

Guy haNotice of Meeting

Governance & Audit Committee

Councillor Allen (Chairman),
Councillor Wade (Vice-Chairman),
Councillors Gbadebo, Mrs Hayes MBE, Heydon, Leake, Neil and
Tullett
David St John Jones, Independent Member

Wednesday 24 March 2021, 7.30 - 9.30 pm
Online Only - via MST



Agenda

Item	Description	Page
1.	Apologies for Absence	
	To receive apologies for absence and to note the attendance of any substitute members.	
2.	Declarations of Interest	
	<p>Members are asked to declare any disclosable pecuniary or affected interests in respect of any matter to be considered at this meeting.</p> <p>Any Member with a Disclosable Pecuniary Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Disclosable Pecuniary Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.</p> <p>Any Member with an affected Interest in a matter must disclose the interest to the meeting. There is no requirement to withdraw from the meeting when the interest is only an affected interest, but the Monitoring Officer should be notified of the interest, if not previously notified of it, within 28 days of the meeting.</p>	
3.	Minutes of previous meeting	3 - 6
	To approve as a correct record the minutes of the meetings of the Committee held on 27 January 2021.	
4.	Urgent Items of Business	
	Any other items which, pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decides are urgent.	
5.	Head of Internal Audit Update - March 2021	7 - 28
	To receive the update on progress on the annual Internal Audit Plan. Reporting: Sally Hendrick	

EMERGENCY EVACUATION INSTRUCTIONS

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6.	Anti Money Laundering Policy	29 - 40
	To receive the Anti Money Laundering Policy. Reporting: Sally Hendrick	
7.	Internal Audit Plan 2021/22	41 - 56
	To approve the Internal Audit Plan for 2020/21. Reporting: Sally Hendrick	
8.	Strategic Risk Register	57 - 88
	To receive the updated Strategic Risk Register. Reporting: Sally Hendrick	

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Published: 16 March 2021

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GOVERNANCE & AUDIT COMMITTEE
27 JANUARY 2021
7.30 - 8.22 PM

Present:

Councillors Allen (Chairman), Wade (Vice-Chairman), Gbadebo, Mrs Hayes MBE, Heydon, Leake, Neil and Tullett

David St John Jones, Independent Member

14. Declarations of Interest

There were no declarations of interest.

15. Minutes of previous meeting

RESOLVED that, the minutes of the meeting of the committee held on the 16 September 2020 be approved as a correct record, and signed by the Chairman.

16. Risk Management Strategy

The Committee received a report, which presented the updated Risk Management Strategy.

Sally Hendricks, Head of Audit and Risk Management, reported that The Risk Management Strategy was renewed every three years and was last approved by the Governance and Audit Committee in June 2017. Feedback had been sought on the updated Strategy from the Strategic Risk Management Group and the Corporate Management Team. The Strategy has been reviewed to reflect the latest Council Plan.

The key points highlighted were that a worked example of the risk rating methodology had been included in the strategy and the new priorities identified for the Council over the next three years had also been included and were set out on page 7 and 20 of the agenda.

Arising for the Committees comments and questions, the following points were made:

- It was commented that there was nothing in the Risk Management framework regarding feedback. Sally Hendricks commented that this would be taken away and looked at.
- It was suggested that the definitions of high and very high and critical and major be included in the document. These definitions were included in the Risk Management tool kit with clear guidance.
- The directorate risk registers included the definitions from the risk management tool kit appended to the document for guidance.
- Sally Hendricks would ensure that there was reference to the risk management tool kit in the strategy.

RESOLVED that The Committee review and agree the updated Risk Management Strategy.

17. **Internal Audit Update**

The Committee received a report update them on progress on the annual Internal Audit Plan from April – December 2020.

Sally Hendricks, Head of Audit and Risk Management, reported that, progress against the 2020/21 Internal Audit Plan was set out in Appendix 1 and as expected was behind original schedule due to the Covid-19 pandemic which had caused some delays. The current Covid-19 position had also resulted in deferral of a number of audits planned for quarter 4 into 2021/22.

The report also covered that previous areas of concerns, officer expenses and purchasing cards, had been revisited and it was found the controls were now effective. Hannah Beckett had undertaken a great deal of work in regard to the purchasing cards to help ensure compliance with the purchasing card controls including a large scale training program.

There were only three areas with major recommendations which were shown in the table at section 3.5 of the report.

A business plan to pilot additional funding counter fraud had been agreed in May 2020 with the assistance of external counter fraud teams. Covid-19 had presented difficulties for fraud investigation due to restrictions placed on social distancing which prevented face to face contact therefore the pilot hadn't been progressed as quickly as intended. However, some initial steps in the pilot were now being taken. Work on the social housing waiting list was due to start in February 2021.

Arising from the Committees comments and questions, the following points were made:

- Councillors were grateful for the work undertaken throughout the pandemic.
- A recruitment process was undertaken for a senior auditor which had been unsuccessful. However, a very good temporary senior audit had already been taken on and would be with the council till June 2021. The post would be readvertised in due course.
- The delay in delivering the audits was not due to capacity within the audit team, but was with the individual services being unable to devote their time to the audit process due to the pandemic and were under a lot of pressure to deliver services. For example, in the People directorate there were areas where the current workload was a higher priority than the audit work.
- The resource in place was sufficient to carry out the work at present.
- Remotely auditing schools was not something that had been undertaken before and was presenting some difficulties. One school had offered to help be a pilot school and help test out the remote auditing.
- In regard to a longer-term plan, the audits would roll into next year's plan, and agreement would be sought with SMTs and DMTs regarding when these could be undertaken.
- It wasn't believed that there would be a large number of missing audits due to the pandemic.

- There were annual audits that were undertaken annually. There were some being pushed back, but these would only be pushed back until April and the department were aware that they needed to be undertaken by a specific date.
- It wasn't expected that departments would use Covid as an excuse to push back or move an audit. Areas that had been heavily affected by Covid had been very helpful and open in regard to the audit process.
- It was important there was a good balance between undertaking the audits and services being able to continue their covid response.
- The Independent Member was pleased about the purchasing card process and was grateful for the hard work undertaken.
- Deprivation of Liberties were the controls in place for when people were in care for a long period of time and ensure checks were in place, to ensure their interests were being safeguarded.
- New measures and process had had to be implemented very quickly to deal with the pandemic response. It was thought that the control was still there, but it was being met in a different way.
- In the future it was expected that more staff would be working from home rather than in the office which may create more challenges.

The Committee noted the update on progress on the Internal Audit Plan for 2020/21.

18. **Treasury Management Report 2021/22 and 2020/21 Mid Year Review**

The Committee received the Treasury Management Report 2021/22 and 2020/21 Mid Year Review.

Calvin Orr, Head of Finance and Business Services presented the report and explained that the Mid-Year Review covered an economic update, a review of the Treasury Management Strategy Statement and Annual Investment Strategy, a review of the investment and debt portfolio, and a review of compliance. The documents were bound by statute and there were a number of indicators which were included within the report.

Highlights from the year, which had been a strange year for treasury, investments and debt, included that the Council had remained within all indicators, and was in a better position cash wise than it had been previously. The Council was also finishing the year with less debt, which wasn't projected. Interest rates were incredibly low, which was a good thing if borrowing, but a bad thing if investing any surplus cash.

Covid relief grants had been received from the Government to offset pandemic costs, which were often received upfront. This had helped the council in regard to the cash flow position.

The only change to the investment strategy this year was that Council would be asked to approve an increase limit on money market funds.

Arising from the Committees comments and questions, the following points were made:

- The Committee commended the detail within the report.
- All federated funds offered a 2+1 day cash account. This was still tripe A rated – so no extra risk. They required one day notice for transactions. Federated was one of the largest funds in the world and was offering one of the largest yields which changed daily.

- In each money market fund the limit was £7million, it was being requested that this be increased to £10million.

RESOLVED that

- i. the Committee consider and review the Mid-Year Review Report.
- ii. the Committee agree that the Mid-Year Review Report be circulated to all Members of the Council.
- iii. the Committee review the Treasury Management Report for 2021/22 prior to its approval by Council.

CHAIRMAN

To: **Governance and Audit Committee**
24th March 2021

Internal Audit Update **Head of Audit and Risk Management**

1 Purpose of Report

1.1 This report presents the update on progress on the annual Internal Audit Plan.

2 Recommendations

2.1 To note the update on progress on the Internal Audit Plan for 2020/21.

3 Reasons for Recommendations

3.1 To ensure the Council complies with statutory requirements for internal audit.

4 Alternative Options Considered

4.1 There are no alternatives.

5 Supporting Information

Internal Audit

5.1 Delivery of the Council's internal audit services in 2020/21 is being delivered by one contractor TIAA Ltd, Wokingham Council's Business Assurance team under a S113 agreement and temporary senior auditor pending the recruitment of a permanent in-house senior auditor.

5.2 Progress against the 2020/21 Internal Audit Plan is set out in Appendix 1 and as expected is behind original schedule due to delays in starting audits with departments during the pandemic. The delivery of each area of the Plan is being monitored in each Directorate at the Departmental Management Team meetings. School audits have been put on hold awaiting completion of an ongoing pilot on remote auditing in schools.

5.3 The core systems have been audited as normal although, as with other parts of the Council, for some areas - Revenue Services in particular - the ability to engage effectively with the audit was significantly affected by additional workloads driven by Covid.

