business partnership, I aspire and social care working to identify new opportunities for young people at risk of NETE - I-aspire, a 4 year pilot programme, in partnership with Lewisham and Greenwich, providing support for care leavers most at risk of NEET is into year 3- all young people are offered 1:1 progression coaching and specialist ETE advice. -		3		2	6	- Work experience and apprenticeship programmes are delayed due to Covid 19 - Monitoring the length of time YP remain NEET to measure impact of Covid 19 and efficacy of NEET strategy within CLA and Leaving Care service	Director, Children's Services (Janet Bailey)
7	Education Adult Social Care Programmes	Transport - School and Adult Social Care 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	Cause(s): - 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 Effect(s): - 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 - Route review and rationalisation - Gateway review to improve efficiency - Interim arrangements for adult transport in place to cover period from September 2019 to August 2020 - Tender exercise completed and framework contract awarded		3		3	9	- Review of policy - consultation being undertaken - Travel training / personal transport budgets work to commence in September 2021	Director, Education (Jared Nehra) Director, Adult Services (Kim Carey)
8	Education	SEND Reforms Failure to meet expectation of SEND reforms	Cause(s): - 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 Effect(s): - 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	- SEN service realigned to improve decision making and management oversight - Service Level Agreements being established with mainstream settings with additionally resourced provisions to provide clarity across both parties - Legal advice to be drawn in to support complex tribunal cases - Local Area Autism Partnership established - Annual review programme, with additional resource identified - Covid-19 programmes established - data reporting, collaborative risk assessments, vulnerable CYP programme and CFA Modifications - Special Free School tendering process underway, Specialist placement planning model commissioned - Engagement framework finalised, CYP participation officer in place - Additional capacity in the Statutory assessment team agreed, recruitment in train with specific focus on vulnerable groups including CLA/LC cohort, CME/CMoE, NEET and EHE - increased resource identified to support schools in confidence to deliver education for CYP who have Dyslexia and other specific learning difficulties (SpLD)		3		3	9	- QA programme for placements in independent schools revised and programme of visits to recommence September 2021 - ASD Joint Strategy in development - CYP Participation Officer post extended with workplan agreed - Bromley Teaching Schools leading SEN training collaborative to support school improvement. - Placement planning for September 2021 and beyond - Additional local placement capacity in development - Options for SEND placement funding review being considered - Additional capacity in the Statutory assessment team identified and recruitment underway - Annual review project reviewed and re-established and broadened with multi-agency task and finish group - Quality Assurance and Improvement Framework revised and changes currently being embedded - Explore commissioning options for therapy capacity - Special Free School - identify Trust to deliver the new school - increase resource for Educational Psychology agreed, challenge with shortage of EP nationally – blended model of delivery developed - PRA approach revised	Director, Education (Jared Nehra)
9	Children's Social Care	Youth Offending Failure to deliver effective youth offending services to protect children and young people and reduce their vulnerability	Cause(s): - Increase in youth offending Effect(s): - 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			3	4	12	-Youth Justice Plan 2021 in place. - Implementation of the Youth Justice Strategy 2020-2023 in place - Fortnightly Improvement Board with Head of Service and YOS management team --Frequent auditing programme as part of CSC Practice Improvement timetable.. - 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. - New Strategic Board chaired by the CEO - Three sub groups to the Strategic Board chaired by partners as part of YOS Inspection prep -- Youth Justice Board self assessment of National standards submitted July20		2		4	8	- Readiness for Youth Offending Service inspection is monitored through challenge sessions and Improvement Board meetings - SEF is being completed with story board for inspection - Covid 19 has slowed some progress, inspection also will be delayed	Director, Children's Services (Janet Bailey)
10	Children's Social Care	Out of Borough Placements (Children and Young People) Inability to reduce reliance on out of borough placements Financial implications	Cause(s): - Failure to provide/commission sufficient local placements for children with disabilities and children in care Effect(s): - Cost implications of out of borough placements (Cross refer Budget risk) - Impact for children's welfare and development	Professional Financial			3	3	9	- Close monitoring of placements and eligibility criteria at multi agency resource panel - 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 - Laptop distribution to all NEET over summer 2020 to support accessing online training/learning during pandemic		3		3	9	- 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. - Step down from residential to foster care programme in place. - Work with housing to support Young People moving to own tenancy when ready and reduce risk of homelessness	Director, Children's Services (Janet Bailey)


Children, Education and Families Risk Register - Appendix B4

Q2 2021/22

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	IMPACT	RISK RATING	LIKE LIHO		OD	IMPACT	RISK RATING				
11	Strategy, Performance and Corporate Transformation	Data Collections 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	Cause(s): - Business Interruption Effect(s): - Failure to commission effectively - Adverse impact on the timing and quality of decision making	Data and Information	3		3	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	1		3	3		Assistant Director, Strategy, Performance and Corporate Transformation (Naheed Chaudhry)		
12	Education	Funded childcare places for two, three and four year olds of working parents The Council is unable to provide sufficient places within the local sector to fulfil its Statutory Duty	Cause(s): - Early Years Provider businesses failing finically as a result of Covid 19 closures and impact on the childcare sector -Insufficient places within local sector resulting in Local Authority failure to meet its statutory duty - Inability to fully implement IT system to support parental registrations Effect(s): - Parental dissatisfaction(availability of places or Parental Portal system failures) - Official notification from DIE regarding failure to fulfil statutory duty - Delays in payment to providers, destabilising local businesses and businesses and loss of confidence in LA's processes.	Political, Reputational	2		3	6	- Work to stimulate the market has increased capacity overall and work continues, local pockets at low risk of pressure exist. - These may be exacerbated by impact of C-19 pandemic - Monitoring eligibility, confirmations and take up of places to predict growth of demand, weekly data monitoring of attendance and unmet demand. - Early Years Sufficiency assessment underway with initial findings report due April 2021 - IT funding system resolution rollout of phases 1 and 2 implemented with automated monthly payments to settings now live and Census data captured within system.	2		3	6	- IT solution implementation to include development of parental portal - Completion of Sufficiency Risk Assessment, findings and recommendations for next steps - Pilot re-introduction of "Golden Ticket" for funded 2 year old places to stimulate demand for places thereby improving existing settings sustainability.	Director, Education (Jared Nehra)		
13	Education	Speech and Language Therapy Failure to provide appropriate SaLT services to children and young people	Cause(s): - Current service provision not meeting needs of children and young people in a timely way Effect(s): - Failure to meet the need of children and young people including those with SEN/D and other vulnerabilities	Legal Reputational Professional	4		3	12	- Review of service undertaken to consider impact and effectiveness of current provision and potential service improvements. - Identification of additional funding for 2019/20. £250,000 from BCF funding and £90,000 from Bromley Clinical Commissioning Group.	4		3	12	- Multi-agency review of SaLT provision underway. - Further review of how SaLT is delivered within Bromley is also underway - Occupational Therapy - urgent actions being taken to identify support for EHCP Needs Assessments professional advice - sourcing urgent specialist	Director of Education (Jared Nehra)		
14	Strategy, Performance and Corporate Transformation	Social Care Information System Failure to procure and implement new system	Cause(s): - 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 Effect(s): - Failure to safeguard vulnerable children and adults - Failure to manage children and adult records effectively Failure to meet regulators expectations (Ofsted)	Financial Legal Data	4		5	20	- Programme Board established providing governance - Multi-disciplinary 'SCIS' team appointed and contracts secured. - Procurement strategy agreed, tenders evaluated, programme within budget, award of contract brought forward to May 2020 from July. - SCIS team influencing Transformation work streams to maximise digitalisation opportunities.	2		2	4	- Implementation phase development ongoing – reflective of Covid19 impact - Go live on schedule for April 2022.	Assistant Director, Strategy, Performance and Corporate Transformation (Naheed Chaudhry)		
15	Education	School Attendance Ensuring return of children to school	Cause(s): - Children not returning to school following Covid-19 lockdown - Increased EHE declarations - Lack of real time data from schools Effect(s): - Children may not be in receipt of satisfactory education	Legal Reputational	3		4	12	- EWOs support schools with improving attendance - EHE officers monitor and follow up on new EHE cases & CSC involvement checked - Mental health and wellbeing initiatives being prioritised	2		4	8	- Further monitoring of EHE and non-attendance, working closely with schools to respond to Covid-specific guidance	Director of Education (Jared Nehra)		

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Corporate Services Risk Register - Appendix B5



