



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 21 June 2022

To: Members of the
AUDIT AND RISK MANAGEMENT COMMITTEE

Councillor Michael Tickner (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Jeremy Adams, Simon Fawthrop, Kira Gabbert, Julie Ireland,
Jonathan Laidlaw and Simon Jeal

A meeting of the Audit and Risk Management Committee will be held at Bromley
Civic Centre on **THURSDAY 30 JUNE 2022 AT 7.00 PM**

TASNIM SHAWKAT
Director of Corporate Services & Governance

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 PART 1 MINUTES OF THE MEETING HELD ON 2ND MARCH 2022** (Pages 5 - 14)
- 4 **QUESTIONS FROM 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. These questions should have been received by 5pm on 16th June.

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 24th June**.
- 5 **QUESTIONS FROM COUNCILLORS:**

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. These questions should have been received by 5pm on 16th June.

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 24th June .**

6 QUESTIONS ON THE AUDIT REPORTS PUBLISHED ON THE COUNCIL WEBSITE

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

- 1 Community Infrastructure Levy(Cil) 2021-2022
- 2 Payroll (Tax)
- 3 Review Of Appointeeship And Deputyship
- 4 Review Of Building Control
- 5 Review Of Contract Monitoring Of Environmental Services Contracts:2021--2022 62)
- 6 Review Of Planning Applications (Pre-Application Advice Service)
- 7 Review Of Special Educational Needs Placements And Transition Process
- 8 Value Added Tax (Vat) Arrangements 2021-22

The link to the reports is:

[Agenda for Information Briefings on Thursday 30 June 2022, 7.00 pm \(bromley.gov.uk\)](#)

- 7 MATTERS OUTSTANDING FROM THE LAST MEETING** (Pages 15 - 20)
- 8 ANNUAL INTERNAL AUDIT REPORT 2021/22** (Pages 21 - 48)
- 9 ANNUAL GOVERNANCE STATEMENT 2021--2022** (Pages 49 - 86)
- 10 INTERNAL AUDIT AND FRAUD PROGRESS REPORT** (Pages 87 - 106)
- 11 RISK MANAGEMENT** (Pages 107 - 148)
- 12 CONTRACT PROCEDURE RULES: BI-ANNUAL REPORT ON EXTENSIONS, EXEMPTIONS, VARIATIONS AND WAIVERS** (Pages 149 - 154)
- 13 EXTERNAL AUDIT AND FINANCIAL REPORTING UPDATE** (Pages 155 - 160)
- 14 LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006 AND THE FREEDOM OF INFORMATION ACT 2000**

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

Items of Business

Schedule 12A Description

- | | | |
|-----------|---|---|
| 15 | ANNUAL INTERNAL AUDIT REPORT 2021/22--
PART 2 (Pages 161 - 164) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
| 16 | EXEMPT MINUTES OF THE MEETING HELD ON
2ND MARCH 2022 (Pages 165 - 166) | 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 2 March 2022

Present:

Councillor Neil Reddin FCCA (Chairman)

Councillors Gareth Allatt, Simon Fawthrop, Tony Owen,
Stephen Wells and Angela Wilkins

Also Present:

94 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Robert Evans.

95 DECLARATIONS OF INTEREST

Councillor Simon Fawthrop declared an interest as an employee of British Telecom.

96 CONFIRMATION OF THE MINUTES OF THE MEETING HELD ON 21st OCTOBER EXCLUDING THOSE CONTAINING EXEMPT INFORMATION

The minutes of the Audit Sub-Committee that sat on the 21st of October 2021 were agreed as a correct record.

97 QUESTIONS TO THE AUDIT SUB COMMITTEE

One written question had been received. The response to the question had been disseminated to the Committee and the questioner before the meeting.

98 MATTERS ARISING--PART 1

CSD 22037

The Chairman stated that all matters had now been resolved and closed.

It was noted that steps had been taken to strengthen and improve the effectiveness of the Risk Management Group. The structure and format of the Corporate Risk Register was being reviewed. The review was being carried out by Marsh who were independent risk consultants.

A brief conversation took place as to the rationale behind Neighbourhood Managers attending recycling depots to check paper.

RESOLVED that the Matters Arising report be noted.

99 PUBLICATION OF AUDIT REPORTS

Members noted the Internal Audit reports that had been published on the Council website.

100 INTERNAL AUDIT PROGRESS REPORT

FSD22020

The Chairman commented on section 3.18 of the report which highlighted the common theme of issues around data management and quality assurance. A discussion took place around the differences between performance management and quality assurance.

A Member commented that in the past he had invited Mal Owen to provide training to officers with respect to statistical process control—he said that this training was used for approximately six months but was unfortunately abandoned. He also mentioned training that had been provided via Cranfield Business School and a book that had been recommended that was written by Professor John Seddon who had attended the Council. The book highlighted various techniques for dealing with quality and data control and he expressed the view that these various modes of learning had not been utilised by officers.

The Chairman drew the attention of the Committee to section 3.2.10 of the report which dealt with Housing Needs, Early Intervention and Advice. He was concerned to note that the audit had made the observation that the information provided on the Council website was inadequate for people to properly navigate and find solutions to their various needs. He said that it should not be up to Internal Audit to have had to identify this, but perhaps it should have been picked up in some way by the Housing Needs Contact Centre. He wondered if the contact centre had anything in place to identify this and the Head of Audit and Assurance said that she would investigate this with the relevant Assistant Director.

A Member followed on from this by highlighting a difficult case that he had been involved with when he was contacted by a priest who was trying to assist two teenagers after the death of their mother from Covid. There was no guidance on the website for this type of situation and the Member stated that consideration should be given to providing wider information on the web site that would cover non-standard scenarios—some thinking ‘out of the box’ was required.

It was noted that many of the Personal Housing Plans of clients were of mixed quality and many had not been closed off by managers and this was a cause of concern.

Members were very concerned to learn of an incident where an email had been sent to a Housing Needs client which detailed much personal information such as the household ID, security question with answer and the password. It was very much hoped that this was an isolated case; the Head of Audit and Assurance assured that relevant guidance had now been circulated to the particular officer concerned and the whole team. The Chairman commented that it would be good if the Housing Portal Software could issue such information in a secure way. A Member wondered why a housing officer would have access to the password.

Section 3.2.11 of the report referred to a 'Housing Performance Digest' and a Member enquired if it was possible to have sight of this. The Head of Audit and Assurance said that she would find out if this was possible.

A Member commented that the audit report summaries in the IAPR noted the respective assurance levels and the various types of priority recommendations, but that it was not always immediately obvious what the various recommendations were. It was agreed that in future bullet points would be added to the report to explain what the recommendations were.

The Committee discussed the audit of the IT Asset Register. The Chairman wanted to understand who would be responsible for any losses in the event of any equipment being lost or in the event of any security breach. The Head of Audit and Assurance had sought clarification regarding this from the IT Department but this particular issue was not clearly laid out in the current contract. The Head of Audit and Assurance informed members that the IT contract was due for re-procurement later in the year and that at that time the issue would be addressed. However, at the moment there was an element of risk. It was also noted that if the IT Asset Register was not correct, then the corresponding bills with respect to IT Assets may also be incorrect. It was pointed out that all phone and data lines should be noted on the Asset Register. The contract manager should have a copy of this and using this the manager should be able to check if the bills were correct.

Members noted the internal audit with respect to Supported Living and that the Assurance rating was 'Reasonable'. The Internal Audit Team had established a failure to identify and respond to voids, which did not represent the best value for money for the Council. Some properties had been vacant for 18 months and the Chairman wondered why this was the case. The Head of Audit and Assurance said that she would look into this and report back. It had been highlighted in the report that monies had been paid with respect to one to one care for three service users who had returned to live back with their families during the pandemic. This totalled £33,165.50 and this was being clawed back from the service providers. The Head of Audit and Assurance said that she would check if these clients had now returned to their supported living accommodation.

Members noted the issues that had been highlighted in the report with respect to Covid 19 Risk Assessments. The Head of Audit and Assurance stated that the agreed actions would be followed up in due course, as it was her plan that

going forwards, Priority 2 and 3 recommendations would be followed up as well as Priority 1 recommendations.

With respect to the audit of financial assessments, in most cases this was undertaken in a satisfactory manner. The Council website contained sufficient guidance and information for the public to submit the relevant financial details. There was one case where the assessment had been outstanding for 15 months, but this was an exception rather than the rule. It was the case that an escalation process was required where there was a delay in submitting the relevant data and financial details required for an assessment to take place.

The Committee then turned its attention to the P1 follow ups. The Head of Audit and Assurance explained that in the past it had been the case that Internal Audit only followed up on priority one recommendations. It was now the case that this would change and that going forward Internal Audit would also follow up on priority two and priority three recommendations. The first follow up would take place six months after the first initial report had been published. This would require a culture change and all of the priorities would be followed up until they were closed. The Head of Audit and Assurance explained that all recommendations from the 2021/22 financial year would be followed up. The resource did not exist to go back further than this. The Committee welcomed this approach. It was noted that outstanding recommendations would be noted at meetings of the Corporate Leadership Team. Although it was the responsibility of managers to implement recommended changes—the Head of Audit and Assurance stated that she had a responsibility to ensure that the agreed actions were implemented

A discussion took place concerning the effectiveness or otherwise of using spreadsheets, as this was the way that Internal Audit currently worked. A Member commented that spreadsheets were only as effective as the quality of the person inputting the data. It was noted that the Council were hoping to investigate whether a bespoke audit system could be procured to increase efficiency and this was welcomed by Members. It was pointed out that in terms of getting recommendations implemented and embedded, previously the Audit Committee had summoned officers if necessary to attend meetings and to report on what was being done to resolve any issues that were ongoing. A Member commented that this was very effective and perhaps the Committee should go back to doing this. It had been the case that issues had been referred back to Policy, Development and Scrutiny Committees, but very often, because the agendas of the committees were substantial, they did not always have time to scrutinise everything in sufficient depth.

A Member pointed out that it was noted in the audit reports that in most cases, issues had been identified to managers for them to resolve and that managers had agreed with the recommendations and the need for them to be resolved. A Member suggested that if managers failed to deal with the recommendations as identified by Internal Audit, then this should be a matter that needed to be raised at their Annual Performance Review. It was suggested that this process be formalised and the matter raised with the Director of HR for consideration. The Chairman agreed with this.

The Chairman informed Members that he had good news in that the 'Man in the Van' (employed in case there was a failure to the power supply to the Data Centre), would soon no longer be required as the relevant works had been undertaken. There were some minor electrical faults that had been identified during the course of installing the new switch, but these should be resolved within a week and then full resilience would be achieved. The Head of Audit and Assurance stated that she would report back to the next Audit Sub Committee regarding whether the recommendation could be fully closed.

The Committee discussed the matter of FOI requests, including the large number that seemed to be received and the process concerning how these requests were processed. A Member expressed the view that LBB was getting a large number of FOI requests as officers were not forthcoming initially in responding to basic questions from the public. It was suggested that the number of FOI requests be monitored in terms of numbers and trends and that this matter should be referred to the GP&L Committee or the ER&C Committee for consideration. Another suggestion was that as this was an issue that affected the whole of the Council, then the matter should be referred to Council for consideration. The Committee decided that the issue of FOI requests be referred in the first instance to GP&L, but that it should also be looked at by the ER&C Committee. It was suggested that a report be provided to GP&L that would consider such matters as:

- The number of FOIs being received by the Council
- Why the FOIs were being received
- Cost savings to the Council of avoiding FOIs
- The Committee to formulate a new and efficient policy/methodology for dealing with FOI requests.
- Making sure that there were consistent standards in dealing with FOI requests.

A Member referred to the issue of the UPS that was supplied with respect to the Data Centre. He recalled seeing the original quote for the UPS which he thought was too expensive and did not represent VFM. The Member wanted to know if the Council had sourced three quotes and asked that this be checked.

With respect to the Supported Learning Audit, Members were concerned with the high number of voids that had been identified and the possible corresponding loss of income due to the continued need to pay service charges. It was noted that one of the reasons for the voids was due to the need for maintenance work but another reason was the fact that LBB did not have a formal process in place to identify voids.

Members discussed the purchase of the new Early Years System and it was noted that this was not an off the shelf system that was ready to use. It seemed to be the case that the Council lacked a full understanding of what was required when the system was bought. A Member commented that the Council did not have a good track record as far as the procurement of IT

solutions was concerned. Going forward it was noted that IT were keen to be involved at the start of any IT procurement rather than at a later stage.

Members discussed the Additional Restrictions Grant Scheme. There was a note on the report that highlighted how many grants had been paid, together with the amounts. A Member wanted to know how many grants had been applied for and the Head of Audit and Assurance said that she would find out.

A discussion took place regarding the External Quality Assessment of Internal Audit. Members heard that the Audit Sub-Committee had an important role in overseeing the quality and performance of Internal Audit. One of the key mechanisms that enabled the Audit Sub-Committee to discharge its oversight role, was the External Quality Assessment. Under the Public Sector Internal Audit Standards, the Internal Audit Service must undergo an External Quality Assessment every five years. The previous EQA took place in March 2016 and it was noted that this was now overdue and should be undertaken as soon as possible.

Members were briefed that the PSIAS stipulated that the EQA must be conducted by a qualified, independent assessor from outside the organisation and that it must conclude on conformance with the PSIAS and the Code of Ethics. There was flexibility around the precise form of the assessment, which could be a validated self-assessment or a full external assessment. It was important that the Audit Sub-Committee agreed the form, scope and provider of the review in order to maintain the review's independence from the Internal Audit Service. The Head of Audit and Assurance said that she was proposing that the London Audit Group be asked to come in and undertake the external quality assessment. A discussion took place regarding the nature and quality of the external quality assessment and everyone hoped it would be a useful exercise and would not just be a case of ticking boxes.

Members discussed the External Audit update. It was noted that with respect to the accounts for 2019 to 2020, further issues had been raised by the External Auditors and some of these issues were for less than £200. The Chairman remarked that he found this rather strange because of the materiality limits that had been agreed. The Head of Audit and Assurance commented that it was frustrating that last minute queries had been raised, but it was good that the review stage had now been reached and the conclusion of the report should be ready soon. A Member commented that members of the public had queried if the Crofton Lane Cycle Scheme was value for money and he felt that this would be an issue when it was reported.

It was noted that the Pensions and Investment Sub-Committee had been changed to a full committee and it was expected that the Audit Sub Committee would also change to a full committee rather than remain as a sub-committee of GP&L in the near future. A discussion took place as to where the External Auditors would report to when the Audit Sub Committee became a full committee. The Chairman thought that perhaps they would report to the newly established full Audit Committee; a Member expressed the view that they would report to GP&L, and then to Full Council.

A Member expressed concern that the External Auditors were looking at approximately 30 items that were valued between £200 and £300 and that this work was liable to generate a fee from the External Auditors of in the region of £20k. He wondered how this could be justified. He expressed further concern that the External Auditors were questioning the way that the Council's actuaries were undertaking their valuations. He commented that the valuations were undertaken by highly respected actuaries and he questioned why it was reasonable or justifiable that the external auditors should be looking into the methods that the actuaries used to determine their valuations. He expressed concern that the external auditors were creating extra work to increase their fees. The Chairman also expressed concern at this and drew comparisons to the situation that arose when Montague Evans were brought in as experts to provide property valuations and the External Auditors questioned their valuations at that time. It was noted that the Director of Finance was aware of these issues. The Committee was aware that as far as External Auditors for public sector organisations were concerned, there was not much competition and that in line with the recommendations of the Redmond Review the market for external audit should be widened.

Members noted the update regarding joint working with the DWP. The Chairman commented that this had never worked well.

RESOLVED that:

- 1) The Internal Audit Progress Report be noted.**
- 2) The Internal Audit reports published on the Council's website be noted.**
- 3) The proposed amendments to the Internal Audit Plan 2021-22 as set out in paragraph 3.1.4 be approved.**
- 4) The proposed approach to the External Quality Assessment set out in section 3.5 be agreed.**
- 5) The Head of Audit and Assurance would investigate if the Housing Needs, Early Intervention and Advice Contact Centre had any way of identifying shortcomings in the information provided to the public on the Council website.**
- 6) The Head of Audit and Assurance would find out if it was possible for Members to have sight of the 'Housing Performance Digest.'**
- 7) The Head of Audit and Assurance would investigate why some supported housing accommodation had been vacant for up to 18 months.**

8) The Head of Audit and Assurance would check if clients (for whom supported living payments had previously been paid when they had returned to live with parents) had now returned to their supported living accommodation.

9) The Committee recommend to the Director of HR that if managers did not deal with recommendations that had been identified by the Internal Audit Team, this should be noted in the manager's Annual Performance Review.

10) A report be presented to the GP&L Committee that would formalise a new and more effective policy for dealing with FOI requests. After being considered by the GP&L Committee, the report should also be presented to the ER&C Committee.

11) The Head of Audit and Assurance would find out if three quotes had been obtained for the UPS for the Data Centre.

12) The Head of Audit and Assurance would find out how many grants had been paid out with respect to the Additional Restrictions Grant Scheme.

101 INTERNAL AUDIT PLAN 2022-23 AND INTERNAL AUDIT CHARTER

FSD 22021

The Head of Audit and Assurance informed the Committee that she considered it would be more productive going forward to replace the Annual Internal Plan with a plan that would be drafted on a six monthly basis. She believed that this would be a more flexible and robust approach. The Head of Audit and Assurance said that she was asking the Committee to approve the IAP now for April to October. Then at the next meeting in November she would present a plan for November and the rest of the financial year.

A Member referenced section 3.5 of the report which detailed the consultees for the IAP. He noted that Councillors had not been included in the list and so he asked if the list could be expanded to include Councillors in the consultation process.

A discussion took place concerning how the 721 days for the planned internal audit work was broken down. The Head of Audit and Assurance explained that this was set out in Appendix A with the proposed reviews for the first six months and the remaining days would be carried forward to the second six monthly plan.

A Member drew attention to the wording 'ethical governance' and a discussion took place regarding the difference between ethical and non-ethical governance and whether or not the term 'ethical' was required. He said that what was required was good governance that was of a high standard.

A Member stated that he thought the plan was flexible and excellent and the Chairman agreed with that view.

It was noted that Internal Audit should not be involved in writing the Annual Governance Statement. It was the role of Internal Audit to coordinate and facilitate the process for the drafting of the AGS. However, the content of the statement would be decided by Chief Officers and senior leaders.

Before moving into the Part 2 agenda, the Chairman informed Members that a report would be presented to the GP&L Committee to propose that the Audit Sub-Committee should no longer be a sub-committee, but a full committee in its own right in a similar manner to what took place with the Pensions and Investment Sub-Committee the previous year. The new committee would be known as the 'Audit and Risk Management Committee'.

Members expressed their thanks to the Chairman—Councillor Neil Reddin for his sterling work as a member of the Committee for 15 years, with 12 years serving as Chairman. The Chairman thanked Members and said it was a team effort and that he had been supported by very capable colleagues. It was also noted that it was Councillor Allatt's last meeting on the Audit Sub Committee.

RESOLVED that:

- 1) The Internal Audit Plan for April-October 2022/23 be approved**
- 2) The Internal Audit Charter be approved.**

102 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.

103 EXEMPT MINUTES OF THE MEETING HELD ON 21ST OCTOBER 2021

The exempt minutes of the meeting held on 21st October 2021 were agreed as a correct record.

104 MATTERS OUTSTANDING--PART 2

The Part 2 Matters Arising report was noted.

105 INTERNAL AUDIT FRAUD AND EXEMPT ITEMS REPORT

Audit Sub-Committee
2 March 2022

The report provided details of counter fraud work that was deemed to be confidential.

RESOLVED that the Internal Audit Fraud and Exempt Items report be noted.

The meeting ended at 9.00 pm

Chairman

Report No.
CSD22077

LONDON BOROUGH OF BROMLEY

PART 1 PUBLIC

Decision Maker: **AUDIT SUB-COMMITTEE**

Date: **30th June 2022**

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

Title: **MATTERS ARISING**

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

Chief Officer: **Tasnim Shawkat—Director of Corporate Services and Governance**

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: £366,000
 5. Source of funding: 2022/2023 revenue budget
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Staff

1. Number of staff: 6 FTE
 2. If from existing staff resources, number of staff hours: Completion of "Matters Arising" reports for the Audit Sub Committee normally takes a few hours per meeting.
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Legal

1. Legal Requirement: None:
 2. Call-in: Not Applicable: This report does not require an Executive Decision
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for the benefit of members of the Audit Sub-Committee so that Committee Members can monitor progress made on matters that are outstanding 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
<p>Minute 100 02.03.22 IAPR</p>	<p>The Head of Audit and Assurance would investigate if the Housing Needs, Early Intervention and Advice Contact Centre had any way of identifying shortcomings in the information provided to the public on the Council website</p>	<p>The Housing Options and Advice phone line is operated by the LBB Housing Service, although callers may also come through the main switchboard number. Regarding 'identifying shortcomings' on the Housing website offer, the departmental response to the Management Action Plan was that 'This has been identified as a critical piece of work, for the department as a whole and is being led on by Compliance and Strategy. We recognise that as a minimum, housing advice needs to be available, accessible and clear to a wide audience to support them in finding a solution to their housing situation.</p> <p>The Compliance & Strategy Team has already begun work to benchmark against other LA websites to ensure that the updated information is in line with good practice and also reflects the current work and housing options provided by the service on a day to day basis.'</p>	<p>Compliance and Strategy Team</p>	<p>Closed</p>
<p>Minute 100 02.03.22 IAPR</p>	<p>The Head of Audit and Assurance would find out if it was possible for Members to have sight of the 'Housing Performance Digest.</p>	<p>The Assistant Director of Housing advised that the Performance Digest is an internal performance document that is currently being refined. Key KPIs are reported through the quarterly Portfolio Plan updates to RR&H PDS. Thematic sessions are also provided to RR&H; the most recent is linked here Agenda for Renewal, Recreation and Housing Policy Development and Scrutiny Committee on Wednesday 16 March 2022, 7.00 pm (bromley.gov.uk)</p>		<p>Closed</p>
<p>Minute 100 02.03.22 IAPR</p>	<p>The Head of Audit and Assurance would investigate why some supported housing accommodation had been vacant for up to 18 months.</p>	<p>The Head of Complex and Long Term Commissioning has advised that:</p> <p>"The voids are at a supported living scheme commissioned from Provider A. These long term voids resulted from a tenant passing away and another tenant moving on due to a change in needs. The voids occurred prior to the pandemic and this made filling them difficult due to:</p>		<p>Closed</p>

		<p>Clients and their families being fearful of moving into a location where staff (who may unwittingly bring the virus in to care settings) and other service users are present;</p> <p>Existing tenants and their families being concerned about new people moving in with them;</p> <p>The physical process of arranging visits being much more difficult.</p> <p>In addition to the above, some elements of the building's décor were in poor condition and the rooms were not attractive to people viewing. The redecoration works were undertaken during the Autumn of 2021 and this has improved matters significantly.</p> <p>Commissioners are also meeting with the provider to agree actions that will make the building more attractive to younger people.</p> <p>Whilst the rooms are not yet occupied, there has been a thorough overhaul of the nominations process, and referrals and assessments by the provider are now being processed. In addition to this, commissioners will be undertaking a strategic review of supported living properties in the Borough that will aim to maximise use of the available properties."</p>		
<p>Minute 100 02.03.22 IAPR</p>	<p>The Head of Audit and Assurance would check if clients (for whom supported living payments had previously been paid when they had returned to live with parents) had now returned to their supported living accommodation.</p>	<p>The Head of Complex and Long Term Commissioning has advised that:</p> <p>"One service user returned home during the pandemic, they did not return to Supported Living. They have now returned to Residential Care. For context 2 people did leave residential care to return home, these have both now returned to residential care."</p>		<p>Closed</p>
<p>Minute 100 02.03.22 IAPR</p>	<p>The Committee recommend to the Director of HR that if managers did not deal with recommendations that had been identified by the Internal Audit Team, this should be noted in the manager's Annual Performance Review.</p>	<p>The Committee Clerk informed the Director of HR concerning this recommendation from the Committee. The Director of HR asked the Head of HR, Business Systems and Reward to action.</p>	<p>Head of HR, Business Systems and Reward.</p>	<p>TBC</p>
<p>Minute 100</p>	<p>A report be presented to the GP&L Committee that would</p>	<p>Awaiting an update on the drafting of the report.</p>	<p>Vinit Shukle</p>	<p>Ongoing</p>

02.03.22 IAPR	formalise a new and more effective policy for dealing with FOI requests. After being considered by the GP&L Committee, the report should also be presented to the ER&C Committee.		and Lucinda Bowen.	
Minute 100 02.03.22 IAPR	The Head of Audit and Assurance would find out if three quotes had been obtained for the UPS for the Data Centre.	The Council's electrical contractor sourced the UPS, which is currently on order. The contractor undertook some research and provided a report to the Council containing two quotes from different suppliers for the UPS.		Closed
Minute 100 02.03.22 IAPR	The Head of Audit and Assurance would find out how many grants had been paid out with respect to the Additional Restrictions Grant Scheme.	See table below:		Closed

The Project Team have provided an updated table as below:

Type of ARG scheme	Total number of applications received	Total number of applications rejected	Total number of payments made	Total amount paid
Start up grant scheme	31	17	14	£110,500
Business growth scheme	320	275	45	£931,209.26
Vacant unit scheme	146	124	22	£1,016,728.85
Cultural scheme	80	50	30	£466,789.86

So far as the rejected claims are concerned, these were for a variety of reasons. The main ones were that (i) there was not sufficient evidence provided by the applicant to support the application or (ii) the application didn't meet the eligibility criteria for the scheme.

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Agenda Item 8

Report No.
FSD22042

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: **AUDIT AND RISK MANAGEMENT COMMITTEE**

Date: **Thursday 30 June 2022**

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

Title: **ANNUAL INTERNAL AUDIT REPORT 2021/22**

Contact Officer: Francesca Chivers, Head of Audit and Assurance
E-mail: Francesca.Chivers@bromley.gov.uk

Chief Officer: Director of Finance

Ward: (All Wards);

1. Reason for report

This report provides the Head of Audit and Assurance's annual opinion for 2021/22 on the Council's overall systems of risk management, governance and control. This opinion is one of the key independent means of assurance available to Members to enable them to ensure that a sound system of governance is in place and that risks are being effectively managed. It should inform Members' review of the Annual Governance Statement, provided as a separate agenda item. The report includes:

- An overview of the work undertaken to support the opinion
- A summary of the outcomes of the Quality Assurance and Improvement Programme
- The Head of Audit and Assurance's overall opinion on systems of risk management, governance and control.

2. **RECOMMENDATION**

Members are asked to note the report and the Head of Audit and Assurance's opinion for 2021/22 on overall systems of risk management, governance and control.

Impact on Vulnerable Adults and Children

1. Summary of Impact: None
-

Transformation Policy

1. Policy Status: Not Applicable
 2. Making Bromley Even Better Priority:
(5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
-

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Internal Audit and Assurance
 4. Total current budget for this head: £541K in 2021/22 including Internal Audit and External Audit, Fraud Partnership, Insurance Management and Claims handling
 5. Source of funding: General Fund, Admin Penalties, 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 spent on the audit plan, fraud and investigations, excludes RB Greenwich investigators' time.
-

Legal

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

Procurement

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

Property

1. Summary of Property Implications: None
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: None
-

Customer Impact

1. Estimated number of users or customers (current and projected): Relevant to all of the Council's stakeholders
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 Under the Accounts and Audit Regulations, the Council must “undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes”, taking into account the Public Sector Internal Audit Standards (PSIAS). It is a key requirement of these Standards that the Head of Audit and Assurance provides an overall opinion for each financial year on systems of risk management, governance and control. This opinion is intended to inform Members’ review of the Annual Governance Statement (AGS), as it provides a means of independent assurance on the assertions within the AGS.
- 3.2 The overall opinion is primarily based on the finalised audits from the 2021/22 Internal Audit Plan. However, it also takes into account:
- ▶ Follow up of ‘Priority 1’ recommendations
 - ▶ Counter fraud work and other investigations throughout the year
 - ▶ Ad-hoc advisory work
 - ▶ Work to support various Covid grant schemes including risks and controls advice and pre-payment assurance checks
 - ▶ Our own informal observations of the organisation, for example through attendance at Corporate Leadership Team, Corporate Risk Management Group and other forums.
- 3.3 I have also chosen to place reliance on two external reviews in order to support my opinion; the risk register review undertaken by the Council’s insurance broker (paragraph 3.9.2) and the independent review of the Bromley Section 31 Health Act 1999 Partnership Agreement regarding Mental Health services (**Appendix A** page 8).
- 3.4 The report also contains the outcomes of our Quality Assurance and Improvement Programme (QAIP), together with the resultant action plan. This information is intended to enable Members to discharge their responsibility to oversee the quality and effectiveness of Internal Audit.
- 3.5 Our ability to remain independent and free from undue influence whilst undertaking our work is critical to our effectiveness, as our assurances are thus fully impartial. As such, I am required by professional standards to annually confirm our independence to Audit and Risk Management Committee. For 2021/22, there have been no impairments or scope restrictions placed on our work.

3.6 Internal Audit Progress

- 3.6.1 Progress against the original 2021/22 Internal Audit Plan as agreed by Members of Audit Sub-Committee in March 2021 is set out in **Table 1** below. This table incorporates all pieces of work and associated opinions which form part of the Annual Opinion. Definitions of our assurance opinions are set out in **Appendix B**. In total, we have completed 31 pieces of work, including assurance, advisory and grant sign off. Two pieces of advisory work (Engagement of Consultant in Youth Offending Services and Meadowship LLP) were added to the Plan during the year. All work completed since the last report to Audit Sub-Committee in March 2022 is marked with * and summaries of these items are provided in **Appendix A** and **Appendix D (Part 2)**. Summaries of all other pieces of work can be found in the [October 2021](#) and [March 2022](#) progress reports. Work that is still in progress will be reported to a future meeting of this Committee. All deferrals were agreed by Audit Sub-Committee in March 2022.