6 Consultation and Other Considerations

Legal Advice

6.1 There are no specific legal implications arising from the recommendations in this Report.

Financial Advice

6.2 There are no financial implications arising from this report.

Equalities Impact Assessment

6.3 Not applicable.

Strategic Risk Management Issues

6.4 A robust internal audit service is essential for ensuring proper processes are in place for effective control.

Background Papers

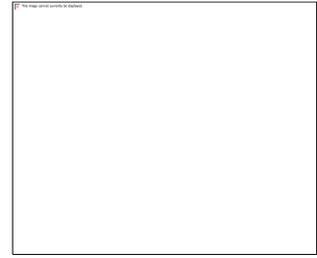
Internal Audit Plan 2020/21

Internal Audit Charter

Risk Management Strategy

Contact for further information

Sally Hendrick, Head of Audit and Risk Management - 01344 352092



**BRACKNELL FOREST COUNCIL
HEAD OF AUDIT AND RISK
MANAGEMENT'S INTERIM REPORT**

MARCH 2021

Sally Hendrick
Head of Audit and Risk Management
Sally.hendrick@bracknell-forest.gov.uk
01344 352092

1.BACKGROUND

- 1.1 The Council is required under the Accounts and Audit (Amendment) (England) Regulations to “maintain an adequate and effective system of internal audit of its accounting records and of its systems of internal control in accordance with the proper practices in relation to internal control.” This report summarises the activities of Internal Audit for the period April 2020 to February 2021 drawing together progress on the Annual Internal Audit Plan, risk management and other activities carried out by Internal Audit.

2. INTERNAL AUDIT

- 2.1 The basic approach adopted by Internal Audit falls broadly into four types of audit:
- System reviews provide assurance that the system of control in all activities undertaken by the Council is appropriate and adequately protects the Council’s interests.
 - Regularity (financial) checking helps ensure that the accounts maintained by the Council accurately reflect the business transacted during the year. It also contributes directly towards the external auditor’s audit of the annual accounts.
 - Computer/IT audits, carried out by specialist audit staff, provide assurance that an adequate level of control exists over the provision and use of computing facilities
 - Certification as required by relevant Government departments that grant monies have been spent in accordance with grant terms and conditions.
- 2.2 Recommendations are made after individual audits, leading to an overall assurance opinion for the system or establishment under review and building into an overall annual assurance opinion on the Council’s operations called the Head of Internal Audit Annual Opinion. The different categories of recommendation and assurance opinions are set out in the following tables.
- 2.3 Since 1st April 2019 we have been categorising our **audit opinions** according to our assessment of the controls in place and the level of compliance with these controls as follows::

	Good - There is a sound system of internal control designed to achieve the objectives of the system/process and manage the risks to the achievement of objectives and this is being complied with. Recommendations will only be of low priority.
	Adequate - there is basically a sound system of control but there are some areas of minor weakness and/or some areas of non- compliance which put the system/process objectives at risk. Recommendations will only be low or moderate in priority.
	Partial - there are areas of weakness and/or non- compliance with control which put the system/process objectives at risk and undermine the system’s overall integrity.

	Recommendations may include major recommendations but could only include critical priority recommendations if mitigated by significant strengths elsewhere.
	Inadequate - controls are weak across a number areas of the control environment and/or not complied with putting the system/process objectives at significant risk. Recommendations will include major and/or critical recommendations
	None - There is no control framework in place and management is inadequate leaving the system open to risk of significant error or fraud.

2.4 We categorise our recommendations according to their level of priority as set out below:

	Critical - Critical and urgent in that failure to address the risk could lead to factors such as significant financial loss, significant fraud, serious safeguarding breach, critical loss of service, critical information loss, failure of major projects, intense political or media scrutiny. Remedial action must be taken immediately.
	Major - failure to address issues identified by the audit could have significant impact such as high financial loss, safeguarding breach, significant disruption to services, major information loss, significant reputational damage or adverse scrutiny by external agencies. Remedial action to be taken urgently.
	Moderate - failure to address issues identified by the audit could lead to moderate risk factors materialising such as medium financial loss, fraud, short term disruption to non-core activities, scrutiny by internal committees, limited reputational damage from unfavourable media coverage. Prompt specific remedial should be taken.
	Low - failure to address issues identified by the audit could lead to low level risks materialising such as minor errors in system operations or processes, minor delays without impact on service or small financial loss. Remedial action is required.

3. SUMMARY OF INTERNAL AUDIT RESULTS TO DATE

- 3.1 The Annual Internal Audit Plan for 2020/21 was considered and approved by the Governance and Audit Committee on 25th March 2020. The delivery of the individual audits during 2020/21 is being undertaken in-house by a temporary senior auditor, a contractor (TIAA Ltd) and a Section 113 arrangement with Wokingham Borough Council’s Internal Audit Team.
- 3.2 Due to COVID 19, work on delivery of the 2020/21 Audit Plan did not start in earnest until around August and progress against the Plan has been steady but slow due to the difficulties in auditing remotely and the need for officers to prioritise delivery of services. The latest COVID position has now resulted in deferral of a number quarter 4 audits into 2021/22 as set out in Appendix 1. We had deferred all schools audit until quarter 4. We are now piloting remote audit at one schools with a view to confirming that this approach is as workable in schools as it has proved to be across the Council’s other audits so that these schools can be audited in quarter 2 and 3 of 21/22.
- 3.3 Between April to December 2020, 4 grant audits and 13 reports/memos were finalised, 6 reports/memos were issued in draft awaiting management responses, 4 were reports/memos had been submitted for client side review and 7 audits were work in progress. In addition, gap analysis was completed data maturity and the emergency duty IT system. Due to the pandemic a number of audits have been added to the plan and these are also shown in Appendix 1. They relate to

requirements from central government for certification and high spend, high fraud risk areas!

- 3.4 Details on the status and outcome of all audits are attached at Appendix A. A summary of the outcome of finalised and audits with reports issued in draft are set out below.

ASSURANCE LEVELS	NUMBER OF AUDITS TO DATE IN 2020/21		NUMBER OF AUDITS IN 2019/20	% AGE CHANGE IN 2019/20 SINCE 2018/19	
Good	2		6	↑	100%
Adequate	10		28	↓	7%
Partial	8		9	↓	47%
Inadequate	0		1		
No assurance	0		0	↔	0%
Total for Audits with an Opinion	20		44		
Memos and reports with Major Recommendation and no Opinion	1		6	↑	20%
Gap Analysis reviews	2		0		
Other Follow Up Memos/ Reports with no Opinion	2		9	↑	800%
Total Audits	25		59		
Grant Certifications/Memos	4		4	↓	20%

Identified High Priority Control Issues

- 3.5 Audits which have identified high priority recommendations will generally be revisited in 2021/22, to ensure successful implementation of agreed recommendations. No critical recommendations have been raised to date in 2020/21 however a number of recommendations falling under our major recommendation category have been raised as set out below:

Reactive Maintenance	<ul style="list-style-type: none"> Two major recommendations were raised on the accuracy of performance information provided by the contractor and the need to review the performance targets. The Property team are in discussion with the contractor and the Procurement team to identify an appropriate solution.
Public Protection Partnership	<ul style="list-style-type: none"> One major recommendation was raised concerning controls in the Licencing service. Audit has been advised that this will be addressed as part of a review of the PPP service in 2021/22 together with the introduction of a single system across all participating authorities. In the short term random spot checks will be carried out.

In addition, a number of key issues were identified at the gap analysis undertaken to identify weaknesses in the IT legacy system currently used by the Emergency Duty Team to inform the implementation of the new system that is currently being implemented.

Update of 2019/20 Audits with High Priority Recommendations

3.6 Since April 2020, we have re-audited or followed up seven audits from 2019/20 where significant weaknesses had been identified (see appendix 2). The Head of Audit and Risk Management can report that significant improvement was found in car parks, purchasing cards and officers expenses and adequate assurance opinions were given in these cases. Major recommendations were raised again in the other cases.

Quality Assurance and Improvement Programme

3.7 As shown below, 100% of the client questionnaires indicated the auditees were satisfied with the service. 76% of cases internal audit providers delivered the first draft report within 15 days of the exit meeting.

	Client Questionnaires		Draft Report /Memo Produced within 15 Days of Exit meeting
	Received	Satisfactory	
1 st April to 31 st 28 th February 2021	7	100%	76%
2019/20	24	92%	39%

4. PROGRESS ON INTERNAL CONTROL ENVIRONMENT 2020/21

- 4.1 Under the new CMT approach there is a specific slot for audit and governance every few weeks and monitoring of major recommendations by Directors is continuing. As noted above the Head of Audit and Risk Management has noted improvement at some of the audits carried out to date on car parks, purchase cards and officers' expenses which have been re-audited and where an adequate assurance opinion has been given. Delays and deferral of audits due to Covid mean that we have been unable to complete audit work to provide assurance in the improvement of controls.

5. RISK MANAGEMENT

- 5.1 The Strategic Risk Register has already been reviewed four times by the Strategic Risk Management Group (SRMG) and the Corporate Management Team and three times by the Governance and Audit Committee in 2020/21. Deep dives on individual risks are now taking place at the Governance and Audit Committee and to date these have been completed on the cyber, business continuity, finance, staffing risks and adult social care supply risks and a deep dive of Covid risks is being undertaken.

6. FRAUD AND IRREGULARITY

Benefits Investigations

- 6.1 Updates are provided twice a year. The last update on Benefits investigations was reported in January 2021. The next detailed update will be included within the head of audit's annual report.

Proactive Counter Fraud Work

- 6.4 A business plan to pilot additional funding counter fraud was agreed at the Corporate Management team in May 2020 with the assistance of external counter fraud teams. COVID-19 presents difficulties for fraud investigation due to restrictions placed on social distancing which prevents face to face contact and hence interviews under caution. We have therefore not been able to progress the pilot as quickly as intended. However, a proactive review of the housing waiting list including data matching is now ongoing. In addition, the suite of counter fraud policies including the Anti-Bribery, Anti-Money Laundering, Fraud Prevention and Whistle Blowing policies are also being reviewed.