THE LONDON BOROUGH

													DATE LAST REVIEWED:	01/09/2021
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	IT Security failure	Cause(s): Failure of IT Security (responsibility across Bromley & BT) to manage risk of attack or intrusion leading to potential corruption / loss of data / loss of systems Effect(s): Loss of service, potential fines, resident dissatisfaction	Data and Information	4	5	20	-Application of effective security management including effective application of anti-virus protection and security measures through the IT Contract with BT - Regular Penetration Testing undertaken - Information Security Team in place - Patch updates undertaken regularly - IG training programme - PSN Compliant	2	5	10		Vinit Shukle	
2	Corporate Services	Telecommunications failure Prolonged telecoms / switchboard failure	Cause(s): Power surge, contractor failure, malicious attack, IT failure Effect(s): Widespread disruption across the Council	Data and Information	3	5	15	- Stand-by arrangements available so that in the event of failure highest priority services can be recovered - Technical design takes into account the criticality of systems and ensures, where justified, that additional resilience is built in - All Critical Services now have additional independent lines as contingency (if not their first line) - Additional resilience in use of LBB mobile phones - The ICT Disaster Recovery Plan is in progress - Working with BT to implement disaster recovery arrangements as part of new backup contract - Effective application of anti-virus protection and security measures through the IT contract with BT	2	3	6	- Virtualisation project will help facilitate disaster recovery provision - Secondary Session Initiation Protocol (SIP) connection being added to provide resilience.	Vinit Shukle	
3	Corporate Services	IT System Failure (partial loss) Partial loss of IT systems	Cause(s): Failure of Outlook or similar applications Failure of Novell Filing Registry system which carries details of all departmental files Effect(s): Widespread disruption across the Council	Data and Information - Operational	4	4	16	- Effective incident management / support and resilient systems in use so that single points of failure are minimised - Technical design that takes into account the criticality of systems and ensures, where justified, that additional resilience is built in - Ensure proactive monitoring tools are in place to highlight potential issues before there is a major incident - System now migrated to the server - 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)	4	3	12	The Norwell 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	IT System Failure (total loss) Complete failure of IT systems resulting in widespread disruption across the Council	Cause(s): Complete loss of data centre and related hardware Effect(s): Widespread disruption across the Council Financial loss Reputational impact	Data and Information - Operational	3	5	15	- Effective incident management / support and resilient systems in use so that single points of failure are minimised - Technical design that takes into account the criticality of systems and ensures, where justified, that additional resilience is built in - Ensure proactive monitoring tools are in place to highlight potential issues before there is a major incident - Backup power arrangements in the event of power issues (most likely) - Server room has fire suppression, water detection and significant physical security measures have been undertaken.	2	4	8	- Property are planning additional works to resolve the issues that caused the outages, but until then we remain at an elevated risk.	Vinit Shukle	
5	Corporate Services	Network Loss 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.	Cause(s): Major malfunction of council's network caused by Cyber Attack or other means Effect(s): Loss of system access Service Disruption Reputational impact	Data and Information - Operational	3	3	9	- Existing local resilience procedures (over Liberata network via Citrix) - Business Continuity Plan and manual procedure plans in place - Prepared for use of smart telephony messaging, web banner message and reception signage	3	2	6		Vinit Shukle	

Corporate Services Risk Register - Appendix B5

												DATE LAST REVIEWED:	01/09/2021
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	Budgetary overspend	Cause(s): Overspending budgets as a result of increased costs outside Council's direct control (e.g. increase in minimum wage, court / legal fees) Effect(s): 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	Failure to follow Legal Advice Breach of law, statutory duty or carrying out inadequate consultation arising from failure of clients to follow Legal briefing procedures	Cause(s): Advice not being sought and/or followed by clients. Effect(s): - 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	Data Protection Breach	Cause(s): Failure to adapt to the upcoming change in legislation (GDPR) Failure to ensure the confidentiality, integrity, and availability of information assets. Effect(s): 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 (CiH IGT). The LBB Information Governance Board formally accepted the CiH 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 - GDPR Training programme in place - Induction programme in place - Additional resources to manage risk	2	3	6		Director of Corporate Services
9	Corporate Services	Failure to publish Register of Electors	Cause(s): Failure of IT systems Insufficient resources provided to Electoral Registration Officer to deliver a comprehensive canvass Failure to follow legislative and regulatory requirements Effect(s): Disenfranchisement of local residents Potential to challenge any election which relies on an inadequate register Reputational damage	Political - Strategic	2	3	6	Controls: 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

THE LONDON BOROUGH

												DATE LAST REVIEWED:	01/09/2021
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		
10	Corporate Services	Failure to manage election process	Cause(s): Failure of Council in its duty to provide sufficient resources to the Returning Officer Failure of IT systems Effect(s): Costs of dealing with a challenge to election process Reputational damage Cost of re-running an election if result is set aside	Political	3	4	12	- Project Plan including detailed Risk Register specific to election underway - Staff Training - Adequate insurance (Returning Officer - personal liability) - Monitoring by Electoral Commission through appropriate Performance Standards.	2	3	6		Carol Ling
12	Corporate Services	Effective governance and management of contracts	Cause(s): - Lack of clear management across contracts - Capacity and capability - Contract management processes ineffective - Organisational culture and understanding Effect(s): - Financial losses - Service disruptions - Poor quality services	Procurement & Contracts	3	4	12	- Contract Procedure Rules and regular Practice / Guidance notes to all Contract Owners - Review of contract management and contract monitoring controls including any issues identified by internal audit - Contracts Database and Quarterly Contracts Database Report to all relevant Committees - Procurement Board oversight - Member scrutiny including regular Contract Monitoring Reports for £500k+ contracts - Regular programme of training delivery to staff - Quarterly Contract Owners meetings - Recent Audit (Substantial Assurance) demonstrates current effectiveness	2	4	8	- Contract Management guidance on toolkit to be reviewed - Ongoing training delivery - Ongoing monitoring and reinforcement of existing controls	Service Directors supported by Assistant Director, Governance and Contracts
13	Corporate Services	Database Utilisation	Cause(s): - Lack of organisational buy-in from contract managers - Lack of governance - Poor awareness / education in understanding purpose Effect(s): - Impacts upon decision making and outcomes - Poor quality data - Commissioned services not fit for purpose - Increased financial costs	Procurement & Contracts	3	3	9	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.

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

													DATE LAST REVIEWED:	17/08/2021
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	Emergency Response Failure to respond effectively to a major emergency / incident internally or externally	Cause(s): -Emergency may be triggered by storms, floods, snow, extreme heat or other emergency. Ineffective response could be caused by capacity and/or organisational issues Effect(s): - 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. Adoption of Standardisation Process in terms of Emergency Response 3. Business Continuity Policy & Strategy and associated Service Business Continuity Plans 4. Out-of-Hours Emergency Service 5. Winter Service Policy and Plan (reviewed annually) 6. Ongoing training, Testing and Exercising programme 7. Multi-agency assessment of emergency risks 8. Training Programme delivered for volunteers in respect of Standardisation Process 9. Implementation of 'on-call rota' for Emergency Response Manager and at Director level 10. Multi-agency forum for emergency preparedness, response and recovery planning within the Borough	2	3	6	1. Delivery of the Business Continuity Management process by CLT 2. Development of risk-specific arrangements based upon London Resilience frameworks, informed by the Borough Community Risk Assessment 3. Recruit and train more Emergency Response Volunteers 4. Implementation of the Resilience Standards For London	David Tait
2	2	All E&PP	Central Depot Access Major incident resulting in loss of / reduced Depot access affecting service provision (LBB's main vehicle depot)	Cause(s): -Fire, explosion, train derailment, strike etc. Effect (s): -Significant service disruption (Waste, Street Cleaning, Gritting, Fleet Management, Neighbourhood 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/co-operative forum for all site users) 5. Work Place Risk Assessments in place 6. Depot Insurance reviewed September 2020 to ensure full reinstatement cover is in place 8. Waste Service Change has incorporated separate battery collection which will reduce likelihood of fires from batteries in residual waste	3	3	9	1. Site re-development plans to include recommendations from fire safety audit. To include consideration of fire suppression systems	Paul Chilton
3	3	All E&PP	Fuel Availability Fuel shortage impacting on both LBB and service provider transport fleet	Cause(s): -National or local fuel shortage caused by picketing or other external factors Effect (s): -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	Business Continuity Arrangements Lack of up-to-date, tried and tested, BCP for all Council services	Cause(s): -Failure to implement and keep up-to-date effective service and corporate Business Continuity Plans Effect(s): -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. Full suite of BC plans in place across all Directorates, including E&PP 3. Overarching corporate BC plan developed identifying prioritisation of all services 4. All E&PP BC plans now transposed on to new corporate BCP template 5. Corporate BC management policy & strategy document signed off by leader and chief exec 6. Ensure all service providers have up to date Business Continuity Plans	2	3	6	1. CLT adoption of BCM which will monitor delivery on behalf of COE going forwards. Current COVID-19 disruption to ways of working has tested BCPs during the largest disruption encountered in decades. ICT system failure has been identified as the largest risk and is outside the control of E&PP	David Tait
5	6	All E&PP	Industrial Action Contractors' staff work-to-rule / take strike action impacting on service delivery	Cause(s): -Union dissatisfaction over pay and conditions (particularly in Waste, Libraries) Effect (s): -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 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
6	8	All E&PP	Health & Safety (E&PP) Ineffective management, processes and systems within E&CS departmentally	Cause(s): -Failure to take departmental action to reduce likelihood of accidents, incidents and other H&S issues Effect (s): -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 9. EPP Health and Safety Committee meets regularly to review departmental Health and Safety arrangements 10. All corporate policies followed for COVID-19 risk assessments. Staff home working unless unable to do so.	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. Ensure the necessary communication and training is provided. 4. Ensure resource exists to discharge statutory functions 5. Ensure any staff wishing to return to the office during the COVID-19 pandemic have done so in accordance with all corporate processes and procedures.	Sarah Foster
7	12	Highways	Highways Management Deterioration of the Highway Network due to under-investment	Cause(s): -Failure to manage Highways in respect of traffic volumes, winter weather, financial resources leading to deteriorating condition Effect (s): -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	2. Additional inspections carried out and repairs undertaken as necessary	Garry Warner