3.6.2 In addition, since the last Committee cycle, we have published the following 2021/22 redacted final reports. Members are asked to agree an exemption to publication for the Cyber Security report, until all recommendations are fully implemented.

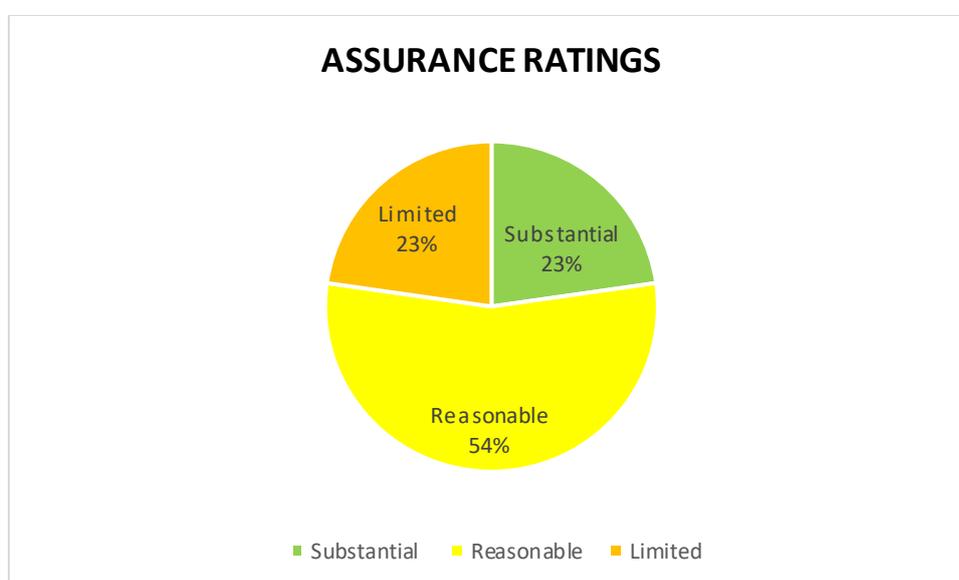
- Payroll
- Appointeeship and Deputyship
- SEN Placement and Transition Process
- Contract Monitoring – Environmental Services
- Building Control
- Value Added Tax
- Community Infrastructure Levy (CIL)

Table 1 - 2021/22 Internal Audit Plan	
Audit	Status and Assurance Opinion
Creditors	Complete – Substantial
Information Governance and GDPR	Complete – Limited
FOI and Subject Access Requests	Complete – Limited
*Criminal Finances Act	Complete – Advisory
*Cyber Security	Complete – Limited
Housing Benefit	Complete – Substantial
IT Asset Register	Complete – Limited
Delivery of ICT Strategy	Deferred
*Value Added Tax	Complete – Reasonable
*Payroll (Tax)	Complete – Reasonable
PPN 02/20 and PPN 01/20	Complete – Substantial
Health and Safety – Review of Covid-19 risk assessments	Complete – Reasonable
Engagement of consultant in YOS (additional review)	Complete – Advisory
Learning Disability Supported Living Schemes	Complete – Reasonable
*Appointeeship and Deputyship	Complete – Reasonable
Social Care case management system replacement	Complete – Advisory
Blue Badge Scheme Operation	Complete – Reasonable
*Supporting Families Grant certification	Complete - Terms and Conditions of Grant met
Direct Payments Pre-Paid cards – Adults	Deferred
Direct Payments Pre-Paid cards – Children’s	Fieldwork in progress
*Mental Health Service Agreements and S117	Reliance placed on external review
Financial Assessments for Social Care Clients	Complete – Reasonable
*SEN Placements and Transition Process	Complete – Limited
Downe Primary School	Complete – Reasonable
Marjorie McClure School	Complete – Reasonable
St Olaves Grammar School	Deferred
Test and Trace Service Support 2020/21 Grant Certification No: 31/5075	Not yet required
Local Authority Community Testing Funding Grant determination 2020/21 No: 31/5301	Not yet required
Pre Exposure Prophylaxis (PrEP) Funding Grant determination No: 31/5179	Complete - Terms and Conditions of Grant met
Step Up to Social Work – Cohort 6 Grant determination	Complete - Terms and Conditions of Grant met
Waste Contract	Complete – Substantial
*Contract Monitoring – Environmental Services	Complete – Substantial

Drainage Cleaning	Fieldwork
Temporary Accommodation and Housing Rents	Fieldwork
Housing Needs – Early Intervention and Advice	Complete- Reasonable
Bromley Housing stock – responsibilities arising from managing housing	Cancelled
Disabled Facilities Grant	Complete - Terms and Conditions of Grant met
*Community Infrastructure Levy	Complete – Reasonable
Commercial and non-office owned Property	Fieldwork
Meadowship LLP (addition to the Plan)	Complete – Advisory
*Building Control	Complete - Reasonable

3.7 Internal Audit Outcomes

3.7.1 Our audit opinion this year includes 22 pieces of work that were given a formal assurance opinion. The chart below shows an overall breakdown of these opinions.



3.7.2 Overall, 54% of audits received 'Reasonable' assurance and a further 23% received 'Substantial' assurance (the highest rating). This is a solid set of results which indicates that overall, risks are being well-managed. Three of the 'Substantial' ratings relate to contract audits; these are important results as procurement and contract management are key to the Council's ability to succeed as a 'Commissioning Authority'.

3.7.3 All core financial audits received 'Reasonable' or better assurance (including the two schools' audits). Further, our grant assurance work did not identify any significant issues and we were able to confirm for all grants reviewed that the terms and conditions of the grant had been met. For Covid grants, there were appropriate systems of control in place with necessary checks undertaken prior to payment to minimise fraud risks as far as reasonably practicable.

3.7.4 Our work also provides assurance on the Council's objective since March 2020 to deliver core services alongside the challenges presented by the pandemic. Two pieces of assurance work specifically concerned arrangements put into place in response to the pandemic for staff and suppliers: Covid-19 risk assessments (staff) and Covid-specific Procurement Practice Notes (suppliers). Both of these received 'Reasonable' assurance. Further, all relevant assurance pieces of work this year considered any specific adaptations to the service made in the light of

the pandemic. We found that services had adapted well to the pandemic, including for their interaction with customers and continuity of service delivery.

- 3.7.5 Three of the 'Limited' assurance opinions were given in connection with information governance and security, across FOI / SARs, GDPR and Cyber Security. These are critical areas for the Council to address, as they impact all areas of the Council's operations and carry significant associated financial, reputational and operational risks. Whilst we did raise some more technical recommendations in these audits, two Priority 1 recommendations (one now closed) were around managing human behaviour, including training, compliance and expectations. Clearly, therefore, it will be important that these core underpinning areas are owned by the organisation as a whole and viewed as the responsibility of every employee.
- 3.7.6 **Diagram 1** on page 8 shows how the assurances provided by individual audits map to the organisation's strategic objectives (Ambitions). Some audits appear more than once, where they cut across different Ambitions.
- 3.7.7 Audits have largely provided reasonable or better assurance with regard to Ambitions 2, 3 and 4. There has been limited coverage under Ambition 1: Our children thrive and flourish secure into adulthood, with two of the four audits listed here relating to individual schools and a third relating to a grant claim. For Internal Audit, this ambition will be an area of renewed focus in 2022/23 and we are currently planning an audit of the overarching Quality Assurance framework. The remaining audit of SEN Placements and Transition received 'Limited' assurance. The SEN budget is under considerable pressure; at the time of our audit the estimated overspend for 2021/22 was just over £5 million. The service was in the process of embedding new quality assurance and training initiatives; our audit identified opportunities to further improve oversight of both the budget and placement quality.
- 3.7.8 The bulk of our work for 2021/22 sits under Ambition 5. Typically, these audits are core systems audits or they underpin the control framework of the Council as a whole. There has been a mixture of assurance opinions under this Ambition with just under half assessed as 'Limited' and the remainder split between 'Reasonable' and 'Substantial'. Specific areas are discussed in 3.7.2 – 3.7.5 above.
- 3.7.9 **Diagram 2** on page 9 maps audit coverage against the current Corporate Risk Register (reported as a separate item on this agenda). Our audit work cannot, of course, cover all controls under the listed risks but the mapping highlights where Members may gain some assurance on the management of key risks through our work. Three of the four 'High' risks have received some coverage in 2021/22 with the most comprehensive coverage against 'Cyber Security / GDPR'. Members will note that there are some gaps in coverage however where there is no coverage against high, significant and medium risks, these will be reviewed as part of the 2022/23 Internal Audit Plan.

Diagram 1 – Making Bromley Even Better

Key

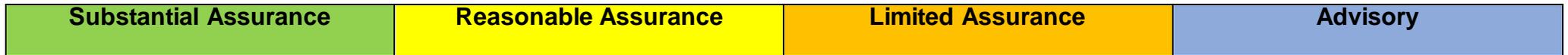


Diagram 2 – Corporate Risk Register

Risk	Current Net Rating	Audit Coverage 2021/22	Audit Outcomes 2021/22
Failure to deliver a sustainable financial strategy	20 (High)	Creditors SEN Placements and Transition Process	Reasonable Limited
Failure to deliver partial implementation of HSC integration	4 (Low)		
Failure to manage change and maintain an efficient workforce	8 (Medium)		
Ineffective governance and management of contracts	8 (Medium)	PPN 01/20 and 02/20 Waste Services Environmental Services - Contract Monitoring	Substantial Substantial Substantial
Failure to maintain and develop IT information systems	6 (Medium)	Some Advisory work including Social Care, Finance and Early Years Funding Systems	All Advisory
Cyber Attack and failure to comply with GDPR	15 (High)	IG and GDPR Cyber Security	Limited Limited
Failure to maintain robust BC and EP arrangements	8 (Medium)		
Failure to deliver effective Children's Services	12 (Significant)		
Temporary Accommodation	16 (High)	Housing Needs - Early Intervention and Advice Meadowship LLP	Reasonable Advisory
Failure to deliver Transforming Bromley Programme	15 (High)		
Climate Change	8 (Medium)		
Health and Safety (Fire and First Aid)	12 (Significant)		

3.8 Recommendations and Follow-Up

- 3.8.1 In total, we raised just over 100 recommendations across our audits (excluding schools) in 2021-22. Analysis of these recommendations has highlighted the following themes:

Quality Assurance (QA) Frameworks – Six recommendations related to designing or improving QA frameworks. These frameworks had sometimes lapsed due to other priorities during the pandemic and associated changes to workload. However, they will be important to drive continual improvement as the Council returns to ‘business as usual’ and seeks to achieve the ambitions set out in ‘Making Bromley Even Better’.

Data Protection / Information Governance – Aside from the specific audits related to these matters, we raised five recommendations in other audits relating to confidentiality, availability and integrity of information. As noted above, there needs to be collective responsibility for Information Governance to properly minimise risks.

Policies / Communication with staff – We raised eleven recommendations relating to policies and procedures which either needed creating or updating. These are of course a core component of any control framework. We also raised two recommendations around the need to ensure policies and procedures are communicated to staff to ensure that they are effective in practice. Two recommendations related to compliance with specific policies.

Maximising resources – Four recommendations, including three ‘Priority 1’ recommendations, related to safeguarding of assets or efficient use of resources. Making the best use of assets and maximising resources is one of the Council’s five stated Ambitions and is likely to become increasingly important over the short and medium term.

Reconciliations – We have raised only one formal recommendation regarding reconciliations but have also raised similar issues in two pieces of advisory work. The issues highlighted have concerned an absence of reconciliations either between systems or to compare actual to expected amounts. Reconciliations are an important control to identify and correct errors, or to identify and investigate any potential fraud.

Website information – We raised a small number of recommendations regarding the need to improve information available on the Council’s website. The new corporate website went live on 9 June 2022.

- 3.8.2 Relevant managers agreed the actions to all audit recommendations raised in 2021/22. A detailed account of recommendation follow-up is provided in the Internal Audit and Fraud Progress report as a separate agenda item.
- 3.8.3 Our focus in 2021/22 was on following up Priority 1 recommendations. Of eight such recommendations either open at the start of the year or made during the year we have fully closed two and have evidenced progress made in a further three. The final three are not yet due. Priority 1 recommendations are attached due significance from Chief Officers, including the Chief Executive and the Director of Finance, with quarterly updates presented to Corporate Leadership Team.

3.9 Risk Management

- 3.9.1 As set out in the Internal Audit Charter, Internal Audit is responsible for co-ordinating risk management work and developing the risk management approach with the Corporate Risk Management Group. Therefore, in order to maintain independence, any review of the effectiveness of the risk management process is sourced externally and reported to the Director of Finance.

- 3.9.2 In February 2022, the Council's insurance brokers undertook a short review of the Council's risk register structure and format, to ensure this was fit for purpose to manage risks effectively. The review highlighted areas of good practice including that the risk register structure is clear and used consistently, accountable risk owners are defined and risk titles and descriptions are clear.
- 3.9.3 The review suggested three key areas for further development. The first of these was to review and define the Council's risk appetite, so that it is clear whether risks are being managed to an acceptable level, or whether further action is necessary. The second was to ensure that links between risks and strategic objectives are highlighted and the third was to ensure that the overall effectiveness of controls is properly assessed, again so that the Council knows where further action / resource is necessary. All of these suggestions have been discussed with the Director of Finance, the Chief Executive and Corporate Risk Management Group. The Group will be undertaking further work to establish how risk appetite and control effectiveness could be implemented and this will feed into a review of the Risk Management Framework.
- 3.9.4 The existing risk management process has continued to operate as expected during 2021/22, with officer scrutiny provided by Corporate Risk Management Group and Corporate Leadership Team prior to Member scrutiny via Audit Sub Committee and relevant PDS Committees.

3.10 Counter Fraud and Investigations

- 3.10.1 Internal Audit works in partnership with the Royal Borough of Greenwich in respect of Counter Fraud Investigations. A detailed summary of referrals made and work undertaken in 2021/22 is provided in the Internal Audit and Fraud Progress report as a separate agenda item. Although counter fraud work in 2021/22 has identified some control weaknesses, these have been isolated in nature and have not indicated any widespread failing or resulted in significant loss. They have not, therefore, detrimentally impacted on my overall opinion on systems of internal control. There were no reported cases of internal fraud in 2021/22, which indicates a healthy control environment.

3.11 Advisory Work including Covid-related

- 3.11.1 As in 2020/21, much of our additional advisory work in 2021/22 was related to the various Covid grant schemes. Further, two members of the team were seconded to the Council's shielding programme until July 2021. In terms of the business grants, we have been involved with the Additional Restrictions Grant Scheme, the Re-Start Grant Scheme and the Omicron Retail, Hospitality and Leisure Grant Scheme. As detailed in the October 2021 and March 2022 Progress reports to Audit Sub-Committee, our involvement has included reviewing and commenting on risk assessments, providing risk and control advice as schemes are developed and undertaking pre-payment assurance checks including bank account and Companies House verification as relevant. There are no significant issues arising from this work to bring to Members' attention and the work provides further assurance that appropriate controls were in place and operating as intended.
- 3.11.2 Throughout the year, Internal Audit has provided advice on an ad-hoc basis as requested, including in relation to the implementation of the new financial system. Officers have accepted our advice and there are no significant unmitigated risks arising from our ad hoc work that would impact on the annual opinion.

3.12 Head of Audit – Annual Opinion

- 3.12.1 Taking into account the information presented in this report, my overall opinion for the 2021-22 financial year is that there is "**Reasonable**" assurance over systems of risk management,

governance and control. The scale of opinions is provided in **Appendix B** where “Reasonable” is defined as “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.”

3.13 Public Sector Internal Audit Standards (PSIAS)

- 3.13.1 Audit and Risk Management Committee has an important oversight role in the quality and effectiveness of Internal Audit. Members of the Committee must assure themselves that Internal Audit makes a valuable contribution to the organisation’s governance and that stakeholders can place reliance on its conclusions.
- 3.13.2 To facilitate this quality oversight role, Internal Audit is required by professional standards to maintain a Quality Assurance and Improvement Programme, containing a mixture of mechanisms to assess its quality, achievement of objectives and compliance with professional standards. Currently, these arrangements consist of an annual self-assessment of the service against professional standards, key performance indicators, client satisfaction questionnaires and an external assessment (EQA) at least once every five years by a suitably qualified, independent assessor. As agreed by Audit Sub-Committee in March 2022, the EQA will commence shortly and is being delivered through the London Audit Group. The outcomes will be reported to the next available Committee.
- 3.13.3 I have undertaken a self-assessment of the service using CIPFA’s checklist. Overall, I consider that the service is generally conformant with 92 areas and partially conformant with 33. The areas of partial conformance mainly revolve around two key themes; the need to better align audit work to the Council’s risks and strategies and the need to ensure continual service improvement, through both more robust quality assurance and structured processes for skills development. The action plan provided at **Appendix C** summarises the issues and the actions identified to address them, many of which are already underway. Following the EQA, we will update the action plan to reflect any further areas for development highlighted by the assessor. We will report progress against the action plan periodically to this Committee until the actions are closed.
- 3.13.4 We routinely issue client satisfaction questionnaires at the end of every audit, however we have only received four responses in the past financial year. Whilst these responses provided positive feedback and did not highlight any areas for concern, the small return rate is not sufficient for us to gauge the value added by our work or to identify any process improvements. Consequently, we will be endeavouring to improve the response rate over the forthcoming year.
- 3.13.5 Key Performance Indicators (KPIs) for the Internal Audit Service are shown in **Table 2** below. Members are asked to note that as part of the Quality Action Plan (**Appendix C**), these KPIs will be revised over the coming year to provide a more holistic and meaningful overview of Internal Audit’s performance.
- 3.13.6 The KPI out-turns for 2021/22 show that overall, managers have accepted internal audit recommendations and that we have followed up all of the Priority 1 recommendations that have fallen due in the time period. The percentage completion of the Plan is slightly lower than target. This is due to some audits starting late, as agreed with the client, and to some sickness within the team. Audits not completed in time for this annual opinion will be reported to a future meeting of Audit and Risk Management Committee.

Table 2 – Key Performance Indicators

Description	Target	Out-turn for 2021/22
-------------	--------	----------------------

Percentage of audit plan delivered*	90%	87%
Percentage of P1/P2 & P3 recommendations accepted at final report stage	95%	100%
Percentage of P1 recommendations followed up	100%	100%
Completion of Internal Audit Annual Report and Opinion	By June Audit and Risk Management Committee	Achieved
Completion of Internal Audit Plan for Audit Sub Committee Approval	By March Audit Sub Committee	Achieved

* This is the number of days for audits fully completed as a percentage of planned days (adjusted for those deferred/cancelled as already agreed with Audit Sub Committee in March 2022.)

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

Some of the findings identified in audit reports will have implications for both adults and children in respect of audits that have been undertaken in both Adult and Children's Services.

5. TRANSFORMATION/POLICY IMPLICATIONS

Some of the findings identified in the audit reports may have policy implications.

6. FINANCIAL IMPLICATIONS

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

7. LEGAL IMPLICATIONS

Under the Accounts and Audit Regulations 2015, the Council is required to maintain an effective internal audit function to provide assurance on the effectiveness of risk management, control and governance processes, taking into account public sector internal auditing standards and guidance. The Annual Opinion is a requirement of these standards.

8. PROCUREMENT IMPLICATIONS

Some of the findings identified in the audit reports may have procurement implications.

Non-Applicable Headings:	Personnel Implications Property Implications Customer Impact Carbon Reduction / Social Value Implications Ward Councillor Views.
Background Documents: (Access via Contact Officer)	None

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Appendix A – Audit Summaries

Environmental Services Contract Monitoring

Audit opinion	Substantial
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The overall objective of the audit was to assess (at a high level) the adequacy and effectiveness of contract monitoring arrangements for a sample of contracts in Environmental Services. We reviewed the following contracts:

- CCTV Monitoring
- Bromley Market Assembly
- Supply of Leased Cars
- Central Depot Security
- Parks Management and Grounds Maintenance.

We found that appropriate monitoring arrangements were in place for the contracts in our sample, proportionate to the nature, size and value of the contract. We also found that payments had been made accurately, with robust checking systems in place prior to authorisation. Value for money had been considered where relevant.

We raised one Priority 3 recommendation to formalise monitoring arrangements for the Market Assembly contract. This recommendation has been accepted by management and has now been implemented.

Recommendation	Priority	Recommendation accepted?
Bromley Market Assembly – Formal arrangements	3	Yes

Payroll (Tax)

Audit opinion	Reasonable
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The overall objective of the audit was to review the adequacy and effectiveness of controls surrounding the recording and processing of tax (PAYE, NI, P11D only) through payroll.

The Council is party to a service level agreement with the Council's payroll contractor where they process payments and changes to payroll on behalf of the Authority.

Our audit highlighted areas of good practice and sound controls including that tax code changes had been applied correctly and PAYE and NI had been calculated accurately. New starters had also been set up accurately and leavers' documentation had been produced promptly. Necessary submissions and payments to HMRC were made in a timely manner.

However, we identified three salary sacrifice deductions that had not been set up in time. Whilst this was due to human error, there were insufficient processes in place to identify such errors. We also found that the Council did not receive information from an independent source to verify amounts before authorising payments.

The National Insurance uplift for the financial year 2022/23 was not tested in a dummy environment before implementing on the live payroll system, and the Council's payroll contractor share the login provided to one team member to access the HMRC gateway.

We made four priority 2 and one priority 3 recommendations to improve the framework of controls as set out in the table below. All recommendations have been accepted by management.

Recommendation	Priority	Recommendation accepted?
Salary sacrifice scheme set up	2	Yes
Payment due to HMRC & Payroll authorisation	2	Yes
NI uplift testing	2	Yes
Login to HMRC gateway	2	Yes
Exception reports for benefits in kind	3	Yes

Building Control

Audit opinion	Reasonable
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The overall objective of the audit was to review the controls within the application, inspection and approval process, including performance information.

Our fieldwork highlighted a number of key strengths, with wide ranging information published on www.bromley.gov.uk and some examples of comprehensive case work seen.

However, we identified that the Building Control function is currently operating without a Quality Assurance Framework underpinned by:-

- a definitive process map/procedure document
- management random quality assurance sampling of cases
- a process to ensure that staff remain up to date with legislation and retain the professional standards required of the function.

The online Building Control offer does not include the facility for applications to be submitted via a portal. The current forms are cumbersome for the applicant, do not address accessibility issues and the information will require re-keying into the Building Control Case Management Software System, creating additional resource requirements.

There is no interface between the financial and case management systems and therefore no automatic reconciliation of the income recorded. We first recommended in the 2016/17 audit that a periodic reconciliation be undertaken, with any discrepancies investigated. At the time of the audit, this remained outstanding however, as part of the overall action plan, management will introduce a quarterly manual sample-based reconciliation until an IT based solution is available

For one case, it was noted that payment card details, including the full 16 digit number, three digit security code and name and address of the card holder were held as a scanned document in the case management system. The expiry date recorded confirmed that this card was still valid, increasing the risk of card misuse and associated reputational damage.

All recommendations have been accepted by management.

Recommendation	Priority	Recommendation accepted?
Quality Framework	2	Yes
Online Information	2	Yes
Reconciliation of Income on the Case Management system to the Financial system	2	Yes
Payment card details retained on file	2	Yes

Review of Special Educational Needs (SEN) placements and the transition process

Audit opinion	Limited
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The overall objective of the audit was to review the quality of decision making and review around Special Educational Needs (SEN) placements and also the cessation of Education, Health & Care (EHC) plans. We also examined the efficiency and effectiveness of the transition process for those moving to adult provision.

There were instances where the costs of comparable placements had been analysed by the SEN team to identify where value for money could be obtained. We also found that, as part of the SEND Quality Assurance and Practice Improvement Framework, there are a number of review and training initiatives in place to drive continuous service improvement. When EHC plans are ceased, the necessary letters are sent to parents within the timescales set out and include information about the mediation process and right to appeal.

We identified however that there is no check carried out to ensure that funding is available when a placement is made or increase in resources is required as a result of a review of educational needs. The estimated full life costs of a placement are not calculated. The SEN budget monitoring in January 2022 forecast an overall overspend of £5,087,230 at the end of the 2021/22 financial year. The Department of Education have asked to meet with representatives of the Council to discuss financial management of the Council's current Dedicated Schools Grant (DSG) deficit. We made a Priority 1 recommendation to address this.

We made five other Priority 2 and Priority 3 recommendations to improve the framework of controls, as set out in the table below. These include clarifying what costs and elements of a placement should be met by Education and the other stakeholders involved, particularly in cases where there is a multi-agency responsibility for resources. This includes a signed agreement with a school or college where necessary.

The existing decision-making processes for placements require clarity, with transparency of information and evidence of authorisation of decisions. Key documentation relating to SEN placements, annual reviews and EHC plans which had ceased should be readily available when required. We found that not all the annual reviews of EHC plans in our sample had been completed within the past year and we identified instances where the consideration of the pathways for preparing for adulthood was not evident from the details recorded on the annual review documentation. Information about the Disabled Student Allowance should be provided to those whose EHC plan has ceased because they are due to attend a higher education setting.

All the recommendations made were accepted by management.

Recommendation	Priority	Recommendation accepted?
Availability of funding for SEN placements	1	Yes
Identification and confirmation of costs for placements	2	Yes
Decision making process for placements and ceasing EHC plans	2	Yes
Availability of documentation and information to support decisions made	2	Yes
Completion of annual reviews as part of the transition process	2	Yes
Options available to a young person when their EHC plan ceases	3	Yes

Appointeeship and Deputyship

Audit opinion	Reasonable
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The Court of Protection or the Department for Work and Pensions will appoint the Director of Adult Social Care to act as the Deputy or Appointee, for the administration of the financial affairs of Service Users. The Appointeeship and Deputyship (A&D) service is delivered as part of the Exchequer Contract and includes the financial management and safeguarding of client assets. The audit review focused on client financial transactions, calculation and application of fees, annual client reviews and the security of client assets. The audit review also considered the contract management and monitoring by Bromley Exchequer Services.

Good practice noted to be in place and sound controls included the comprehensive A&D specification clearly setting out Council and provider roles and responsibilities; monthly performance information; quality assurance checks completed by the A&D manager; utilisation of online banking, independent reconciliation of the holding account and utilisation of an A&D case management system and document storage system to process and store client data.

We found however that contract monitoring, including formal performance sign off, requires strengthening. We also found that the A&D procedures require update to reflect current working arrangements and that there is no retention/disposal policy for assets held for deceased clients. We also found some individual instances where inaccurate / incomplete information had been retained although these had not resulted in material error. All the recommendations made were accepted by management.

Recommendation	Priority	Recommendation accepted?
Contract monitoring	2	Yes
A&D procedures	2	Yes
Supporting documents and financial transactions	2	Yes
Safeguarding assets and retention/disposal policy	2	Yes
Bank statements and set up forms	3	Yes
Review and charging spreadsheets	3	Yes

Value Added Tax (VAT)

Audit opinion	Reasonable
---------------	-------------------

The overall objective of the audit was to assess the Council's arrangements for oversight and control of VAT arrangements, as well as the reliability of records, integrity of information and compliance with relevant regulations.

We found that that VAT returns are submitted within the timeframes and that proper checks are carried out on the information within the return prior to submission. We also found that the Council follows HMRC guidance, has implemented software to support Making Tax Digital and has made sufficient requirements related to VAT within the Financial Regulations.

The key issue highlighted by our audit was around single person dependency, which may mean that proper processes are not followed in the event of absence. There is also an increased risk of any error not being identified and resolved. There are no local procedures or guidance in place for submission of VAT returns, which other officers could follow and there is no independent review and sign off of the VAT reconciliation. Similarly, some relevant correspondence with HMRC was not stored centrally, meaning that it is not available to all officers who may need access.

We made 3 recommendations to improve the framework of controls as set out in the table below. All recommendations have been accepted by management.

Recommendation	Priority	Recommendation accepted?
Key person risk	2	Yes
VAT reconciliations	3	Yes
VAT refunds	3	Yes

Community Infrastructure Levy (CIL)

Audit opinion	Reasonable
---------------	-------------------

This audit reviewed the arrangements in place for oversight and control over CIL activity, as well as the reliability of records, integrity of information and compliance with relevant regulations. The audit objective was to provide an independent opinion that the Council has appropriate controls in place to ensure that CIL charges due, are appropriately identified and collected in full.

Whilst the London Borough of Bromley has been a collecting authority for the Mayor of London's CIL since 2012, on 19 April 2021, proposals were approved for adoption by the London Borough of Bromley of its own CIL to support local infrastructure needs, with the charge effective on all relevant planning permissions determined on and after 15 June 2021.

We found that there are mechanisms in place to identify planning applications where the CIL charge is applicable and to ensure that responsible developers complete the necessary form. Sample testing of Mayoral CIL liabilities evidenced that in all cases, the form was retained on file, the CIL charge calculation was accurate and that a CIL Decision Notice had been sent to applicants detailing the charge.

We also tested a sample of Mayoral CIL exemptions and found that these had been granted appropriately and that the relevant Decision Notice had been sent to the applicant.

Debt recovery is outsourced but there is regular communication between the Council and the provider. Required reports had been provided to Transport for London and the Infrastructure Funding Statement had been published on the Council's website.

We made 3 recommendations to improve the framework of controls as set out in the table below. Two of these related to guidance; the Operational Guidance for applicants had not been updated since the Council's own CIL came into effect in June 2021 and there are no internal procedure notes for staff. The final recommendation addresses a lack of reporting to senior management meetings. All recommendations have been accepted by management.

Recommendation	Priority	Recommendation accepted?
Operational Guidance	3	Yes
Procedural Guidance	2	Yes
Management Reporting	2	Yes

Supporting Families claim for March 2022

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.

It is led by 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.

There were 154 individual claims submitted between 1 October 2021 and 31 March 2022. We carried out audit testing of a sample of 18 individual claims and can confirm that each of the claims in our sample met the significant and sustained progress criteria, enabling a claim to be made.