2019/20 INTERNAL AUDIT PLAN OUTCOMES NOT PREVIOUSLY REPORTED

*Key indicator- Draft report issued within 15 days of exit meeting

“D”- deferred at management request

AUDIT	Start Date	Date of Draft Report	*Key Indicator Met	Assurance Level				Recommendation Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
Fostering	2/3/20	23/6/20	Yes		✓					2	1	Final

2020/21 INTERNAL AUDIT PLAN

1.GOVERNANCE

AUDIT	Start Date	Date of Draft Report	Key Indicator Met*	Assurance Level				Recommendation Priority				Status
				Good	Adequate	Partial	inadequate	Critical	Major	Moderate	Low	
Officer Expenses (Ltd 2018/19 and 2019/20)	13/7/20	17/9/20	Yes		✓					4	2	Finalised
Safeguarding governance arrangements												Audit cancelled
Security camera controls including assignment of responsibility and consistency of and compliance with specification requirements	21/2/21											Work in progress
Business Continuity												Deferred

AUDIT	Start Date	Date of Draft Report	Key Indicator Met*	Assurance Level				Recommendation Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
												to 2021/22
Grant Assurance Reviews(additional work) Business Rates Grants- Covid 19 –Small business and retail, hospitality and leisure Additional audit	June 2020	10/7/20	N/A	N/A assurance memo with no opinion given						2	6	Finalised
Business Rates Grants- Covid 19 –Discretionary grants Additional audit	September 2020											Received for client side review
Grant Certifications Bus Service Operator	24/9/20	24/9/20	N/A	N/A grant certification								Certified
Integrated Transport Block Allocation	7/9/20	24/9/20	N/A	N/A grant certification								Certified
Troubled Families- September submission	21/9/20	25/9/20	N/A	N/A assurance memo with no opinion given								Certified
Troubled Families- March 2021 submission Additional audit												Deferred to late March 2021 at officer request
Track and Trace Grants Additional audit												Quarter 4 audit
Home to School Transport COVID support Additional audit												Quarter 4 audit
Emergency Active fund Additional audit												Quarter 4 audit
Travel demand Management												Quarter 4 audit

AUDIT	Start Date	Date of Draft Report	Key Indicator Met*	Assurance Level				Recommendation Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
Additional audit												
Bus operator Covid Additional audit												Quarter 4 audit

2. COUNCIL WIDE

AUDIT	Start Date	Date of Draft Report	Key Indicator Met*	Assurance Level				Recommendation Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
Income targets/projects/digital analysis/assessment of statutory responsibilities supporting the budget setting process												Audit cancelled
Purchase Cards (Ltd 2018/19 and 2019/20)	13/7/20		No		✓					2		Finalised
Debt management												Due to start at the end of Quarter 4 at request of Finance
Management of Mileage and Essential Car User	15/8/20	28/9/20	Yes			✓			1	3	1	Finalised
Additional staff payments advisory review – honorariums, retention payments,												Audit cancelled

AUDIT	Start Date	Date of Draft Report	Key Indicator Met*	Assurance Level				Recommendation Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
market premiums, pay protections												

3. CORE FINANCIAL SYSTEMS

AUDIT	Start Date	Date of Draft Report	Key Indicator Met*	Assurance Level				Recommendation Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
Main Accounting and Reconciliations	21/9/20	24/10/20	Yes	✓	✓					2	1	Finalised
Cash Management												Cancelled
Council Tax	14/10/20	1/3/21	No			✓			3	4		Draft issued
Business Rates	14/10/20	1/3/21	No			✓			5	5	1	Draft issued
Creditors												Due to start at the end of Quarter 4 at request of Finance
Housing Benefit and Council Tax Reduction	16/11/20											Work in progress

4. IT AUDIT

IT AUDIT	Start Date	Date of Draft Report	Key Indicator Me*	Assurance Level								Status	
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low		
Cyber liability	17/11/21	4/2/21	Yes			✓				3	4	1	Draft issued
Data Maturity Assesment	1/9/20	17/11/20	Yes	N/A- No opinion given. Assessment based on review of maturity across key data governance criteria								Finalised	
Digital Strategy and ICT Strategic Planning	1/11/20	18/1/21	Yes	✓								7	Draft issued
Emergency Duty Service System including telephony advisory review	24/11/20	4/2/21	Yes	N/A- no opinion given. Gap analysis on current system to inform the implementation of the new system me								Draft issued	
One System-Education	7/12/20	2/3/21	Yes		✓						7	3	Draft issued
Uniform System	25/6/20	4/8/20	Yes	✓								1	Finalised
Forestcare IT systems including telephony													Deferred to 2021/22
Agresso (Follow up-partial assurance 2019/20)	28/8/20	21/12/20	No	N/A- follow up audit with no assurance opinion								Finalised	

5. PLACE, PLANNING, AND REGENERATION

AUDIT	Start Date	Date of Draft Report	Key Indicator met	Assurance Level				Recommendation priority				Status	
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low		
Spending processes and controls in parks and countryside-advisory review													Audit cancelled
SANG – general compliance audit	24/8/20	6/11/20	Yes		✓						4	1	Finalised
SANG- advisory audit													Quarter 4 audit

AUDIT	Start Date	Date of Draft Report	Key Indicator met	Assurance Level				Recommendation priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
S106 – Use of the monies in compliance with development in the relevant geographic area												Deferred to 21/22

ORGANISATIONAL DEVELOPMENT, TRANSFORMATION AND HUMAN RESOURCES

AUDIT	Start Date	Date of Draft Report	Key Indicator met*	Assurance Level				Recommendation Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
Staffing Establishment												Work in progress

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7. DELIVERY

AUDIT	Start Date	Date of Draft Report	Key Indicator met*	Assurance level				Recommendation Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
Health and Safety	1/9/20											Work in progress
Management of Commercial Property	28/7/20	15/12/20	Yes			✓			1	4		Finalised
Reactive Maintenance Contracts	17/11/20	8/2/21	Yes			✓			2	1		Finalised
Cemetery and Crematorium												Deferred to 21/22
Public Protection Partnership	1/9/20	19/2/21	No			✓			1	6	3	Draft issued

AUDIT	Start Date	Date of Draft Report	Key Indicator met*	Assurance level				Recommendation Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
Car Parks	1/10/20	18/1/21	No		✓					2	2	Finalised
COVID Support for Everyone Active – Additional Audit												Deferred to quarter 1 of 21/22

8. PEOPLE

AUDIT	Start Date	Date of Draft Report	Key Indicator Met*	Assurance levels				Recommendation Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
Transport in CTPLD- advisory review												Deferred to 2021/22
Equipment Spend	1/9/20	31/1/21	Yes	N/A – advisory review with no opinion						3		Finalised
Direct payments-approval of plans and changes, identifying and following up potential frauds- advisory piece												Deferred to 2021/22
Continuing Health Care												Quarter 4 audit
Breakthrough	15/6/20	25/8/20	Yes			✓			1	3	3	Finalised
Transition from children to adult social care												Cancelled
Foster Panel Processes- advisory audit	October 2020	December 2020	Yes	N/A- advisory audit with memo and no audit assurance opinion							1	Finalised

AUDIT	Start Date	Date of Draft Report	Key Indicator Met*	Assurance levels				Recommendation Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
Foster Panels-compliance audit												Quarter 4 audit
Parenting assessments under FSM	11/1/21											Work in progress
Strategy Meetings	11/1/21											Work in progress
Deferred payments	4/8/20	3/10/20	Yes		✓					4	1	Finalised
Domiciliary care follow up	10/8/20											Received for client side review
Adult residential care follow up	10/8/20											Received for client side review
Access to Services-Children's Placements												Deferred to 2021/22
DAAT- inspection outcome implementation of actions coming out of the inspection	4/8/20	28/8/20	Yes		✓					1	1	Finalised
Glenfield- mental health supported living												Deferred to 2021/22
Emergency Duty Service	24/11/20											Work in progress
Housing Management	15/12/20	1/3/21	Yes		✓					3	1	Draft issued
Housing and welfare fraud												Audit cancelled

AUDIT	Start Date	Date of Draft Report	Key Indicator Met*	Assurance levels				Recommendation Priority				Status
				Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	
touchpoints												
Disabled Facilities Grants-revised to compliance audit to be carried out following external review by consultant												Deferred to 2021/22
COVID support for Social Care Providers- Additional audit	1/2/21											Report received for client side review

9. SCHOOLS

AUDIT	Start Date	Date of Draft Report	Key Indicator Met	Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	Status
REMOTE AUDITING BEING PILOT AT ONE SCHOOL												Work in progress
FOUR FOLLOW UP AUDITS FOR SCHOOLS WITH PARTIAL OPINION IN 19/20												Deferred to 21/22
TWO RE-AUDITS FOR SCHOOLS WITH PARTIAL												Deferred to 21/22

AUDIT	Start Date	Date of Draft Report	Key Indicator Met	Good	Adequate	Partial	Inadequate	Critical	Major	Moderate	Low	Status
OPINION IN 18/19												
SIX SCHOOL AUDITS FOR SCHOOLS DUE ON ROTATION												Deferred to 21/22

APPENDIX 2

2019/20 AUDITS IDENTIFYING SIGNIFICANT ISSUES	
COUNCIL WIDE	
● Purchase Cards	Re-audited in quarter 2 and 3 of 2020/21 and an adequate assurance opinion was given.
● Officers Expenses	Re-audited in quarter 2 and 3 of 2020/21 and an adequate assurance opinion was given.
● Debt Management	Due to re-audited in quarter 4
DELIVERY	
● Car Parks	Re-audited in quarter 3 and an adequate opinion was given.
● ICT Continuity Management-Gap Analysis	This has no opinion but 1 critical recommendation was raised around Portman Close
● Cyber Security	Re-audited in quarter 3 of 2020/21 and 3 major recommendations were raised.
FINANCE	
● Agresso IT System	Re-audited in quarter 3 of 2020/21 and 2 major recommendations were raised. See January update.
● Business Rates	Re-audited in quarter 3 of 2020/21 and 5 major recommendations were raised. See section 3.5
● Council Tax	Re-audited in quarter 3 of 2020/21 and 3 major recommendations were raised. See section 3.5
PLACE, PLANNING AND REGENERATION	
● Ringway Street Lighting	Due to followed up in 2021/22
PEOPLE	
● Disabled Facilities Grants	Due to re-audited in 2021/22