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

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			DATE LAST REVIEWED:	17/08/2021
						LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING	FURTHER ACTION REQUIRED	RISK OWNER
8	13	Neighbourhood Management	Arboricultural Management Failure to inspect and maintain Bromley's tree stock leading to insurance claims etc.	Cause(s): -Failure to ensure that trees are managed as safely as reasonably practicable Effect (s): -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	2	3	6	1. Continue to monitor completion of annual tree surveys by Arboriculture Team ensuring programme requirements are met. 2. 2021/26 Tree Management Strategy to be approved by Env. PDS March 2022	Peter McCready
9	14	All E&PP	Income Variation (Highways and Parking*) Loss of income when the Council is looking to grow income to offset reduced funding *Note new COVID-19 specific parking risk addition at the end of this register	Cause(s): - 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) Effect (s): -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
10	15	Neighbourhood Management	Waste Budget Increasing waste tonnages resulting in increased waste management costs	Cause(s): - COVID-19 pandemic has and will continue to impact the amount of waste generated by Bromley Households and Businesses. Increased home working and a move towards single use could increase waste tonnages and associated costs. - Failure to anticipate/manage waste management financial / cost pressures due to increasing landfill tax, increasing property numbers, declining recycling income (lower paper tonnages or rejected wet paper loads) and limited alternate treatment capacity. - Waste tonnage growing faster than budgeted or operational factors (i.e. adverse weather conditions, additional home working during COVID-19 etc.) Effect (s): - Budgets being exceeded and potential knock-on impact on other Council services	Financial	5	4	20	1. Cost pressures recognised in Council's Financial Strategy 2. Send virtually zero to landfill from April 2020, minimising any tax increase 3. Continued focus on promoting waste minimisation and recycling (e.g. in Environment Matters and through targeted campaigns and initiatives) - 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 4. Reviewing and benchmarking operational costs to identify options 5. Monitoring procedure in place (from December 2019) for the testing of paper loads to determine moisture content.	3	4	12	1. Continue to work with Veolia to ensure that recycling services are offered to residents throughout the COVID-19 pandemic.	Peter McCready
11	18	All E&PP	Town Centre Businesses and Markets Loss of town centre businesses to competition and as a result of the COVID-19 pandemic	Cause(s): -COVID-19 Pandemic causing businesses and market traders to cease trading (temporarily or permanently) - Town centre social distancing measures resulting in a reduced amount of market stalls Effect(s): -Reduction in high street business and market stall occupancy -Loss of income (Business rates and market stalls) -Poor public perception and negative publicity	Financial	5	3	15	1. BID Teams organise town centres events 2. Investment in Orpington High Street and Bromley North (done) 3. Regular advertising / promotion of markets and availability of stalls 4. Review of Market operational costs to reduce costs where possible (a new Market Strategy is under development and will be delivered from 2020/21) 5. Regular maintenance and renewal of market infrastructure - recent market relocation project has been completed and feedback from traders is positive 6. Markets Manager attends regular strategy meetings with BIDs and has provided guidance for a new town centre (BID) framework agreement	2	3	6	1. Ongoing review of market provision linked to outsourcing service provision 2. Detailed annual action plan to be drawn up for each town centre	Colin Brand
12	20	All E&PP	Staff Resourcing and Capability Loss of corporate memory and ability to deliver as key staff leave (good new staff are at a premium)	Cause(s): -Availability of suitably qualified / experienced staff to replace retirees and leavers. Particular problem within Planning, Environmental Health and Traffic professionals (TIL offers better remuneration and career progression). Lack of incentive for good staff to remain at LBB. Effect (s): -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).	Service Delivery	3	4	12	1. Ongoing programme to find and retain quality staff through internal schemes such as career grades and ongoing CPD	3	3	9	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

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

THE LONDON BOROUGH OF BROMLEY														DATE LAST REVIEWED:			17/08/2021	
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						
13	22	All E&PP	Climate Change Failure to adapt the borough and Council services to our changing climate	Cause(s): -Severe weather events including extreme heat, storms, floods etc. Effect (s): -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	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 developed as part of ongoing Carbon Management Programme, in order to achieve net zero organisational carbon emissions by 2029.	Sarah Foster				
14	25	Public Protection	Income Reconciliation (Public Protection Licensing) Uncertainty around income reconciliation when the Council is looking to grow income to offset reduced funding	Cause(s): - Lack of processes to reconcile actual licence fee income against expected income held on service specific IT systems. Effect (s): - Loss of income with potential to reduce service delivery funds - Reputational damage	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	2	2	4	1. Refine procedure for reconciliation of expected income against actual and provide suitable training for staff to deliver this - project now underway	Joanne Stowell				
15	26	Neighbourhood Management	Income Reconciliation (Waste Management) Uncertainty around income reconciliation linked to the mobilisation of new waste contracts	Cause(s): -Lack of integration between client and service provider IT systems so that data is not linked - Loss of income due to the closure of some businesses during the COVID-19 pandemic Effect (s): - 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 4. Suspend commercial accounts allowing the businesses to return once open following the COVID-19 pandemic.	1	2	2	1. Refine procedure for reconciliation of expected income against actual and provide suitable training for staff to deliver this. 2. Project in 2020/21 to review the platform under which the garden waste and commercial waste service are hosted on. 3. Work with Veolia to review the commercial waste service offer to businesses with a view to provide a recycling offer and grow the commercial waste customer base.	Peter McCready				
16	28	Public Protection	Dogs and Pests Contract Failure to deliver the contract to the required service levels	Cause(s): -Lack of robustness within contract specification in terms of contract deliverables and Key Performance measures Effect (s): -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	This contract is now running well, the contract is due to be extended for 1 year and no action is required at this time.	Joanne Stowell				
17	29	Public Protection	Out of Hours Noise Service Failure to deliver statutory services	Cause(s): 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 2022. The grant was reduced in 2017 and there is no guarantee it will be sustained post April 2022. The service is staffed on a voluntary basis, and the remuneration for covering the shift is low; as such there is no guarantee that officers will be available. Effect: Inability to deliver Out of Hours Noise Service.	Service Delivery	3	4	12	1. Annual review with MOPAC on service outcomes	4	3	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. OOH Service Offer has been reviewed and approved by PH	Joanne Stowell				
18	30	Public Protection	Integrated Offender Management Failure to contribute to IOM in Bromley	Causes: -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. Effect: -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.	Joanne Stowell				
19	31	Public Protection	Anti-Social Behaviour Co-Ordinator post: Failure to deliver ASB problem solving and partnership activity	Cause(s): -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. Effect: -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.	Joanne Stowell				