We also verified that the total amount claimed for payment by results for the 154 individual claims submitted during this period was £123,200 and that the recommendation made in a previous audit for adding an option to the closure form to make it clear where a case has been referred to specialist services, has been implemented.

As a result of our testing there are no recommendations arising from this review.

Independent Review of the Bromley Section 31 Health Act 1999 Partnership Agreement for the provision of Mental Health Services

As part of the approved 2021/22 Internal Audit Plan, we were due to undertake an audit of the agreement for the provision of Mental Health Services.

However, during the same period, the Council and the provider commissioned an independent review of the Partnership Agreement, which was completed in December 2021. We have therefore placed reliance on this independent review rather than completing our own additional work.

The independent review made several recommendations to strengthen the Partnership spanning cultural, strategic, operational and process aspects. In response, the Council has set up a Steering Group to oversee improvements and is currently holding a series of workshops to develop an action plan. The plan is due to be signed off in July 2022. We will review this Plan to ensure that it addresses all areas highlighted in the review.

Criminal Finances Act 2017 (CFA 2017)

This was a short piece of advisory work to assess the Council's existing arrangements for managing its obligations under the Criminal Finances Act 2017.

The CFA 2017 creates two corporate offences; failure to prevent the criminal facilitation of UK tax evasion and a second which creates the equivalent offence for foreign taxes. However, it is a defence for an organisation to demonstrate that it had reasonable prevention arrangements in place. Guidance suggests that these measures should include risk assessment, proportionality of risk-based prevention procedures, top level commitment, due diligence, communication, monitoring and review.

We sampled relevant areas such as Payroll, Procurement, VAT and Direct Payments. We found that whilst none of the policies and processes directly referred to the Criminal Finances Act, there were appropriate relevant controls in place.

Areas for further development include a more detailed risk assessment for each area, from which any gaps in control can be identified, and communications to staff to ensure awareness.

Appendix B - Assurance and Priority Ratings

Assurance Levels

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.

Recommendation ratings

Risk rating	Definition
Priority 1	A high priority finding which indicates a fundamental weakness or failure in control which could lead to service or system objectives not being achieved. The Council is exposed to significant risk and management should address the recommendation urgently.
Priority 2	A medium priority finding which indicates a weakness in control that could lead to service or system objectives not being achieved. Timely management action is required to address the recommendation and mitigate the risk.
Priority 3	A low priority finding which has identified that the efficiency or effectiveness of the control environment could be improved. Management action is suggested to enhance existing controls.

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Appendix C - Action Plan

Area for Development	Issue	Actions	Timeframe
Professional Training and Development	<p>There has been no skills analysis or consistent process for identifying and addressing training and development needs.</p> <p>The job description for the Principal Auditor post (the majority of staff) has not been reviewed and updated, including the skills required, since 2017.</p>	<p>1) Complete team skills assessment against IIA competency framework</p> <p>2) Develop a training plan for the team using the outcomes of the skills assessment and appraisal discussions</p> <p>3) Determine / agree how training will be recorded and implement solution</p> <p>4) Review and update the Principal Auditor job description</p>	<p>01/07/2022</p> <p>30/11/2022</p>
Risk Based Auditing	<p>Audit work has not been explicitly linked to strategies, objectives and risks, at macro and individual level.</p> <p>Planning for individual audits has not been sufficiently supported by a risk assessment.</p>	<p>1) Ensure that the Audit Plan is explicitly linked to strategies objectives and risks (as for 2022/23)</p> <p>2) Ensure that Audit progress and outcome reports to Committee explicitly demonstrate how audit work provides assurance on strategic objectives and risks</p> <p>3) Continue to embed the planning process for individual audits to ensure that these relate to strategies, objectives and risks</p> <p>4) Continue to develop a 'library of risks' for audit work</p>	<p>Ongoing but demonstrated by end March 2023</p>
Quality Assurance	<p>There is no documented Quality Assurance and Improvement Programme.</p> <p>KPIs are limited in scope and number and do not provide a holistic assessment of the service.</p> <p>Limited documented evidence of supervision and review for individual audits.</p> <p>Customer feedback limited as questionnaires not routinely returned</p>	<p>1) Develop a QAIP for the section</p> <p>2) Develop a set of KPIs for the section</p> <p>3) Develop a system for monitoring and chasing return of questionnaires</p> <p>4) Ensure that all files show evidence of review points and responses, prior to draft ToR or report release</p>	<p>Oct-22</p>

Independence and Objectivity	<p>The Head of Audit and Assurance's appraisal is undertaken by the s151 officer with no input from the Chair of Audit Committee or the Chief Exec.</p> <p>The team are very experienced at LBB but this does mean we need to be more careful when allocating assignments to ensure rotation and objectivity, whilst making use of skills and experience.</p>	<p>1) Discuss with the s151 Officer how feedback from others can be used to inform the appraisal process</p> <p>2) Ensure that auditors are allocated a range of subjects and that we have discussions prior to detailed planning about previous work in the area and any impact this may have</p>	<p>01/02/2023</p> <p>Ongoing but embedded by March 2023</p>
IT Risks and Controls	Some staff did not feel confident auditing IT risks and controls.	1) Source and deliver training as part of the IA Training Plan	Mar-23
Data Analytics	There is limited use of data analytics.	<p>1) Develop a data analytics strategy which includes training, skills and roll out</p> <p>2) Ensure auditors have opportunities to practice their skills within individual audits</p>	Mar-23
Procedures	The Audit Manual has not been fully updated and disseminated since 2015.	1) Update the Audit Manual and roll out to the Team	Dec-22
Reliance on other assurance providers	There is no defined process for identifying and placing reliance on other assurance providers. Relationships with EA are not well developed.	<p>1) Assurance mapping included as part of the 2022-23 Internal Audit Plan</p> <p>2) Develop process for placing reliance on other forms of assurance</p>	Mar-23
Audit Coverage	Internal Audit's role in providing assurance on, and promoting ethics and values, needs to be enhanced. Similarly, there has been limited work on strategic decisions although operational decisions are routinely covered.	1) Future audit plans need to consider assurance over ethical matters and strategic decisions making.	November 2023 onwards
Fraud Risks	There is no fraud risk assessment for the organisation and the Counter Fraud strategy is due an update.	<p>1) Update CF Strategy</p> <p>2) Develop a fraud risk assessment</p>	<p>November 2022 for Strategy</p> <p>March 2024 for risk assessment</p>
Consultancy work	There is no template for consultancy work, including the respective roles and responsibilities of both parties	1) Develop a template for consultancy Terms of Reference which includes roles and responsibilities of both parties	Jul-22

<p>Fieldwork</p>	<p>Work programmes (RCMs) are inconsistent in detail and quality. RCMs do not always include how information will be identified, analysed, evaluated and documented, including how samples will be selected.</p> <p>There is limited evidence on file of RCM review and approval prior to fieldwork.</p> <p>Files do not always contain information on how processes are designed and meant to operate, in order to assess adequacy of design.</p> <p>The level of information and detail held on each file is mixed, some do not contain a sufficient level of detail to fully support conclusions and results.</p>	<p>1) Provide training on RCMs in team meeting 2) Review individual RCMs and provide follow up support / coaching as required 3) Planning checklist contains controls section to prompt process design work 4) Provide training on process mapping 5) Request process maps or procedure notes from clients where applicable, checking if correct.</p>	<p>Dec-22</p>
<p>Reporting</p>	<p>Audit reports have not consistently acknowledged good practice as in some instances the report has been exception only.</p> <p>There is no defined process for releasing full (non redacted) reports to parties outside the organisation.</p>	<p>1) Ensure that all audit reports identify areas which are working well</p> <p>2) Determine a process for releasing full reports outside LBB</p>	<p>01/05/2022</p> <p>31/10/2022</p>
<p>Follow Up</p>	<p>Follow up process newly developed and not embedded.</p> <p>Process for monitoring consultancy pieces of work not defined.</p>	<p>1) Continue to embed follow up process 2) Review new process in September 2022 and make any amends. 3) Define process for monitoring follow up of actions agreed as part of consultancy engagements</p>	<p>Sep-22</p>

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Report No.
FSD22043

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: **AUDIT AND RISK MANAGEMENT COMMITTEE**

Date: **Thursday 30 June 2022**

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

Title: **ANNUAL GOVERNANCE STATEMENT**

Contact Officer: Francesca Chivers, Head of Audit and Assurance
E-mail: Francesca.Chivers@bromley.gov.uk

Chief Officer: Director of Finance

Ward: (All Wards);

1. Reason for decision/report and options

- 1.1. The Accounts and Audit Regulations (England) 2015 require the Council to conduct, at least annually, a review of the effectiveness of its system of internal control and to approve an Annual Governance Statement. The Annual Governance Statement must be prepared in accordance with the requirements of 'Delivering Good Governance in Local Government: Framework' (CIPFA/SOLACE, 2016) and published with the Statement of Accounts.
-

2. **RECOMMENDATIONS**

1. **To comment on the 2021/22 Annual Governance Statement, attached as Appendix A.**
2. **To agree the 2021/22 Annual Governance Statement subject to any changes made as a result of Recommendation One and any further minor updates required prior to the publication of the Statement of Accounts 2021/22.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: None
-

Transformation Policy

1. Policy Status: Not Applicable
 2. Making Bromley Even Better Priority (delete as appropriate): To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
-

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre:
 4. Total current budget for this head:
 5. Source of funding:
-

Personnel

1. Number of staff (current and additional): Not applicable
 2. If from existing staff resources, number of staff hours: Not applicable
-

Legal

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

Procurement

1. Summary of Procurement Implications: None
-

Property

1. Summary of Property Implications: One significant governance issue listed relates to property.
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: None
-

Customer Impact

1. Estimated number of users or customers (current and projected): Relevant to all stakeholders of the Council.
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 Regulation 3 of the Accounts and Audit Regulations (England) 2015 requires the Council to ensure that it has a sound system of internal control which:
- (a) facilitates the effectiveness of its functions and the achievement of its aims and objectives;
 - (b) ensures that the financial management and operational management of the Authority is effective
 - (c) includes effective arrangements for the management of risk.
- 3.3 Regulation 6 further requires that each financial year, the Authority must:
- (a) conduct a review of the effectiveness of the system of internal control;
 - (b) prepare an Annual Governance Statement (AGS).
- 3.4 The AGS must be prepared in accordance with proper practices as defined in the CIPFA publication 'Delivering Good Governance in Local Government: Framework 2016'. This guidance outlines seven core principles of governance (set out on pages 7 – 9 of **Appendix A**) focusing on the systems and processes for the direction and control of the Council and its activities whereby it engages with and leads the community. There is no prescribed format for the AGS.

3.5 Annual review of LB Bromley's Governance Framework

- 3.5.1 The annual review and development of the Annual Governance Statement was co-ordinated by Internal Audit with input from Corporate Leadership Team and relevant responsible officers. Each Chief Officer completed a Statement of Internal Control confirming that: 'In meeting my responsibilities, I have:

- ▶ Contributed to the review of Risk Registers and the outcomes
- ▶ Ensured that there are controls in place to mitigate the risks highlighted in the above exercise
- ▶ Considered relevant assessments of key service areas within the Department e.g. benchmarking, peer review
- ▶ Taken into account internal and external audit and inspection reports and results of follow ups regarding implementation of recommendations

I am satisfied that to the best of my knowledge, the following procedures are in place:

- ▶ The service is planned and managed in accordance with the Council's Corporate Operating Principles
- ▶ Business risks are identified, assessed and reported on a regular basis
- ▶ Key controls over systems and processes are in place to ensure the Council's assets are safeguarded
- ▶ Business Continuity Plans are maintained and reviewed as circumstances change
- ▶ The monthly Cumulative Spend Report has been reviewed and agreed as part of the Full Budget Monitoring System

- ▶ Key contract information is kept up to date in the Contracts Database to allow Contract Registers and other management information to be reported'

3.5.2 Relevant Heads of Service for the following compliance or assurance functions also provided statements that, in their professional opinion, the system of control, including standards of practice and Council policies, remained adequate and effective throughout 2021/22.

- ▶ Legal Services
- ▶ Health and Safety
- ▶ Information Technology
- ▶ Performance Reporting and Reviews, Internal and Self Assessments (Chief Executives, People, and Environment and Public Protection)
- ▶ Safeguarding (Adults and Children's)
- ▶ Engagement and Complaints

3.6 Governance Issues

3.6.1 Chief Officers and Corporate Leadership Team have identified the following issues where further work is required to monitor or improve how the key risks facing the Council are being managed. Further details on each of these areas, including proposed actions, are set out on pages 3-5 of **Appendix A**.

- (a) Finance – Achieving a balanced budget
- (b) Valuation of Fixed Assets
- (c) Ongoing impact of Covid-19 pandemic on service delivery
- (d) Condition of the operational property estate

3.7 Looking back on 2020/21

3.7.1 Section 9 of the AGS outlines the progress made on issues identified in the 2020/21 statement.

4. FINANCIAL IMPLICATIONS

One significant governance issue identified relates to finance.

5. LEGAL IMPLICATIONS

This report meets the requirements of the Accounts and Audit Regulations (England) 2015 which stipulate that the Council must conduct annually a review of the effectiveness of its system of internal control and to approve an Annual Governance Statement.

6. PROPERTY IMPLICATIONS

One significant governance issue relates to property.

Non-Applicable Headings:	Impact on Vulnerable Adults and Children Transformation / Policy Implications Procurement Implications Carbon Reduction / Social Value Implications
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	Customer Impact Ward Councillor Views
Background Documents: (Access via Contact Officer)	None



Annual Governance Statement 2021/22

DRAFT

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1. Executive Summary

The Leader of the Council and Chief Executive recognise the importance of having appropriate processes and controls in place to run the Council and ensure its services are delivered effectively.

The Council is required to produce an Annual Governance Statement (AGS) which describes how its corporate governance arrangements have been working. The Council's Audit and Risk Management Committee reviews the production of the AGS and considers and scrutinises the content.

Bromley is a Member led, commissioning authority, delivering services through whoever is best placed to provide quality and value for money to its residents, who are supported to manage their lives with the minimum of intervention from the Council. 'Making Bromley Even Better', the Council's Corporate Strategy, contains the guiding principles for Bromley Council, our vision and links with key partner organisations to help deliver important outcomes for residents, businesses and visitors to Bromley

[Making Bromley Even Better \(Corporate Strategy\)](#)

Bromley's governance framework comprises the systems and processes, culture and values, by which the authority is directed and controlled, and the activities through which it accounts to, engages with and leads its community. It enables the authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate services and value for money.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of Bromley's policies, aims and objectives; to evaluate the likelihood and potential impact of those risks being realised, and to manage them efficiently, effectively and economically.

The governance framework has been in place at Bromley for the year ended 31st March 2022 and up to the date of approval of the Leader's Foreword and Statement of Accounts.

The Council conducts an annual review of its governance arrangements, including the system of internal control. The purpose of the review is to provide assurance from a number of sources including Members, Chief Officers, internal and external audit, other review agencies and inspectorates that corporate governance arrangements are adequate and operating effectively; or where gaps are revealed, action is planned that will ensure effective governance in future.

With substantial additional savings to be made over the next four years, the financial situation continues to drive the future direction and work of the Council.

2. Significant Governance Issues

Overall, we can confirm that the Council has appropriate systems and processes in place to ensure that good governance is maintained in line with the 'Delivering Good Governance in Local Government Framework, 2016 Edition'. Whilst we are satisfied that these generally work and can be regarded as fit for purpose, we have identified a number of areas for improvement.

Progress made in dealing with the governance issues identified in the 2020/21 Annual Governance Statement is detailed on pages 22 to 26.

Four areas, detailed overleaf, have been identified as requiring further work during 2022/23:

Governance Issue	Action	Lead Officer
<p>Finance</p> <p>A balanced budget for 2022/23 has been achieved through the Transformation Savings Programme, an improved financial settlement from Government and continuing with prudent financial management. This has been achieved despite the significant cost pressures remaining, increasing inflation, impact of national insurance increase and the impact of the 'new normal' following the pandemic. There remains a "budget gap" of £4.3m in 2023/24 rising to £19.5m per annum in 2025/26. This excludes the impact of the Adult Social Care Reforms which could increase net costs further by between £10m and £15m per annum during the financial forecast period. The projections assume mitigation and transformation savings of £17.7m in 2022/23 rising to £30m by 2025/26. The projections from 2023/24 have to be treated with some caution, particularly as the Government's next Spending Review, outcome of the Fair Funding Review and Business Rate Devolution is now expected to be implemented in 2024/25 – the outcome, including the impact on individual councils, is still awaited. The Government had provided funding support to address the impact of the Covid 19 pandemic during 2020/21 and 2021/22 with no further funding provided from 2022/23.</p>	<p>In considering action required to address the medium term "budget gap", the Council has taken significant action to reduce the cost base while protecting priority front line services and providing sustainable longer term solutions. Significant savings of over £110m were realised since 2011/12. Our council has to balance between the needs of service users and the burden of council tax on council tax payers. With the Government not providing funding to keep pace with growth/cost pressures, the burden of financing increasing service demand falls primarily upon the level of council tax and business rate income. Further information can be found in:</p> <p>Draft 2022/23 Budget and Update on Council's Financial Strategy 2023/24 to 2025/26</p>	<p>Director of Finance</p>
<p>Valuation of Fixed Assets</p> <p>Issues have been identified relating to the methodologies used for accounting and the valuation of fixed assets for reporting in the Council's 2019/20 Statement of Accounts.</p>	<p>Work is at an advanced stage to ensure that Fixed Assets are accounted for in full compliance with the CIPFA Code of Practice in Local Authority Accounting, specifically:</p> <ul style="list-style-type: none"> Asset Valuations are fully supported and are undertaken in line with the requirements of the CIPFA Code 	<p>Assistant Director, Strategic Property</p>

	<ul style="list-style-type: none"> • Depreciation and Impairment are properly calculated and appropriately applied to relevant asset categories • Furniture and Equipment Assets are properly identified and valued on an ongoing basis <p><i>This may be updated once the External Auditors have concluded on the revised audit submissions.</i></p>	
<p>Ongoing impact of COVID-19 pandemic on service delivery</p> <p>Despite the many challenges presented by the COVID-19 pandemic, the Council has delivered some key achievements through our COVID-19 response programmes and our business-as-usual work, which includes a potential balanced budget for 2022/23.</p> <p>The pandemic has highlighted a number of long-term challenges that the Council will need to continue to address. In particular, we will need to manage significant cost/ growth pressures impacting on e.g., education, high needs transport, housing, adults, and children’s social care as well as explore opportunities for the mitigation of costs. There also remains uncertainty about the ongoing impact arising from the ‘new normal’, with no increase in core funding identified beyond 2022/23.</p> <p>As we move into the endemic phase of the pandemic, we will continue to explore opportunities to work closely with our partner agencies as part of our organisational and borough-wide recovery.</p>	<p>Our COVID-19 response:</p> <ul style="list-style-type: none"> • On 21 February 2022, the Government published its ‘COVID-19 Response: Living with COVID-19’. As part of the plan, routine contact tracing for the wider population will no longer take place. As part of decommissioning the programme, a document will be prepared for Central Government to inform how the Council will reinstate this work within a two-week period if required. • The plan also notes that the Targeted Community Testing Programme will close by 31 March 2022. Lateral Testing Sites will also close on 31 March, with decommissioning expected in the months following. • Work will continue to review data on our vulnerable groups, including care settings. • The Council will report on its management of the pandemic later in the year. • Weekly COVID COE briefings will end with a standing item on COVID going forward at fortnightly COE meetings. • Work continues to determine the longer-term approach to working with the voluntary and community sector, including the retention and engagement of the 4500 volunteers who registered with the Council to support the COVID-19 response • Through our Economic Strategy we will support the longer-term economic recovery of the borough. • Continue our partnership working through the Borough Partnership Forum to ensure a co-ordinated and mutually supportive local area response across all agencies. <p>Some of our key organisational priorities for 2022/23 include:</p> <ul style="list-style-type: none"> • Delivering Transforming Bromley Programme proposals for 2022/23 budget setting. 	<p>Chief Executive and Corporate Leadership Team</p>

	<ul style="list-style-type: none"> • Managing growth and delivering budget mitigations as part of our long-term financial management strategy. • Building an equality profile to strengthen service delivery. • Progressing development of Integrated Care System in South East London. • Increasing housing supply and affordable housing and concluding options appraisals to bring forward further sites for housing and strategic regeneration projects. • Reporting on outcomes of Operational Property Review. • Delivery of the Digital Strategy and Digital Roadmap. • Supporting hybrid meetings. • Successful rollout of the 2022 Local Elections. • Responding to legislative changes and macro issues from Central Government. 	
<p>Condition of the operational property estate to ensure that premises are compliant with Health & Safety legislation and can be operated to facilitate the delivery of the Council's various services.</p>	<p>A programme has been established to identify the Council's optimal operational estate taking into account maintenance liabilities, condition, business needs and funding.</p> <p>The output of this programme will be an accommodation strategy, business case and delivery plan – subject to Member approval.</p> <p>The Programme will report its findings to Members in Summer 2022.</p> <p>A new supply chain has been established to ensure Health and Safety compliance together with a new Computer Aided Facilities Management System to house said compliance data.</p>	<p>Assistant Director, Property and Assistant Director, Special Projects</p>

3. What is Corporate Governance?

3.1 Definition

The CIPFA International Framework 'Good Governance in the Public Sector' defines governance as:-

'The arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved'

It also states that:-

'To deliver good governance in the public sector, both governing bodies and individuals working for public sector entities must try to achieve their entity's objectives while acting in the public interest at all times'

'Acting in the public interest implies primary consideration of the benefits for society, which should result in positive outcomes for service users and other stakeholders'

Governance is about how local government bodies ensure that they are doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner. It comprises the systems and processes, cultures and values, by which local government bodies are directed and controlled and through which they account to, engage with and, where appropriate, provide leadership to their communities.

Effective corporate governance and the capacity to lead and manage change are essential to meet the ever increasing challenges for the public sector. Good governance is important to all involved in local government and a key responsibility of the Chief Executive, the Leader of the Council and other statutory governance Chief Officers.

Our governance framework comprises the culture, values, systems and processes by which the Council is directed and controlled. It brings together an underlying set of legislative and regulatory requirements, good practice principles and management practice.

Bromley Council recognises that:

- ▶ Good governance leads to good management, good performance, good stewardship of public money, good public engagement and, ultimately, good outcomes for residents and service users
- ▶ Good governance enables an authority to pursue its vision effectively, as well as underpinning that vision with appropriate mechanisms for control and management of risk
- ▶ All authorities should aim to meet the standards of the best and governance arrangements should not only be sound, but also be seen to be sound.

3.2 The Principles

Principle A – Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law

How we do this

- Having regard for the principles of selflessness, integrity, objectivity, accountability, openness, honesty and leadership
- Being accountable for decisions to the public and co-operating fully with whatever scrutiny is appropriate to one's office
- Commitment to promoting an anti-fraud and corruption culture evidenced through a detailed anti-fraud and corruption policy and ensuring fraud and corruption are dealt with effectively
- Adherence to ethical values and respect for the rule of law
- Creating a culture where statutory officers and other key post holders are able to fulfil their responsibilities

Principle B – Ensuring openness and comprehensive stakeholder engagement

How we do this

- Ensuring transparency of decisions supported by an effective scrutiny and challenge process
- Consulting with residents during the budget setting process for 2022/23 and beyond
- Demonstrating engagement with all groups of stakeholders to determine the most appropriate course of action/effective intervention
- Ensuring a clear, evidence based, decision making path

Principle C – Defining outcomes in terms of sustainable, economic, social and environmental benefits

How we do this

- Having a clear vision and strategy, with key partner organisations through 'Making Bromley Even Better'
- Delivering defined, sustainable outcomes within the limits of resources and authority

- Balancing competing demands with finite resources when determining priorities; managing service users' expectations effectively with regard to determining priorities and making the best use of the available resources
- Taking a longer term view with regard to decision making, taking account of potential conflicts between the organisation's vision and short term factors such as financial constraints

Principle D – Determining the interventions necessary to optimise the achievement of the intended outcomes

How we do this

- Having a clear vision and strategy setting out our intended outcomes for citizens and service users
- Ensuring decision makers receive a robust best value option analysis detailing associated risks and outcomes to be achieved
- Considering stakeholder feedback and future impact when making decisions about service delivery, prioritising competing demands

Principle E – Developing capacity including the capability of leadership and individuals

How we do this

- Ensuring that the decision making process is clearly defined and supported by protocols to ensure a shared understanding of roles and objectives is maintained
- Ensuring Members and Officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities, reflecting the structure and diversity of the community
- Evaluating, and supporting, staff performance through regular reviews which take into account training and development needs
- Supporting the workforce to maintain their health and wellbeing

Principle F – Managing risks and performance through robust internal control and strong public financial management

How we do this

- Regular review of Corporate and Departmental Risks and Risk Registers

- Integration of effective risk management arrangements into the decision making process
- Ensuring an effective scrutiny function which provides a constructive challenge and allows for debate at all stages of the decision making process
- Ensuring effective counter fraud and anti-corruption policies are in place and there is good staff awareness
- Having an effective Audit Sub-Committee whose remit incorporates financial delegation, fraud prevention, and internal and external audit

Principle G – Implementing good practices in transparency, reporting and audit to deliver effective accountability

How we do this

- Publishing information on our activities and decisions
- Maintaining a rigorous, effective and transparent decision making and scrutiny process
- Ensuring that public reports are easily accessible and use a style appropriate to the intended audience
- Embracing peer challenge, reviews and inspections from regulatory bodies, implementing recommendations for corrective action as required
- Maintaining an effective internal and external audit service, with direct access to Members

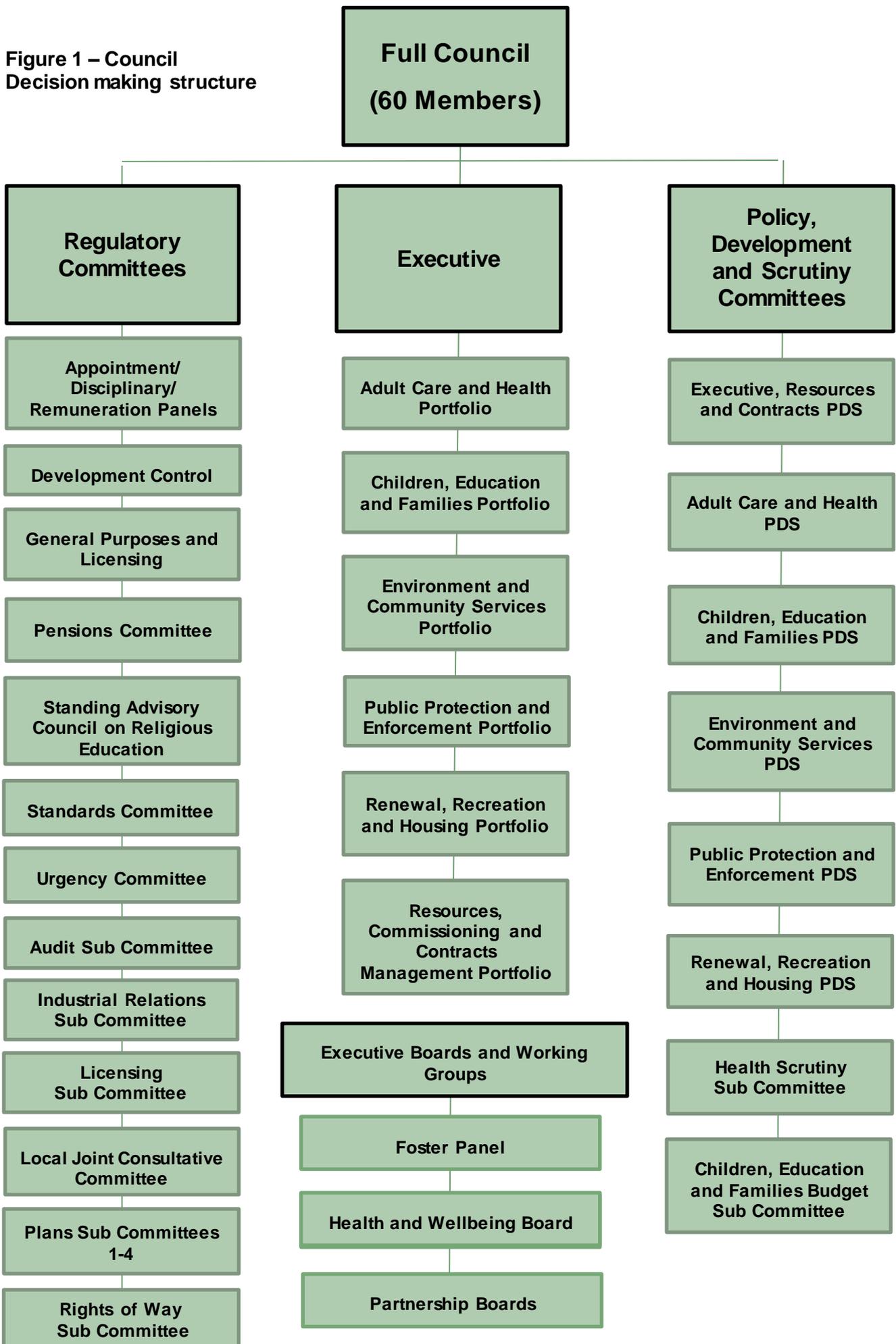
4. The Council: How it Works

This Annual Governance Statement covers the period 1st April 2021 to 31st March 2022, but it should remain up to date until the accounts are approved and audited.

The Council is made up of 60 Councillors (to be reduced to 58 in May 2022) with the decision making structure divided between Executive and non-Executive matters. Executive duties are carried out by an Executive body of Councillors, which includes the Leader and six Councillors with specific Portfolio responsibilities. Non-Executive duties are performed mainly by the Development Control Committee, the General Purposes and Licensing Committee, the Pensions Committee and the Standards Committee.