2019/20 AUDITS IDENTIFYING SIGNIFICANT ISSUES

<ul style="list-style-type: none"> ● Forestcare 	<p>Due to re-audited in 2021/22</p>
<ul style="list-style-type: none"> ● Social Care Pathway 	<p>Due to be followed up in 2021/22</p>
<ul style="list-style-type: none"> ● Public Health 	<p>Due to re-audited in 2021/22</p>
<ul style="list-style-type: none"> ● Loans for Housing Rents and Deposits 	<p>To be followed up as part of the debt management audit in quarter 4</p>
<ul style="list-style-type: none"> ● Deprivation of Liberties 	<p>Due to followed up in 2021/22 as far as relevant to the new legislation</p>
<ul style="list-style-type: none"> ● Three schools 	<p>Due to re-audited in 2021/22</p>

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TO: **Governance and Audit Committee**
24th March 2021

Anti Money Laundering Policy **Head of Audit and Risk Management**

1 Purpose of Report

1.1 This report presents the Anti Money Laundering Policy.

2 Recommendations

2.1 To approve the updated Anti Money Laundering Policy.

3 Reasons for Recommendations

3.1 The policy has been reviewed and updated to ensure it is still fit for purpose.

4 Alternative Options Considered

4.1 There are no alternatives.

5 Supporting Information

5.1 Money Laundering is the term used for a number of offences involving the proceeds of crime or terrorism funds. Whilst Local Authorities are not directly covered by the requirements of the Money Laundering Regulations 2017, guidance from finance and legal professions, including the Chartered Institute of Public Finance and Accounting (CIPFA), indicates that public service organisations should comply with the underlying spirit of the legislation and regulations. It is recommended they put in place appropriate and proportionate anti-money laundering safeguards and reporting arrangements.

5.2 The Council's Anti Money Laundering Policy was last updated in 2014. This has now been reviewed and updated to ensure it is still fit for purpose. The key changes made to the current version were to incorporate the sections on customer due diligence and record keeping and the reporting template which were previously included separately in the Anti Money Laundering supporting guidance notes.

6 Consultation and Other Considerations

Legal Advice

6.1 The main offences relating to money laundering established by Part 7 (sections 327-329) of Proceeds of Crime Act 2002 (the POCA) are: ·

- Concealing, disguising, converting, transferring or removing criminal property from the UK (S.327 POCA). Concealing is where someone knows or suspects a case of money laundering, but conceals or disguises its existence
- Being concerned in an arrangement which a person knows or suspects facilitates the acquisition, retention, use or control of criminal property (S.328 POCA) ·
- Acquiring, using or possessing criminal property (S.329 POCA).

Other offences under POCA are: ·

- Failure to disclose money laundering offences (s.330-332) ·
- Tipping off a suspect, either directly or indirectly (s.333) ·

- Doing something that might prejudice an investigation (s.342)

All of the above money laundering offences may be committed by an organisation or by the individuals working for it if they suspect money laundering and either become involved with it in some way and/or do nothing about it. The key requirement on employees is to promptly report any suspected money laundering activity to the Money Laundering Reporting Officer (MLRO).

Financial Advice

- 6.2 There are no financial implications arising from the report since it is proposing only minor changes to a previously existing policy.

Equalities Impact Assessment

- 6.3 Not applicable.

Strategic Risk Management Issues

- 6.4 Local authorities can become unwittingly involved in the money laundering process via contacts who are carrying out apparently normal transactions, if the money, property or other assets they bring to the transactions are the proceeds of crime and hence policies and procedures are required to respond to such cases and address this risk.

Background Papers

Chartered Institute of Public Finance and Accountancy (CIPFA) guidance for Local Authorities on Money Laundering.

Contact for further information

Sally Hendrick, Head of Audit and Risk Management - 01344 352092



BRACKNELL FOREST BOROUGH COUNCIL

ANTI-MONEY LAUNDERING POLICY

VERSION	DATE	APPROVED BY	REVIEW DATE
Version 1	June 2014	Governance and Audit Committee	June 2017
Version 2	March 2021	Governance and Audit Committee	March 2024

Contents

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1. Introduction

- 1.1 Bracknell Forest Borough Council, "the Council" takes a zero- tolerance approach to fraud and corruption and as such takes a proactive approach to the prevention, detection and reporting of suspected money laundering incidents.
- 1.2 This Anti-Money Laundering Policy sets out the Council's commitment to ensuring compliance with the requirements of the Proceeds of Crime Act 2002, the Terrorism Act 2000 and Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 and Chartered Institute of Public Finance and Accountancy (CIPFA) guidance for Local Authorities on Money Laundering.

2. Scope

- 2.1 The policy applies to:
 - All Council staff (permanent and temporary, including staff working within schools)
 - Elected members
 - Agency staff
 - Consultants
- 2.2 The policy complements the Council's Employee Code of Conduct, the Whistleblowing Policy, the Anti-Bribery and the Anti-Fraud and Corruption Policy.

3. Definition

- 3.1 Money Laundering is the term used for a number of offences involving the proceeds of crime or terrorism funds. The following acts constitute the act of money laundering:
 - The process by which criminal property is concealed, disguised, converted, transferred or removed from England, Wales, Scotland or Northern Ireland (section .327 of the proceeds of Crime Act 2002).
 - Entering into or becoming concerned in an arrangement which you know or suspect facilitates the acquisition, retention, use or control of criminal property by or on behalf of another person (section.328); or.
 - Acquiring, using or possessing criminal property (section .329).
- 3.2 There are also secondary offences such as :
 - Failure to disclose any of the money laundering offences above.
 - Tipping off a suspect, either directly or indirectly.
 - Prejudicing an investigation.

4. The Council's Obligations

- 4.1 Whilst Local Authorities are not directly covered by the requirements of the Money Laundering Regulations 2017, guidance from finance and legal professions, including the Chartered Institute of Public Finance and Accounting (CIPFA), indicates that public service organisations should comply with the underlying spirit of the legislation and regulations. It is recommended they put in place appropriate and proportionate anti-money laundering safeguards and reporting arrangements.

- 4.2 The Council is therefore required to produce its own internal policies and procedures to prevent, detect and report suspicions of money laundering activities. The Regulations apply to “relevant persons” acting in the course of business carried on by them in the UK. Not all of the Council’s business is “relevant” for the purposes of the Regulations; it is mainly accountancy and financial, company and property transactions undertaken by Legal Services. It is reasonable to conclude that the money laundering regime is not primarily aimed at local authorities and that local authorities’ work is to some extent indirect to the regime. However, the safest way to ensure compliance is to apply its requirements to all of the Council’s areas of work and to ensure that all staff comply with the reporting procedure set out in the policy.
- 4.3 The obligations on the Councils are to establish and maintain appropriate and risk sensitive policies and procedures relating to the following:
- Ensuring that employees who are most likely to be exposed to or suspicious of money laundering are aware of the requirements and obligations placed on the Council and on them as individuals.
 - Providing targeted training for those staff considered to be most likely to encounter money laundering.
 - Appointing a Money Laundering Reporting Officer (MLRO) to receive disclosures from employees of money laundering activity. Make arrangements to receive and manage the concerns of staff about money laundering and their suspicion of it, to make internal enquiries and to make reports where necessary to National Crime Agency (NCA)
 - Establishing internal procedures to help forestall and prevent money laundering.

5 How the Council Could Become Involved

- 5.1 The Council carries out transactions for a variety of purposes during which it handles money from customers. These transactions include (but are not limited to), dealings with commercial leaseholders, payments for Council Tax and Business Rates, income from disposal of Council assets, settling of deferred payments, Community Infrastructure Levy and section 106 monies.
- 5.2 It is feasible for the Council to become unwittingly involved in the money laundering process via contacts who are carrying out apparently normal transactions, if the money, property or other assets they bring to the transactions are the proceeds of crime.
- 5.3 The definition of money laundering is very wide, any contact with the proceeds of any offence, from petty theft to drug dealing, tax evasion, extortion and murder, is likely to constitute money laundering.
- 5.4 Where fraud or corruption is suspected, staff members will also need to follow the guidance set out in the Council’s Anti-fraud and Anti-Bribery policies.

6. The Money Laundering Reporting Officer (MLRO)

- 6.1 The Council has nominated the Executive Director:Resources as the main point of contact for money laundering issues and to act as the nominated Money Laundering Reporting Officer (MLRO). Staff should report any suspicions to the Executive Director: Resources immediately they arise.

7. Reporting Procedure

- 7.1 Indicators that should raise suspicion include (but are not limited to):
- Where the person you are dealing with is excessively secretive or obstructive
 - Where a transaction seems unusual, such as an unusually large cash payment exceeding £5000
 - An overpayment or duplicate payment in cash where the refund is requested by cheque
 - Where a customer pays funds to the Council but then ends the transaction for no apparent reason, or unexpectedly asks for money to be refunded or forwarded to a third party
 - Where a customer tells you that funds are coming from one source and at the last minute the source changes
 - Absence of an obvious legitimate source of funds e.g. where an individual is on a low income and is purchasing a property from the Council
 - Individuals and companies that are insolvent but have funds
- 7.2 Suspicions should be made to the MLRO via email at (Stuart.McKellar@bracknell-forest.gov.uk) using the pro-forma attached at Appendix 1. The Executive Director: Resources will seek to establish the facts of the case and determine whether a formal referral to the NCA is appropriate.
- 7.3 Once the suspicions have been reported to the Executive Director:resources then the person who has reported this must not make any further enquiries nor talk to other staff about the matter in case they alert the person(s) involved. In this respect it is important that they do not expose themselves to any of the secondary offences e.g. indirectly prejudicing an investigation. Their obligations under the relevant legislation in relation to anti money laundering will have been met in full by reporting the matter to the Executive Director:resources.
- 7.4 The Executive Director: Resources or his delegated officer, will consult with staff as appropriate in order to investigate the matter.