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

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			DATE LAST REVIEWED:	17/08/2021
						LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING	FURTHER ACTION REQUIRED	RISK OWNER
20	32	Public Protection	Gangs and Serious Youth Violence Officer Failure to deliver Gang problem solving and partnership activity	Cause(s): -this has funding from MOPAC for 1 year only and the post which is responsible for the strategic coordination of gang interventions and reductions in serious youth violence. Effect: -Inability to fund this post would result in the cessation of strategic coordinated gang disruption work with partners across the borough.	Service Delivery	3	4	12	1. Annual review with MOPAC on service outcomes	3	4	12	1. Funding for this post is in place via MOPAC until 2022 - MOPAC funding is outside of the control of LBB.	Joanne Stowell
21	33	Public Protection	The provision of 24/7 CCTV Monitoring	Cause: -COVID 19 Pandemic Effect: -Potential Loss of officers through sickness arising from a potential second wave leading to an inability to provide 24-7 CCTV monitoring .	Service Delivery	3	4	12	The CCTV Control Room is back to full strength - 1 x supervisor and 2 x operators on shift patterns. All staff have now been offered a vaccination and the social distancing/face masks requirement is still in force and will continue until such a time the Government relaxes restrictions further.	1	3	3	1. Monitor and review monthly with Contractors	Rob Vale
22	34	Public Protection	Loss of Income from Licensing	Cause: -COVID 19 pandemic and the potential impact on achieving income from licensing. Effect: -The majority of income relates to alcohol and gambling licences which are renewed between October and November each year. The Team has already received the income for the first 7 months of this financial year and have not had any requests to refund existing licences. However, there is a risk that the expected income target will not be met.	Financial	3	4	12	1. The Council's Covid business support schemes offer business rate deferral as well as discretionary grants to cover non staffing overheads, the government have not specifically provided assistance with the costs of licences and premiums and there is an assumption that the loss of use of the licence would be covered under the distortionary grants. For most businesses the licence would be a minor cost and they would be more concerned with significant overheads such as staffing, rents and rates. Should expected income targets not be met, the Division would look to mitigate the shortfall by reducing expenditure in the first instance to maintain a balanced budget. 2.Licensing income for 2021/22 is likely to be reduced as a result of business closure. This may be off set by new businesses. An accurate forecast is not likely to be available until March 2022	3	3	9	1. Monitor and review income quarterly	Rob Vale
23	35	All E&PP	Risk to Health - Ill health resulting from enforcing Health Protection COVID 19 Restrictions Regulations 2020 or from operating public sites	Cause: -COVID 19 pandemic and the National requirement that Environmental Health and Trading Standards Officers enforce the COVID 19 Health Regulations. - Operational activities requiring staff to undertake site visits or to operate public facilities. Effect: -The potential for Officers, Contractors and Visitors to be exposed to and infected by, COVID 19	Service Delivery	3	4	12	1.Risk assessments have been undertaken. No face to face inspections to take place, all investigations to be undertaken at arms length via email or telephone, drive by etc., unless there is a life and limb enforcement issue. Should face to face contact be necessary, PPE (gloves/masks/sanitiser) is available and must be used. 2. Assessments for bulky waste collections undertaken via telephone.	3	3	9	1.To regularly review the risk assessments	Colin Brand
24	37	Public Protection	Increased Costs for Coroners Service	Cause: -Coroner increasing staffing costs - potential request for a second court - high profile inquests, changes to assistant coroners longer term practices - additional high risk post mortems due to covid Effect: -Additional estimated costs (£238k staffing 57K post mortems) over the BAU contract costs	Financial	4	5	20	1. Ongoing communication with the South London Coroners Consortium to ensure that additional costs are scrutinised, and not agreed to without prior consultation and agreement	4	5	20	1. If the PM costs cannot be absorbed by the consortium, the Division would look to mitigate the additional spend by reducing expenditure within the division/department in the first instance to maintain a balanced budget. 2. With regards to the potential additional spend on staffing etc - The Director of Environment and Public Protection has challenged the appropriateness of the required spend. Until such time that the necessary evidence has been presented to support the increases, Bromley payments will be made according and within the constraints of the budget. Separate payments will be made to cover the additional costs (e.g. inquests) as and when they are incurred.	Joanne Stowell
25	38	Traffic and Parking	COVID-19 related loss of income Greatly reduced income from parking activity. Current uncertainty re TIL grant funding for transport improvements.	Cause(s): -Fewer people used paid-for parking during the pandemic -Enforcement was relaxed to allow residents to park at home during first lockdown -TIL LIP funding has not been clarified for 2021/22 (normally confirmed in December, now expected to be confirmed in July) Effect (s): - Parking income in 202/21 was down by over 50% - PCN income was down in 2020/21 by 20% - Failure to deliver new traffic and highway improvement schemes, or road safety education and cycle training	Service Delivery / Financial	4	4	16	1. Encourage residents to have confidence to visit town centres 2. Seek ongoing grant funding.	4	3	12	1. This risk will remain high until such time as car use returns to pre-COVID levels. 2. Council should use the limited funding available to support economic recovery for town centres, returning school pupils and those travelling to work. 3. Council to consider reprofiling highway improvements and behaviour change projects if funding is reduced to implement Local Implementation Plan (LIP).	Angus Culverwell
26	39	Public Protection	Dysfunctionality of Uniform Information Management System	Cause- This is a legacy system and there has been a lack of investment in maintaining it. Effects- The dysfunctionality of Uniform affects how data is recorded, retrieved and analysed. Data is not always saved or retrievable. Further there are issues trying to connect to the system remotely.	Service Delivery	5	4	20	Ongoing communication with IT, the system upgrade went ahead in May 21 - further patches required	3	4	12	The issues with data retrieval appear to have been resolved - The system is being loaded to the new server imminently, which should alleviate many of the issues experienced - testing is being carried out in August to determine effectiveness	Joanne Stowell



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

													DATE LAST REVIEWED:	17/08/2021
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		
27	40	Neighbourhood Management	Disruption to waste services during the Depot Improvement Programme works in 2022/23	Cause - The depot improvement programme involves significant infrastructure works at the Council's operational depots over an 18 month period. The works themselves will impact services as will any delays. Effect(s) - Closure of all or part of the Waste Transfer Station means there is limited space to store waste, resulting in additional costs to find alternatives, it could also limit ability to recycle as much of the waste collected as possible. - Closure of Reuse and Recycling Centre at one or both sites means additional cost if alternative needs to be sourced	Service Delivery	5	4	20	1. Work closely with the Depot Improvement Programme Consultants and stakeholders to plan and phase the works appropriately 2. Consider council sites as locations for temporary waste storage and/ or recycling sites 3. Produce a communications plan to ensure that residents and businesses are aware of any planned changes to the site and their services.	4	4	16	This risk will remain high until the detailed Depot Improvement Programme plan has been completed by the end of 2021 and additional mitigation measures identified as part of this process.	Peter McCready
28	41	Public Protection	Dysfunctionality of IT Support & Systems	Cause - The Customer Service Centre changed the Customer Relationship Management(CRM) software to CXM on 1st July. Whilst the testing of the system was successful the live rollout has circa 10 errors which is affecting all calls and web queries passed into Uniform. Effects - service requests are not being received by Public Protection in a timely manner, issues with quality e.g.missing telephone numbers, emails etc. This adds further delay in dealing with requests - complaints increase .	Service Delivery	4	4	16	Ongoing fault reporting with IT.	3	4	12	The team are communicating with IT to resolve problems, progress is being made	Joanne Stowell

Note: Column B reflects the unique E&PP risk reference.

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Finance Risk Register - Appendix B7