The established decision making structure is depicted overleaf:

Figure 1 – Council Decision making structure



5. COVID-19: Amendments to the Governance Process

5.1 Democratic Principles

In response to the Covid 19 pandemic, the Council considered as a matter of urgency a number of amendments to its governance processes in order to ensure that effective decision making could continue whilst democratic accountability was preserved during the coronavirus pandemic.

The measures were designed to help the Council redeploy its resources to deal with the pandemic and ensure essential business continued whilst upholding democratic principles and protecting the health and safety of Members, officers and the public, in line with official public health guidance.

In April 2021, committee meetings were still being held online and being live-streamed so that members of the public could hear and see Councillors making decisions. In May 2021 the temporary provision for local authorities to hold virtual meetings online was removed, and all Council, Executive, Committee and Sub-Committee meetings returned to being held in-person in the Council Chamber, with social distancing measures in place and limits on the numbers of members of the public attending.

5.2 Procurement Process

In 2020/2021, arrangements were put in place to respond to the extraordinary circumstances of the Covid-19 pandemic. These arrangements were aligned to Cabinet Office Procurement Policy Notes (PPN 01/20 and 02/20) on suitable and compliant procurement actions that could be taken in response to the pandemic. In terms of procurement governance, additional delegated authorities to take appropriate procurement action were sought from Executive and the Leader and were in place throughout 2020/2021.

In 2021/2022, procurement action and governance reverted to standard procedures and normal custom and practice as governed through the Council's Contract Procedure Rules and the Public Contracts Regulations 2015.

The key governance arrangements in place continue to include:

- Member decision on proceeding to procurement and contract award for all procurements with a whole life value of £500k or higher;
- Member decision on formal extension options, extensions beyond term, variation (modifications) and exemptions at £100k or higher, including reporting to Audit Sub-Committee for anything £50k or higher;
- All procurement decisions at both Member and Officer authority to be supported by a formal Gateway paper;
- Annual monitoring reports to Members for all contracts with a whole life value of £500k or higher;
- Quarterly Contract Register report to ER&C PDS on all contracts over £200k and to each PDS for contracts over £50k; including commentary on the status of the contract from the Contract Owner and additional commentary and RAG rating from the Corporate Procurement Team;
- Regular reports to Chief Officers Executive and Corporate Leadership Team on the status of all contracts due to end within the next twelve months with commentary from Corporate Procurement;
- Procurement Board led by Corporate Procurement to review and advise on key contracts in advance of seeking decisions on procurement actions;
- Regular training on Commissioning and Procurement available to all Officers;
- Quarterly meetings for all Contract Owners to provide news, guidance, advice and support.

In December 2020, the Government issued a Green Paper on Transforming Public Procurement. The latest advice from Cabinet Office is that proposals under the Green Paper will not come into force until 2023 at the earliest. During the transition period between confirmation of legislation and

implementation date, the Corporate Procurement team will review and update the Contract Procedure Rules and other relevant processes and procedures to ensure compliance with the new legislation. Changes are expected to be primarily technical in nature. Communication and training will be implemented to support any changes.

6. Outcomes and Value for Money

6.1 Making Bromley Even Better

Bromley Council's partner agencies formally signed up to work together with the Council to deliver a new Corporate Strategy – 'Making Bromley Even Better' in October 2021. Hundreds of organisations, councillors and residents have contributed to the new strategy which outlines five main ambitions for Bromley over the next ten years with the shared vision of making the Borough: 'A fantastic place to live and work, where everyone can lead healthy, safe and independent lives'. The Medium Term Financial Strategy will enable the delivery of the Corporate Strategy as a 'golden thread' that runs through all plans such as those that support Portfolios with teams and individuals reflecting the ambitions throughout their work.

'Making Bromley Even Better' has five overarching ambitions:

1. For children and young people to grow up, thrive and have the best life chances in families who flourish and are happy to call Bromley home.
2. For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
3. For people to make their homes in Bromley and for business, enterprise and the third sector to prosper.
4. For residents to live responsibly and prosper in a safe, clean and green environment great for today and a sustainable future.
5. To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.

We have already achieved much through our longstanding 'Building a Better Bromley' principles, harnessing resources and strengthening our partnerships for the good of our Borough, our communities, businesses and our residents.

Now we will move forward with renewed enthusiasm to deliver our refreshed and updated ambitions for 'Making Bromley Even Better'. Agencies in our partnerships commission and provide many of the services which matter to residents and businesses in Bromley.

Working individually and in partnership we share responsibility for improving outcomes in the Borough. We are convinced that by aligning ambitions and by strengthening our collaboration, we will succeed in making Bromley an even better Borough. It is crucial to have a sense of shared direction and a course to navigate for the future, no ten-year plan can ever be set in stone. Therefore we will monitor progress regularly and develop our plan as circumstances, demand and legislative changes require.

Underpinned by our shared organisational culture and values of Respect, Empowerment, Ambition, Leadership (REAL), the Council works to meet the needs and expectations of residents through enabling self-sufficiency, sustainable core services and improving outcomes for residents at the earliest point of need within a responsible financial envelope.

During the last twelve months, we have continued with our transformation development and delivery agenda despite the challenging context of a pandemic. The Council has demonstrated its agile change management capacity to respond swiftly to residents' needs, delivering additional public health programmes and accelerating the rapid implementation of some key elements of our transformation agenda, including some digitalisation. Across the Council significant and immediate changes were implemented to deliver alternative 'business as usual' and Covid safe services. Our response has

shown some of the ways forward: better use of technology, shared use of data and intelligence; better strategic decision-making and better operational collaboration which ensures value for money.

As a learning organisation we have also been reflecting on “best practice” models of change and transformation implemented by other local authorities. We are committed to adopting favourable solutions that are tried and tested.

We know that there are further improvements to be made to respond to the needs of an aging population and ongoing demand for critical services in housing and social care. As well as responding to new pressures brought on by the pandemic, responding to additional public health pressures, economic recovery for our town centres, and ensuring that our young people are supported into good employment and training.

National policy agendas around health and social care integration promise better outcomes for patients and residents but will require significant work with key partners to achieve. Our residents rightly have growing expectations about how we respond to global issues including the climate emergency, public mental health, matters of equality and community cohesion. We recognise that we will only be successful in responding to these challenges through successful collaboration between all public organisations, the voluntary, community and faith sector, businesses, and, critically, service users and residents themselves.

Despite the unprecedented financial challenge, Bromley will serve and advocate on behalf of its residents and aim to deliver cost-effective services. Working with strategic partners, it will also continue to ensure that it receives the fairest deal from the Government on issues that are important to Bromley residents.

Bromley’s achievements over the past year and plans for the future are reported in the Leader’s Foreword and Statement of Accounts.

6.2 Portfolio Plans

Portfolio Plans set out each Portfolio Holder’s aims in the current year and the supporting performance targets, using a range of national and local indicators. Overseeing the successful delivery of each plan is the joint responsibility of the Portfolio Holder and the Members of the appropriate Policy Development and Scrutiny Committee (PDS). The Portfolios are aligned to the priorities identified in Making Bromley Even Better. In addition, the Health and Wellbeing Board is a collaboration between Bromley Council and various partner agencies whose role is to understand their local community’s needs, agree priorities and encourage commissioners to work in a more joined up way.

[Adult Care and Health Portfolio Plan 2021-2022 Refresh](#)

[Children Education and Families Portfolio Plan 2021-2022 Refresh](#)

[Housing Planning and Regeneration Portfolio Plan 2021-2022 Refresh](#)

[Environment and Community Services Portfolio Plan 2021-2022](#)

[Public Protection and Enforcement Portfolio Plan 2021-2022](#)

Updates on progress are reported to Members through the Policy, Development and Scrutiny process. Examples of this include:

[Adult Care and Health Portfolio Plan 2021/22 - Quarter Two Update Covering Report \(November 2021\)](#)

[Adult Care and Health Portfolio Plan 2021/22 - Quarter Two Update \(November 2021\)](#)

[Children, Education and Families Portfolio Plan 2021/22 - Quarter Three Update Covering Report \(March 2022\)](#)

[Children, Education and Families Portfolio Plan 2021/22 - Quarter Three Update \(March 2022\)](#)

[Housing, Planning and Regeneration Portfolio Plan 2021/22 - Quarter Three Update Covering Report \(January 2022\)](#)

[Housing, Planning and Regeneration Portfolio Plan 2021/22 - Quarter Three Update \(January 2022\)](#)

[Housing, Planning and Regeneration Portfolio Plan 2021/22 - Quarter Three Update Planning Focus \(January 2022\)](#)

[Environment and Community Services Performance Overview \(March 2022\)](#)

[Public Protection and Enforcement Performance Overview \(March 2022\)](#)

6.3 Managing our Resources (Value for Money)

Statement of Accounts

The Accounts and Audit Regulations (2015) require the Statement of Accounts to be considered and approved by resolution of a Committee or Full Council. Following approval, the Statement of Accounts must be signed and dated by the person presiding at the meeting at which that approval was given. Before the Committee is able to approve, the Director of Finance must re-confirm on behalf of the authority that he is satisfied that the Statement of Accounts presents a true and fair view of the financial position of the authority at the end of the financial year and of the authority's income and expenditure for that year.

The Accounts and Audit Regulations were amended during 2020 in light of the Coronavirus pandemic, extending the deadline for publication of the draft accounts from 31st May to 31st August. The Regulations also extended the deadline for publication of the final audited accounts from 31st July to 30th November.

The Regulations were further amended during 2021 with the deadlines for draft and final audited accounts set at 31st July and 30th September. These updated Regulations will apply for 2020/21 and 2021/22 and then be subject to a further review.

In relation to the Council's Statement of Accounts for 2019/20, draft accounts were published on 30th June, with the external audit starting during August. Whilst good progress was made in most areas, there were delays in the provision of information to EY and in responding to auditor queries. Some delays occurred due to the Coronavirus pandemic, with officers working off site and documentation not being readily accessible in an electronic format (in some cases paper documents and records required bulk scanning). Most significantly, the audit revealed a number of errors in relation to the Council's accounting treatment of fixed assets. These have required significant work by property officers to rectify core valuation information and owing to this and other outstanding matters completion of the audit has been delayed to 2022. The external auditor produced an updated Audit Results report which was considered by the General Purposes and Licencing Committee on 8th February 2022. This report stated that the audit was 'substantially completed', though some matters remain outstanding. The auditor also stated that it will need to consider the impact of uncorrected mis-statements and other areas of uncertainty on the final audit opinion for 2019/20.

The statement of accounts for 2020/21 remains incomplete mainly due to the valuation issues identified above, but it is anticipated that draft accounts will be published and the audit will commence during 2022 once the 2019/20 audit has been completed. Consequently, it is also likely that completion of the 2021/22 draft accounts and audit will also be delayed.

CIPFA Financial Management Code

The Council's financial management arrangements conform with good governance. An assessment was undertaken in the year against compliance with the CIPFA Financial Management Code. The Council is complying with all of the requirements however an action plan is being developed to improve the level of assurance with each standard contained within the code.

Value For Money (VFM) Conclusion

The Local Audit and Accountability Act 2014 requires auditors of local government bodies to be satisfied that the Authority 'has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources'.

The Council's external auditor has not yet been able to issue a VFM conclusion for 2018/19 owing to outstanding objections. As a result of the objections the audit cannot be formally concluded and an audit certificate issued. The detailed approach of the Council towards budgeting over the medium to longer term was reported to Executive on 12th January 2022 with the approach on using reserves and other key financial matters reported to Executive on 9th February 2022. Forward financial planning and financial management is a key strength at Bromley. These reports continue to forecast the financial prospects for the next 4 years and include the outcome of the Provisional Local Government Finance Settlement 2022/23. It is important to note that some caution is required in considering any projections for 2023/24 to 2025/26 as this depends on the outcome of the Government's next awaited Spending Review period as well as the awaited impact of the Fair Funding Review and Devolution of Business Rates. The report on 12th January 2022 provided an update on the funding and costs of the Covid 19 pandemic and the estimated financial impact for 2022/23. The Covid 19 pandemic has created a higher level of uncertainty for the financial forecasting in future years, particularly with uncertain outcome of the 'new normal'.

[Draft 2022/23 Budget and Update on Council's Financial Strategy 2023/24 to 2025/26](#)

[2022/23 Council Tax](#)

7. How do we know our arrangements are working?

7.1 The Role of Management

The senior officer forum is the Chief Officers Executive (COE). Membership includes the Chief Executive and his senior leadership team:

- Chief Executive
- Director of Children Education and Families
- Director of Environment and Public Protection
- Director of Housing, Planning and Regeneration
- Director of Corporate Services and Governance
- Director of Adult Services
- Director of Public Health
- Director of Finance
- Director of Human Resources, Customer Services and Public Affairs

The purpose of the Chief Officers Executive (COE) is:

- ▶ High-level officer decision making: COE is the highest officer forum for high-level decision making to facilitate the effective working of the organisation
- ▶ Discussion of governance issues / review of the Council's Forward Plan: COE is the officer forum for the discussion of any key governance issues and reviews the Council's Forward Plan on a regular basis to ensure smooth and timely decision making
- ▶ Information sharing: an opportunity for Directors to provide high-level updates of activity in their respective service areas in an informal environment
- ▶ Review progress of COE sponsored working groups reporting to Corporate Leadership Team (CLT): CLT working groups will report into COE for advice and guidance prior to reporting back to CLT
- ▶ Overview of the delivery of the Transforming Bromley agenda: COE Transformation Board is an extension of COE and meets fortnightly to oversee the successful delivery of the Transformation Programme and the key principles of the Transforming Bromley Roadmap.

The Corporate Leadership Team is responsible for the Strategic Leadership of the organisation, with managers having day to day responsibility for the management and control of service delivery. Our managers set the 'tone from the top' and develop and implement policies, procedures, processes and controls. They ensure compliance.

The Corporate Risk Management Group (CRMG), chaired by the Director of Finance and including the Head of Audit & Assurance in its membership, oversees the Council's governance arrangements and delivery of the Annual Governance Statement.

Each Director retains responsibility for the Risks and Controls within their division, with Internal Audit coordinating the Risk Management process via the Corporate Risk Management Group and Audit Sub Committee.

During 2021/22, the Corporate Risk Management Group met three times (April 2021, September 2021 and February 2022), undertaking its usual programme of scrutiny. The membership of the Group has recently been refreshed to ensure representation from all Departments at an appropriate level of seniority.

Risk Registers remained live documents throughout the year, with the Risk Reporting cycle to the Corporate Leadership Team and Committee completed in full. Audit Sub Committee received the refreshed Corporate Risk Register and all Departmental Risk Registers at their meetings of June and October 2021. Executive, Resources and Contracts PDS received five Risk Information Briefings and each relevant PDS Committee had the opportunity to scrutinise the Departmental Risk Register falling within its remit.

The Standards Committee of 8th March 2022 considered the Monitoring Officer's General Report. This updated the Committee on a number of Standards issues including the Local Government Association's Guide for Councillors on Handling Intimidation (including online intimidation), draft Social Media Guidance for Councillors, Complaints, Dispensations granted by the Monitoring Officer and Members' Gifts and Hospitality Register entries.

[Monitoring Officer's General Report 8th March 2022](#)

[Appendix 4 - Social Media Guidance for Councillors](#)

The Council's Constitution requires that a report is made each year to full Council which summarises work carried out by Policy Development and Scrutiny (PDS) Committees. This report was considered by the Executive, Resources and Contracts PDS Committee on 24th March 2022 and Full Council on 11th April 2022.

The outcome of this is that we have adequate governance arrangements in place and relevant to the environment we work in.

7.2 The Role of the Audit Committee

For 2021/22, the Council has appointed an Audit Sub-Committee which considers financial delegations, fraud prevention, internal and external audit. It is a sub-committee of the General Purposes and Licensing Committee and meets three times a year.

[Audit Sub Committee Meetings \(Agendas, Papers, Minutes\)](#)

The Audit Sub-Committee plays an important role in ensuring that the Council learns from Internal Audit findings and rectifies identified weaknesses in control. All Priority One recommendations from Internal Audit are tracked by the Committee until implemented.

7.3 Our Governance Framework

Key Policies/Processes/Posts/Functions in our Governance Framework include:

	Policy/Process	
A	Annual Audit Letter	
	Annual Governance Statement	
	Anti-Bribery Policy and Procedures	
	Anti-Fraud and Corruption Strategy	
	Anti-Money Laundering Policy	
C	Audit Sub Committee	
	Capital Strategy	
	Code of Conduct for Members	
	Complaints System	
	Constitution	
	Contract Procedure Rules/Standing Orders	
	Corporate Induction Process	
	Corporate Leadership Team	
	Corporate Operating Principles	
	Customer Access Channel Strategy	
	Customer Services Charter	
	D	DISCUSS Appraisal Scheme
	E	Executive and Resources PDS Committee Annual Report
F	Financial Regulations	
	Financial Strategy	
	Forward Plan of Key Decisions	
G	'Getting it Right' – Complaints, Compliments and Suggestions	
	Gifts and Hospitality Code of Conduct	
H	Head of Audit	
	Head of Paid Service	
I	Internal and External Audit Reports	
	Internal Audit Opinion and Annual Report	
	Internal Controls	
	IT Governance	
L	Leader's Foreword and Statement of Accounts	
	Learning and Development	
	Local Development Framework	
M	Making Bromley Even Better	
	Member/Officer Protocol	
	Monitoring Officer (Director of Corporate Services)	
P	Portfolio Plans	
	Public Consultations/Meetings	
R	'Raising Concerns' whistle blowing	
	Register of Interests	
	Risk Management Strategy	
S	Scheme of Delegation	
	Section 151 Officer (Director of Finance)	
	Statement of Accounts	
T	Treasury Management Strategy	

7.4 Annual Governance Assurance Statement

Each member of the COE is required to confirm that:

'In meeting my responsibilities above, I have:

- ▶ Contributed to the review of Risk Registers and the outcomes
- ▶ Ensured that there are controls in place to mitigate the risks highlighted in the above exercise
- ▶ Considered relevant assessments of key service areas within the Department
e.g. benchmarking, peer review
- ▶ Taken into account internal and external audit and inspection reports and results of follow ups regarding implementation of recommendations

I am satisfied that to the best of my knowledge, the following procedures are in place:

- ▶ The service is planned and managed in accordance with the Council's Corporate Operating Principles
- ▶ Business risks are identified, assessed and reported on a regular basis
- ▶ Key controls over systems and processes are in place to ensure the Council's assets are safeguarded
- ▶ Business Continuity Plans are maintained and reviewed as circumstances change
- ▶ The monthly Cumulative Spend Report has been reviewed and agreed as part of the Full Budget Monitoring System
- ▶ Key contract information is kept up to date in the Contracts Database to allow Contract Registers and other management information to be reported

Where unable to confirm all, or some of these, the areas for improvement and planned actions must be detailed'.

7.5 External Inspections/Peer Reviews

The Council received the annual Local Government & Social Care Ombudsman letter for the year ending 31st March 2021, which summarised Ombudsman complaints/enquiries received, and the decisions made about, the London Borough of Bromley. With a commitment to an ethos of continuous improvement and using feedback from a variety of sources to learn, understand and take action to improve services; we continue to place our focus on the outcomes of complaints and what can be learned from them.

[Local Government and Social Care Ombudsman Annual Review Letter 2021 \(21st July 2021\)](#)

On 14th and 15th September, Ofsted carried out a focused visit of Children's Services, considering the arrangements for children in care, including disabled children in care.

[Ofsted - Focused visit to London Borough of Bromley's Children's Services \(19th October 2021\)](#)

7.6 The Role of Internal Audit

Internal Audit is a key component of Corporate Governance within the Council. As required by the Accounts and Audit Regulations 2015, the Council must ensure an effective system of internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance.

An independent and objective Internal Audit function will, through its risk-based approach to work, provide assurance to the Council's Audit Sub-Committee and senior management on the higher risk and more complex areas of the Council's business, allowing management to focus on providing coverage of routine operations.

Internal Audit's objectives include supporting a positive culture of internal control improvement, effective risk management and good governance. The purpose, authority and responsibility of the internal audit activity are formally defined in the Internal Audit Charter, which is periodically reviewed and presented to senior management and the Audit Sub-Committee for approval. The latest updates to the Charter were approved by the Audit Sub Committee on the 2nd March 2022.

7.7 The Role of the Head of Audit and Opinion on Governance Risk and Control

The Council is responsible for ensuring that it has a sound system of governance (incorporating the system of internal control).

The Head of Audit & Assurance is required to provide an independent opinion on the overall adequacy and effectiveness of the Council's governance, risk and control framework. Their Annual Report and Opinion has been considered and any significant issues incorporated as a result.

The Annual assessment is based on the following:

- The Audit work undertaken including the assurance opinion ratings
- The follow up of Priority 1 recommendations determining how the authority responds to key identified weaknesses
- Counter fraud work and other investigations throughout the year
- Ad-hoc advisory work
- Work to support various Covid grant schemes including risks and controls advice and pre payment assurance checks
- Informal observations of the organisation, for example through attendance at Corporate Leadership Team, Corporate Risk Management Group and other forums.

The results of the above provide reasonable assurance that there is an adequate and effective framework of governance, risk management and control within the Council, designed to meet the organisation's objectives. Where significant weaknesses are identified, Priority 1 recommendations are made and are tracked by the Corporate Leadership Team and the Audit Sub Committee (Audit and Risk Committee from April 2022 onwards) until implemented or discharged. The Head of Internal Audit's Annual report (Audit and Risk Management Committee June 2022) provides details of exceptions and provides further context. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

8. Our Strategic Risks

Risk management is an important element of the system of internal control at Bromley Council. It is based on a process designed to identify, prioritise and control the risks to achieving Bromley's policies, aims and objectives.

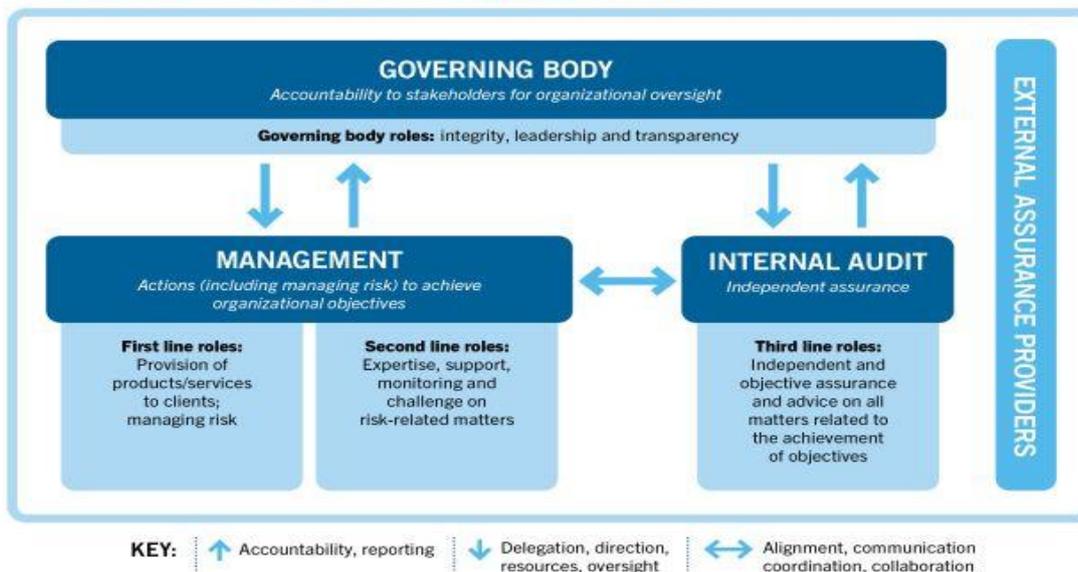
The Corporate Risk Register is a key document in the Council's approach to risk management; it captures the key strategic risks to the delivery of the corporate objectives as set out in the 'Making Bromley Even Better' vision. It also provides a context through which high level risks are identified and is used to inform decision making about business planning and service delivery. Chief Officers assume the lead role for Strategic Risks affecting their own service areas with the Corporate Risk Register reviewed at least annually. The Corporate Risk Management Group takes the lead in championing and co-ordinating the Council's approach to risk management, and ensures that effective risk management processes are fully embedded.

The 'three lines' of assurance model, as detailed below, provides a simple framework for understanding the roles and responsibilities in the overall risk management and internal control processes of an organisation. The Council's third line of defence includes Internal Audit, who provide independent assurance to senior management and the Audit Sub-Committee on how effectively the first and second lines of defence have been operating.

- ▶ First line – operational management controls
- ▶ Second line – monitoring controls, e.g. the policy or system owner / sponsor
- ▶ Third line – independent assurance

Figure 2 – 3 Lines Model

The IIA's Three Lines Model (2020)



The published Corporate Risk Register can be viewed via following the link

[Corporate Risk Register](#)

9. Looking Back on 2020/21

Governance Issue	Action	Progress
<p>Finance</p> <p>A potential balanced budget for the next two years has been achieved through the Transformation Savings Programme, an improved financial settlement from Government and continuing with prudent financial management, but there remains a “budget gap” of £2.5m in 2023/24 rising to £14.1m per annum in 2024/25. The projections assume mitigation and transformation savings of £16.3m in 2021/22 rising to £40.3m by 2024/25. The projections from 2022/23 have to be treated with some caution, particularly as the Government’s next Spending Review, outcome of the Fair Funding Review and Business Rate Devolution is now expected to be implemented from 2022/23 – the outcome, including the impact on individual councils, is still awaited. The Government has provided funding support to address the impact of the Covid 19 pandemic, but uncertainty remains on the medium and longer term impact from the ‘new normal’.</p>	<p>In considering action required to address the medium term “budget gap”, the Council has taken significant action to reduce the cost base while protecting priority front line services and providing sustainable longer term solutions. Significant savings of around £100m were realised since 2011/12. Our council has to balance between the needs of service users and the burden of council tax on council tax payers. With the Government not providing funding to keep pace with growth/cost pressures, the burden of financing increasing service demand falls primarily upon the level of council tax and business rate income. Further information can be found in:</p> <p>Draft 2021/22 Budget and Update on Council's Financial Strategy 2022/23 to 2024/25</p>	<p>A balanced budget was delivered for 2020/21 and 2021/22 partly due to the significant savings from the Transformation Savings Programme, effective use of Covid resources provided by Government and ongoing prudent financial management approach. This was delivered despite the significant ongoing cost pressures across key service areas remaining.</p>
<p>Valuation of Fixed Assets</p> <p>Issues have been identified relating to the methodologies used for accounting and the valuation of fixed assets for reporting in the Council’s 2019/20 Statement of Accounts.</p>	<p>Work will be required to ensure that Fixed Assets are accounted for in full compliance with the CIPFA Code of Practice in Local Authority Accounting, specifically:</p> <ul style="list-style-type: none"> • Asset Valuations are fully supported and are undertaken in line with the requirements of the CIPFA Code • Depreciation and Impairment are properly calculated and appropriately applied to relevant asset categories 	<p>The Council has appointed new Professional Advisors whose methodology for valuations has been shared with the Council’s external auditors.</p> <p>The 2020/21 Asset Valuations have been progressed with a joint working approach between the Council’s external auditor and appointed advisors – so that a mutually agreed approach has been adopted.</p>

	<ul style="list-style-type: none"> • Furniture and Equipment Assets are properly identified and valued on an ongoing basis 	<p><i>This may be updated once the External Auditors have concluded on the revised audit submissions.</i></p>
<p>Ongoing impact of COVID-19 pandemic on service delivery</p> <p>Despite the many challenges presented by the COVID-19 pandemic, the Council has delivered some key achievements through our COVID-19 response programmes and our business-as-usual work, including a balanced budget for 2021/22.</p> <p>The pandemic has highlighted a number of long-term challenges that we will need to continue to address. In particular, we will continue to face ongoing cost pressures on the organisation which will need to be locally managed, particularly with regard to social care provision and our ongoing local contact tracing response.</p> <p>However, there are also a number of potential opportunities for greater partnership working, particularly with the voluntary and community sector, that will form part of our recovery planning approach.</p> <p>Our work this year will be critical not only for our ongoing response to the pandemic supporting Bromley's residents, but also our commitment to the delivery of the Transformation Programme, as well as managing growth and delivering budget mitigations as part of our long-term financial management strategy.</p>	<p>The Council will continue its ongoing work to support the COVID-19 response:</p> <ul style="list-style-type: none"> • Continued lateral flow testing offer in line with local requirements • Bromley's mass vaccination centre at the Civic Centre site will run until at least September 2021, with a maximum potential vaccination rate of 1300 residents per day • Ongoing local contact tracing in close partnership with the national scheme • Preparing agile and ready-to-implement testing plans if surge testing is required in the borough • Close monitoring of hospital discharges and any longer term potential pressure on adult social care capacity due to Covid-19 pressures • Prudent financial management of COVID-19 grants distributed by the local authority • Appropriate enforcement measures through the Public Protection service to ensure compliance with COVID-19 legislation • Determining the longer-term approach to working with the voluntary and community sector, including the retention and engagement of the 4500 volunteers who registered with the Council to support the COVID-19 response • Supporting the longer-term economic recovery of the borough • Ongoing partnership working through the Borough Partnership Forum to ensure a co-ordinated and mutually supportive local area response across all agencies <p>Some of our key organisational priorities for 2021/22 include:</p>	<p>The Council has continued its ongoing work to support the COVID-19 response:</p> <ul style="list-style-type: none"> • The Council's Lateral Flow Testing (LFT) rapid testing programme has supported staff working in the community and the Council's frontline services. • The Council's local contact tracing programme continued to support COVID positive patients the national Test and Trace Team failed to reach. Our current local call success rate averaged at 52.9% with approximately 88.4% of Bromley COVID-19 patients reached either through our local call scheme or the national Team. • Bromley's mass vaccination centre at the Civic Centre has remained open seven days a week to deliver first and second vaccinations, and the booster programme. Over 500,000 vaccinations have been delivered in the borough. • The Inequalities in Vaccination Taskforce have delivered on a programme of work to address vaccine hesitancy, which has included a helpline for health and social care staff, communications and targeted pop-up clinics across the borough. • Continued important work to enable people to be discharged from hospital in a timely way and awarded the MJ Achievement Award for Integration of Social Care and Health. Joint working initiatives

- Delivering the new Council's intranet site for our staff and launching Bromley's Digital Roadmap
- Relaunching the new 'Building a Better Bromley' Corporate Plan later this year, which will articulate key priorities for the Council over the next five years.
- Delivering the £10 million investment in new housing to boost our housing supply and tackle homelessness
- Our ongoing operational property review to determine the future of the Civic Centre site and satellite offices
- Successful rollout of the 2021 GLA elections
- Continuing our ongoing staff wellbeing engagement work, including addressing the findings of the second Staff Wellbeing Survey
- Reviewing the progress of the Transforming Bromley programme at the mid-way point and identifying future transformation priorities to be delivered by 2023.