8. Customer Due Diligence

- 8.1 Customer Due Diligence (CDD) or Know Your Customer (KYC) is a keystone in the fight against money laundering, serving to ensure our dealings are with bona fide individuals and organisations, and assisting in the identification of suspicious behaviour.
- 8.2 Where the Council is carrying out certain regulated business (accountancy, audit and tax services and legal services re financial, company or property transactions) and as part of this:
- a) forms an ongoing business relationship with a client

- b) undertakes a one off or occasional transaction amounting to €15,000 (approximately £10,000 at the time of the legislation) or more whether carried out as a single transaction or several linked ones
- c) suspects money laundering or terrorist financing;

then the Customer Due Diligence Procedure must be followed before any business is undertaken for that client.

8.3 Customer due diligence means:

- a) Identifying the customer and verifying the customer's identity on the basis of information obtained from a reliable and independent source e.g. conducting a search at Companies House.
- b) Obtaining information on the purpose and intended nature of the business relationship.

8.4 The Regulations regarding customer due diligence are detailed but the following questions help determine whether it is necessary:

- Is the service a regulated activity?
- Is the Council charging for the service?
- Is the service being provided to a customer other than another UK public authority?

If the answer to any of these questions is no then there is no need to carry out customer due diligence.

8.5 The requirement for customer due diligence applies immediately for new customers and should be applied on a risk basis for existing customers. Ongoing customer due diligence must also be carried out during the life of a business relationship but should be proportionate to the risk of money laundering and terrorist funding, based on the officer's knowledge of the customer and a regular scrutiny of the transactions involved.

9. Record Keeping Procedures

9.1 Each service/department of the Council conducting relevant business must maintain records for at least five years of:

- client identification evidence obtained; and
- details of all relevant business transactions carried out for clients

9.2 The precise nature of the records is not prescribed by law, however, they must be capable of providing an audit trail.

10. Training

10.1 The Council will take appropriate measures to ensure that all employees are made aware of the law relating to money laundering and will make available training for key individuals most likely to be affected by the legislation.

11. Review of Policy

- 11.1 This policy will be subject to review and approval by the Governance and Audit Committee at least every 3 years.

CONFIDENTIAL**REPORT TO THE MONEY LAUNDERING REPORTING OFFICER REPORT OF MONEY LAUNDERING ACTIVITY**

To: Money Laundering Reporting Officer

Please forward the completed form to the Head of Audit & Risk Management

Report from	
Staff member's name	
Directorate / Department	
Phone contact details	
Details of suspected offence	
Names and address of the persons involved (If a company/public body please include details of the nature of their business)	
Nature, value, timing of activity involved (Please include details of dates of activities, whether transactions have already happened, are ongoing or if they are imminent, where and how the activity took/will take place, the approximate value of money/assets involved)	
Nature of suspicions regarding such activity	
Please include any details about your own involvement. (f you are concerned that your involvement in the transaction may amount to a prohibited act you must include all relevant details as you will need consent from the NCA via the Executive Director: Resources to take any further part in the transaction)	
Has any investigation been undertaken? If so, please include details of this .	
Have you discussed your suspicion with anyone else?	
Have you consulted any supervisory body e.g. The Law Society	
Signed	

Date	
For Completion by MLRO	
Date received	
Date acknowledged	
Are there reasonable grounds for suspecting money laundering activity?	
If yes, confirm date of report to NCA	
Is consent required from the NCA to any ongoing or imminent transactions which would otherwise be prohibited act? If yes please confirm full details in the box.	
Date consent received from NCA	
Date consent given to employee for transaction to proceed	
If there are reasonable grounds to suspect money laundering, but you do not intend to report the matter to the NCA, please set out the reason(s) for non-disclosure	
Date consent given by you to the employee for transaction to proceed.	
Signed	
Date	
THIS REPORT TO BE RETAINED FOR AT LEAST FIVE YEARS	

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**TO: GOVERNANCE AND AUDIT COMMITTEE
24TH MARCH 2021**

**INTERNAL AUDIT PLAN 2021/22
(Head of Audit and Risk Management)**

1 PURPOSE OF REPORT

- 1.1 The purpose of this report is to set out the underlying principles applied in the Internal Audit planning process and seek the Governance and Audit Committee's approval of the Internal Audit Plan for 2020/21.

2 EXECUTIVE SUMMARY

- 2.1 To review and approve the Annual Internal Audit Plan.

3 RECOMMENDATION

- 3.1 **To approve the Internal Audit Plan for 2021/22 attached at Appendix A.**

4 REASONS FOR RECOMMENDATION

- 4.1 To ensure that the Council meets its statutory responsibilities for internal audit.

5 ALTERNATIVE OPTIONS CONSIDERED

- 5.1 There is no alternative option.

6 SUPPORTING INFORMATION

INTERNAL AUDIT PLAN

Internal Audit Requirements

- 6.1 All local authorities must make proper provision for internal audit in line with the 1972 Local Government Act (S151) and the Accounts and Audit Regulations 2015. The latter states that authorities must "undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance." The Council delegates its statutory responsibilities for the provision of the internal audit service under the Accounts and Audit (England) Regulations 2015 to the Executive Director: Resources.
- 6.2 More specifically, Internal Audit aims to: -
- satisfy the legal requirements of a Local Authority Internal Audit Service and provide an annual opinion on the adequacy of the Council's control environment risk management and governance processes;
 - comply with Public Sector Internal Audit Standards;

- examine, evaluate and report independently and objectively on the adequacy of management's arrangements to secure the proper use of resources (economy, efficiency and effectiveness);
- assist management in achieving its objectives, managing its risks and establishing and maintaining adequate systems of internal control;
- assist management, where appropriate, in the investigation of alleged fraud, theft, corruption or other irregularity; and
- ensure External Audit can place reliance on Internal Audit's work to inform their planning, avoid duplication and minimise audit fees.

- 6.3 Internal Audit provides independent assurance on the control environment but for Internal Audit to provide full assurance on all activities and transactions across the organisation, the Council would need to commit significantly more resources to internal audit services than is realistically available. Historically, the Council has taken the view that spend on internal audit should be limited to only what is necessary to undertake sufficient audit work to enable an annual evidence based opinion to be given. Responsibility for the prevention and detection of fraud rests with management. However, in undertaking all audit assignments audits are mindful to the risk of fraud and fraud and look to ensure that managers have put adequate procedures in place to address the risk of fraud.
- 6.4 The extremely unusual circumstances in 2020/21 have meant that for understandable reasons much less of the agreed programme than normal has been delivered. The 2021/22 programme will incorporate audits that had to be deferred from 2020/21. Delivery of these deferred audits will be prioritised during 2021/22.
- 6.5 The audits in the Council's internal audit plan are delivered via a hybrid of in-house resource and outsourcing. Two external providers are used for audit. IT audit is delivered by TIAA Ltd and around a third of general audits are carried out by Wokingham Council Internal Audit Team. We are currently recruiting for an in-house senior auditor and in the meantime are supported by an agency auditor. Counter fraud is provide by Oxford City Council and Reading Borough Council Fraud Investigation Teams.

7 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Legal Advice

- 7.1 Nothing to add.

Financial Advice

- 7.2 There are no financial implications arising from the report. However, a strong internal control environment helps ensure that the Council is not exposed to unexpected financial risks and ensure value for money. The Internal Audit programme is focused primarily on key financial controls as well as high risk areas identified by the Head of Internal Audit and senior managers across the organisation. As such, it is to be expected that some areas may receive limited assurance reports. Where weaknesses are identified it is important that they are addressed as quickly as possible.

Equalities Impact Assessment

- 7.3 Not applicable.

Strategic Risk Management Issues

- 7.4 Robust internal audit arrangements are an important part of effective risk management. Audit plans should be targeted to areas of greatest risk to the Council and individual internal audit reviews should focus on controls in place to mitigate risk and highlight any gaps in assurance.

8 CONSULTATION

Principal Groups Consulted

- 8.1 The Chief Executive, S151 Officer (Executive Director: Resources) , Directors and Assistant Directors, ICT and the Council's internal audit services contractors (TIAA), DMTs and CMT.

Method of Consultation

- 8.2 The development of the Annual Internal Audit Plan has involved extensive consultation with a range of stakeholders, to ensure that their views on risks and current issues, within individual departments and corporately, are identified and considered. This was based on one to one discussions with senior officers noted above and TIAA as our key internal audit service providers for IT audit.

Representations Received

- 8.3 Not applicable.

Background Papers

Public Sector Internal Audit Standards

Contact for further information

Sally.hendrick@bracknell-forest.gov.uk

01344 352092

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APPENDIX A

**BRACKNELL FOREST COUNCIL
INTERNAL AUDIT PLAN 2021/22**

Introduction

The role of internal audit is that of an:

‘Independent, objective assurance and consulting activity designed to add value and improve an organisations operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes’.

The Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. Internal audit plays a vital role in advising the Council that these arrangements are in place and operating effectively.

The Council’s response to internal audit activity should lead to the strengthening of the control environment and, therefore, contribute to the achievement of the organisation’s objectives.

The aim of internal audit’s work programme is to provide independent and objective assurance to management, in relation to the business activities; systems or processes under review that:

- the framework of internal control, risk management and governance is appropriate and operating effectively; and
- risk to the achievement of the Council’s objectives is identified, assessed and managed to a defined acceptable level.

The internal audit plan provides the mechanism through which the Chief Internal Auditor can ensure most appropriate use of internal audit resources to provide a clear statement of assurance on risk management, internal control and governance arrangements.

Internal Audit focus should be proportionate and appropriately aligned. The plan will remain fluid and subject to on-going review and amendment, in consultation with the relevant Executive Directors/ Directors and Audit Sponsors, to ensure it continues to reflect the needs of the Council. Amendments to the plan will be discussed and agreed with the S151 officer.