DATE LAST REVIEWED: 27/08/2021													
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	Finance	Failure to ensure sufficient cover of Council assets 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).	Cause(s): 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. Effect(s): 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	Financial Market Volatility Financial loss arising from the volatility of financial markets.	Cause(s): Market volatility, recession, banking failure Effect(s): 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&C 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		David Dobbs
3	Finance	Capital Income Shortfall Inability to generate capital receipts	Cause(s): Property price reductions as a result of the economic environment. Falling number of assets available for disposal Effect(s): Financial	Economic - Strategy	4	4	16	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.	3	3	9		David Dobbs
4	Finance	Pension Fund The pension fund not having sufficient resources to meet all liabilities as they fall due	Cause(s): 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. Although the triennial valuation reported that the Council's pension fund is fully funded, there is a need to address a future risk of the pension fund not having sufficient resources 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. Effect(s): 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	Failure to deliver a sustainable Financial Strategy which meets with BBB priorities and failure of individual departments to meet budget	Cause(s): 1. The 2021/22 Draft Budget report to Executive identified the need to reduce the Council's 'budget gap' of £14.1m per annum by 2024/25. The Council received a one-year financial settlement for 2021/22, which creates uncertainty on funding levels for future years. 2. The fundamental review of local government funding through the Fair Funding Review and Business Rate review has been delayed until at least 2022/23 which adds to financial uncertainty in considering the impact on the financial forecast for 2022/23 to 2024/25. A significant challenge to the future year's financial position relates to the ongoing impact of the Covid 19 situation and the uncertainty relating to the cost implications of the 'new normal'. Further details are included in the Draft 2021/22 Budget and Update on the Council's Financial Strategy 2021/22 to 2024/25 report to Executive on 13th January 2021. It is not clear whether local authorities will be fully compensated for the Covid 19 impact from Government. 3. Failure to meet departmental budgets due to increased demand on key services resulting in overspends: Housing (homelessness and cost of bed and breakfast); Adult Social Care (welfare reform and ageing population); Children's Social Care, Education (central costs), Waste (growing number of households) and limited delivery of planned mitigation savings. 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 pressures not being met. 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. Local government may be required to take on new funding responsibilities in the future without adequate funding. 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). Effect(s): - Increased overspends in particular services - Council unable to carry out its statutory duties due to services cuts - Reputational damage	Financial - Operational	5	5	25	Strategic Controls: 1. Regular update to forward forecast 2. Ongoing monitoring of impact of COVID situation and trends re 'new normal' 3. Regular analysis of funding changes and new burdens particularly on Covid situation and full year impact 4. Early identification of future savings required 5. Transformation options considered early in the four year forward planning period 6. Budget monitoring to include action from relevant Director to address overspends including action to address any full year additional cost 7. Mitigation of future cost pressures including demographic changes 8. Quarterly review of growth pressures and mitigation 9. Continue to progress with opportunities for the Transformation Reviews towards meeting future years' budget gap. 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 continues to explore transformation opportunities to help meet the ongoing budget gap	Director of Finance
6	Finance	Failure to act upon Financial assessments or arrears in a timely manner	Cause(s): 1. Severe/catastrophic IT problems 2. Loss of key staff 3. Organisation experiencing severe financial problems Effect(s): 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	Failure of Finance IT systems	Cause(s): Failure of CareFirst or the various databases Failure of Oracle Failure of BACs to pay LBB Effect(s): 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 Care Services 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	Failure of external contractors	Cause(s): Contractor ceases to trade due financial failings. Effect(s): 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		Claudine Douglas-Brown
9	Finance	Contractor Poor Performance Contractor fails to meet performance expectations across Revs & Bens, Payroll, Pensions, Debtors and Accounts Payable	Cause(s): Severe catastrophic IT problems Loss of key staff Organisation experiencing severe financial problems Effect(s): - Delay / non payment of suppliers, customers, staff salaries, pensions. - Delay in assessment and payment of benefit claims - Increase in fraudulent payments - Delayed or non repayment from debtors Resulting in loss of income, loss of HB Subsidy, 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 with a regime of KPIs, service credits and default notices 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

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:	27/08/2021
					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING	FURTHER ACTION REQUIRED	RISK OWNER
10	Finance	Significant Fraud/Corruption	Cause(s): Lack of controls Dishonest staff/suppliers/customers Collusion Poor systems Lack of Management oversight Inadequate segregation of duties Effect(s): 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
11	Finance	Failure to comply with the grant conditions and ensure effective utilisation of the significant Government funding received, relating to the Covid pandemic to support businesses	Cause(s): 1. Appropriate processes and controls not put in place for administering the various business grant schemes 2. The criteria of the various schemes is not applied correctly 3. Full training and guidance is not provided to those administering the scheme and making payments 4. Lack of governance and oversight of the various schemes Effect(s): - Payments are not made timely leading to severe financial difficulty for a business and possible insolvency - Fraudulent payments are made - Payments are made to businesses who do not meet the qualifying criteria - Payments are made in error e.g. to the wrong bank account or individual - Unused funding has to be returned to Government - Complaints / adverse publicity / reputational damage	Financial - Operational	4	5	20	- Training, guidance and advice provided to all those involved in administering the schemes (with Internal Audit involvement) - Regular and ad-hoc meetings between key personnel to ensure governance and oversight and agree any actions required - Fraud risk assessments and pre-payment and post-payment controls to identify and address any instances of fraud, error or non-compliance - Faster payments solution utilised for Covid related grant payments, ensuring same day receipt of funds by recipient.	3	3	9		Director of Finance
12	Finance	Impact on staff resources undertaking business as usual as well as significant demands to provide the support required to the Covid-19 Pandemic.	Cause(s): 1. Staff directed from 'business as usual' Effect(s): - Less available time and resources to administer functions, leading to an impact on delivery of the Council's key objectives e.g. possible delay in payments made for goods and services, delay in recovering income not received, responding timely to communications. - Complaints / reputational damage - Increased stress amongst existing staff resulting in mental health issues and / or increased levels of sickness	Personnel / Operational	4	3	12	- Regular one to one meetings with staff and ad-hoc conversations to discuss and prioritise workloads, identify and address any areas of concern. HR policies, guidance and occupational health support and advice. - Heads of Finance have been given the option of utilising agency/interim resources to mitigate Covid related workloads - Regular and ongoing publicity of staff wellbeing programme to help identify and address Covid related stress issues	3	3	9		Director of Finance

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

Housing, Planning and Regeneration Risk Register - Appendix B8

Q2 2021/22

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		
1	All	Failure to deliver Housing Financial Strategy	Cause(s): - Demand led statutory services which can be difficult to predict - High number of households meeting criteria for temporary accommodation - Lack of suitable housing - Impact of COVID-19 on tenancies including changes to government directives, increased placements and their cost, reduced rental income for properties and progressing building works - Increased costs at 2 Traveller Sites due to unexpected police operation. Lack of income as a result of un-tenanted pitches. Effect(s): - Failure to achieve a balanced budget	Financial	5		5	25	<ul style="list-style-type: none">- Match financial planning to Council priorities- Plans to deliver £11m of identified savings in Housing through work of Housing Transformation Board- Budget monitoring and forecasting- Regular reporting to CLT and Members via the Committee reporting process- Internal audit framework- Regular review of strategies to prevent homelessness and identify/develop temporary accommodation housing- Determination at planning stage to ensure collection of obligations due (S106)- Conditions attached to S106 funding received to ensure it is spent on preventing homelessness- Constantly reviewing service operations for potential efficiencies- Housing Strategy agreed by Council Executive - February 2020	4		5	20	<ul style="list-style-type: none">- Ensure the continued delivery of the housing schemes as set out in the Transformation Board Housing Plan- Close monitoring required for homeless approaches. This will allow earlier identification of any changes in homelessness demand which could have an impact of adding further financial pressures	Director, Housing (Sara Bowrey)		
2	Housing Needs	Failure to deliver effective Housing Needs services The Council is unable to deliver an effective Housing Needs service to fulfil its statutory obligations	Cause(s): - very demand led - lack of experienced staff - homelessness is increasing in number and complexity of cases needing maximisation of early intervention - Lack of awareness of where households need to approach services - Lack of suitable housing options. Effect(s): - Failure to fulfil statutory obligations - Impact on life chances and outcomes for individuals and families in need of Housing Services - Reputational damage - Legal challenge - Financial Impact	Legal	4		4	16	<ul style="list-style-type: none">- Focus on preventing homelessness and diversion to alternative housing options through:-<ul style="list-style-type: none">- Landlord and Tenancy advice support and sustainment- Assistance (including financial aid) to access the private rented sector- Access to employment and training- Debt, money, budgeting and welfare benefits advice, including assistance to resolve rent and mortgage arrears- Sanctuary scheme for the protection of victims of domestic violence- Implementing the Homelessness Strategy - setting up the multi-agency Homelessness Forum and taking forward the priorities of the Strategy- Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money- Housing Transformation Board programme being implemented- Implementation of new Housing schemes to ensure the supply reduces the reliance on nightly paid accommodation- Provide a competitive private sector offer- Housing Strategy agreed by Council Executive - February 2020- Ensuring grant funding is pursued and properly utilised.	2		4	8	<ul style="list-style-type: none">- Return to work being reviewed following COVID-19 in order to provide in-person services- Changes in legislation following COVID-19 which has amended the guidance which has increased the scope for provision of services.- Domestic Abuse Bill to come into effect in 2021- The temporary ban on evictions for rent arrears being removed on 31 May 2021	Assistant Director, Housing (Lynnette Chamielec)		
3	Housing Needs	Temporary Accommodation Inability to effectively manage the volume of people presenting themselves as homeless and the additional pressures placed on the homelessness budgets	Causes: - Changes in government funding - Rising number of placements (approx. 20 per month) - Lack of local, affordable sustainable options - Increased homelessness and lack of access to accommodation Effect(s): - 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 - Increase in the number of out of borough placements	Legal	5		4	20	<ul style="list-style-type: none">- Focus on preventing homelessness and diversion to alternative housing options through:-<ul style="list-style-type: none">- Landlord and Tenancy advice support and sustainment- Assistance (including financial aid) to access the private rented sector- Access to employment and training- Debt, money, budgeting and welfare benefits advice, including assistance to resolve rent and mortgage arrears- Sanctuary scheme for the protection of victims of domestic violence- The Homelessness Forum has been established and is taking forward the priorities of the Homelessness Strategy.- Working with local charities and faith groups to increase opportunities for joint / outreach work.- Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money- Housing Transformation Board programme being implemented- Implementation of new housing schemes to ensure the supply reduces the reliance on nightly paid accommodation- Provide a competitive private sector offer- Housing Strategy agreed by Council Executive - February 2020	4		4	16	<ul style="list-style-type: none">- Acquired homes through the Beehive scheme- Currently setting up a scheme with Meadowship Homes for 260 properties- Converting tenancies in the More Homes Bromley scheme from temporary to permanent- 3 modular homes sites with work underway (Bushell Way, Brindley Way and Anerley Car Park Site)	Assistant Director, Housing (Lynnette Chamielec)		