To achieve the identified transformation and mitigation savings set out the 2021/22 budget, the Chief Executive's leadership team have agreed the following monitoring activity:

- Regular 'Are We On Track' monthly assessments through departmental meetings to determine whether we are on course to deliver the projections
- Monthly overview discussion of transformation/mitigation savings and financial impact of COVID-19 at Transformation Board
- Bi-monthly 'hot spot' monitoring will continue
- Full quarterly financial monitoring reports will be undertaken quarterly as at present.

- have supported the improved way residents leave hospital and receive the help they need to recover. This collaborative working also supported the Department over the winter period and made planning much easier.
- The Council has used allocated COVID-19 funding (£86 million in 2021/22) to support residents, businesses, and service delivery. Any unused unringfenced COVID grant is set aside to support the 'new normal' going forward.
- Following the end of Lockdown restrictions in July 2021, the Council evaluated its response across all COVID-19 programmes and identified where business-as-usual services could pick up any ongoing requirements to reduce any ongoing financial exposure to COVID-19 associated costs.
- An overarching recovery plan for the Council has been drafted and is supported by local departmental recovery plans owned by each member of the Chief Officers' Executive Group.

Progress against our organisational priorities includes:

- Published our Economic Development Strategy which includes plans to help support business growth following the effects of the pandemic and the Council's plans to support economic growth across the borough up to 2031. Economic Recovery – Refer to Strategy
- Published our Corporate Strategy 'Making Bromley Even Better' 2021-2031, which sets out our ambitions that will be jointly delivered with the Council's partner agencies over the next ten years.

- There are currently five housing schemes in delivery and/ or approved as part of the capital programme to increase the housing supply across the borough. These five schemes are Burnt Ash, Bushell Way, Anerley, York Rise and West Wickham Library Car Park. The Council's Burnt Ash Lane development won 'best affordable housing development with a value of under £5 million' at the Inside Housing Development Awards 2021.
- Work continues to progress in relation to the Operational Property Review, and full findings will be presented to Members by June/ July 2022.
- Continued to support the wellbeing of staff, regularly promoting and communicating the Council's wellbeing offer that has included our Employee Assistance Programme (EAP) and Mental Health First Aiders.
- The Council is now in the third year of the four-year Transformation Programme. The Transformation Board continues to meet on a fortnightly basis to scrutinise the development and delivery of transformation proposals across its six workstreams to help reduce the Council's emerging budget gap over the next four years.

In terms of monitoring identified transformation and mitigation savings set out the 2021/22 budget, the Chief Executive's leadership team have:

- Continued monthly 'Are We On Track' assessments through departmental meetings.

		<ul style="list-style-type: none"> • Reviewed on a monthly basis transformation/mitigation savings and the financial impact of COVID-19 at Transformation Board. • Held bi-monthly 'hot spot' monitoring. • Delivered full quarterly financial monitoring reports.
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To the best of our knowledge, the governance arrangements as defined above, have been operating effectively during the year and remain fit for purpose.

We propose to take steps over the coming year to address the Significant Governance Issues defined on pages 3 - 5 to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness and will monitor their implementation and operation as part of our next annual review.

Signed

Signed

Chief Executive

Leader of the Council

Date

Date

Appendix 1 – Links to Documents

Page 2	Making Bromley Even Better
https://www.bromley.gov.uk/info/10020/policies_and_plans/993/making_bromley_even_better_corporate_strategy_london_borough_of_bromley	
Page 3	Draft 2022/23 Budget and Update on Council's Financial Strategy 2023/24 to 2025/26
https://cds.bromley.gov.uk/documents/s50094496/Executive%20120122%20Budget%20Report.pdf	
Page 13	Adult Care and Health Portfolio Plan 2021/22
https://cds.bromley.gov.uk/documents/s50089739/ACH21-035%20APPENDIX%202%20Adult%20Care%20and%20Health%20Portfolio%20Plan%202021-22%20ACH%20PDS%2029.06.21.pdf	
Page 13	Children, Education and Families Portfolio Plan 2021/22
https://cds.bromley.gov.uk/documents/s50089418/Appendix%201%20-%20Children%20Education%20and%20Families%20Portfolio%20Plan%202021-2022%20Refresh.pdf	
Page 13	Housing, Regeneration and Planning Portfolio Plan 2021/22
https://cds.bromley.gov.uk/documents/s50089473/Housing%20Planning%20and%20Regeneration%20Portfolio%20Plan%202021-22.pdf	
Page 13	Environment and Community Services Portfolio Plan 2021/22
https://www.bromley.gov.uk/downloads/file/547/environment_and_community_services_portfolio_plan	
Page 13	Public Protection and Enforcement Portfolio Plan 2021/22
https://www.bromley.gov.uk/downloads/file/548/public_protection_and_enforcement_portfolio_plan	
Page 13	Adult, Care and Health Portfolio Plan 2021/22 Quarter Two Update Covering Report (November 2021)
https://cds.bromley.gov.uk/documents/s50093711/ACH21-044%20ACH%20Portfolio%20Plan%202021-22%20Q2%20Update%20ACH%20PDS%2023.11.21.pdf	

Page 13	Adult Care and Health Portfolio Plan 2021/22 - Quarter Two Update (November 2021)
https://cds.bromley.gov.uk/documents/s50093712/ACH21-044%202021-22%20ACH%20Portfolio%20Plan%20Q2%20Update%20ACH%20PDS%2023.11.21.pdf	
Page 14	Children, Education and Families Portfolio Plan 2021/22 - Quarter Three Update Covering Report (March 2022)
https://cds.bromley.gov.uk/documents/s50096817/Portfolio%20Plan.pdf	
Page 14	Children, Education and Families Portfolio Plan 2021/22 - Quarter Three Update (March 2022)
https://cds.bromley.gov.uk/documents/s50096818/Enc.%20%20for%20Portfolio%20Plan.pdf	
Page 14	Housing, Planning and Regeneration Portfolio Plan 2021/22 Quarter Three Update Covering Report (January 2022)
https://cds.bromley.gov.uk/documents/s50095832/1.%20Cover%20Sheet%20Q3.pdf	
Page 14	Housing, Planning and Regeneration Portfolio Plan 2021/22 - Quarter Three Update (January 2022)
https://cds.bromley.gov.uk/documents/s50095904/RRH%20PDS%20260122%20Portfolio%20Plan%20Q3%20Update%20Appendix%201.pdf	
Page 14	Housing, Planning and Regeneration Portfolio Plan 2021/22 - Quarter Three Update (January 2022)
https://cds.bromley.gov.uk/documents/s50095834/3.%20Q3%20Portfolio%20Reporting%20-%20Planning%20Focus%20Appendix%202.pdf	
Page 14	Environment and Community Services Performance Overview (March 2022)
https://cds.bromley.gov.uk/documents/s50097026/22.03%20ECS%20Performance%20Overview_FINAL%20RELEASED_2%20PDF.pdf	
Page 14	Public Protection and Enforcement Performance Overview (March 2022)
https://cds.bromley.gov.uk/documents/s50097024/22.03%20PPE%20Performance%20Overview_FINAL%20RELEASED%20PDF.pdf	
Page 15	Draft 2022/23 Budget and Update on Council's Financial Strategy 2023/24 to 2025/26

	https://cds.bromley.gov.uk/documents/s50094496/Executive%20120122%20Budget%20Report.pdf
Page 15	2022/23 Council Tax
	https://cds.bromley.gov.uk/documents/s50096106/Executive%20090222%20Council%20Tax%20Report.pdf
Page 16	Monitoring Officer's General Report 8th March 2022
	https://cds.bromley.gov.uk/documents/s50096866/MONITORING%20OFFICERS%20GENERAL%20REPORT.pdf
Page 16	Appendix 4 – Social Media Guidance for Councillors
	https://cds.bromley.gov.uk/documents/s50096870/App%204%20for%20MONITORING%20OFFICERS%20GENERAL%20REPORT.pdf
Page 17	Policy, Development and Scrutiny Annual Report 2021/22
	https://cds.bromley.gov.uk/documents/s50097391/Annual%20Scrutiny%20Report%202022.pdf
Page 17	Audit Sub Committee Meetings (Agendas, Papers, Minutes)
	http://cds.bromley.gov.uk/ieListMeetings.aspx?CId=135&Year=0
Page 19	Local Government and Social Care Ombudsman Annual Review Letter 2021 (21st July 2021)
	https://www.lgo.org.uk/documents/councilperformance/2021/london%20borough%20of%20bromley.pdf
Page 19	Ofsted Children's Services focused visit (19th October 2021)
	https://files.ofsted.gov.uk/v1/file/50170757
Page 21	Corporate Risk Register
	https://cds.bromley.gov.uk/documents/s50064510/Appendix%20A2%20-%20Corporate%20Risk%20Register.pdf?CT=2
Page 22	Draft 2022/23 Budget and Update on Council's Financial Strategy 2023/24 to 2025/26

<https://cds.bromley.gov.uk/documents/s50094496/Executive%20120122%20Budget%20Report.pdf>

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Report No.
FSD22044

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: **AUDIT AND RISK MANAGEMENT COMMITTEE**

Date: **Thursday 30 June 2022**

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

Title: **INTERNAL AUDIT AND FRAUD PROGRESS REPORT**

Contact Officer: Francesca Chivers, Head of Audit and Assurance
E-mail: Francesca.Chivers@bromley.gov.uk

Chief Officer: Director of Finance

Ward: (All Wards);

1. Reason for decision/report and options

This report provides an update on Internal Audit activity to date in the 2022/23 financial year. It also provides an update on counter fraud activity for the final quarter of 2021/22.

2. **RECOMMENDATION(S)**

a) **Note the Progress Report and comment on matters arising.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: Some audit findings could have an impact on services for vulnerable adults and children.
-

Transformation Policy

1. Policy Status: Not Applicable
 2. Making Bromley Even Better Priority:
(5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
-

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre:
 4. Total current budget for this head:
 5. Source of funding:
-

Personnel

1. Number of staff (current and additional): 6.5 FTE Internal Audit staff
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory Requirement: Under the Accounts and Audit Regulations 2015, the Council is required to maintain an effective Internal Audit function.
 2. Call-in: Not Applicable:
-

Procurement

1. Summary of Procurement Implications: Some audit findings could have procurement implications.
-

Property

1. Summary of Property Implications: Some audit findings could have property implications.
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: None
-

Customer Impact

1. Estimated number of users or customers (current and projected): Internal Audit activity is relevant to all of the Council's stakeholders.
-

Ward Councillor Views

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

3. COMMENTARY

3.1 Internal Audit Progress and Outcomes

3.1.1 Under the Public Sector Internal Audit Standards, Internal Audit must regularly report to Audit and Risk Management Committee on its activity and performance relative to its Plan. This progress report provides an update on internal audit activity and outcomes to date against the Plan for April – October 2022 that was agreed by Members of Audit Sub-Committee in March 2022. It also contains the outcomes of our follow up of recommendations made in previous years. As is usual for the first quarter of the year, this update is relatively brief.

3.1.2 **Table 1** below shows current progress against the April – October 2022 Internal Audit Plan, as at 13th June 2022. In summary, one audit (Planning) is complete, seven are in fieldwork and six are at planning stages. Unfortunately, we have had some long-term sickness in the team which has hindered progress to an extent. However, we are planning to engage some additional resource via our framework contract and the flexibility of the six-month planning process will allow us to reassess resources and prioritise areas of work at the next iteration of the Plan.

Table 1 - April 2022 – October 2022 Internal Audit Plan	
Audit	Status and Assurance Opinion
Assurance Mapping	Planning
Grant assurance work including Supporting Families and Disabled Facilities Grant	Fieldwork (one grant complete)
Domestic Abuse	Not yet started
Transformation	Not yet started
Discretionary Housing Payments	Fieldwork
Cash and Bank	Not yet started
Capital Strategy, Planning and Monitoring	Not yet started
Sickness Management	Planning
Appraisals	Not yet started
Recruitment and Retention	Not yet started
Procurement Fraud and Corruption Risk Assessment	Planning
Members' Induction	Fieldwork
Procurement of IT Services (ongoing consultancy)	Fieldwork
Public Health Covid-19 Response – Lessons Learned	Not yet started
Placements (Adults' Residential)	Not yet started
Assistive Technology	Not yet started
Adult Social Care Referral and Assessment Process	Not yet started
Quality Assurance Framework – Adults	Planning
Virtual Schools' Bromley	Not yet started
Quality Assurance Framework – Children's	Planning
Adult Education	Not yet started
Schools Rolling Programme	Fieldwork
Planning Applications	Complete – Reasonable Assurance
Operational Property Review	Planning
Capital Schemes – Project Management (Housing)	Not yet started
Housing Allocations	Fieldwork
Highways – Management of Major Works	Not yet started

Parks and Greenspace	Fieldwork
Net Zero	Not yet started

3.1.3 Summaries of the completed audit (Planning) and piece of grant assurance work (Step up to Social Work) are provided below. The full redacted report for Planning has been published with the agenda, if Members required further information.

Planning (Pre-application Advice Service)

Audit opinion	Reasonable
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- 3.1.4 The overall objective of the audit was to review the effectiveness of the controls in place to ensure that pre-application planning advice is provided in a consistent and timely manner, with sufficient segregation of duties and management oversight, and that fee income is accounted for.
- 3.1.5 Our fieldwork highlighted a number of key strengths. Internal procedures are well documented and information on the website www.bromley.gov.uk is wide ranging. There is clear segregation of duties with three officers involved in all Non-Major and Major Pre-application advice requests sampled. The approval process is robust and advice letters are comprehensive and reflect the requirements of the National Planning Policy Framework and the London and Bromley Local Plans. Consultation with other departments and organisations is evidenced.
- 3.1.6 However, we identified that the current Pre-application planning process does not include the facility for requests for the service and supporting documentation to be submitted via a portal. The current forms do not address accessibility issues, are cumbersome for the applicant and the information will require re-keying into the Planning Case Management Software System, creating additional resource requirements.
- 3.1.7 Outturn is currently reported against a Key Performance Indicator of ‘Applications decided in/out of time’ parameter of 56 days, being the eight week target from validation to advice letter for the Non-Major applications. During the course of the testing, we identified issues with the parameters of the indicator which had resulted in inaccuracies in the outturn.
- 3.1.8 Additionally, we identified delays in validating applications. Whilst Major cases can be complex, we viewed examples of advice letters being issued four and five months after the meeting. None of the Non-Major cases sampled were concluded in less than 56 days.
- 3.1.9 Whilst there is clear segregation of duties with a minimum of three officers involved in all Non-Major and Major Pre-application advice requests sampled, and the approval process is robust, an anti-bribery risk assessment has not been completed and Planning specific anti-bribery awareness training has not been provided to departmental staff. The Council may not, therefore, be able to demonstrate that it has taken steps to prevent bribery, resulting in non-compliance with the Bribery Act 2010.
- 3.1.10 There is no interface between the financial and case management systems and therefore no automatic reconciliation of the income recorded. At the time of reporting, it could not be established whether, in two instances, overpayments had been made and whether, in three instances, VAT had been correctly accounted for.
- 3.1.11 All recommendations have been accepted by management.

Recommendation	Priority	Recommendation accepted?
Online Information	3	Yes
Key Performance Indicators/Timeliness	2	Yes
Anti-bribery arrangements	2	Yes
Reconciliation of Income on the Case Management system to the financial system	2	Yes

**Surrey & South London Regional Partnership Step Up to Social Work – Cohort 7
Project 5190, 01 April 2021 – 31 March 2022.**

Audit opinion	The evidence seen by Internal Audit demonstrates that the grant claim conditions have been met for expenditure as at 31st March 2022
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3.1.12 On 14th April 2022, the Head of Finance, Children, Education and Families, advised of the requirement to submit a Certificate of Grant usage, initialled by the organisation's Chief Auditor, confirming that the total Grant expenditure for the period 1st April 2021 to 31st March 2022 was used exclusively for the purposes set out in the agreement with the Department for Education dated 19th January 2021.

3.1.13 Based on discussions with the Principal Finance Officer (Children's Social Care), the Organisational Development Lead (Human Resources) 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 total Grant expenditure of £207,307.60 was used exclusively for the purposes set out in the agreement between the Grant Recipient and the Department for Education, dated 19 January 2021.

3.2 Follow up of Recommendations Raised

3.2.1 Prior to April 2022, our recommendation follow up was limited to Priority 1 recommendations only. Since April, we have expanded this process to include all Priority 2 and 3 recommendations made from the 2021-22 financial year onwards. We do of course need to take a proportionate approach to ensure that resources are appropriately prioritised and used most effectively. Consequently, our approach is to re-test Priority 1 recommendations (where relevant) and to obtain and review evidence for Priority 2 and 3 recommendations.

3.2.2 **Appendix A** provides a list of all Priority 1 recommendations open as from the previous report to Audit Sub-Committee in March 2022. We have raised two new Priority 1 recommendations since the last report; one relating to Cyber Security (please see the Part 2 Appendix to the Annual Report for further details) and one relating to SEN.

3.2.3 As at the time of writing this report, there are six open Priority 1 recommendations. Four of these are not yet due for follow up. We have however followed up the other two recommendations; updates are provided below.

Data Centre

3.2.4 At the March Audit Sub-Committee meeting, the minutes record that the Chairman advised Members that “the ‘Man in the Van’ (employed in case there was a failure to the power supply to the Data Centre), would soon no longer be required as the relevant works had been undertaken. There were some minor electrical faults that had been identified during the course of installing the new switch, but these should be resolved within a week and then full resilience would be achieved. The Head of Audit and Assurance stated that she would report back to the next Audit Sub Committee regarding whether the recommendation could be fully closed.”

3.2.5 We are able to confirm that there is no longer an on-site presence in the event of electrical failure. However, at the time of writing this report, electrical investigations are on-going and we are unable to provide assurance that the desired level of resilience has been achieved. Therefore, this recommendation remains open and the service will provide a verbal update at the meeting.

IT Asset Register

3.2.6 The Internal Audit review of the IT Asset Register was finalised in January 2022. It included a Priority 1 recommendation about the accuracy and completeness of information recorded in the IT asset register and the need for a periodic review to identify any inaccuracies and gaps in information.

3.2.7 We undertook follow up testing in June 2022 and found that progress had been made towards implementing the recommendation. The asset register and the way in which items are recorded and reported has improved. We saw that storerooms had been cleared of items for disposal, tidied and given defined areas for the allocation of different types of stock.

3.2.8 However, our sample testing of items whose location was recorded as a storeroom found that four of the assets were not there. Three of these items have now been traced and the whereabouts of the remaining item, a laptop, is being investigated by the IT team. We found that no periodic review of the asset register for gaps and inaccuracies has yet been carried out.

3.2.9 We have assessed the implementation of the Priority 1 recommendation as partial overall. We recognise that progress has been made and this will be followed up again later in 2022, to allow time for the new arrangements to be operating effectively.

Priority 2 and 3 follow ups

3.2.10 **Appendix B** provides a high level summary of all Priority 2 and 3 recommendations that were due for follow up in April and May 2022. This summary includes the number of recommendations for each audit together with the numbers that have been implemented, not implemented or where follow up is still in progress. Where follow up is marked as in progress, this means that we are in the process of obtaining or reviewing evidence to determine whether the recommendation(s) can be closed.

3.2.11 We have fully closed all recommendations relating to the following 2021/22 audits:

- Covid-19 Procurement Arrangements

- Waste Services Contract
- Environmental Services Contract Monitoring
- Freedom of Information and Subject Access Requests
- Engagement of a Consultant in Youth Offending Services
- Health and Safety – Covid-19 Risk Assessments
- St Olaves Grammar School

3.2.12 For all remaining audits, we will provide a further update to the next meeting of Audit and Risk Management Committee.

3.3 Audit Activity (other work including advisory)

3.3.1 Since the last report to Audit Sub-Committee, we have continued to undertake ad-hoc advisory work. In addition to the specific work highlighted below, we have continued to attend, and provide relevant updates to, Corporate Leadership Team and Chief Officer Executive.

Oracle Fusion project - advice on risks and controls

3.3.2 In April 2022, prior to 'go-live', we continued to provide advice on this project by analysing, at the project team's request, the supplier management team's process maps for ordering goods and services, making payments and setting up and amending suppliers on the new system.

3.3.3 We made a number of observations about the processes and raised clarification points. These were subsequently addressed by the project team and there were no other issues arising.

Homes for Ukraine

3.3.4 We have offered advice as this scheme has developed, including on the controls around pre-paid cards for one-off payments to guests and the declaration form / checks prior to making payments to host families. Officers have accepted our suggestions and we have no significant issues to raise with Audit and Risk Management Committee.

Council Tax Energy Rebate

3.3.5 We have attended weekly meetings to provide risk and control advice on the Council Tax Energy Rebate as the Council has developed systems to roll out the £150 payment to households in council tax bands A-D. From the week of 6th June 2022, we commenced bank account verification checks via the Government's designated Counter Fraud tool (Spotlight) for eligible households who do not pay Council Tax by Direct Debit. In the first week, we processed just over 8000 checks. We have also worked with relevant teams to assess risk and comment on proposed courses of action where verification checks fail. We will continue this work until the scheme closes.

3.4 Counter Fraud Activity

3.4.1 This report provides an update on both new and previous cases of fraud and special investigations. The Fraud service is provided by the Royal Borough of Greenwich who investigate all allegations of fraud and maintain the fraud register.

Blue Badge Fraud

- 3.4.2 Members will be 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 Blue Badges 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.
- 3.4.3 Following investigation after confiscating a badge, information is collated, and the case passed to the Greenwich Fraud Team. 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.
- 3.4.4 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.
- 3.4.5 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'.
- 3.4.6 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.
- 3.4.7 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.
- 3.4.8 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.
- 3.4.9 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

3.4.10 The lockdown as a result of the pandemic had a significant impact on the volume of Blue Badge referrals generated by the Council. **Table 2** below provides a comparison of referrals received for a whole year with the pre Covid affected year.

Table 2 – Blue Badge Referrals

	2019/20	2020/21	2021/22
Total	129	22	64

3.4.11 The table above shows that there is now a significant increase in the number of new cases being referred. Clearly though, the number of cases are still far below those of pre pandemic, when confiscation of badges and engagement with drivers was unrestricted.

3.4.12 However, as engagement with drivers has decreased this has meant that the referrals being sent to the Fraud Team relate predominantly to allegations of stolen or expired Blue Badges being displayed or the use of Blue Badges belonging to persons who are deceased.

3.4.13 It has been previously reported that there are delays from Her Majesty's Court Service in informing the Council's Legal Services of the outcome of Blue Badge prosecutions submitted via the single justice procedure. The provision of outcome / result data did not improve during lockdown. The lack of new referrals allowed investigators during lockdown to focus on bringing the caseload held at that time to Legal Services for consideration of further action.

3.4.14 As a result of the lockdown, 'Interviews under Caution' were only possible during short windows when the tier level allowed. Interviews have resumed however attendance is far more intermittent and quite often two or three interviews are scheduled before the individual attends for an interview under caution.

3.4.15 As of 31st March 2022, there were 5 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.

3.4.16 **Table 3** below provides a comparison of prosecutions and warning letters for the whole year with 2019/20, 2020/21 and 2021/22. Please note that the figures for 2020/21 will include cases from 2019/20 that were delayed as a result of the pandemic.

Table 3 – Blue Badge Prosecutions and warning letters

	2019/20	2020/21	2021/22
Prosecutions	46	57	30
Warnings	30	30	14
Cautions			4
Total	76	87	48

Joint Working DWP

- 3.4.17 This is an area severely hit by the Covid-19 pandemic as the DWP had seconded all of their fraud investigation staff on to other duties. There has been some indication that DWP officers are returning to fraud duties. Meanwhile all referrals are sifted centrally, and it transpires that the majority of existing investigations when Covid began were closed by the DWP.
- 3.4.18 As with all joint working cases with the DWP, it is the DWP who are in control of the prosecution process. The one significant joint working case with DWP which had been submitted for prosecution prior to lockdown has been closed by the DWP. The Housing Benefit overpayment was £50,000 and recovery has been underway for some time with £6,000 recovered so far. There have been no new joint working cases in the 2021/22 financial year.

Miscellaneous Cases

- 3.4.19 **Tables 4 and 5** on pages 13 and 14 summarise at a high level all fraud cases that were worked on during 2021/22. **Table 4** summarises all fraud referrals that had been opened prior to the 2021/22 financial year and that remained open at the start of that year. **Table 5** summarises all fraud referrals received in the 2021/22 financial year.
- 3.4.20 There have been 26 cases of suspected Council Tax fraud received during the 2021/22 financial year. Three Council Tax exemptions have been removed, 17 cases were not accepted or closed with no fraud proved and the remainder were referred to the Council's Revenues department or the DWP.
- 3.4.21 There have been 17 reported cases of suspected subletting or vacating addresses in 2021/22. One case from a previous financial year has resulted in the tenancy being recovered by the Housing Association. Five from 2021/22 have been referred to the relevant Registered Social Landlord (RSL). An initiative to commence some further joint working with one of the Housing Associations is being explored. We are awaiting their sign off on an agreement to share data and commence some joint investigation working.
- 3.4.22 A total of 75 cases were referred on to the DWP during the course of the year, relating mainly to Benefit cases where allegations of undisclosed income and living together were made.
- 3.4.23 The DWP need to adjudicate on entitlement to the benefit it administers before the Council can then determine if there is any impact on Housing Benefit or CTRS in payment. As already mentioned, the effect on DWP investigations during the pandemic have been far reaching and case outcomes are not forthcoming.
- 3.4.24 In one instance an investigation was undertaken into an ex-Bromley Council employee whose pension was diverted by an email scam. The bogus email sent notifying a change of bank account details caused a single month's pension payment to go into the fraudster's bank account. A court production order was obtained for the bank account into which the payment was diverted. However, this case could not be progressed as an arrest was needed at a time of lockdown and staff were not entering people's homes or interviewing. With no prospect of financial recovery, the case has been closed with a full report and recommendations to prevent the circumstances being repeated.

Covid-19 Business Grants

- 3.4.25 A significant area of new work is suspected fraud associated with the Covid-19 business grants, in particular the payments associated with the Small Business Grant Fund. In order to receive this grant, the individual / business had to be eligible for a Small Business Rate Relief.

3.4.26 The National Fraud Initiative completed its first data matching exercise using data provided by all local authorities in respect of the initial tranche of Covid-19 business support grants awarded by local authorities on behalf of the government. Subsequently, the Cabinet Office has conducted a further data matching exercise again matching grant payment data from all local authorities from the first three Covid-19 grant schemes.

3.4.27 In total some 36 cases were investigated during the year in relation to Covid-19 grant awards and all of these matches have been fully reviewed and investigated by the Greenwich Fraud Team. In the majority of cases the grants have either been awarded correctly or there is no financial loss within the grant schemes. Investigations established that there were 3 individuals / businesses where the Small Business Grant Fund payment should not have been awarded. A total of 6 Business Grants have also been recovered in the period, this equates to a total of £90,000.

3.4.28 In addition, there were 10 individuals / businesses where it was established that they were not eligible to receive the Small Business Rate Relief (SBRR). This equates SBRR totalling over £176,000.

National Fraud Initiative (NFI)

3.4.29 Checking of data matches is an ongoing feature of the current workload. The DWP lack of responses to routine enquiries make a number of the matches dependant on declarations to the DWP where a “passported” benefit is involved. A list of cases has been provided to the Council’s Exchequer Services contractor so that they may adjudicate and establish whether there have been any overpayments.

Table 4 – Fraud Cases opened prior to the 2021/22 financial year

	Cases still open 31/03/22	Case Outcomes											Grand Total	
		Benefit Withdrawn	Caution Accepted	Customer Absconded	Enquiries Discont'd	Fraud Proven	No Fraud Proven	Parking Warning Letter	Prosecution Successful	Prosecution Withdrawn	Referred to other LBB Dept	Referred to SFIS		RSL Tenancy Recovered
Benefit Fraud	2	1				2	4			1		2		12
Corporate Fraud														
Blue Badge Fraud			2					3	5					10
Business Rates Fraud					1	1								2
Covid 19 - Business Rate Grant										1				1
LBB Employee				1										1
Total Corporate			2	1	1	1	3	5		1				14
Housing Fraud														
False Rehousing Application	1													1
Living Together as Husband & Wife														1
Vacated Address										1		1		3
Total Housing	1									1		1		5
Grand Total	3	1	2	1	1	2	7	3	5	1	2	2	1	

Table 5 – Fraud Cases opened in 2021/22

	Case Closures													Grand Total
	Cases still open 31/03/22	Caution Accepted	Covid-19 Grant Recovered	Exemption Removed	No Fraud Proven	Referral Not Accepted	Parking Warning Letter	Prosecution Successful	Referred to other LBB Dept	Referred to RSL	Referred to SFIS	SBRR Removed	Subtotal	
Benefit Fraud	1				7	6				1	72			87
Corporate Fraud														
Blue Badge Fraud	21	2			5		11	25					64	
Business Rates Fraud			1						10		6		17	
Council Tax Fraud				3	12	5			5	1			26	
Covid 19 - Business Rate Grant	5		5		21				1		3		35	
Other					2	1			4				7	
Total Corporate	26	2	6	3	40	6	11	25	20	1	9		149	
Housing Fraud														
False Rehousing Application					1								1	
Subletting					1					1			2	
Undeclared Capital					1								1	
Undeclared Non-Dep										1			1	
Vacated Address					1					3			4	
Total Housing					4					5			9	
Grand Total	27	2	6	3	51	12	11	25	20	6	73	9	245	

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

Recommendations arising from audits in Adults' and Children's Services will have implications for vulnerable adults and children.