The Internal Audit Team

The internal audit service is led by Sally Hendrick, Head of Audit and Risk Management supported by Michele Woodhatch, Internal Audit Contract Manager. Additional audit resources are being recruited to increase in-house capacity and in the meantime an agency senior audit has been supporting the in-house team. Delivery of audits is through a hybrid of in-house resource and outsourcing of some general audit work to Wokingham Council internal audit team and all IT audit work to TIAA Ltd. In addition, counter fraud support is provided by Reading Borough Council and Oxford City Council Fraud Investigation Teams.

Conformance with internal auditing standards

The internal audit service is designed to conform to the Public Sector Internal Audit Standards (PSIAS). Under the PSIAS there is a requirement for audit services to have an external quality assessment every five years. In March 2016, Ian Withers, the Audit and Governance Manager at the London Borough of Croydon was commissioned to complete an external quality assessment of Bracknell Forest Council's internal audit services against the PSIAS, Local Government Application Note and the International Professional Practices Framework. In considering all sources of evidence the external assessor concluded:

‘Based on the scope of the work carried out, the overall conclusion of this review is that internal audit at Bracknell Forest Council GENERALLY CONFORMS with the Public Sector Internal Audit Standards with a high level of compliance.’

A further external assessment is now due and arrangements have been put in place to undertake this over the next few months.

Conflicts of Interest

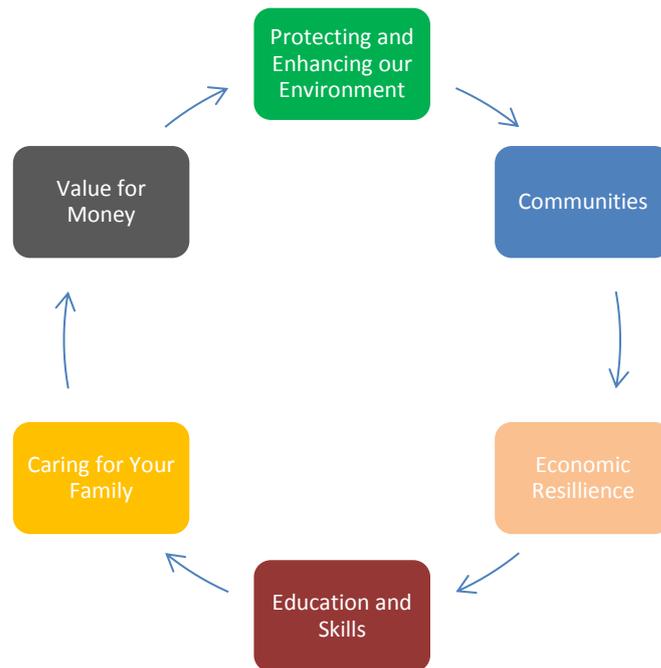
We are not aware of any relationships that may affect the independence and objectivity of the team, and which are required to be disclosed under internal auditing standards.

The Council Plan

The Public Sector Internal Audit standards state that:

“The chief audit executive must establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation’s goals”

The organisation's current goals are set out in the Council Plan 2019 -2023 which was developed to address the financial challenges facing the Council and deliver the commitments made in the 2019 election manifesto. The 2021/22 Internal Audit Plan has been developed to link to the organisation's current goals as set out in the strategic themes in the Council Plan 2019-2023 as set out below:



Council Risk

The Council has a clear framework and approach to risk management. The strategic risks assessed by the Council are a key focus of our planning for the year to ensure it meets the organisation's assurance needs and contributes to the achievement of their objectives. We will monitor the strategic risk register closely over the course of the year to ensure our plan remains agile to the rapidly changing landscape.

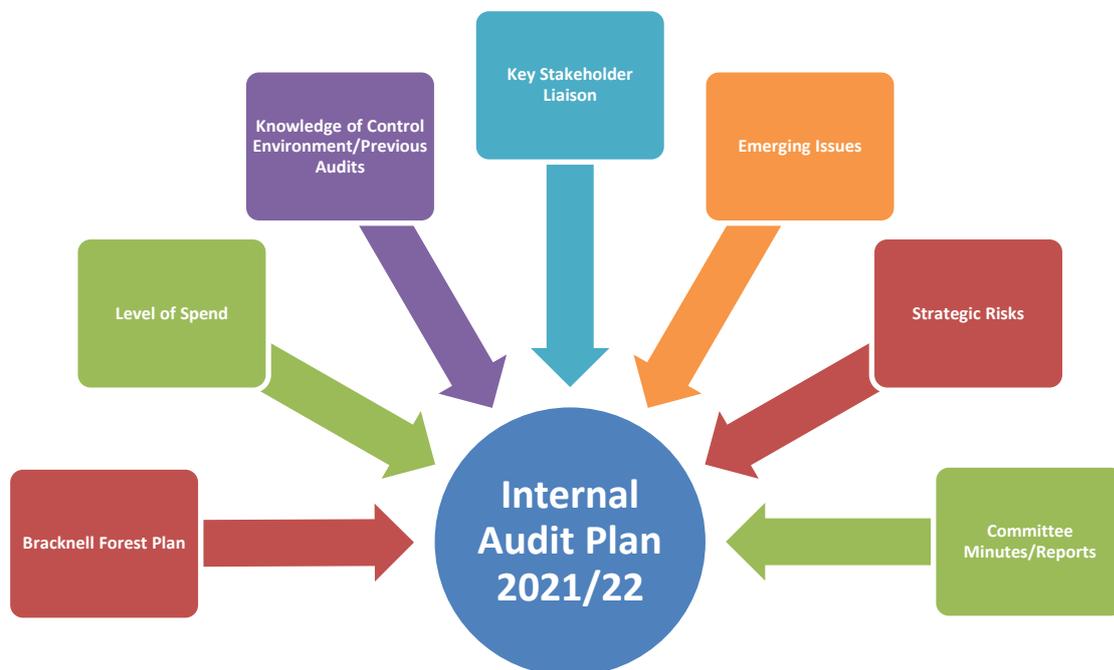
REF.	STRATEGIC RISK
Risk 1	Finance
Risk 2	Staffing
Risk 3	Brexit
Risk 4	High Needs Block
Risk 5	Adult Social Care Supply Chain and Socio Economic Factors
Risk 6	Safeguarding
Risk 7	IT Strategy and Digital Infrastructure
Risk 8	Cyber
Risk 9	Information Security
Risk 10	Business Continuity
Risk 11	Internal Control Environment
Risk 12	Coronavirus
Risk 13	Children's Social care

Developing the internal audit plan 2021/22

We have used various sources of information and discussed priorities for internal audit with the following groups:

- Chief Executive
- Corporate Management Team
- Directorate Management Teams
- Executive Directors/Directors
- Assistant Directors
- ICT
- Internal Audit Providers

Based on these conversations with key stakeholders, review of key corporate documents and our understanding of the organisation the Head of Audit and Risk Management has developed an annual audit plan for the coming year. The Council are reminded that internal audit is only one source of assurance and through the delivery of our plan we will not, and do not seek to cover all risks and processes within the organisation. We will however continue to monitor closely the of other assurance providers to ensure that duplication is minimised and a suitable breadth of assurance is obtained



2021/22 INTERNAL AUDIT PLAN

AUDIT	DAYS BY QUARTER				TOTAL	TOTAL
	Q1	Q2	Q3	Q4	DAYS	DAYS 2020/21
1.GOVERNANCE	18	36	34	20	108	73
2.COUNCIL WIDE AUDITS	0	20	17	27	64	92
3.CORE FINANCIAL SYSTEMS	5	0	60	12	77	90
4.IT AUDIT	8	32	25	1	66	71
5.PLACE, PLANNING, AND REGENERATION	17	14	0	12	43	24
6.CHIEF EXECUTIVE'S OFFICE	0	0	7	0	7	0
7.DELIVERY	12	0	4	8	24	57
8.PEOPLE	55	66	24	10	155	146
9.SCHOOLS	46	8	8	0	62	38
TOTAL	161	176	179	90	606	591

DETAILED BREAKDOWN**1.GOVERNANCE**

AUDIT	Days	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Sponsor	Strategic Risk	Strategic Theme (s)
Data indicators	8	0	0	8	0	Assistant Director; Executive's Office	1-13	Value for Money
Project management of O&S reviews and subsequent action plan implementation	6	0	6	0	0	DMTs	1-13	Value for Money
Corporate Governance infrastructure	5	0	5	0	0	DMTs	1-13	Value for Money
E+ card- information governance arrangements with contractors	8	0	0	8	0	DMTs	1 and 11	Value for Money
Complaints Process	7	0	7	0	0	Chief Executive	1-13	Value for Money

AUDIT	Days	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Sponsor	Strategic Risk	Strategic Theme (s)
Joint Child Protection Legal service	6	0	6	0	0	Executive Director:Delivery Executive Director:People	1&6	Value for Money
Business Continuity	11	0	0	0	11	Executive Director:Delivery	8 &10	Value for Money
Counter Fraud Counter Fraud Training	5	1	1	1	2	Director: Resources	1-12	Value for Money
Proactive and reactive fraud work	20	5	5	5	5	Director: Resources	1-12	Value for Money
Business covid support grants	20	10	0	10	0	Director: Resources	1 and 12	Value for money
Grant Certifications Bus Service Operator	1	0	1	0	0	Director of Place, Planning and Regeneration	1	Value for Money
Integrated Transport Block Allocation	3	0	3	0	0	Director of Place, Planning and Regeneration	1	Value for Money
Troubled Families	8	2	2	2	2	Executive Director:People	1	Caring for Your Family
TOTAL	108	18	36	34	20			

2. COUNCIL WIDE

AUDIT	Days	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Sponsor(s)	Strategic Risk	Strategic Theme (s)
Amazon Business Card	7	0	0	7	0	Director: Resources		Value for Money
E+ Card- General and IT audit	7	0	0	0	7	Executive Director:Delivery		Value for Money
Climate change	10	0	10	0	0	Executive Director:Delivery		Protecting and Enhancing our Environment
Debt management	10	0	0	0	10	Director: Resources	1	Value for Money
Contingency	30	0	10	10	10			
TOTAL COUNCIL WIDE AUDITS	64	0	20	17	27			