Housing, Planning and Regeneration Risk Register - Appendix B8

Q2 2021/22

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		
4	Housing Needs (Housing Strategy)	Capital Grant 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)	Cause(s): - 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 together with delays in completing developments - Potential fluctuations in house prices and supply chains - Schemes not granted planning permission to develop identified sites Effect(s): - Failure to fulfil statutory obligations - 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		- Lead negotiations on the affordable housing provision on section 106 applications, ensuring that the affordable housing obligation reflects local adopted planning policy and local statutory and high priority housing need - Work underway to streamline the S106 process to ensure that the Council maximises the use of available funding to meet housing needs - Determination at planning stage to ensure collection of obligations due - Conditions attached to funding received to ensure it is spent on preventing homelessness - Development group with Housing Associations established to improve relationships with planners and developers to increase supply of affordable housing	3	4	12		-Re-instate Bromley Federation of Housing Association meetings suspended due to COVID - Discusssions held with individual registered providers. - Planning seeking to maximise affordable housing delivery through planning consents and s106 funding	Assistant Director, Housing (Lynnette Chamielec)		
5	Housing, Planning and Regeneration	Recruitment and Retention Failure to recruit and retain key skilled staff with suitable experience/qualifications	Cause(s): - Failure to compete with other organisations to recruit the highest quality candidates to build an agile workforce - Small pool of experienced workers Effect(s): - 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 sets result in an inability to deliver effective housing services and planning services as well as progressing housing and regeneration schemes. - Impact on life chances and outcomes of families and young people.	Personnel	5	4	20		- Recruitment drive to convert locums to permanent staff - Council's recruitment web site includes a video virtual tour of the Council in housing - Support in effectively managing staff performance - Bespoke training for first line managers - Training and quality assurance of practice - Role on Recruitment and Retention Board - Review the recruitment/retention of housing staff including packages for retaining staff - Developing apprenticeship and trainee roles in Planning Services - Gradings and role responsibilities for key posts benchmarked - Recruitment and retention package developed - Promotion of employment prospects and career progression in Bromley enhanced - Working with specialist recruiters.	3	4	12		- Further work required around benchmarking and key roles consideration - Consideration to be given around succession planning across the department	Director, Housing (Sara Bowrey) Supported by Director, Human Resources (Charles Obazuaye)		
6	Housing Needs	Welfare Reform Impact of Welfare Reform legislation (including Universal Credit).	Cause(s): - Ongoing concerns about delays with Universal Credit and the impact of the benefit cap on families Effect(s): - Increased Rent Arrears - Lack of affordable/sustainable local options - Subsequent evictions and landlords reluctant to rent properties to claimants. - Higher proportion of clients impacted by benefit cap.	Social	4	4	16		- Notification, advice and support provided through:- - Housing Association transfers - Negotiations with landlords - Budgeting/debt advice - Moves to cheaper areas - Prevention grants/welfare fund/Credit union loans and savings - Access to child care and employment - Awareness raising campaign for Universal Credit Digital rollout and monitor impact from July 2018. Structures to support changes reviewed and money advice support extended. - New IT system and rent arrears procedure in place to improve arrears collection and support tenants with financial advice. - Protocol established with housing associations including single point of contact to identify those with financial issues due to welfare reform in order to prevent homelessness.	3	3	9		- Experienced 50% decrease in the DHP (from c.£800k to c.£400k) - COVID-19 Winter Fund helped to support clients, although this fund has now been exhausted - Money Advice team have undertaken enhanced work to help support individual financial circumstances and prevent homelessness. - Worked with Clarion on early intervention work to support those impacted by COVID-19 by way of job loss, furlough etc.	Assistant Director, Housing (Lynnette Chamielec)		

Housing, Planning and Regeneration Risk Register - Appendix B8

Q2 2021/22

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					LIKE	LIHO	OD	IMPA	CT	RISK	LIKE	LIHO	OD	IMPA	CT	RISK	
7	Housing, Planning and Regeneration	Business Interruption / Emergency Planning Failure to provide Council services or statutory requirements of mass illness/fatalities scenario following a business interruption or emergency planning event	Cause(s): - Business Interruption could be caused by Loss of Facility (fire, flood etc.), Staff (illness, strike) or IT (cyber attack). - 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) Effect(s): - Business interruption - failure to deliver services, loss of customer / resident satisfaction. - Emergency planning - failure to deliver statutory duties.	Personnel				2	5	10			1	5	5	- Business Continuity Plans reviewed annually.	Director, Housing (Sara Bowrey)
8	Strategy, Performance and Corporate Transformation	Data Collections Failure to undertake statutory statistical data collections; including key housing and planning information, thereby adversely affecting government grant allocations and performance assessments	Cause(s): - Business Interruption Effect(s): - Failure to commission effectively - Adverse impact on the timing and quality of decision making	Data and Information				3	3	9			1	3	3	- Complete contract extension for the Orchard Housing system to ensure operational continuity - Reports under continued improvement programme.	Director, (Sara Bowrey) Supported by Assistant Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry)
9	Strategic Property	Financial Performance Failure to reach expected income through rental income and property disposal	Cause(s): - Failure to lease all properties - Failure to eliminate rent arrears - Downturn in property market - Impact of COVID-19 on retail and property markets - Non-payment of rent on properties Effect(s): - Reduced rental income - Reduced capital income - Impact on overall Council budget	Financial				3	5	15			2	5	10	-Following termination of C&W contract, new staff and contract support have been migrated to the Council.	Assistant Director, Strategic Property (Michael Watkins)
10	Strategic Property	Health and Safety Regulations Failure to comply with statutory regulations with regard to the built environment in Council occupied and leased properties	Cause(s): - Inadequate risk assessments - Lack of capacity to discharge the Council's H&S responsibilities with regard to the built environment - Ineffective monitoring of risks Effect(s): - Potential prosecution of Council and/or civil claims for compensation - Insurance claims - Potential accidents/fatalities - Corporate manslaughter	Physical/ Legal/ Financial				3	5	15			2	5	10	-Council in the process of agreeing an exit plan with Amey which will include statutory compliance data which will need to be mapped into the council's new database.	Assistant Director, Strategic Property (Michael Watkins)
11	Strategic Property	Contractor Performance Failure to deliver facilities management service	Cause(s): - Inadequate qualified staffing resources - Lack of capacity to deliver outcomes Effect(s): - Failure to deliver statutory obligations - Poor performance impacts on work of Council officers	Contractual and Partnership - Operational				3	5	15			2	5	10	- New supply chain being formulated which include mitigation factors to ensure performance failure and service is de-risked.	Assistant Director, Strategic Property (Michael Watkins)