5. FINANCIAL IMPLICATIONS

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

6. LEGAL IMPLICATIONS

Under the Accounts and Audit Regulations 2015, the Council is required to maintain an effective internal audit function to provide assurance on the effectiveness of risk management, control and governance processes, taking into account public sector internal auditing standards and guidance. Regular reporting to Audit and Risk Committee is a requirement of these Standards.

7. PROCUREMENT IMPLICATIONS

Some of the findings identified in the audit reports may have procurement implications.

8. PROPERTY IMPLICATIONS

Some of the findings identified in the audit reports may have property implications.

9. CUSTOMER IMPACT

Some of the findings identified in the audit reports may have impacts on the Council's customers.

Non-Applicable Headings:	Transformation / Policy Implications Personnel Implications Carbon Reduction / Social Value Implications Ward Councillor Views
Background Documents: (Access via Contact Officer)	None

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Priority 1 list - June 2022

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	See Part II report, October 2021.	Director of Corporate Services	Head of Information Management	October 2021 See Part II Report March 2022 See Part II Report Recommendation is due for implementation in July 2022.
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 See Part II Report March and June 2021 See Part II Report October 2021 See Progress Report March 2022 See Progress Report June 2022 See Progress Report
PEO/03/2020 Finalised 7th December 2021	Review of Supported Living Audit 2020-21	Reasonable	1	Management should ensure that a voids monitoring process is implemented by Commissioning, to regularly monitor voids to keep them at a minimum to ensure that unnecessary costs are not incurred by the Authority. -Void costs within the supported living service should be easily identifiable. -An agreed process should be in place for the monitoring of voids which should be undertaken by an officer identified by management. -The average void weekly cost will need to be determined for contracts going forward, in order to determine the total costs for the voids identified at each unit.	Director of Adult Services	Head of Service Complex & Long Term Commissioning	March 2022 See Progress Report June 2022 As at March 2022, the service had implemented systems to address the recommendation. We agreed to undertake further follow work in July 2022 to assess how effectively these are working.

Report Number/Date	Title	Opinion	No. of Priority Ones	Details of original Recommendation	Responsible Officer	Lead Officer	Comments
CEX/01/2021 Finalised 28 January 2022	Review of the IT asset register	Limited	1	Management should put appropriate procedures and controls in place to enable them to gain assurance that the information recorded in the IT asset register by the Council's IT contractor is accurate, complete and up to date. This should include: (i) specifying to the Council's IT contractor what detailed information should be recorded, how it should be categorised and what management information is required and when, and (ii) carrying out, periodically, an independent review of the information recorded in the register to identify any gaps in information or inaccuracies and confirming that assets purchased have been correctly added to the register.	Director of Corporate Services	IT Contract and Operations Manager	March 2022 See Progress Report June 2022 See Progress Report
PEO/07/2021 Finalised 9 June 2022	Review of SEN Placements and Transition Process	Limited	1	Ensure that, in conjunction with the future discussions with the Education & Skills Funding Agency, organisational arrangements are put in place to manage financial demand for SEN placements including the availability of funding: (i) when a placement is approved, (ii) when any increase in educational needs requiring additional funding is identified from the annual review of a young person's EHC plan, and (iii) with an estimate of the full life costs of the placement carried out to inform future financial forecasting.	Director of Education	Director of Education and Head of Service, SEN	Not yet due.
ORP/03/2021 Finalised 22 March 2022	Cyber Security	Limited	1	See Part II report.	Director of Corporate Services Director of HR	Assistant Director, HR Assistant Director, IT	Not yet due.

Appendix B - Priority 2 and 3 Follow Up

Audit	Total number of Priority 2 and 3 Recommendations	Number of Priority 2 and 3 recommendations implemented	Number of Priority 2 and 3 recommendations not implemented	Number of Priority 2 and 3 recommendations where follow up is in progress	Comments
Covid-19 Health and Safety Risk Assessments	5	5	0	0	
Housing Benefit	1	0	0	1	
Review of Supplier Engagement for Youth Consultancy Work	4	3	1	0	The recommendation not implemented was regarding HR centralising all IR35 work. This has not been practical due to budget and resources however HR have rolled out a mandatory training programme for all managers on IR35 instead.
St Olaves	4	4	0	0	
Leavers Process	4	0	0	4	
FOI and SARs	2	2	0	0	
Covid-19 Procurement Arrangements	1	1	0	0	
IT Asset Register	4	1	0	3	
Poverest Primary School	8	0	0	8	
Marjorie Mclure School	7	0	0	7	
Creditors	10	0	0	10	
Downe Primary School	7	0	0	7	
Contract Monitoring - Environmental Services	1	1	0	0	
Waste Services Contract	1	1	0	0	

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Report No.
FSD22045

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: **AUDIT AND RISK MANAGEMENT COMMITTEE**

Date: **Thursday 30 June 2022**

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

Title: **RISK MANAGEMENT**

Contact Officer: Francesca Chivers, Head of Audit and Assurance
E-mail: francesca.chivers@bromley.gov.uk

Chief Officer: Director of Finance

Ward: (All Wards);

1. Reason for decision/report and options

This report provides Members of the Audit and Risk Management Committee with the most recent iterations of the Corporate and Departmental risk registers for review and comment.

2. **RECOMMENDATION**

Members are asked to note the Risk Registers and comment on any matters arising.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The Adults Care and Health Risk Register is attached as Appendix C. The Children, Education and Families Risk Register is attached as Appendix D.
-

Transformation Policy

1. Policy Status: Not Applicable:
 2. Making Bromley Even Better Priority
To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
-

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Not Applicable
 4. Total current budget for this head: £ Not Applicable
 5. Source of funding: Not Applicable
-

Personnel

1. Number of staff (current and additional): Not Applicable
 2. If from existing staff resources, number of staff hours: Not Applicable
-

Legal

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

Procurement

1. Summary of Procurement Implications: Where applicable, the risk category is reflected as Contractual and Partnership.
-

Property

1. Summary of Property Implications: Where applicable, the risk category is reflected as 'Physical', which includes hazards/risks associated with buildings.
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: Where applicable, the risk category is reflected as Environmental.
-

Customer Impact

1. Estimated number of users or customers (current and projected): This report is intended primarily for the benefit of members of the Audit and Risk Management Committee.
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 Audit Sub-Committee previously agreed that risk registers would be reviewed, updated and reported six monthly to Audit and Risk Management Committee. The full risk registers are subsequently presented to the respective Policy, Development and Scrutiny (PDS) Committees. Risks marked as 'High' are also presented to every other meeting of the relevant PDS Committee for noting.
- 3.2 Whilst Internal Audit coordinates the risk management process and reports to Audit and Risk Management Committee, each Director retains responsibility for the risks and controls within their division. Similarly, the Corporate Risk Register is owned by Corporate Leadership Team as a collective and each risk has an accountable owner.
- 3.3 The Corporate Risk Management Group (CRMG) meets three times per year to scrutinise the risk registers and discuss cross-cutting risk areas. CRMG is made up of representatives from each division together with officers in key risk-related roles, such as Health and Safety, Business Continuity and Insurance. Membership of the CRMG was refreshed early in 2022 to ensure representation at an appropriately senior level.
- 3.4 The CRMG met on 23rd May 2022 undertaking its usual programme of scrutiny and the current risk registers are attached as **Appendices B to J**. The current risk assessment guidance is attached at **Appendix A**.
- 3.5 The risk registers were last presented to Audit Sub-Committee in October 2021. Key changes to the Corporate Risk Register (**Appendix B**) since then are as follows:
- Cause, effects and controls for all risks have been reviewed and revised where appropriate
 - One new 'High' risk has been added - Cyber Attack and failure to comply with GDPR (Risk 6)
 - One new 'Significant' risk has been added - Health and Safety – Fire and First Aid (Risk 14)
 - One risk has been removed - Impact of Covid-19 on service delivery. This is because the identified causes and effects were no longer likely or evident, with the exception of the financial impact which is incorporated elsewhere on the Corporate Risk Register.
- 3.6 As discussed within the Internal Audit Annual Report, presented as a separate agenda item, the Council's insurance brokers have recently undertaken a review of the Council's risk register structure and format, to ensure that they are fit for purpose. Whilst there is no need to repeat the findings again here, Members are asked to note that the findings will inform a future review of the overarching Risk Framework. Once complete, the revised Risk Framework will be presented to this Committee for approval.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 The Adults Care and Health Risk Register is attached as Appendix C. The Children, Education and Families Risk Register is attached as Appendix D.

5. TRANSFORMATION/POLICY IMPLICATIONS

- 5.1 Where applicable, the risk category in all registers is reflected as 'Financial, Operational'.

6. FINANCIAL IMPLICATIONS

6.1 The Finance Risk Register is attached as Appendix G. Where applicable, the risk category in all registers is reflected as 'Financial, Operational'.

7. PERSONNEL IMPLICATIONS

7.1 The Human Resources' Risk Register is attached as Appendix F. Where applicable, the risk category in all risk registers is reflected as 'Personnel, Operational'.

8. LEGAL IMPLICATIONS

8.1 Where applicable, the risk category in all registers is reflected as 'Legal, Operational'.

9. PROCUREMENT IMPLICATIONS

9.1 Where applicable, the risk category in all registers is reflected as 'Contractual and Partnership'.

10. PROPERTY IMPLICATIONS

10.1 Where applicable, the risk category is reflected as 'Physical, Operational', which includes hazards/risks associated with buildings.

11. CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS

11.1 Where applicable, the risk category is reflected as Environmental.

Non-Applicable Headings:	Customer Impact Ward Councillor Views
Background Documents: (Access via Contact Officer)	None

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Risk Assessment Guidance

Likelihood	Almost Certain (5)	5	10	15	20	25	<table border="0"> <tr> <td style="background-color: red; width: 20px; height: 20px; display: inline-block;"></td> <td>High Risk - review controls and actions every month</td> </tr> <tr> <td style="background-color: orange; width: 20px; height: 20px; display: inline-block;"></td> <td>Significant Risk - review controls and actions every 3 months</td> </tr> <tr> <td style="background-color: yellow; width: 20px; height: 20px; display: inline-block;"></td> <td>Medium Risk - review controls and actions every 6 months</td> </tr> <tr> <td style="background-color: lightgreen; width: 20px; height: 20px; display: inline-block;"></td> <td>Low Risk - review controls and actions at least annually</td> </tr> </table>		High Risk - review controls and actions every month		Significant Risk - review controls and actions every 3 months		Medium Risk - review controls and actions every 6 months		Low Risk - review controls and actions at least annually
		High Risk - review controls and actions every month													
		Significant Risk - review controls and actions every 3 months													
		Medium Risk - review controls and actions every 6 months													
		Low Risk - review controls and actions at least annually													
Highly likely (4)	4	8	12	16	20										
Likely (3)	3	6	9	12	15										
Unlikely (2)	2	4	6	8	10										
Remote (1)	1	2	3	4	5										
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)									
		Impact													

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

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

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Corporate Risk Register - Appendix B

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)			DATE COMPLETED:	19/04/2022
					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING		
1	Corporate Risk	Failure to deliver a sustainable Financial Strategy which meets with Making Bromley Even Better priorities and failure of individual departments to meet budget	<p>Cause(s):</p> <ol style="list-style-type: none"> The 2022/23 Draft Budget report to Executive identified the need to reduce the Council's 'budget gap' of £19.5m per annum by 2025/26. The Council received a one-year financial settlement for 2022/23, which creates uncertainty on funding levels for future years. The fundamental review of local government funding through the Fair Funding Review and Business Rate review has been delayed until at least 2023/24 which adds to financial uncertainty in considering the impact on the financial forecast for 2023/24 to 2025/26. 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'. The Adult Social Care reforms could also result in potential additional costs of between £10m and £15m per annum which is not reflected in the 'budget gap' identified above. Further details are included in the Draft 2022/23 Budget and Update on the Council's Financial Strategy 2023/24 to 2025/26 report to Executive on 12th January 2022. It is not clear whether local authorities will be fully compensated for the latest impact of omicron from Government. 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 and high needs transport), Waste (growing number of households) and limited delivery of planned mitigation savings. 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. Dependency on external grants to fund services (schools and housing benefits are ring-fenced) - effect if grant reduces (Public Health services) or ceases. Increases in national living wage will have cost implications to the Council over the next few years (e.g. care providers and carers) as well as the increase on national insurance (employers costs). Local government may be required to take on new funding responsibilities in the future without adequate funding. Impact of welfare reforms and the phased roll out of Universal Credit. 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). Significant increases to inflation which exceeds the 2022/23 budget provision. <p>Effect(s):</p> <ul style="list-style-type: none"> - 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
2	Corporate Risk	Failure to deliver partial implementation of Health and Social Care Integration	<p>Cause(s):</p> <ol 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. The need to keep focus on local / place priorities rather than being driven by priorities at SEL level The need to maintain a focus on statutory responsibilities for local government while change is taking place <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 transformation programmes across the whole system, ensuring best use is made of joint resources - New governance structure between LBB and BCCG with links to emerging SEL ICS governance - Joint Assistant Director of Integrated Commissioning in post since April 2020; opportunities for further integrated posts to be explored in line with service priorities. - Using the learning from the Health and care whole systems response to the COVID-19 pandemic to deliver joined up responses to the population. 	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
3	Corporate Risk	Failure to manage change and maintain an efficient workforce to ensure that MBEB priorities are met	<p>Cause(s):</p> <ol style="list-style-type: none"> The on-going need to reduce the size and change the shape of the organisation to secure priority outcomes within the resources available. Having the right people in place by implementing effective recruitment and retention strategies. 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). Disruption while services realigned and staff appointed to new structure. Increasing demands and pressures on remaining staff given increased customer expectation levels, could lead to morale issues. Increased potential for internal controls to be bypassed due to flatter reporting structure. Lack of capacity to lead projects / manage change agenda and consequent ability to respond to change initiatives and the achievement of outcomes and benefits. Potential future shortage of professionally qualified practitioners in key areas, particularly around the Safeguarding agenda. 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. Adverse industrial relations climate with individual and collective grievances including trade disputes with the unions, causing some disruptions to vital Council services. Increasing number of employment tribunal cases causing financial and administrative inconveniences. Having the right buildings and facilities to support fewer, more professional, differently organised staff. 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). Adequacy of consultation on issues that affect residents across the borough i.e. re-organisation of libraries, Biggin Hill expansion. Adverse external audit comment and resulting ratings in relation to 'excellent in the eyes of local people'. <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 - Lack of capacity to lead on projects / initiatives 	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
4	Corporate Risk	Ineffective governance and management of contracts	<p>Cause(s):</p> <ol style="list-style-type: none"> Lack of awareness and/or non-compliance with Public Contracts Regulations 2015 and Councils Contract Procedure Rules. Lack of awareness and/or non-compliance with decision making and scrutiny requirements. Insufficient engagement with key support services such as Corporate Procurement, Finance and Legal. Poor planning / lack of timely action for commissioning and procurement activities. Poor record keeping of contracts and contract documentation. Insufficient or unclear arrangements for client side contract management and monitoring resource. Failure to undertake a suitable and proportionate contract management and monitoring plan. Failure of a contractor / partner / provider to maintain agreed service levels resulting in an interruption to or deterioration of service delivery. <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to ensure Value for Money - Procurement challenges / complaints leading to delays and potential additional costs - Reputational risk - Service disruptions - Contracts do not deliver expected outcomes or deliver sufficient quality - Increased cost and resource to manage contract issues - Failure to achieve our Making Bromley Even Better 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 - Sample check of contract management and contract monitoring arrangements across Council ongoing and repeated high profile key messaging across the Council and monitoring of compliance 	Service Directors supported by Assistant Director, Governance and Contracts
5	Corporate Risk	Failure to maintain and develop ICT information systems to reliably support departmental service delivery	<p>Cause(s):</p> <ol style="list-style-type: none"> Need to ensure that Information systems are fit for future business purpose. Capacity and skill within Corporate ICT to maintain and support systems during a period of significant change and in the future. Increasing reliance on stability of ICT infrastructure in all areas of the Council (Lync telephony service). Council website now a major channel for the delivery of services (Pay for it, Apply for it, Report it). Adequacy of information governance data protection rules to ensure the confidentiality, integrity and availability of information assets. IT failure impacting on critical operational systems. 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. Transfer of IT contract to new ICT 3rd party supplier. <p>Effect(s):</p> <ul style="list-style-type: none"> - Service disruptions - Inability to access key systems - Reputational 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 arrangements - Enhanced antivirus/cyber security, tested system restoration arrangements. 	3	2	6	<ul style="list-style-type: none"> - Review data storage /hosting arrangements. Carry out at least 4 gateway reviews for major systems. - Increase stability of ICT infrastructure including Lync. 	Director of Corporate Services

Corporate Risk Register - Appendix B

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)			CURRENT RISK RATING (See next tab for guidance)			DATE COMPLETED:	RISK OWNER	
					LIKELIHOOD	IMPACT	RISK RATING	LIKELIHOOD	IMPACT	RISK RATING	FURTHER ACTION REQUIRED		19/04/2022
6	Corporate Risk	Cyber attack and failure to comply with GDPR	<p>Cause(s):</p> <ol style="list-style-type: none"> Cyber Attack through vulnerability exploitation Failure to comply with principles unlawful disclosure of information Human error <p>Effect(s):</p> <ul style="list-style-type: none"> - Service Disruption - Data loss - Inability to access systems - ICO Fine 	<p>ICT</p> <p>Data and Information</p> <p>Technological</p>	4	5	20	3	5	15	<ul style="list-style-type: none"> - information governance training provided to all officers - system security reviews - ITHC/PSN Compliance - SIEM system monitoring - Data Protection Impact Assessments - ongoing vulnerability management through Tenable system 	<ul style="list-style-type: none"> - review and implementation of retention schedule in all systems hosting data - increased training and awareness of Cyber Security - improved technical measures to assist Cyber Security, Data Management and Data Search 	Service Directors supported by Assistant Director, IT
7	Corporate Risk	Failure to maintain robust Business Continuity and Emergency Planning arrangements	<p>Cause(s):</p> <ol style="list-style-type: none"> Insufficient emergency Planning structure and processes Insufficient Business Continuity arrangements and procedures, including those of key suppliers Failure to fulfil obligations under the Civil Contingencies Act 2004 as a Category One Responder Inadequate partnership working and collaboration Lack of buy in from senior officers Lack of testing and exercising of plans and processes <p>Effect(s):</p> <ul style="list-style-type: none"> - Ineffective response to an emergency / business disruption - Significantly prolonged service disruptions - Reputational damage / loss of credibility - Increased costs to rectify disruptions - Injury / harm - Failure to fulfil statutory duties in a timely manner 	<p>Business Continuity</p> <p>Physical</p> <p>Reputational</p>	4	3	12	4	2	8	<ul style="list-style-type: none"> - Corporate business continuity management programme established - Full suite of Business Continuity plans in place at service level across all Directorates - Overarching Corporate Business Continuity plan developed identifying prioritisation of all services - Corporate Major Emergency Response plan in place - On call rota for Emergency Response Manager and at Director level - Ongoing training, testing and exercising programme 	<ul style="list-style-type: none"> - CLT to continue drive of business continuity management programme - Reinstatement of training and testing and exercising programme post COVID response - Further development of Business Continuity response to a Ransomware attack 	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	<p>Cause(s):</p> <ul style="list-style-type: none"> - Local authority response to Bromley Safeguarding Children's Partnership following Wood Review. <p>Effect(s):</p> <ul style="list-style-type: none"> - Impact on life chances and outcomes for children 	<p>Children's Social Care</p> <p>Legal, Reputational</p>	3	5	15	3	4	12	<ul style="list-style-type: none"> - Multi Agency Bromley Children's Safeguarding Partnership (BCSP) Training programme 2022/23 has been agreed. - Dedicated HR programme of support in place to recruit social workers to front line posts. We have recently reviewed social media publicity/"Refer a Friend" scheme, and overseas recruitment to ensure we have a broad and comprehensive approach. - 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 continues to be in place. We have also recently added "Dip Sampling" of cases to the ways in which we are auditing quality of practice. - Children's Service Practice Improvement Board; this meeting continues to be the key forum for discussing and evaluating the quality of practice. As of April 2022 we have a new independent chair of the board who will bring some new ideas for the Department to evaluate effectiveness. - Continued monitoring of caseloads to keep these in line with the Bromley Caseload Promise. - Identified training plan for qualified social workers and other professionals reviewed and updated quarterly 	<ul style="list-style-type: none"> - 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) 	Director of Children's Services
9	Corporate Risk	Temporary Accommodation Inability to effectively manage the volume of people presenting themselves as homeless and the additional pressures placed on the homeless budgets	<p>Cause(s):</p> <ol style="list-style-type: none"> Changes in government funding Rising numbers of placements (approx. 20 per month). <p>Effect(s):</p> <ul style="list-style-type: none"> - 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 	<p>Housing</p> <p>Social</p>	5	4	20	4	4	16	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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 50 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	<p>Cause(s):</p> <ol style="list-style-type: none"> Failure to identify and put forward sufficient transformation proposals to deliver the quantum of savings required by 2022/23 Failure to deliver appropriate mitigation of existing projected growth pressures within the financial forecast Failure to appropriately resource each Transforming Bromley workstream with sufficient project support and subject matter expertise to enable the identification of proposals 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 Insufficient consultation and engagement with relevant stakeholders to ensure the successful delivery of proposals. Additional demand pressures on council services as a direct result of the Covid-19 pandemic. <p>Effect(s):</p> <ul style="list-style-type: none"> - Inability to address the Council's budget gap by 2024/25 - Unable to meet key commitments of the Medium Term Financial Strategy 	<p>Finance</p> <p>Financial</p>	4	5	20	3	5	15	<ol style="list-style-type: none"> Robust governance process: fortnightly meetings of the Transformation Board, chaired by the Chief Executive and attended by Chief Officers Each Transformation Board workstream attends the Transformation Board before proposals are reviewed by Cabinet/Directors, Group, PDS Committees and the Executive. Each Transformation Programme Board has 1 Transformation Leads a to support the successful delivery of proposals Communications Plan is in place to enable the successful engagement with Members, staff and partners as needed Where transformation proposals have public law implications, an appropriate assessment will be carried out and stakeholders will be engaged. Each Chief Officer gives an update at their respective PDS Committee(s) on the Transforming Bromley Programme Transformation Fund supports the successful delivery of transformation proposals subject to a suitable business case being provided 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 All proposals will be submitted to the Executive to inform budget setting for MTFS. Finance provide assurances through an "are we on track" review monthly to ensure that agreed transformation programmes are on track to deliver the savings identified. 	<p>In the event that the Transformation Programme fails to support the successful identification of the required quantum of savings to address the Council's underlying budget gap by 2024/25, the Council will still be legally required to deliver a balanced budget as set out in the Local Government Finance Act 1988.</p> <p>If funding reductions remain and growth/cost pressures continue, these decisions are likely to have an impact on the delivery of services to our residents and service users.</p>	Chief Executive

Corporate Risk Register - Appendix B

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)			DATE COMPLETED:	19/04/2022
					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING	FURTHER ACTION REQUIRED	RISK OWNER
13	Corporate Risk	Climate Change Failure to adequately adapt to the impacts of Climate Change	<p>Cause(s)</p> <ol style="list-style-type: none"> Lack of preparation for the severe weather events caused by climate change, including extreme heat, storms and floods. Insufficient staffing capacity to implement required climate adaptation and mitigation activities. Lack of support for council actions required to tackle climate change. Lack of funding to invest in climate change adaptation and mitigation measures. <p>Effect(s)</p> <ul style="list-style-type: none"> Service provision is disrupted by extreme weather events. Damage to infrastructure and local businesses. Reduction in environmental quality. Poorer health of residents attributed to extreme heating and cooling. In the short term, there may be reputational damage caused to the Council from perceived lack of action to tackle climate change. 	Corporate Health Environmental Reputational	3	4	12	<ul style="list-style-type: none"> Adoption of adaptation best practice as identified through London Climate Change Partnership, UK Climate Impacts Programme, and the Local Adaptation Advisory Panel. Established Carbon Management Team with 3 x FTE as at September 2021. 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. Implementation of LBB's Carbon Management Programme. Implementation of LBB's Surface Water Management Plan and Local Flood Risk Strategy. Establishment of Net Zero (direct) carbon emissions target for 2027 as part of a 10 year climate plan. Council-wide Green Recovery Working Group established to build back greener, following the COVID-19 pandemic. 	2	4	8	<ol style="list-style-type: none"> 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). 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 2027. 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. 	Chief Officers' Executive
14	Corporate Risk	Health & Safety (Fire and First Aid) Non compliance with legislation:- (i) Regulatory Reform (Fire Safety) Order 2005, as amended by the Fire Safety Act 2021, (ii) Health and Safety (First Aid) Regulations 1981	<p>Cause(s)</p> <ol style="list-style-type: none"> No trained fire responsible person (legal) for the Civic Centre site Insufficient numbers of trained fire wardens working from the site to safely manage an evacuation (in accordance with the Fire Risk Assessments). Written Fire Safety Policy does not meet best practice <p>Effect(s)</p> <ul style="list-style-type: none"> Non compliance with the Regulatory Reform (Fire Safety) Order 2005, as amended by the Fire Safety Act 2021, meaning offices should not be occupied by staff until compliance is achieved Inadequate plans for fire safety and evacuation for current occupation plans putting staff and visitors at risk Non compliance with Health and Safety (First Aid) Regulations 1981 in terms of adequate first aid provision in the form of trained first aiders and appropriate equipment if employees are injured or become ill at work 	Legislative Reputational Legal Physical Personnel	4	4	16	<ul style="list-style-type: none"> Reduced number of staff on site Public Interactions moved to a virtual environment where possible Attendants to carry out fire warden duties in the event of an emergency Management review of site management activities and escalation to COE and Health and Safety Board (via Corporate Health and Safety) Attendants and Support Services teams act as fire marshals in event of an emergency Rota of first aiders managed by Corporate Health and Safety 	3	4	12	<ol style="list-style-type: none"> Emergency Planning Manager drafting a new Fire Safety Policy to be reviewed by COE before 31st March 2022, which clearly sets out corporate accountabilities. Corporate Health and Safety to arrange Fire Responsible Person, Fire Warden and First Aid training and to report progress to COE. COE to agree approach to resourcing fire warden and first aid cover under hybrid working arrangements – paper to be prepared by Corporate Health and Safety. Facilities Management to ensure Fire Risk Assessment reviews are completed for Civic Centre campus by April 2022. Facilities Management to engage fire safety supplier to produce an Emergency Plan for the Civic Centre site by end of April 2022 to include revised fire evacuation procedure which meets the best practice advice from the London Fire Brigade and HSE. Facilities Management team to implement new signage etc. Facilities Management team to distribute emergency plan to site occupiers and to arrange training on plan for fire marshals. Corporate Health and Safety to store fire safety documents (including Emergency Plans) on Sharnhall site to retain corporate knowledge and ensure regularly reviewed. Fire Safety to be added to COE agenda as a standing item until above actions completed 	Director of Housing, Planning and Regeneration Director of Human Resources, Customer Services and Public Affairs

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Adult Care and Health Risk Register - Appendix C

Q4 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 Financial Strategy	<p>Cause(s):</p> <ul style="list-style-type: none"> - Continual reduction in Central Government funding - Uncertainty of Government grant 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 - Unpreparedness to deliver the new Adult Social Care Reforms <p>Effect(s):</p> <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 - Establishment of an Adult Social Care Reform Programme Board to oversee the implementation of the White Paper led by the Directors of Adult Services and Finance. 	4	5	20			<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 - Processes and capacity in place to understand implications of Fairer Funding policy implementation - Undertake the work to prepare and implement the changes embedded within the Adult Social Care Reform paper 2021 	Director, Adult Services Kim Carey
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	<p>Cause(s):</p> <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 <p>Effect(s):</p> <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			<p>Care Act - Redesigned processes, including amending forms, and operational procedures in place and Care Act compliance training</p> <p>Improved Better Care Fund - Programme overseen by the Joint Assistant Director of Commissioning and the CCG</p> <p>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</p> <p>Recruitment - Dedicated HR programme of support in place to recruit social workers to front line posts</p> <p>Performance Monitoring Framework - Review of Performance Management Indicators</p> <p>Procurement and Contract Monitoring - Effective procurement framework and contract monitoring arrangements to ensure acceptable quality of service provision and value for money</p> <p>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</p>	3	4	12			<ul style="list-style-type: none"> - 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.	<p>Cause(s):</p> <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 <p>Effect(s):</p> <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 C

Q4 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		
4	Adult Social Care	Deprivation of Liberty Failure to prevent unlawful deprivation of liberty	<p>Cause(s):</p> <ul style="list-style-type: none"> - 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 <p>Effect(s):</p> <ul style="list-style-type: none"> - 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					2	2	4	<ul style="list-style-type: none"> - 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	<p>Cause(s):</p> <ul style="list-style-type: none"> - 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 <p>Effect(s):</p> <ul style="list-style-type: none"> - 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					1	3	3		<ul style="list-style-type: none"> - 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 82% permanent staff - Wake up to Care programme to recruit, support the training and oversee the development of care workers in Bromley including LBB staff. 	<ul style="list-style-type: none"> Director, Adult Services (Kim Carey) Director, Human Resources (Charles Obazuaye)
7	Strategy, Performance and Corporate Transformation	Social Care Information System (SCIS) Failure to procure and implement new system	<p>Cause(s):</p> <ul style="list-style-type: none"> - 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 <p>Effect(s):</p> <ul style="list-style-type: none"> - 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					2	2	4	<ul style="list-style-type: none"> - Liquidlogic LAS went live on 1 November 2021 with support available to all users of the system by the implementation team - Support, in terms of training, and post go live fixes, is ongoing with additional trainer in place for LAS 	Assistant Director, Strategy, Performance and Corporate Transformation (Naheed Chaudhry)	