3. CORE FINANCIAL SYSTEMS

AUDIT	Days	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Sponsor	Strategic Risk	Strategic Theme (s)
Reconciliations	10	0	0	10	0	Director:	1	Value for

AUDIT	Days	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Sponsor	Strategic Risk	Strategic Theme (s)
						Resources		Money
Staff establishment costs (Joint HR and Finance audit budgeted under OD, Transformation and HR)	15	0	0	15	0	Director: Resources	1	Value for Money
Banking -advisory audit	5	5	0	0	0	Director: Resources	1	Value for Money
Council Tax	10	0	0	10	0	Director: Resources	1	Value for Money
Business Rates	10	0	0	10	0	Director: Resources	1	Value for Money
Creditors	12	0	0	0	12	Director: Resources	1	Value for Money
Housing Benefit and Council Tax Reduction	15	0	0	15	0	Executive Director: People	1	Value for Money
TOTAL	77	5	0	60	12			

4. IT AUDIT

AUDIT	Days	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Sponsor	Strategic Risk	Strategic Theme (s)
Transport routing	7	7	0	0	0	Executive Director:Delivery	9	Value for Money
Emergency Duty Service System including telephony	9	0	0	9	0	Executive Director:People	7	Caring for Your Family
Forestcare IT systems including telephony	9	0	9	0	0	Executive Director:People	7	Caring for Your Family
Heath and Social Care ICT Care Systems Integration (Dependent upon Digital Strategy)	9	0	9	0	0	Executive Director:People		Caring for Your Family
CORE waste management system	9	0	0	9	0	Executive Director:Delivery		Value for Money
Agresso advisory review and support for upgrade and movement to the Cloud	5	0	5	0	0	Director: Resources	1	Value for Money
Agresso (Follow up- major recommendations raised in 2019/20 and 2020/21)	3	0	0	3	0	Director: Resources	1	Value for Money
Cyber Security – Incident Management and Resilience	8	0	8	0	0	Executive Director:Delivery	8 &10	Value for Money
Cyber liability (Follow up-partial assurance 2020/21)	3	0	0	3	0	Executive Director:Delivery	8 &10	Value for Money
IT Audit Management	4	1	1	1	1			
TOTAL	66	8	32	25	1			

5. PLACE, PLANNING, AND REGENERATION

AUDIT	Days	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Sponsor	Strategic Risk	Strategic Theme (s)
S106 – Use of the monies in compliance with development in the relevant geographic area	7	7	0	0	0	Director of Place, Planning and Regeneration	1	Value for Money
Tree service	7	7	0	0	0	Director of Place, Planning and Regeneration	1	Value for Money
Street lighting follow up (partial assurance opinion 2019/20)	5	0	0	0	5	Director of Place, Planning and Regeneration	1	Value for Money
Self build register advisory advisory audit	3	3	0	0	0	Director of Place, Planning and Regeneration	1	Value for Money
Development Control	7	0	7	0	0	Director of Place, Planning and Regeneration	1	Value for Money
Building Control and land charges	7	0	7	0	0	Director of Place, Planning and Regeneration	1	Value for Money
Public Health	7	0	0	0	7	Director of Place, Planning and Regeneration	1	Caring for your Family
TOTAL	43	17	14	0	12			

6. CHIEF EXECUTIVE'S OFFICE

AUDIT	Days	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Sponsor	Strategic Risk	Strategic Theme (s)
Transformation support costs advisory review	7	0	0	7	0	Assistant Director; Executive's Office	1	Value for Money
TOTAL	7	0	0	7	0			

7. DELIVERY

AUDIT	Days	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Sponsor	Strategic Risk	Strategic Theme
Cemetery and Crematorium	7	7	0	0	0	Executive Director:Delivery	1 and 13	Value for Money
Public Protection Partnership (Follow up-partial assurance 2020/21)	4	0	0	4	0	Executive Director:Delivery	1 & 13	Value for Money
Reactive Maintenance	4	0	0	0	4	Executive	1 and	Value for

AUDIT	Days	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Sponsor	Strategic Risk	Strategic Theme
(Follow up- partial assurance 2020/21)						Director:Delivery	11	Money
Commercial property (Follow up- partial assurance 2020/21)	4	0	0	0	4	Executive Director:Delivery	1 and 11	Value for Money
Everyone Active Covid support	5	5	0	0	0	Executive Director:Delivery	1 and 12	Value for Money
TOTALu	24	12	0	4	8			

8. PEOPLE

AUDIT	Days	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Sponsor	Strategic Risk	Strategic Theme
Financial assessments	7	7	0	0	0	Executive Director:People	1	Value for Money
Preparation for new Liberty Safeguard regulations – advisory piece	5	0	0	5	0	Executive Director:People	6	Caring for your Family
Deputyships and appointees	7	0	7	0	0	Executive Director:People	6	Caring for your Family
Commissioning due diligence checks	8	8	0	0	0	Executive Director:People	1, 5,6 and 13	Caring for your Family
Children’s placements	8	0	8	0	0	Executive Director:People	13	Caring for your Family
Supervision- advisory review covering ASC and Mental Health	12	0	12	0	0	Executive Director:People	6	Caring for your Family
Transport in CTPLD- advisory piece	7	0	7	0	0	Executive Director:People	6	Value for Money
Direct payments- advisory piece on fraud triggers	5	5	0	0	0	Executive Director:People	1, 5,6 and 13	Value for Money
Breakthrough follow up(Follow up- partial assurance 2020/21)p	2	0	0	2	0	Executive Director:People	1 and 11	Communities
Group Supervision and Motivational interviews	10	0	10	0	0	Executive Director:People	6 and 13	Caring for your Family
Permanency planning advisory review	7	7	0	0	0	Executive Director:People	6 and 13	Caring for your Family
Post leaving Care	8	8	0	0	0	Executive Director:People	6 and 13	Caring for your Family
Larchwood	7	0	7	0	0	Executive Director:People	6, 11 and 13	Caring for your Family
Youth Offending service	7	0	0	7	0	Executive Director:People	6 and 11	Communities
Equality, diversity and fair access to children’s social services	7	0	0	0	7	Executive Director:People	6 and 13	Caring for your Family
Forestcare	10	10	0	0	0	Executive Director:People	6	Caring for your Family

AUDIT	Days	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Sponsor	Strategic Risk	Strategic Theme
Glenfield- mental health supported living	5	5	0	0	0	Executive Director:People	6	Caring for your Family
Homelessness procurement advisory piece	7	0	7	0	0	Executive Director:People	1	Communities
Housing Management follow up	3	0	0	0	3	Executive Director:People	1	Communities
COVID hardship grants	3	0	3	0	0	Executive Director:People	1 and 12	Communities
Disabled Facilities Grants	10	0	0	10	0	Executive Director:People	1	Communities
Open learning Centre	5	0	5	0	0	Executive Director:People	1	Education and Skills
Nursery provider support payments	5	5	0	0	0	Executive Director:People	1	Communities
TOTAL	155	55	66	24	10			

9. SCHOOLS

AUDIT	Days	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Sponsor	Strategic Risk	Strategic Theme
School census	8	0	0	8	0	Executive Director:People	1 and 4	Value for Money
Services to schools- Can Do	8	8	0	0	0	Executive Director:People	1	Value for Money
Free school meals	8	0	8	0	0	Executive Director:People	1	Value for Money
SCHOOL A (follow up -Ltd 2017/18 and 2018/19)	2	2	0	0	0	Executive Director:People	1 and 11	Education and Skills
SCHOOL B	4	4	0	0	0	Executive Director:People	1 and 11	Education and Skills
SCHOOL C (follow up -Ltd 2018/19)	2	2	0	0	0	Executive Director:People	1 and 11	Education and Skills
SCHOOL D (reaudit-Ltd 2018/19)	4	4	0	0	0	Executive Director:People	1 and 11	Education and Skills
SCHOOL E (follow up partial 19/20)	2	2	0	0	0	Executive Director:People	1 and 11	Education and Skills
SCHOOL F follow up	2	2	0	0	0	Executive Director:People	1 and 11	Education and Skills
SCHOOL G (follow up partial 19/20)	2	2	0	0	0	Executive Director:People	1 and 11	Education and Skills
SCHOOL H	4	4	0	0	0	Executive Director:People	1 and 11	Education and Skills
SCHOOL I	4	4	0	0	0	Executive Director:People	1 and 11	Education and Skills
SCHOOL J	4	4	0	0	0	Executive Director:People	1 and 11	Education and Skills

AUDIT	Days	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Sponsor	Strategic Risk	Strategic Theme
SCHOOL K	4	4	0	0	0	Executive Director:People	1 and 11	Education and Skills
SCHOOL L	4	4	0	0	0	Executive Director:People	1 and 11	Education and Skills
TOTAL	62	46	8	8	0			

TO: GOVERNANCE AND AUDIT COMMITTEE
24TH MARCH 2021

STRATEGIC RISK UPDATE **Head of Audit and Risk Management**

1 PURPOSE OF REPORT

1.1 This report presents the updated Strategic Risk Register.

2 EXECUTIVE SUMMARY

2.1 The Strategic Risk Register is updated and reviewed by the Strategic Risk Management Group (SRMG) on a quarterly basis and by the Corporate Management Team (CMT) and the Governance and Audit Committee at least twice a year in accordance with the Risk Management Strategy

3 RECOMMENDATIONS

3.4 Governance and Audit Committee to receive the latest Strategic Risk Register in Appendix 2 to provide assurance on the risk management arrangements and provide feedback on the Register for SRMG and CMT.

3.5 Governance and Audit Committee to receive a deep dive update on the COVID risk.

4 Alternative Options Considered

4.1 There are no alternatives.

5 SUPPORTING INFORMATION

5.1 The Register was last reviewed by SRMG on 4th February 2021 and CMT on 10th March 2021 and the following changes were agreed.