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Q2 2021/22

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12	Culture and Regeneration	Outreach Service Failure to provide service in Cotmandene and Mottingham	Cause(s): - Buildings vulnerable to water and sewerage issues - Small staff base vulnerable to stress and sickness - Reduced service - recovering after COVID-19 closure Effect(s): - Failure to deliver full service - Closure of outreach centres - Impact on vulnerable adults	Social		4		4	16	- Staff experienced in successfully averting aggressive behaviour. - Regular weekly Team Meetings to discuss issues and address staff wellbeing as well as participation in training opportunities to help wellbeing - Facilities managed and repairs arranged with contractors (Amey and Clarion Housing)		4		4	16	- Daily, weekly and monthly Health & Safety checks to be continued - Lone working policy, CCTV and panic buttons, risk assessments in place and regularly reviewed - Allocating time for joint team meetings and staff training whilst maintaining delivery of service - Seek advice of Public Health colleagues on minimising the risk of infection for clients refusing the vaccine	Assistant Director, Culture and Regeneration (Lydia Lee)
13	Culture and Regeneration	Vitality and Prosperity of Town Centres Failure of town centres to attract footfall and spend for retail and leisure opportunities	Cause(s): - Failure to redevelop High Streets and diversify the offer - National trend for decline in the traditional retail sector in town centres and competition from out of town developments and online shopping - Risk that established Business Improvement Districts do not succeed at renewal or that planned Business Improvement Districts do not get established resulting in reduced revenue spend to support businesses in town centre locations. - Poor development in town centres - Lack of investment in town centre facilities and public realm. - Impact of COVID-19 on local economy Effect(s): - Reduction in town centre business occupancy and increase in vacancies - Loss of income from business rates and market charges, and reduction in income from parking charges - Poor public perception and negative publicity. - Lack of private sector or inward investment. - Reduction in property value. - Reduction in footfall and spend per head resulting in loss of business.	Economic		4		4	16	- Support to Business Improvement Districts through renewal or ballot processes. - Work in partnership with Business Improvement Districts to drive town centre activity that support business success and include programming and events in town centres. - Secure funding for and deliver public realm improvements in town centres - Work with developers to bring forward suitable development that supports the vitality of town centres - Secure developer contributions for the benefit of town centres. - Investigate options for Renewal opportunities in all town centres. - Prioritise investment in town centre leisure facilities. - Implementation of the Business Support Task Force and support to plan for recovery - Terms of Reference to define relationship between the Business Improvement Districts have been created to better support the local economy.		4		3	12	- Work with businesses to investigate the viability of a Business Improvement District in West Wickham, now scheduled for Spring 2022. - Terms of Reference to define relationship between the Council and BIDs under regular review to ensure it remains relevant. - Work with developers including Areli to bring forward sensitive town centre development that also secures improved facilities for community services. - Finalise town centre public realm improvement schemes. - ARG top up grants focussed on town centre recovery.	Assistant Director, Culture and Regeneration (Lydia Lee)
14	Culture and Regeneration	Capital Schemes Failure to deliver housing schemes for temporary accommodation	Cause(s): - Failure to gain approval from Members for business cases - Failure to secure funding for schemes - Failure to deliver temporary accommodation schemes on time and in budget - Issues with land ownership and usage - Planning permission not granted or granted with conditions which impact adversely on costs - Issues with type of housing and construction - Lack of interest from market in developing sites - Impact of COVID-19 on construction industry and production of modular homes Effect(s): - Failure to provide number of temporary accommodation units identified - Failure to produced identified savings as part of Housing Transformation Board programme - Impact on vulnerable families and children	Financial/ Social		5		5	25	- York Rise main contract is currently being mobilised. Project team is working on value engineering to achieve best value. - Burnt Ash Lane site works commenced in March 2021 with expected completion in October 2021 - Tenders reviewed and re-issued - Expected completion at Bushell Way and Anerley (35 homes in total) expected in November 2021. - Feasibility analysis underway on Beckenham Public Halls. Leasehold disposal option being developed in line with recommendations made in Sept 2020 Executive report. - Additional resources in Regeneration and Renewals teams dedicated to assess and bring forward a range of housing sites across the borough. Approach to Housing report for additional pipeline of housing sites identified and funding agreed by Executive 18th September. Design, feasibility and pre-planning advice underway on modular schemes. - Crystal Palace Regeneration strategy subject to decision by GLA via the outline planning application.		4		4	16	- Further conversations required to be developed with services to understand short and longer term requirements of particular sites. - Legal advice sought on ownership and usage issues and actions identified. - Coordination across disposals programme to ensure revenue and housing targets can be met jointly. - Leadership team working with GLA on Crystal Palace. - Further upskilling and knowledge sharing across teams to bring forward development effectively.	Assistant Director, Culture and Regeneration (Lydia Lee)

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					LIKE	LIHO	OD	IMPA	CT		RISK	RATI	NG	LIKE	LIHO		
15	Culture and Regeneration	Library Service Failure to provide statutory library service	Cause(s): - Service provider ceases to trade due to financial difficulties - Service provider chooses to terminate contract - Council terminates contract because service provider fails to consistently meet KPIs - Service does not meet contracted levels because of industrial action - Impact of COVID-19 on usage and closure of libraries Effect(s): - Temporary cessation of library service in borough - Adverse public response - Possible impact on partners in shared use buildings - Social impact on vulnerable adults and families using library facilities and activities	Legal Reputational Social	4		4	16	- Monitoring of service provider to identify potential financial difficulties - KPIs monitored regularly: twice yearly reports to Members and monthly/annual review meetings with service provider. Extra monitoring measures put in place during COVID-19 - Exit plan in place to manage any closure of contracted service and bring service in-house which is regularly reviewed and updated. - Library without Walls created as a reponse to COVID-19 and has been retained as the 15th Bromley Library - Increased usage of social media to deliver activities for children and adults - Promotion of e-books, newspapers and magazines - Libraries' re-opening planned as lockdown restrictions eased	4		3	12	- Maintain and adjust contract and KPI monitoring exercises as COVID restrictions ease - Monitor and support reintroduction of all 'business as usual' services from pre-COVID including in-branch activities -Continue regular informal contact with contractor in addition to formal meetings and provide support to resolve issues as necessary	Assistant Director, Culture and Regeneration (Lydia Lee)		
16	Planning	Planning Service Failure to deliver statutory requirements related to planning	Cause(s): - Failure of Planning IT service - Lack of suitably qualified staff to provide expertise within the service Effect(s): - Council enters 'designation' status resulting in major planning decisions being removed from Council decision-making process leading to income loss to Council and lack of local control - Failure to prevent unauthorised development - Failure to respond to planning applications within statutory timescales - Planning decisions overturned on appeal - Failure to enforce Tree Protection Orders, protect listed buildings and conservation areas - Adverse public response	Legal Financial Reputational	3		4	12	- Planning software upgraded annually and maintained by software developer. - Staffing levels and skill set appropriate for current levels of demand - Planning Advisory Service (PAS) review of service in June 2019 resulted in an improvement plan which is being delivered and reported to Members. - Appeals reviewed and learning implemented. - Planning Advsory Service (PAS) returning to review improvement plan and committees in July 2021	2		3	6		Assistant Director, Planning (Tim Horsman)		
17	Planning	Community Infrastructure Levy Failure to adopt local CIL and use for local infrastructure	Cause(s): - Failure to have local CIL schedule agreed and adopted - Failure to implement and collect the local CIL - Failure to use local CIL appropriately - Income impacted by COVID-19 Effect(s): - Lack of funding for infrastructure to support new developments - Lack of funding to provide Infrastrure Delivery Team	Legal Financial	2		3	6	- Local CIL has been adopted and commenced in June 2021 - Experienced Infrastructure Delivery Scheme Manager in post to ensure successful adoption of agreed local CIL - Impact of COVID-19 being monitored to ensure CIL does not discourage development	2		3	6	- Controls implemented and now in place	Assistant Director, Planning (Tim Horsman)		
18	Planning	Section 106 Agreements Failure to complete S106 agreements for affordable housing	Cause(s): - Lack of appropriately qualified staff to ensure S106 agreements are implemented as appropriate - Lack of S106 Monitoring Officer in post Effect(s): - Impact on level of supporting infrastructure in borough - S106 monies not being spent on appropriate infrastructure and housing schemes	Financial Social	3		3	9	- Officer group in place to monitor and maximise s106 spend - Infrastructure Delivery Team Leader in post acting as s106 monitoring officer and overseeing s106 agreements including financial receipts and payments	2		3	6	- Controls have been implemented and enhanced	Assistant Director, Planning (Tim Horsman)		

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Q2 2021/22

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					LIKE LIHO OD	IMPA CT	RISK RATTI NG	LIKE LIHO OD		IMPA CT	RISK RATTI NG				
19	Planning	London Plan Failure to deliver level of housing in Bromley contained in Mayor of London's plan	Cause(s): - Mayor of London's Plan requires greater levels of housing to be built in Bromley than in Local Plan -Planning permission for sufficient level of development not granted - Landbanking by developers resulting in targets of new houses not being met in a timely fashion Effect(s): - Bromley penalised at planning appeal stage	Reputational Financial	5	3	15	- Local Plan policies being reviewed to identify suitable sites - Planning and Regeneration teams are seeking to promote appropriate housing development in the Borough	3	3	9	- Review of Local Plan commencing in line with London Plan 2021	Assistant Director, Planning (Tim Horsman)		