Adult Care and Health Risk Register - Appendix C

Q4 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 OD	IMPA CT	RISK RATI NG		
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 and withdrawal of non-statutory services. - Potential fluctuating medicines market and increased costs - 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	3	4	12	- 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 - 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	2	4	8	- 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	- Post LoiquidLogic Go Live, all data reports established to ensure delivery of statutory returns	Assistant Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry)

Adult Care and Health Risk Register - Appendix C

Q4 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
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 Making Bromley Even Better priorities 	Financial Compliance /Regulation			2		3	6				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, Adult Social Care (Kim Carey)

Children, Education and Families Risk Register - Appendix D

Q4 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	OD	IMPA CT	RISK RATI NG		
1	Children's Services	Failure to deliver Children's Services Financial Strategy	<p>Cause(s):</p> <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. - Specific cost factors impacting transport services <p>Effect(s):</p> <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 	Financial	5	5	25		<ul style="list-style-type: none"> - 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 - High Needs Funding Banding review underway to develop equitable system across schools and settings, focus on sustainability of funding 	4	5	20	<ul style="list-style-type: none"> - 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 - SEND / AP green paper published - partnership response and consideration of existing activities aligned with direction of travel - Transformation work being undertaken on CYP Integrated Therapies designed to strengthen the borough's graduated approach and more proportionately engage children and young people at the level meeting their need. Increased funding has been required historically and currently to attempt to increase capacity in relation to SLT and OT to meet increased demand - this work, and the development of a Therapies Commissioning Framework aims to reduce the current over reliance and funding of specialist services and to ensure value for money as well as quality and consistency. 	Director, Children's Services (Richard Baldwin)	
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	<p>Cause(s):</p> <ul style="list-style-type: none"> - Local authority response to Bromley Safeguarding Children's Partnership following Wood Review. <p>Effect(s):</p> <ul style="list-style-type: none"> - Impact on life chances and outcomes for children 	Legal, Reputational	3	5	15	<ul style="list-style-type: none"> - Multi Agency Bromley Children's Safeguarding Partnership (BCSP) Training programme 2022 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 Framework tried and tested through Practice Review cycle and Practice Assurance Stocktakes - Children's Service Practice Improvement Board commenced April 2019 to deliver Ofsted and local authority recommendations, this continues with a review taking place of the PIB model - Continued review of caseloads & within Caseload Promise on average and assurance of manageable caseloads 	3	4	12	<ul style="list-style-type: none"> - Phase 3 'to excellence' plan continues with Performance Improvement Board (PIB) sessions continuing to be held quarterly. - Practice review cycle and Practice Assurance Stocktakes (PAS) continue - Return to work emphasis in place and noticeable increase with positive impact on staff morale 	Director, Children's Services (Richard Baldwin)		
3	Children's Services	Recruitment and Retention Failure to recruit and retain key skilled staff with suitable experience/qualifications	<p>Cause(s):</p> <ul style="list-style-type: none"> - 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 <p>Effect(s):</p> <ul style="list-style-type: none"> - 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 	Personnel	5	4	20	<ul style="list-style-type: none"> - 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	Workforce (April 2022) 78% permanent.	Director, Children's Services (Richard Baldwin) Director, Human Resources (Charles Obazuaye)		

Children, Education and Families Risk Register - Appendix D

Q4 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	OD	IMPA CT	RISK RATI NG		
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	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 Service risk assessment undertaken for staff at Civic and reviewed when necessary	Director, Children's Services (Richard Baldwin)	
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)	
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 targeted support - Children Looked After NEET support - Tracking service in conjunction with South London CCIS Service - Provision offered by Bromley Education Business Partnership (BEBP): - Bromley Youth Employment Scheme (YES) - Bromley Flexible Learning programme - Mentoring programme - Work related learning and work experience for Children Looked After and Care Leavers Generic EET Strategy being developed in consultation with YJS - ETE Strategy for LCT and Care is in place with ETE panel and DWP/Bromley education business partnership/Youth Support Programme, I aspire and social care working to identify new opportunities for young people at risk of NETE- Active Involvement team have offered group work programme based on employability skills for young people who are NETE - I Aspire social impact bond programme has ceased and we continue to engage with a	3	2	6	- Work related learning and 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 (Richard Baldwin)	

Children, Education and Families Risk Register - Appendix D

Q4 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	OD	IMPA CT	RISK RATI NG		
7	Education	SEND Transport Failure to provide appropriate home to school transport assistance for children and young people with special educational needs and disabilities	Cause(s): - Fluctuating demand year on year - Rising numbers of children meeting criteria for transport provision and associated increase in costs - Cost pressures from market place and rising fuel prices Effect(s): - Disruption to education - Impact on life chances and outcomes for children and young people	Legal Financial	5	3	15	- Budget monitoring and forecasting - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Tender exercise completed and framework contract awarded - Monitoring of market place fluctuations	3	3	9	SEND transport review paper in development.	Director, Education (Jared Nehra)		
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 with Autism strategy developed - 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) - investment in two new posts (SEN Placements Manager and SEN Annual Reviews Manager) to focus support in these two key areas	3	3	9	Bromley Teaching Schools leading SEN training collaborative to support school improvement. - 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 - SEND / AP green paper published - partnership response and consideration of existing activities aligned with direction of travel - HNF Banding Review programme in train to develop equitable funding system, with a focus on sustainability	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. The YJP for 2022 is in the process of being written and will be concluded next month. - Implementation of the Youth Justice Strategy 2020-2023 in place - Fortnightly Improvement Board with Head of Service and YOS management team - Frequent Monthly 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. - The 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 July 20	2	4	8	-Readiness for Youth Offending Service inspection is monitored through challenge sessions and Improvement Board meetings and the strategic Board -Self Evaluation and story board drafted	Director, Children's Services (Richard Baldwin)		

Children, Education and Families Risk Register - Appendix D

Q4 2021/22

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					LIKE LIHO	OD	IMPA CT	RISK RATI NG		LIKE LIHO	OD	IMPA CT	RISK RATI NG		
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 - 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	3	3	9	Recent successful engagement event with local residential providers to establish different ways of working and engaging designed at increasing accessibility, quality, and discussing cost of placements and ways of contracting - follow-up visits and discussions have followed to explore further options to strengthen relationship and joint working. - Strengthening of contract and partnership working with the Commissioning Alliance focusing on oversight and performance within contract, engagement and building of networks.	Director, Children's Services (Richard Baldwin)	
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	All data requirements met to enable delivery of statutory data returns.	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 financially as a result of the pandemic and impact it had on demand for childcare. - 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 DfE 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	- Signposting to early years business support tools in place and Quality Officers resumed supportive sites visits to settings. - Local pockets of sufficiency of places pressure remain, which may be exacerbated by impact of as yet unknown demand from Ukrainian refugees. - Monitoring eligibility, confirmations and take up of places to predict growth of demand on a monthly basis. - Full Early Years Sufficiency assessment completed last year, annual update summary due this summer. - IT funding system operational and embedded into process, automated monthly payments to settings working well, Census data captured within system.	2	2	4	- Parental Portal steering group to review business case for proceeding with implementation and integration of phase 3 (parent portal) - Completion of annual sufficiency review and publish outcome data - Send lam2 postcards to all families identified as potentially eligible for funded 2 year old places to stimulate demand for places thereby improving existing settings sustainability.	Director, Education (Jared Nehra)	

Children, Education and Families Risk Register - Appendix D

Q4 2021/22

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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	- 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	4	3	12	MB Update: - Work with core provider (BHC) regarding SLT provision capacity currently being undertaken given current levels of demand and pressures/demand on the system - Integrated Therapies Transformation work focusing on increasing accessibility of SLT services and resources at proportionate levels designed to meet needs of CYP - Engagement Working Groups undertaken with children, young people#, parents and schools & settings in February and March 2022 to coproduce this strengthened SLT offer.	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	- Successful go live for Childrens in July 2021. - Post go live fixes completed by January 2022. - Management of system bedding into BAU.	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 Menatl Health and Wellbeing Toolkit embedded in schools	Director of Education (Jared Nehra)		

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Corporate Services Risk Register - Appendix E

											DATE LAST REVIEWED:	06/05/2022	
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
6	Corporate Services	Laptop Manufacturer/Provider Issue Current model of corporate laptop in constraint	Cause(s): Delays/constraints in production due to Pandemic issues and/or component availability Effect (s): IT will not be able to deliver laptop requirements for new starters or provide additional laptops for existing staff		4	3	12	BT managing the hardware roadmap with third party supplier Alternative specification laptop sourced Rolling stock management in place	1	1	1	Alternative make and model of laptop be sourced, and tested with corporate build for compatibility and performance	Vinit Shukle
7	Corporate Services	Delay in IT Managed Service re-procurement	Cause(s): Reduced resourcing within the IT Re-Procurement programme owing to current pandemic situation Effect (s): Current IT contractor would maintain service and revert to their standard T&Cs & pricing, affecting budgets.		3	2	6	Central Document repository storing all information x2 Consultants already appointed in addition to LBB staff	1	1	1	Potential renegotiation of T&C & pricing	Vinit Shukle

Corporate Services Risk Register - Appendix E

											DATE LAST REVIEWED:	06/05/2022	
REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press alt & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)			FURTHER ACTION REQUIRED	RISK OWNER
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8	Corporate Services	Effective governance and management of information	<p>Cause(s):</p> <ul style="list-style-type: none"> - Lack of organisational buy-in from information asset owners - Lack of governance - Poor awareness / education in understanding purpose <p>Effect(s):</p> <ul style="list-style-type: none"> - Breach of statutory obligations through failure of compliance with relevant legislation e.g. GDPR, UK DPA, FOIA, EIR - potential fines - increased information security attack surface - increased storage costs for on-prem data 	Data and Information - Operational	4	4	16	<ul style="list-style-type: none"> - information governance training provided to all officers - system security reviews - SIEM system monitoring - Data Protection Impact Assessments 	3	4	12	review and implementation of retention schedule in all systems hosting data	Vinit Shukle
9	Corporate Services	Compliance with Information Request laws	<p>Cause(s):</p> <ul style="list-style-type: none"> - Lack of organisational awareness - responsibility for responding are add on tasks to existing roles - data sprawl and lack of retention - large data scopes - lack of indexing and search capabilities <p>Effect(s):</p> <ul style="list-style-type: none"> - Breach of statutory obligations through failure of compliance with relevant legislation e.g. GDPR, UK DPA, FOIA, EIR - potential fines - reputational damage 	Data and Information - Operational	4	5	20	<ul style="list-style-type: none"> - information governance training provided to all officers - system security reviews - SIEM system monitoring - Data Protection Impact Assessments 	3	5	15	<ul style="list-style-type: none"> - increased training and awareness - experienced resources to triage and redact where necessary - improved technical measures to assist data searches 	Vinit Shukle
10	Corporate Services	Budgetary overspend	<p>Cause(s):</p> <p>Overspending budgets as a result of increased costs outside Council's direct control (e.g. increase in minimum wage, court / legal fees)</p> <p>Effect(s):</p> <p>Financial</p>	Economic - Strategic	4	3	12	<ul style="list-style-type: none"> - 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" (eg identify source of funding before committing resources, looking at flexible resourcing, growing our own talent by recruiting at lower grades, managing contracts proactively)	Director of Corporate Services
11	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	<p>Cause(s):</p> <p>Advice not being sought and/or followed by clients.</p> <p>Effect(s):</p> <ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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
12	Corporate Services	Data Protection Breach	<p>Cause(s):</p> <p>Failure to adapt to the upcoming change in legislation (GDPR) Failure to ensure the confidentiality, integrity, and availability of information assets.</p> <p>Effect(s):</p> <ol style="list-style-type: none"> 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	<ul style="list-style-type: none"> - LBB is currently compliant with the Public Services Network Code of Connection (PSN CoCo) and Connecting for Health Information Governance Toolkit (CfH IGT). The LBB Information Governance Board formally accepted the CfH IGT as the basis of LBB's internal information governance program at their meeting in August 2012. Both standards are based on the ISO27001 international best practice standard for managing information security and are therefore fit for purpose for assessing and managing the Council's information risk - GDPR Training programme in place - Induction programme in place - Additional resources to manage risk 	2	3	6		Director of Corporate Services
13	Corporate Services	Failure to publish Register of Electors	<p>Cause(s):</p> <p>Failure of IT systems Insufficient resources provided to Electoral Registration Officer to deliver a comprehensive canvass Failure to follow legislative and regulatory requirements</p> <p>Effect(s):</p> <p>Disenfranchisement of local residents Potential to challenge any election which relies on an inadequate register Reputational damage</p>	Political - Strategic	2	3	6	<p>Controls:</p> <ol style="list-style-type: none"> 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
14	Corporate Services	Failure to manage election process	<p>Cause(s):</p> <p>Failure of Council in its duty to provide sufficient resources to the Returning Officer Failure of IT systems</p> <p>Effect(s):</p> <p>Costs of dealing with a challenge to election process Reputational damage Cost of re-running an election if result is set aside</p>	Political	3	4	12	<ul style="list-style-type: none"> - 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

Corporate Services Risk Register - Appendix E

										DATE LAST REVIEWED:	06/05/2022		
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					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING		
15	Corporate Services	Ineffective governance and management of contracts	<p>Cause(s):</p> <ol style="list-style-type: none"> 1. Lack of awareness and/or non-compliance with Public Contracts Regulations 2015 and Councils Contract Procedure Rules. 2. Lack of awareness and/or non-compliance with decision making and scrutiny requirements. 3. Insufficient engagement with key support services such as Corporate Procurement, Finance and Legal. 4. Poor planning / lack of timely action for commissioning and procurement activities. 5. Poor record keeping of contracts and contract documentation. 6. Insufficient or unclear arrangements for client side contract management and monitoring resource. 7. Failure to undertake a suitable and proportionate contract management and monitoring plan. 7. Failure of a contractor / partner / provider to maintain agreed service levels resulting in an interruption to or deterioration of service delivery. <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to ensure Value for Money - Procurement challenges / complaints leading to delays and potential additional costs - Reputational risk - Service disruptions - Contracts do not deliver expected outcomes or deliver sufficient quality - Increased cost and resource to manage contract issues - Failure to achieve our Making Bromley Even Better priorities. 	<p>Contract Management</p> <p>Contractual and Partnership</p>	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 - Sample check of contract management and contract monitoring arrangements across Council - ongoing and repeated high profile key messaging across the Council and monitoring of compliance 	Service Directors supported by Assistant Director, Governance and Contracts
16	Corporate Services	Ineffective governance and management of contracts - Contracts Database	<p>Cause(s):</p> <ul style="list-style-type: none"> - Lack of compliance from contract managers - Unclear ownership - Lack of governance - Poor awareness and/or understanding of the Database <p>Effect(s):</p> <ul style="list-style-type: none"> - Impacts upon decision making and outcomes - Poor quality data - Failure to meet transparency obligations 	<p>Contract Management</p> <p>Contractual and Partnership</p>	3	2	6	<ol style="list-style-type: none"> 1. Database guidance issued to officers; training available 2. Regular monitoring of CDB by Procurement Team 3. Quarterly reporting to Members 4. Procurement Board 5. Regular sample checks of data quality and completeness 	2	2	4	<ol style="list-style-type: none"> 1. Regular reminders to Contract Owners - ongoing 2. Regular monitoring and chase ups by Procurement Team - ongoing 3. Regular sample checks of CDB data with reports to COE and follow up actions identified 	Assistant Director, Governance and Contracts

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

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Human Resources and Customer Services Risk Register - Appendix F

											DATE LAST REVIEWED:	03/05/2022	
REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press alt & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)			FURTHER ACTION REQUIRED	RISK OWNER
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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 and Public Affairs
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 and Public Affairs
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 and Public Affairs
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 and Public Affairs

Human Resources and Customer Services Risk Register - Appendix F

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5	Human Resources	Ineffective pre-employment checks including agency workers	<p>Cause(s):</p> <ul style="list-style-type: none"> - Poor procedures - Inadequate monitoring - Lack of awareness / understanding <p>Effect(s):</p> <ul style="list-style-type: none"> - 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	<ol style="list-style-type: none"> 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 and Public Affairs
6	Human Resources	Management of the on-going transitional and transformational changes (Commissioning process, baseline exercise and service redesigns and alternative delivery options)	<p>Cause(s):</p> <ul style="list-style-type: none"> - 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 <p>Effect(s):</p> <ul style="list-style-type: none"> - 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	<ol style="list-style-type: none"> 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	<p>One-off funding required to support transformation programmes and workstreams</p> <p>Review HR Processes in light of new working arrangements</p>	Director of HR, Customer Services and Public Affairs
7	Human Resources	HR systems failures e.g. payroll, recruitment, HR self-service, pensions	<p>Cause(s):</p> <ul style="list-style-type: none"> - Contractual failure - IT failure - Loss of power - Data breach / cyber attack - Ineffective business continuity plan for manual work around <p>Effect(s):</p> <ul style="list-style-type: none"> - 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	<ol style="list-style-type: none"> 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 and Public Affairs

Human Resources and Customer Services Risk Register - Appendix F

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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 and Public Affairs
9	Human Resources / Health & Safety	Health & Safety (Council) Ineffective management, processes and systems across all Council departments Including in relation to the following areas: Fire Safety 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 3. Supported by H&S training programme and network of policies and procedures (regularly reviewed) 4. Property-related HSW matters now provided in-house	3	4	12	FT H&S Manager 'Risk assessment & proactive monitoring being developed for Council Departmental Safety Committees meet regularly. Health and Safety Committee Meetings terms of reference being reviewed to ensure Senior Management Ownership H&S audits to be undertaken by Corporate Health and Safety	Director of HR, Customer Services and Public Affairs
10	Human Resources / Health & Safety	Failure to comply with H&S related legislative requirements e.g. Health and Safety at Work etc. Act 1974	Cause(s): - Lack of awareness with legislation - Failure to effectively consult staff where appropriate - Human error / lack of understanding - Lack of capacity and capability to deliver Effect(s): - Reputation damage - Prosecution - Insurance claims - Financial costs - Regulatory inspection / intervention	Health & Safety/Legal	3	4	12	1. Safety Policies reviewed and updated regularly - ongoing 2. Regular updates provided to H&S committee on changes to legislation 3. Commitment to HSW from Chief Executive and Directors 4. Any areas of non-compliance identified are reported to Director of HR, Customer Services and Public Affairs 5. Holding the relevant colleagues to account for managing Council premises to required legal standards	2	4	8	-New mandatory H&S training for all staff to ensure they are aware of their responsibilities	Director of HR, Customer Services and Public Affairs
11	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

Human Resources and Customer Services Risk Register - Appendix F

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					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING		
12	Customer Services	Contractor Failure	<p>Cause(s): Contractor (such as Liberata) cease trading due to financial or other failure.</p> <p>Effect(s): Interruption to or deterioration of service due to failure of contractors (out of hours security guards @ Civic Centre, for example)</p>	Contractual and Partnership - Operational	2	4	8	<ul style="list-style-type: none"> - 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
13	Customer Services	Contractor Performance	<p>Cause(s): Failure to effectively manage service delivery contracts with provided such as Liberata</p> <p>Effect(s): Continued and ongoing poor performance and/or increased customer complaints.</p>	Contractual and Partnership - Operational	4	3	12	<ul style="list-style-type: none"> - 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
14	Customer Services	Maintenance of Statutory and GRO standards	<p>Cause(s): Increase in life events (births / deaths) within Bromley Staffing pressures</p> <p>Effect(s): Drop in standards leading to a potential breach of statutory duty and loss of confidence from residents.</p>	Legal - Operational	3	3	9	<ul style="list-style-type: none"> -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
15	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	<p>Cause(s): Major power failure or other incident that prevents access to the Civic Centre</p> <p>Effect(s): Major disruption to council services</p>	Data and Information - Operational	3	3	9	<ul style="list-style-type: none"> - Existing local resilience procedures (overflow to alternative Liberata Office) Considered as part of the overall corporate business continuity plan if temporary accommodation required 	2	2	4		Duncan Bridgewater
16	Customer Services	Safety of Statutory Records	<p>Cause(s): Fire / flooding Strong room not GRO compliant</p> <p>Effect(s): Damage to or destruction of historic statutory registration records</p>	Operational	2	4	8		2	4	8	<ul style="list-style-type: none"> - 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.

Finance Risk Register - Appendix G

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:	19/04/2022
					LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING	FURTHER ACTION REQUIRED	RISK OWNER
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 Financing Shortfall Inability to finance the Capital programme	Cause(s): Property price reductions as a result of the economic environment. Falling number of assets available for disposal Significant increase in cost of capital schemes due to inflation and supply issues requiring an increase in funding 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. Pooling of investments (London CIV) may result in appointment of poorer performing investment managers. 8. Uncertainty in financial markets due to Ukraine situation and possible future de-globalisation which can impact on performance 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 Making Bromley Even Better priorities and failure of individual departments to meet budget	Cause(s): 1. The 2022/23 Draft Budget report to Executive identified the need to reduce the Council's 'budget gap' of £19.5m per annum by 2025/26. The Council received a one-year financial settlement for 2022/23, 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 2023/24 which adds to financial uncertainty in considering the impact on the financial forecast for 2023/24 to 2025/26. 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'. The Adult Social Care reforms could also result in potential additional costs of between £10m and £15m per annum which is not reflected in the 'budget gap' identified above. Further details are included in the Draft 2023/24 Budget and Update on the Council's Financial Strategy 2023/24 to 2025/26 report to Executive on 12th January 2022. It is not clear whether local authorities will be fully compensated for the latest impact of omicron from Government. 3. Failure to meet departmental budgets due to increased demand on key services resulting in overspend: Housing (homelessness and cost of bed and breakfast); Adult Social Care (welfare reform and ageing population); Children's Social Care, Education (central costs and high needs transport), 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. Increases in national living wage will have cost implications to the Council over the next few years (e.g. care providers and carers) as well as the increase on national insurance (employers costs). 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). 10. Significant increases to inflation which exceeds the 2022/23 budget provision Effect(s): - Increased overspend 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 overspend 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 and escalation 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 the system 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 Liquidlogic/LIFT/ContrOCC 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. Liquidlogic/LIFT/ContrOCC has replaced CareFirst for Care Services payments, financial assessments and charging 2. All systems are backed up daily 3. If systems fail, details of previous payments can be used to make payments with reconciliations carried out when the system is made available again. 4. Manual cheque payments could be raised 5. Close liaison with Liberata (and the system support team) 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	Resolution of issues logged relating to Liquidlogic/LIFT/ContrOCC are being 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 G

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:	19/04/2022
					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		Francesca Chivers
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 (omicron) .	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. - 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.

Environment & Community Services (ECS) Risk Register - Appendix H

No.	E&PP RISK REF	DIVISION	RISK TITLE & DESCRIPTION	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING			DATE LAST REVIEWED:	27/04/2022
						Likelihood	Impact	Risk Rating		Likelihood	Impact	Risk Rating	FURTHER ACTION REQUIRED	RISK OWNER
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 LBB and service provider fleets, and LBB staff transport	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 - LBB staff unable to commute or use their own vehicles for business journeys	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 logoeed vehicles 3. Fuel store at Central Depot 4. Ongoing liaison with other London Boroughs concerning collaboration and assistance 5. Continue to check that Service Providers Business Continuity Plans include fuel security actions.	1	4	4	1. Ensure LBB pool cars are available for LBB staff use 2. Adoption of EV pool fleet	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	Environment	Health & Safety (ECS) Ineffective management, processes and systems within department	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. Majority of staff still 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 routine reporting of accidents and incidents using AR3 form (and reporting of RIDDOR incidents) 3. Ensure the necessary ongoing 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. 6. Ensure that recent H&S concerns noted during inspections of depots at Beavenwood, Central Depot (Waldo Road) and Churchfields are assigned Capital investment to bring the sites up to the required standard.	Lucy West
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
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 (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

Environment & Community Services (ECS) Risk Register - Appendix H

													DATE LAST REVIEWED:	27/04/2022
No.	E&PP RISK REF	DIVISION	RISK TITLE & DESCRIPTION	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING			FURTHER ACTION REQUIRED	RISK OWNER
						LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING		
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 3. Monitor income trends 4. Continue to monitor success in achieving enforcement objectives 5. Intelligence-led targeting of hotspot sites for enforcement 6. 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 impacted the amount of waste generated by Bromley Households and Businesses in the first 7 months of 2021/22 and although tonnages seem to be reducing, there is much uncertainty around future arisings. Increased home working and packaging associated with online deliveries has 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 following the COVID-19 pandemic 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. Continue to send virtually zero to landfill, 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 and the current shortage of HGV drivers.	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
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 5. Climate Change included within Corporate Risk Register	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. 3. Public signposting document to be developed early in 2021 to support homeowners and businesses to reduce their emissions.	Colin Brand
14	26	Neighbourhood Management	Income Reconciliation (Waste Management) Uncertainty around income linked to the volatility of the recycle market and external influences (e.g. covid-19) on customers	Cause(s): - Volatility of the recycle market - Reduction in the amount of recycle collected due to forthcoming government system changes i.e. deposit return system, wet paper rejections or increased waste minimisation/ reuse. - 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	1	2	2	1. Refine procedure for reconciliation of expected income against actual and provide suitable training for staff to deliver this. . 2. 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

Housing, Planning and Regeneration Risk Register - Appendix I

Q4 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 OD	IMPA CT		RISK RATI NG						
1	All	Failure to deliver Housing Financial Strategy	<p>Cause(s):</p> <ul style="list-style-type: none"> - 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. <p>Effect(s):</p> <ul style="list-style-type: none"> - 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 - All relevant statutory strategies implemented 	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, Planning and Regeneration (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	<p>Cause(s):</p> <ul style="list-style-type: none"> - 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. <p>Effect(s):</p> <ul style="list-style-type: none"> - 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:- - 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 - the multi-agency Homelessness Forum has been established and implemented and other priorities of the Strategy are being taken forward - 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 - All relevant statutory strategies implemented - 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. - Additional support being sought from HR to fill vacant posts 	Assistant Director, Housing (Lynette 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	<p>Causes:</p> <ul style="list-style-type: none"> - Changes in government funding - Rising number of placements (approx. 15 per month) - Lack of local, affordable sustainable options - Increased homelessness and lack of access to accommodation - Uncertainty around the impact of the war in Ukraine and the potential number of increased approaches should placements via the family scheme or Homes for Ukraine Scheme breakdown. As of May 2022 1,000 households in Bromley had expressed an interest in being part of the scheme. <p>Effect(s):</p> <ul style="list-style-type: none"> - 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:- - 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 - All relevant statutory strategies implemented 	4	4	16	<ul style="list-style-type: none"> - Acquired homes through the Beehive scheme - The scheme with Meadowship Homes for 260 properties is currently underway and performing on target - 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) and other sites being reviewed 	Assistant Director, Housing (Lynette Chamielec)				

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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		3	4		12	- Discussions held with individual registered providers. - Planning seeking to maximise affordable housing delivery through planning consents and s106 funding	Assistant Director, Housing (Lynette 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		3	4		12	- Further work required around salary benchmarking and key roles consideration - Consideration to be given around succession planning across the department - Recruitment and retention package developed including graduate and Kickstart roles	Director, Housing, Planning and Regeneration (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		3	3		9	- Experienced 50% decrease in the DHP (from c.£800k to c.£400k) - New Household Support Grant has been implemented from December 2021 - 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 (Lynette Chamielec)

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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	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	1	5	5	- Business Continuity Plans reviewed annually.	Director, Housing, Planning and Regeneration (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	- 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	- Complete contract extension for the Orchard Housing system to ensure operational continuity - Reports under continued improvement programme.	Director, Housing, Planning and Regeneration (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	- A programme of rent reviews, lease renewals, new lettings, lease renegotiations, cost recharges and cost refunds is being carried out by the property team. - Rental deferrals monitored and repayment plans arranged from property portfolio.	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	- Corporate Safety Adviser employed - Safety Policies reviewed and updated - Health and Safety works provided through Amey - Contractors held to account for managing Council premises to required legal standards	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)

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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	- Regular monitoring of performance and key performance indicators - Contractors make regular reports to Members on delivery of contract - Contract reviewed and escalation for change available subject to Contract Change Notification - Business continuity plans in place and draft Exit Plan received		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)
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 - Mottingham's rented property lease ends and a renewal cannot be agreed. Effect(s): - Failure to deliver full service - Closure of outreach centres - Impact on vulnerable adults - Potential closure of the Mottingham site and relocation with library with lack of space for both services	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) - Property team negotiating Mottingham lease		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 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 - Finance alerted to Mottingham landlord requesting 60% rent increase and surveyors negotiating. Additionally options appraisal being taken forward to Transformation Board.	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 - Supplier/contractor issues and increased contractor/supplier costs - Planning applications refused - Lack of stakeholder interest and support for improvements - General site constraints preventing progress/project delivery 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. - Delays delivering public realm improvements - Public Realm Improvements projects have to be terminated	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 2023. - 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	-The York Rise development secured planning permission as of December 2021. The project team is closely working on main contract mobilisation with a project start on site date anticipated for February 2022. - The Burnt Ash Lane main site works are to be completed in January 2022. The project team is closely working on the substation installation works which are now underway and final connectivity which is planned for late January/ early February 2022, with expected handover to Housing colleagues in March 2022. - Expected completion at Bushell Way and Anerley (35 homes in total) expected in February 2022. - 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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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 response to COVID-19 and has been retained as the 15th Bromley Library - Increased usage of social media to deliver activities for children and adults when in-branch activities are not possible - Promotion of e-books, newspapers and magazines - Libraries' re-opening to regular opening hours complete following end of governmental restrictions	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 due to poor performance on speed or quality of decision making, resulting in major or minor 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. - Review of case management software underway with target date of May 2023 for completion of replacement - 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 has been delivered to members. - Appeals reviewed and learning implemented. - Planning Advisory Service (PAS) returned to review improvement plan and committees in July 2021 and further recommendations and actions are being pursued.	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 Infrastructure Delivery Team	Legal Financial	2	3	6	- Local CIL has been adopted and commenced in June 2021 and income being generated - Experienced Infrastructure Delivery Scheme Manager in post to ensure successful adoption of agreed local CIL	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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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)

Public Protection and Enforcement (PP&E) Risk Register - Appendix J

No.	E&PP RISK REF	DIVISION	RISK TITLE & DESCRIPTION	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING			DATE LAST REVIEWED:	27/04/2022
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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 Cleaning) 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 costs and shortage impacting on LBB and service provider fleets, and LBB staff transport	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 - LBB staff unable to commute or use their own vehicles for business journeys	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. Ensure service providers Business Continuity Plans include security of fuel supplies. LBB pool cars are available for LBB staff use 2. Ensure 3. Adoption of EV pool fleet	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 or 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	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. Parking enforcement activity Performance Indicators to be reported to PDS Committees (E&S & 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
7	18	All E&PP	Town Centre Businesses and Markets & reducing living standards due to numerous economic impacts on households 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

Public Protection and Enforcement (PP&E) Risk Register - Appendix J

No.	E&PP RISK REF	DIVISION	RISK TITLE & DESCRIPTION	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING			DATE LAST REVIEWED:	RISK OWNER	
						LIKELIHOOD	IMPACT	RISK RATING		LIKELIHOOD	IMPACT	RISK RATING	FURTHER ACTION REQUIRED		27/04/2022
8	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)	<p>Cause(s): -Lack of availability of suitably qualified / experienced staff to replace retirees and leavers. Particular problem within Planning, Environmental Health, Trading Standards and Traffic professions. There are insufficient Planning, EH & TS staff in the market due to efficiencies in staff training across local government over many years and the professions are now 'aging out' also TTL has previously offered better remuneration and career progression locally. Lack of incentive for good staff to remain at LBB. Combining of roles in lean services which do not appeal to professionals who want to do well at their chosen work area e.g. combining roles such as EH statutory nuisance with ASB/community safety work within teams and specific roles.</p> <p>Effect (s): -Loss of organisational memory, need for good quality staff in lean services, greater reliance on expensive contracted staff, delays in delivering services and work plans (e.g. Transport Local Implementation Plan) and lower quality services. Inability to effectively manage contracts as Contract Managers may have started out in a different role (i.e. as Service Managers) and therefore may not have the necessary expertise (i.e. contract monitoring, project management and auditing).</p>	Service Delivery	3	4	12	1. Ongoing programme to find and retain quality staff through internal schemes such as career grades and training and ongoing CPD. Consider development of trainee posts.	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. 4. Positively explore apprenticeship and intern schemes as a possibility to ensure teams can maintain deliverables of the service in terms of client inspections and reporting. 5. Enlist contractor to assist with tree survey backlog. 6. Develop staff in at risk services and teams (grow our own)	Colin Brand	
9	22	All E&PP	Climate Change Failure to adapt the borough and Council services to our changing climate	<p>Cause(s): -Severe weather events including extreme heat, storms, floods etc.</p> <p>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</p>	Service Delivery	3	4	12	1. Adopt best adaptation practice as identified through London Climate Change Partnership, UK Climate Impacts Programme, and the Local Adaptation Advisory Panel 2. Implementation of LBB's Carbon Management Programme 3. LBB Surface Water Management Plan and Draft Local Flood Risk Strategy 4. Establish net zero (direct) carbon emissions target for LBB for 2029 as part of 10 year climate plan 5. Climate Change included within Corporate Risk Register	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. 3. Public signposting document to be developed early in 2021 to support homeowners and businesses to reduce their emissions.	Colin Brand	
10	25	Public Protection	Income Reconciliation (Public Protection - Licensing) Uncertainty around income reconciliation when the Council is looking to grow income to offset reduced funding	<p>Cause(s): - Lack of processes to reconcile actual licence fee income against expected income held on service specific IT systems.</p> <p>Effect (s): - Loss of income with potential to reduce service delivery funds - Reputational damage</p>	Financial	3	2	6	1. Regular income monitoring 2. Effective debt recovery systems 3. Monitor activity using Performance Indicators 4. Continual benchmarking of licensing charges with other similar local authorities	2	2	4	1. Regular income monitoring - Done monthly with financial monitor 2. Effective debt recovery systems - in place 3. Monitor activity using Performance Indicators - in place 4. Continual benchmarking of licensing charges with other similar local authorities - undertaken annually	Rob Vale and Sarah Newman	
11	28	Public Protection	Dogs and Pests Contract Failure to deliver the contract to the required service levels	<p>Cause(s): -Lack of robustness within contract specification in terms of contract deliverables and Key Performance measures</p> <p>Effect (s): -Inability to deliver statutory functions -Reputational damage</p>	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	1. This contract ends on 31st January 2023. - Procurement have agreed with the services recommendations and timetable to tender the contract and the options will be presented in the Gateway report at PPE PDS on 16/06/2022.	Mark Atkinson/Rob Vale	
12	29	Public Protection	Out of Hours Noise Service Failure to deliver statutory services	<p>Cause(s): The out of hours (OOH) noise service is dependant on grant funding from the Mayors Office for Policing & Crime (MOPAC) by way of the Local Crime Prevention Fund (LCPF). This grant is released on a 2 year cycle. The last cycle ended in March 2022. A new grant application was made and the bid approved. The grant is being maintained at the same level as previous years by MOPAC, thus is currently seeing a slow, but effective, year on year reduction in its real value and there is no future guarantee it will be sustained. That said, we received confirmation our bid application was successful and a further 2 years funding will be forthcoming. The OOH noise service is staffed on a voluntary basis, and, despite the remuneration being increased, the appetite of officers to take part in the rota has not improved. This is resulting in occasional slots on the rota not being staffed. A paper on costed future options for the service has been prepared for the Director, to discuss with HR and the Portfolio Holder, to get a steer on which future option/s are preferred. A report will be going to PP&E PDS in June 22.</p> <p>Effect: Occasional inability to deliver Out of Hours Noise Service.</p>	Service Delivery	4	4	16	1. Annual review with MOPAC on service outcomes - Done 2. Exploring the cost of a centrally funded OOH service - Done 3. Amended website to manage customer expectation - In process 4. Consider making being on the OOH rota mandatory in new EH enforcement work contracts - In process	4	3	12	1. Press MOPAC to confirm funding status - Bid successful 2. Produce report on centrally funding OOH service - Options paper prepared - currently consulting with HR & Portfolio Holder. 3. Continue to encourage officers to participate in rota - Done monthly - but despite repeated entreaties to staff, interest in participating on the rota remains low.	Sarah Newman/Colin Brand	
13	30	Public Protection	Integrated Offender Management Failure to contribute to IOM in Bromley	<p>Causes: IOM functions are reliant on grant funding from MOPAC. Their contribution equates to 1 day/week of 1 FTE officer for IOM work. Potential for short notice reduction in, or cessation of, the grant.</p> <p>Effect: Potential inability to contribute to IOM in Bromley.</p>	Service Delivery	3	4	12	1. Annual review with MOPAC on service outcomes - Done	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. Grant bid outcome was successful for 2022 - 223	Sarah Newman	
14	31	Public Protection	Community Impact Day Co-ordinator post: Failure to deliver ASB problem solving and partnership activity	<p>Cause(s): This post receives funding from a MOPAC grant for 1 year at a time, thus is vulnerable. This post is responsible for delivering targeted community improvement project work to reduce crime and ASB across the borough with partner agencies. Potential for short notice reduction or cessation of the grant. Potential for high staff turnover due to the instability of the post.</p> <p>Effect: inability to fund this post would result in the disruption and/or cessation of targeted Community Impact Day work with partners. MOPAC funding for this post is reducing in real terms year on year. The shortfall in funding for a full time CID Coordinator is currently being met by underspend from vacant posts in the Public Protection salaries budget.</p>	Service Delivery	3	4	12	1. Annual review with MOPAC on CID project outcomes - Done - The review of project outcomes to determine if the days could be delivered on a reduced budget concluded that no they cannot. The CIDs project would have to reduce in scope and outcomes - or cease.	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. Grant bid for 2022/23 has been successful.	Sarah Newman	

Report No.
FSD22041

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: **AUDIT AND RISK MANAGEMENT COMMITTEE**

Date: **Information Briefing - Thursday 30 June 2022**

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

Title: **CONTRACT PROCEDURE RULES: BI-ANNUAL REPORT ON EXTENSIONS, EXEMPTIONS, VARIATIONS AND WAIVERS**

Contact Officer: Laurence Downes, Assistant Director – Governance and Contracts
E-mail: Laurence.Downes@bromley.gov.uk

Chief Officer: Tasnim Shawkat, Director of Corporate Services and Governance

Ward: (All Wards);

1. Reason for decision/report and options

- 1.1 It is a requirement of the Council's Contract Procedure Rules to report to Audit & Risk Management Committee on a bi-annual basis on the application of all extensions, variations, waivers and exemptions where the procurement action is £50k or higher. This report provides details on all such procurement actions for the period October 2021 to March 2022.

2. **RECOMMENDATION**

- 2.1 Members of the Audit and Risk Management Committee are requested to note the details of all contract extensions, variations, waivers and exemptions where the procurement action is £50k or higher for the period October 2021 to March 2022, provided at **Appendix A**.

Impact on Vulnerable Adults and Children

1. Summary of Impact: N/A
-

Transformation Policy

1. Policy Status: Existing Policy: This report meets the requirements of the Contract Procedure Rules regarding reports to Audit and Risk Management Committee.
 2. Making Bromley Even Better Priority: To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
-

Financial

1. Cost of proposal: N/A
 2. Ongoing costs: N/A
 3. Budget head/performance centre:
 4. Total current budget for this head: £
 5. Source of funding:
-

Personnel

1. Number of staff (current and additional): N/A
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

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

Procurement

1. Summary of Procurement Implications: Appendix A lists procurement actions as required by the Contract Procedure Rules.
-

Property

1. Summary of Property Implications: N/A
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: N/A
-

Customer Impact

1. Estimated number of users or customers (current and projected): N/A
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 Under Sections 3 and 13.1 of the Council's Contract Procedure Rules, exemptions from the requirement for competitive bids, waivers, extensions and variations must be reported to Audit and Risk Management Committee where the value of the relevant procurement action is £50k or higher.
- 3.2 Summary reports of all relevant contracts are generated from the Contracts Database and presented retrospectively to Audit and Risk Management Committee on a bi-annual basis. The previous report was provided to Audit Sub-Committee in October 2021 and covered the time period 1 April 2021 – 30 September 2021.
- 3.3 **Appendix A** contains details of all relevant procurement actions (extensions, variations, exemptions and waivers) for the period 1 October 2021 – 31 March 2022. The information provided includes a summary of the decision made, the decision maker and the associated financial values.
- 3.4 There are 29 entries in total, broken down as follows:
- 18 relate to exemptions
 - 3 relate to extensions beyond term
 - 6 relate to formal extension options
 - 2 relate to variations
- 3.5 Members are asked to review this list and comment as necessary.

4. PROCUREMENT IMPLICATIONS

- 4.1 Sections 3 and 13 of the Contract Procedure Rules requires bi-annual reporting to Audit and Risk Management Committee on the use of all relevant procurement actions (extensions, variations, exemptions and waivers) where the procurement action is £50k or higher.

Non-Applicable Headings:	Impact on Vulnerable Adults & Children Transformation / Policy Implications Financial Implications Personnel Implications Legal Implications Property Implications Carbon Reduction/Social Value Implications Customer Impact Ward Councillor Views
Background Documents: (Access via Contact Officer)	None

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DIRECTORATE	PORTFOLIO	CONTRACT TITLE	DETAILS OF EXTENSION / EXEMPTION / VARIATION / WAIVER	FINANCIALS	CONTRACT START DATE	CONTRACT END DATE	CONTRACT WHOLE LIFE VALUE	CONTRACT ANNUAL VALUE
Chief Executive	Executive, Resources and Contracts	Academy Processing System	Exemption: Direct Award of Contract (two years) for specialist software. Cumulative value of prior contracts applied for authorisation purposes. Executive decision November 2021.	£326,480 for Contract Award.	01/04/2011	31/03/2024	£2,558,102	£163,000
Chief Executive	Executive, Resources and Contracts	HR / Payroll Software	Variation: HR Payroll Software Licences via BT contract on a 5+5 basis. Executive decision October 2021.	£1,157,000 for cost of licences over whole life.	tbc	tbc	£1,157,000	£121,000
Chief Executive	Executive, Resources and Contracts	Banking Services	Extension Beyond Term (two year extension). Chief Officer decision January 2022.	£84,000 for Extension period.	01/04/2017	31/03/2024	£287,880	£44,000
Chief Executive	Executive, Resources and Contracts	Aspian Corporate Debt Recovery System (Licence, implementation, support)	Exemption: Direct Award of Contract (two years) for specialist software. Cumulative value of prior contracts applied for authorisation purposes. Executive decision November 2021.	£18,000 for Contract Award.	12/04/2016	31/01/2023	£152,124	£9,000
Chief Executive	Executive, Resources and Contracts	Pension Fund – Specialist Tax Advice	Exemption: Direct Award of Contract (one year) for specialist requirement. Chief Officer decision January 2022.	£80,000 for Contract Award.	01/04/2022	31/03/2023	£80,000	£80,000
Chief Executive	Executive, Resources and Contracts	Tenable Vulnerability Management Tool	Exemption: Direct Award (two years) for specialist software. Cumulative value of prior contracts applied for authorisation purposes. Chief Officer decision October 2021.	£15,590 for Contract Award.	17/11/2021	16/11/2023	£52,055	£7,795
People	Adult Care and Health	Adults - Extra Care Housing, Lot 2 - Norton Court, Crown Meadow Court, Durham House	Formal Extension Option (two year extension). Chief Officer (delegated authority) decision March 2022.	£3,912,000 for Extension period.	01/08/2017	31/07/2026	£16,505,000	£1,956,000
People	Adult Care and Health	Adults - Extra Care Housing, Lot 1 - Apsley Court, Sutherland House, Regency Court	Formal Extension Option (two year extension). Chief Officer (delegated authority) decision March 2022.	£3,462,000 for Extension period.	01/08/2017	31/07/2026	£15,103,000	£1,731,000
People	Adult Care and Health	Covid 19 Surge Capacity Nursing Support Service	Exemption: Direct Award of Contract (one year) for specialist and urgent requirement. Cumulative value of prior contract applied for authorisation purposes. Portfolio Holder decision February 2022.	£32,000 for Contract Award.	14/09/2020	31/03/2023	£180,000	£32,000
People	Adult Care and Health	Bromley Council Prepaid Cards Solution	Formal Extension Option (one year extension). Chief Officer decision December 2021.	£54,000 for Extension period.	13/09/2019	12/09/2023	£172,000	£54,000
People	Adult Care and Health	Nursing Care Block Contract: Covid 19 Hospital Discharge	Exemption: Direct Award of Contract (three months) for specialist and urgent requirement. Cumulative value of prior contract applied for authorisation purposes. Chief Officer decision January 2022.	£108,900 for Contract Award.	10/01/2022	20/03/2022	£108,900	£108,900
People	Children, Education and Families	Family Drug And Alcohol Court	Exemption: Direct Award of Contract (3+1+1) due to lack of market response. Portfolio Holder decision November 2021.	£660,000 for Contract Award.	01/01/2022	31/12/2024	£660,000	£165,000
People	Children, Education and Families	** Now Live ** Domestic Violence Against Women and Girls Service - VAWG	Formal Extension Option (one year extension). Portfolio Holder decision January 2022.	£220,897 for Extension period.	01/04/2020	31/03/2023	£599,058	£220,897
People	Children, Education and Families	Cleaning Services to Children and Family Centres and Nurseries	Formal Extension Option (two year extension). Portfolio Holder decision March 2022.	£166,788 for Extension period.	01/08/2019	31/07/2024	£416,967	£83,394
People	Children, Education and Families	Management Development Programme	Exemption: Direct Award of Contract (one year) for continuation of programme. Cumulative value of prior contract applied for authorisation purposes. Portfolio Holder decision October 2021.	£29,600 for Contract Award.	01/10/2021	30/06/2022	£122,000	£29,600
People	Children, Education and Families	Southborough School Heating Installation	Exemption: Direct Award of Contract (two years) for specialist and urgent requirement. Chief Officer decision March 2022.	£69,750 for Contract Award.	01/03/2022	31/03/2025	£69,750	£23,250
People	Children, Education and Families	ICT - Software Licence - Line of business	Exemption: Direct Award of Contract (two years) for specialist software. Cumulative value of prior contracts applied for authorisation purposes. Chief Officer decision December 2021.	£9,998 for Contract Award.	01/04/2012	31/03/2024	£60,987	£4,999
People	Children, Education and Families	Education - Caretaking - Griffins Offices, Lovibonds Avenue, Orpington	Exemption: Direct Award of Contract (two years) to align with similar contracts for future procurement. Cumulative value of prior contract applied for authorisation purposes. Chief Officer decision November 2021.	£19,535 for Contract Award.	01/02/2017	30/09/2024	£54,248	£10,000
Place	Environment and Community Services	** Now Live ** Bromley Market Assembly	Exemption: Direct Award of Contract (2+2) due to lack of market response. Portfolio Holder decision December 2021.	£436,000 for Contract Award.	01/01/2022	31/12/2023	£436,000	£109,000
Place	Renewal and Recreation and Housing	York Rise Design and Build	Variation: increase to original contract award to reflect updated capital costs. Executive decision January 2022.	£2,800,000 for Variation.	01/04/2022	30/04/2023	£10,922,069	£10,922,069
Place	Renewal and Recreation and Housing	Housing - Tenancy Support Services	Extension Beyond Term (six month extension). Executive decision October 2021.	£97,550 for Extension period.	01/10/2016	30/09/2022	£1,170,606	£195,101
Place	Renewal and Recreation and Housing	Housing - Tenancy Support Services	Extension Beyond Term (six month extension if required). Executive decision March 2022.	£95,500 for Extension period.	01/10/2016	30/09/2022	£1,170,606	£195,101
Place	Renewal and Recreation and Housing	Adults - Supporting People - Tenancy Support Services for Homeless People	Exemption: Direct Award (five years) of Contract for technical reasons. Executive decision October 2021.	£1,150,000 for Contract Award.	01/04/2022	31/03/2027	£1,150,000	£230,000
Place	Renewal and Recreation and Housing	IT System - Housing Information Systems	Formal Extension Option (two year extension). Chief Officer (delegated authority) decision January 2022.	£235,858 for Extension period.	10/04/2017	09/04/2024	£1,029,406	£117,929
Place	Renewal and Recreation and Housing	Crystal Palace Subway Bricks	Exemption: Direct Award of Contract (6 months) for technical reasons. Chief Officer (delegated authority) decision November 2021.	£124,540 for Contract Award.	01/02/2022	30/09/2022	£124,540	£124,540
Place	Renewal and Recreation and Housing	Housing - Statutory Homelessness Reviews	Exemption: Direct Award of Contract (4+1+1) following lack of market response to tender. Portfolio Holder decision March 2022.	£108,000 for Contract Award.	01/06/2022	31/05/2026	£108,000	£18,000
Place	Renewal and Recreation and Housing	HOPE – Homeless Reduction Act Module	Exemption: Direct Award of Contract (one year) for specialist software. Cumulative value of prior contracts applied for authorisation purposes. Chief Officer decision January 2022.	£12,750 for Contract Award.	16/01/2018	15/01/2023	£78,150	£12,750
Place	Renewal and Recreation and Housing	Bromley North (Site 2) / Beckenham Car Park Surveys	Exemption: Direct Award of Contract (six months) for specialist requirements linked to existing contract (awarded through competitive tender). Chief Officer decision February 2022.	£70,000 for Contract Award.	01/03/2022	30/09/2022	£70,000	£70,000
Place	Renewal and Recreation and Housing	Consultancy: Housing Revenue Account Policies	Exemption: Direct Award of Contract (one year) for specialist one off consultancy following market research exercise. Chief Officer decision September 2021.	£60,000 for Contract Award.	06/10/2021	31/03/2022	£60,000	£60,000

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Report No.
FSD22054

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: **AUDIT AND RISK MANAGEMENT COMMITTEE**

Date: **Thursday 30th June 2022**

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

Title: **EXTERNAL AUDIT AND FINANCIAL REPORTING UPDATE**

Contact Officer: David Dobbs, Head of Corporate Finance and Accounting
Tel: 020 8313 4145 E-mail: david.dobbs@bromley.gov.uk

Chief Officer: Peter Turner, Director of Finance
Tel: 020 8313 4668 E-mail: peter.turner@bromley.gov.uk

Ward: Borough Wide

1. Reason for report

- 1.1 This report sets out for the newly formed Audit and Risk Management Committee, details of the current external audit and financial reporting landscape, including a progress update on the Council's Statement of Accounts and related matters.

2. **RECOMMENDATION(S)**

- 2.1 **The Committee is requested to consider and note the contents of this report.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: None arising directly from this report
-

Corporate Policy

1. Policy Status: Existing Policy
 2. BBB Priority: Excellent Council
-

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: External Audit
 4. Total current budget for this head: £244,506 for the authority and £22,600 for the Pension Fund.
 5. Source of funding: Not Applicable
-

Personnel

1. Number of staff (current and additional): Not Applicable
 2. If from existing staff resources, number of staff hours: Not applicable
-

Legal

1. Legal Requirement: Statutory Requirement – The report concerns the statutory requirements required by the Local Audit and Accountability Act 2014
 2. Call-in: Not Applicable
-

Procurement

1. Summary of Procurement Implications: The report contains recommendations that may, at some point in the future, alter the mechanism by which the Council procures its external auditor.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Not applicable
-

Ward Councillor Views

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

3. COMMENTARY

Background

- 3.1 The current statutory basis for external audit in local authorities is set out in the Local Audit and Accountability Act 2014. This Act introduced a new audit regime for local government to replace the previous arrangements which were led by the Audit Commission. Currently, the various roles and responsibilities relating to external audit are discharged by separate bodies, namely:
- Public Sector Audit Appointments (PSAA)
 - Institute of Chartered Accountants in England and Wales (ICAEW)
 - Financial Reporting Council (FRC)¹
 - The National Audit Office / Comptroller and Auditor General
- 3.2 The appointment of the Council's external auditor, currently EY, is managed at arm's length by PSAA. PSAA is currently undertaking a procurement exercise to determine audit appointments for local government bodies for the five-year period starting 2023/24. PSAA will appoint an external auditor based on the firms that are currently registered, authorised and accredited to undertake the external audit of local government bodies; there are currently nine such firms.
- 3.3 Accounting requirements for local government are set out in guidance maintained and updated annually by the Chartered Institute of Public Finance and Accountancy (CIPFA), the local government standard setter. CIPFA produces the Code of Practice on Local Authority Accounting. The Code specifies the principles and practices of accounting required to prepare financial statements which give a true and fair view of the financial position and transactions of a local authority. Additionally, the Code is prepared under International Financial Reporting Standards (IFRS), which have been adopted as the basis for public sector accounting in the UK.

Current audit and financial reporting landscape

- 3.4 There are a number of related challenges affecting the external audit and financial reporting landscape. Some of these impact only local government, but many are also widespread across the entire UK external audit market. These, inter alia, include
- A perceived decline in the standard of work generally undertaken by external auditors, particularly in light of recent corporate failings, such as Patisserie Valerie and Carillion.
 - An expectations gap between what an audit certificate signifies and the demands and needs of various stakeholder groups concerning external audit.
 - A lack of capacity to undertake the external audit work in the local government sector; this relates to the number of firms willing to participate in the market and a declining number of individuals wishing to pursue a career in audit.
 - A recognition that audit fees in the local government sector may be too low to make the market attractive enough to sustain current participating firms and encourage new entrants; conversely a recognition that increased fees are ultimately a cost to local council taxpayers.
 - Whether local authority accounts report financial performance including use of resources against budget in a manner that is transparent and comprehensible to Council Taxpayers and the general public?

¹ The FRC is in transition to a new body, the Audit, Reporting and Governance Authority (ARGA)

- Does the financial information provided in local authority accounts facilitate scrutiny by local taxpayers and by the local press?
 - A combination of factors has meant that only 9% of 2020/21 local authority audits were completed by the statutory deadline
 - Are audit recommendations effective in helping local authorities to improve their financial management?
- 3.5 In response to these issues, the Government commissioned the Redmond Review. This is one of four key reviews that have recently examined different aspects of the scope and quality of external audit in the UK, as set out below:
- Kingman Review into the Financial reporting Council (*published December 2018*)
 - Competition and Market's Authority Review into the UK statutory audit market (*April 2019*)
 - Brydon Review into the Quality and Effectiveness of Audit (*December 2019*)
 - Redmond Review of the Quality of Local Authority Financial Reporting and External Audit (*September 2020*).
- 3.6 The Redmond Review focused on the arrangements in place to support the transparency and quality of local authority financial reporting and external audit including those introduced by the Local Audit and Accountability Act 2014. The review considered the quality of local authority audits and whether they are highlighting when an organisation is in financial trouble early enough. Additionally, it also looked at whether the public has lost faith in auditors and whether the current audit arrangements for Councils are still 'fit for purpose'. The review raised a number of recommendations which MHCLG (now DLUHC) has started to respond to.

External audit and financial reporting at the Council

- 3.7 At Bromley, Statement of Accounts for the years up to and including 2018/19 have been audited, finalised and published on the Council's website. Latterly, completion of the audit has impacted by two issues, objections to the accounts and issues with the valuation of fixed assets.
- 3.8 Objections are when a local government elector asks the external auditor to apply to the High Court for a declaration that an item of account [in relation to a specific financial year].is unlawful, or to issue a report on matters which are in the public interest ('a public interest report'). When these occur, the external auditor will make enquiries and determine what action to take by way of response. In such cases, if the matter cannot be resolved promptly, then the final sign-off of the audit will be delayed whilst the auditor completes their enquiries.
- 3.9 Bromley recently had outstanding objections delaying the completion of the external audit for the 2016/17, 2017/18 and 2018/19 accounts. The objections affecting the 2016/17 and 2017/18 were recently completed by the predecessor auditor, KPMG, allowing the audits for those years to be concluded. An objection remains outstanding for 2018/19 and this is currently under review by EY.
- 3.10 Progress on the external audit has also been impacted by issues affecting the accounts that relate to the valuation of fixed assets. The 2018/19 audit was significantly delayed owing to widespread material errors in the valuation work carried out by the Council's valuers at that time, Cushman & Wakefield. These errors were remediated over a long period of time and the 2018/19 accounts audit opinion [subject to the outstanding objection] was signed on 13 August 2020, compared to the deadline of 31 July 2019.
- 3.11 The 2019/20 accounts audit, which started during August 2020 has also been delayed, largely owing to issues in the valuation work undertaken by Montagu Evans (who replaced Cushman & Wakefield as the Council's outsourced valuers) concerning the Council's investment properties

(assets held for their capital value and the income that they generate). As a result of errors found in the initial sample reviewed by the external auditor (and similar errors in the 2018/19 accounts) this area received significant additional audit scrutiny over a period of some months.

- 3.12 On 30th November 2021, EY provided a report to the General Purposes & Licensing Committee, detailing the significant delays that had affected the 2019/20 audit. The report included five recommendations designed to improve the Council’s financial reporting processes. EY’s report also highlighted the possibility of making a Schedule 7 Public Interest Report should the Council not be able to demonstrate improvement in its financial reporting arrangements. The report stated that *‘If we were to report under schedule 7, our recommendations would highlight the investment required by the Council to support its financial reporting function to close out the 19/20 audit, prepare the 20/21 accounts and support that audit, and prepare the 21/22 accounts and support that audit, in order to address the reporting timetable backlog by the end of 2022. We would highlight the need for a clear timetable, accountability and consequences to complete the work. We would also include the need to ensure that actions taken were sufficient to put the financial reporting function on a sustainable footing for the future, rather than just tackling the immediate issues.’* In response to this, the Council took a number of actions, including increasing resources in the Finance Department and scheduling weekly meetings with the valuers and external auditor to understand, escalate and respond to outstanding audit issues.
- 3.13 EY has recently confirmed that it has substantially completed its audit work on the 2019/20 accounts and anticipates finalising the audit in the coming months. Once the 2019/20 audit has been completed, the 2020/21 and 2021/22 accounts and audit will need to be progressed.

4. FINANCIAL IMPLICATIONS

- 4.1 Fees are discussed agreed annually with the external auditor to cover the cost of their annual audit activity. The base audit fee is set by PSAA and then varied locally depending on various risk factors.

5. LEGAL IMPLICATIONS

- 5.1 There are no direct legal implications. This report focuses on the arrangements for local authority financial reporting and auditing put in place by the Local Audit and Accountability Act 2014.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children Policy, Procurement Implications and Personnel Implications.
Background Documents: (Access via Contact Officer)	Reports to General Purposes and Licensing Committee: <ul style="list-style-type: none"> • ‘Appointment of the External Auditor’ – 8th February 2022 • ‘Draft Audit Results Report 2019/20 Update’ – 8th February 2022 • ‘EY Briefing Paper’ - 30th November 2021 • ‘Audit of the 2019/20 Financial Statements’ – 6th July 2021 • ‘Audit of the Financial Statements 2019/20’ – 25th November 2020 • ‘Redmond Review of Local Authority Financial Reporting and External Audit’- 25th November 2020

	<p>Local Audit and Accountability Act 2014.</p> <p>Redmond Review of Local Authority Financial Reporting and External Audit – <i>published by MHCLG on 8th September 2020.</i></p> <p>Local authority financial reporting and external audit: government response to the Redmond review – <i>published by MHCLG on 17th December 2020.</i></p> <p>Local authority accounts: A guide to your rights – <i>published by the National Audit Office during August 2021</i></p>
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