Human Resources and Customer Services Risk Register - Appendix B9

											DATE LAST REVIEWED:		23/09/2021	
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					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING			
1	Human Resources	Ability to respond to industrial action, changes in government initiatives or legal requirements	Cause(s): - Changes to staff terms and conditions (localisation agenda) - Lack of flexibility of workforce - Poor horizon scanning and networking's Effect(s): - 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 & Customer Services	
2	Human Resources	Failure to comply with HR related legislative requirements e.g. Equalities Act 2010	Cause(s): - 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 Effect(s): - 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 & Customer Services	
3	Human Resources	1) ineffective workforce planning initiatives including succession planning, talent management. 2) upskilling of staff - lack of training resources/opportunities	Cause(s): - Insufficient strategic management control and planning -Staff turnover (capacity) - Lack of resources Effect(s): - 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 - Kickstart	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 & Customer Services	
4	Human Resources	Ineffective recruitment and retention strategies for hard to fill posts e.g. Adult's Social Workers, Children's Social Workers, Housing, Planning, Building Control	Cause(s): - 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 Effect(s): - 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	Review of retention strategies 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 & Customer Services	

Human Resources and Customer Services Risk Register - Appendix B9

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					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING			
5	Human Resources	Ineffective pre-employment checks including agency workers	Cause(s): - Poor procedures - Inadequate monitoring - Lack of awareness / understanding Effect(s): - Workers with safeguarding concerns not identified - Safeguarding incident occurs (harm / injury) - Agency worker ID fraud - Reputation damage - legal compliance implications inc. fines and sanctions	Personnel / Operational	4	3	12	1. HR Business Services carry out checks for LBB workers & agencies to check agency workers. 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. 3. Up front audits with Adecco undertaken to ensure processes are robust for agency workers 4. Training provided for managers 5. Internal audit undertakes a review of arrangement as part of their annual audit plan	4	1	4	Consideration as to whether training should be mandatory	Director of HR & Customer Services	
6	Human Resources	Management of the on-going transitional and transformational changes (Commissioning process, baseline exercise and service redesigns and alternative delivery options)	Cause(s): - Lack of adequate financial resources - Lack of expertise - Unexpected delays - Changes in strategic direction - Lack of capacity to undertake in a timely manner - Conflicting priorities Effect(s): - New service models are ineffective / not fit for purpose - Increased costs - Legislative and legal requirements breached (e.g. TUPE) - Reduction in service quality / provision - Reputation damage	Personnel / Operational	4	3	12	1. Managing change procedure in place 2. Capacity building and additional resources to support the change process 3. Effective communication and engagement with staff and their representatives. 4. Formal consultation processes and departmental representatives 5. Regularly meetings include Members 6. Terms of Reference for each workstream led by Chief Officers	3	2	6	One-off funding required to support transformation programmes and workstreams Review HR Processes in light of new working arrangements	Director of HR & Customer Services	
7	Human Resources	HR systems failures e.g. payroll, recruitment, HR self-service, pensions	Cause(s): - Contractual failure - IT failure - Loss of power - Data breach / cyber attack - Ineffective business continuity plan for manual work around Effect(s): - Delays or restriction in level of HR support available - Staff not paid - Staff morale reduction if for a long period - Delays in ability to recruit - Failure to apply for jobs employment/legal issues - Failure to comply with contractual obligations - Industrial action	Data and Information	2	5	10	1. Back-up payroll processes/systems 2. Regular saving of personnel information on Resource Link 3. Business Continuity Plan in place 4. Internal audit carry out reviews as part of annual review programme 5. Regular meetings with contractors and Business Continuity Plans for each contract	4	2	8	None identified	Director of HR & Customer Services	

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					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING			
8	Human Resources	Ineffective compliance with IR35	Cause(s): - 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 Effect(s): - 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 & Customer Services	
9	Human Resources / Health & Safety	Health & Safety (Council) Ineffective management, processes and systems across all Council departments Specifically in relation to the following areas: Fire Risk Assessments Lone Working Violence & Aggression at work	Cause(s): - 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 Effect (s): - 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. Safety Policies reviewed and updated regularly - ongoing 2. Commitment to HSW from Chief Executive and Directors premises, equipment & activities 3. Supported by H&S training programme and network of policies and procedures (regularly reviewed) 4. Property-related HSW matters now provided through Amey 5. Holding contractors to account for managing Council premises to required legal standards	3	4	12	FT H&S Advisor '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 & Customer Services	
10	Customer Services	Fall in income from Registrars Economic downturn, uncertainty regarding accommodation and other external factors contributing to a significant fall in income in Registrars e.g. impact of covid	Cause(s): Uncertainty regarding accommodation Leaving Civic Centre for a less appealing venue Effect(s): 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	Customer Services	Contractor Failure	Cause(s): Contractor (such as Liberata) cease trading due to financial or other failure. Effect(s): 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	Customer Services	Contractor Performance	Cause(s): Failure to effectively manage service delivery contracts with provided such as Liberata Effect(s): 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	Customer Services	Maintenance of Statutory and GRO standards	Cause(s): Increase in life events (births / deaths) within Bromley Staffing pressures Effect(s): 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 Annual report produced in Spring	1	3	3		Duncan Bridgewater
14	Customer Services	Loss of Facility Loss of customer service accommodation as a result of a major power failure or other incident that prevents access to the Civic Centre	Cause(s): Major power failure or other incident that prevents access to the Civic Centre Effect(s): Major disruption to council services	Data and Information - Operational	3	3	9	- Existing local resilience procedures (overflow to alternative Liberata Office) Considered as part of the overall corporate business continuity plan if temporary accomodation required	2	2	4		Duncan Bridgewater
15	Customer Services	Safety of Statutory Records	Cause(s): Fire / flooding Strong room not GRO compliant Effect(s): 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.

DIRECTORATE	PORTFOLIO	CONTRACT TITLE	FINANCIALS	CONTRACT START DATE	CONTRACT END DATE	CONTRACT WHOLE LIFE VALUE	CONTRACT ANNUAL VALUE
Place	Environment and Community Services	CONFIRM	£86,865 for extension period.	01/07/2018	30/06/2022	£324,330	£86,865
People	Adult Care and Health	Covid 19 Surge Capacity Nursing Support Service	£75k for extension period.	14/09/2020	31/03/2022	£240,833	£75,000
People	Adult Care and Health	Public Health - Sexual Health - Early Intervention Service	£934k for extension period.	01/10/2017	31/03/2023	£5,104,186	£926,562
People	Adult Care and Health	Public Health - Adults Substance Misuse Service	£2,875k for extension period.	01/12/2018	30/11/2023	£6,744,120	£1,348,824
People	Adult Care and Health	Public Health - Young Persons Substance Misuse Service	£298k for extension period.	01/12/2018	30/11/2023	£743,100	£148,620
People	Adult Care and Health	Learning Disabilities - Complex Needs Building Based Day Centre Provision	£4,295k for contract award.	16/08/2021	15/08/2024	£4,295,000	£859,000
People	Adult Care and Health	Integrated Community Equipment Service (ICES)	£1,200k for extension period.	01/04/2017	31/03/2023	£13,800,000	£1,200,000
Place	Public Protection and Enforcement	Dogs & Pest Control Services	£56k for extension period.	01/02/2018	31/01/2023	£370,000	£60,500
Place	Environment and Community Services	Parking Enforcement and Associated Services	£506k for variation over lifetime of contract.	03/04/2017	02/04/2027	£19,731,776	£1,922,217
People	Adult Care and Health	Learning Disabilities - Step Forward Programme	£72k for contract award.	01/04/2021	31/03/2022	£72,700	£72,700

People	Adult Care and Health	Learning Disabilities - Saturday Respite	£41k for contract award.	01/04/2021	31/03/2022	£41,400	£41,400
Chief Executive	Executive, Resources and Contracts	Jadu Website Refresh Photon Platform	£75k for contract award.	01/09/2021	31/03/2022	£75,000	£75,000
People	Children, Education and Families	Family Group Conferencing Service	£180k for extension period.	01/04/2019	31/03/2024	£554,000	£90,000
People	Children, Education and Families	Provision of Individual Support for Short Breaks For Disabled Children and YP and their families	£375k for contract award.	01/10/2021	30/09/2024	£375,000	£75,000

By virtue of paragraph(s) 1, 2, 3 of Part 1 of Schedule 12A
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