- To decrease the finance and economic risk due to increased level of central government funding. This risk is now green;
- To decrease the Brexit risk which is now amber due to the reduced level of uncertainty following the signing of the EU agreement;
- Early in quarter 4 the COVID risk score was increased when the national lockdown came into force and the number of cases was rising significantly but this has now been reduced as the vaccination programme is progressing and COVID cases are significantly reduced but remains red; and
- To reduce the children's social care risk which is now amber as the number of looked after children has reduced.

6. Consultation and Other Considerations

Legal Advice

- 6.1 There are no specific legal implications arising from the recommendations in this Report.

Financial Advice

- 6.2 No direct financial implications.

Other Consultation Responses

- 6.3 The register was reviewed by SRMG and CMT on 4th February 2021 and 10th March 2021 respectively.

Equalities Impact Assessment

- 6.4 Not applicable.

Strategic Risk Management Issues

- 6.5 A robust Strategic Risk Register that is a complete and up to date record of the significant corporate risks is essential for effective risk management, enabling the Council to prioritise resources to identify and implement actions to address the threats to the achievement of the Council's objectives and make informed decisions

for further information

Background Papers

Risk Management Strategy

Contact for further information

Sally Hendrick, Head of Audit and Risk Management - 01344 352092

RISK MATRIX- STRATEGIC RISK REGISTER CURRENT RESIDUAL RISK SCORES AND RAG RATING AS RED, AMBER OR GREEN

59

LIKELIHOOD

5					
4				4. High needs block	
3			11. control environment 3. Brexit ↓ 13. Children's Social care ↓	12. COVID 8. Cyber 2. Staffing 5. Adult social care supply chain and socio economic risks 10. Business continuity	
2			7. IT Strategy 9. Data protection	6.. Safeguarding children and vulnerable adults 1. Finance and economic ↓	
1					
	1	2	3	4	5

Likelihood:

- 5 Very High
- 4 High
- 3 Significant
- 2 Low
- 1 Almost Impossible

Impact:

- 5 Catastrophic
- 4 Critical
- 3 Major
- 2 Marginal
- 1 Negligible

IMPACT

STRATEGIC RISK REGISTER MARCH 2021

Strategic Theme 1: Value for money																																						
<p>Risk 1: Significant pressures on the Council’s ability to balance its finances whilst maintaining satisfactory service standards</p>		<p>Risk Owner: Executive Director: Resources</p>																																				
<p>Risk Rating (Likelihood x Impact) Unmitigated 5 x 5 Current Residual 2 x 4 Target Risk Score 2 x 4</p> <p>Potential Impact</p> <ul style="list-style-type: none"> • Strategic objectives and statutory duties not met 	<p style="text-align: center;">Finance Risk</p> <table border="1"> <caption>Finance Risk Data</caption> <thead> <tr> <th>Quarter</th> <th>Unmitigated</th> <th>Current</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Qtr 1 19/20</td> <td>25</td> <td>15</td> <td>8</td> </tr> <tr> <td>Qtr 2 19/20</td> <td>25</td> <td>16</td> <td>8</td> </tr> <tr> <td>Qtr 3 19/20</td> <td>25</td> <td>20</td> <td>8</td> </tr> <tr> <td>Qtr 4 19/20</td> <td>25</td> <td>19</td> <td>8</td> </tr> <tr> <td>Qtr 1 20/21</td> <td>25</td> <td>19</td> <td>8</td> </tr> <tr> <td>Qtr 2 20/21</td> <td>25</td> <td>20</td> <td>8</td> </tr> <tr> <td>Qtr 3 20/21</td> <td>25</td> <td>19</td> <td>8</td> </tr> <tr> <td>Qtr 4 20/21</td> <td>25</td> <td>8</td> <td>8</td> </tr> </tbody> </table>	Quarter	Unmitigated	Current	Target	Qtr 1 19/20	25	15	8	Qtr 2 19/20	25	16	8	Qtr 3 19/20	25	20	8	Qtr 4 19/20	25	19	8	Qtr 1 20/21	25	19	8	Qtr 2 20/21	25	20	8	Qtr 3 20/21	25	19	8	Qtr 4 20/21	25	8	8	<p>Rationale for current score: Current risk score reduced due to allocation of additional government funding,</p> <p>Rationale for target risk score Achieving a sustainable financial position is a core responsibility.</p> <p>Current RAG rating Green</p>
Quarter	Unmitigated	Current	Target																																			
Qtr 1 19/20	25	15	8																																			
Qtr 2 19/20	25	16	8																																			
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Qtr 3 20/21	25	19	8																																			
Qtr 4 20/21	25	8	8																																			
<p>Current Actions <i>(What we are currently doing about the risk)</i></p> <ul style="list-style-type: none"> • Costs in the current year are being more closely tracked than ever before, with budget monitoring starting a month earlier than normal. Monthly returns are being provided to MHCLG, supporting the need for additional Government resources to be provided to cover the unprecedented additional costs arising from Covid-19 measures. The approach to budget monitoring has been changed to reflect the level of unpredictability, now identifying best and worst case scenarios. • Approved plans are in place to invest in projects that will both provide improved local facilities for residents and reduce costs / increase income to mitigate future spending pressures, e.g. Heathlands and the Property Joint Venture. Regular updates on these projects are provided to CMT. 		<p>Further Mitigation (what more should we do to reduce risk to our risk appetite level) and opportunities</p> <table border="1"> <thead> <tr> <th></th> <th>Officer responsible</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>Specific focus in Covid-19 “recovery” work to identify opportunities to change to systems and processes with lessons learned from working arrangements since March</td> <td>Director: Finance</td> <td>Ongoing</td> </tr> </tbody> </table>		Officer responsible	Target date	Specific focus in Covid-19 “recovery” work to identify opportunities to change to systems and processes with lessons learned from working arrangements since March	Director: Finance	Ongoing																														
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Strategic Theme 1: Value for money
 Strategic Theme 2: Economic resilience
 Strategic Theme 3: Education and skills
 Strategic Theme 4: Caring for residents and their families
 Strategic Theme 5: A clean, green and responsibly sustainable place
 Strategic Theme 6: Communities

Risk 2: Staffing pressures

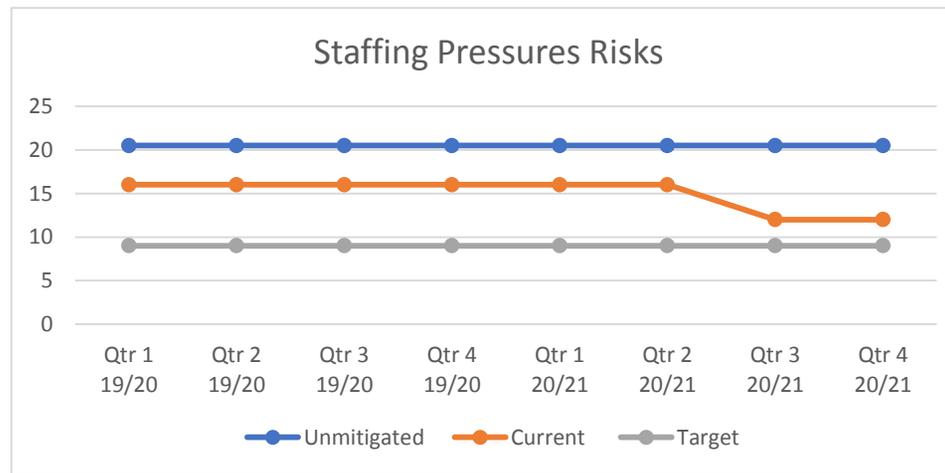
Risk Owner:
CMT

Risk Rating (Likelihood x Impact)

- Unmitigated 5 x 4
- Current Residual 3 x 4
- Target Risk Score 3 x 3

Potential Impact

- Increased financial pressures due to high reliance on locums and agency workers
- Increased reliance on market premia and retention payments due to labour market pressures i.e. social workers and specialists post
- Potential for weakness in resilience in key areas as locums and agency workers can leave at shorter notice.
- The loss of experienced permanent staff and replacement with less experienced agency personnel.



Rationale for current score:

Reduction in difficulties currently being experienced in recruiting to key technical posts due to pressures in the market and delays arising from COVID 19.

Rational for target risk score

Staff are the key resource in delivering key services and providing support to front line services.

Current RAG rating	Amber
---------------------------	--------------

- Current Actions(What we are currently doing about the risk)
- Management information on long term, high cost locums/ agency workers now being produced for peer review at CMT.
- Retendered neutral agency vendor contract
- New campaign out for OTs
- Preparing an ongoing campaign for Children’s Social Workers to reduce the number of recruits that are currently coming through from agencies at an extra cost.
- New mobile friendly job application form
- Regional benchmarking of salary and benefits paid by

Further Mitigation (what more should we do to reduce risk to our risk appetite level) and opportunities

	Officer responsible	Target date
The move to use of permanent/fixed terms contracts as an alternative to locums and agency arrangements is progressing with 4 locum posts having already been or in the process of being converted to permanent posts.	CMT	Ongoing
Well being and employee experience will be a focus of the HR-OD offer currently being planned to contribute to retention of staff which will be a priority within the future Recruitment and	Assistant Director: HR and OD	Ongoing

<p>other local authorities – part of recruitment project which will inform future recruitment and retention strategy</p> <ul style="list-style-type: none"> • Small budget set aside to boost visibility and target applicants free of charge for specific adverts for traditionally hard to fill posts. • Well-being initiatives and research activity underway that will diagnose support needed to staff • Current HR-OD redesign process is implementing instant win improvements to processes and systems for recruiting • managers and potential applicants i.e. mobile application functionality • People – workforce board – meeting monthly to discuss, plan and optimise staffing budget across services • Exit interviews are undertaken with it being possible to request a full one. Hard to recruit areas are being targeted. • Market premia is being implemented where required plus, where applicable, consultants are being moved to employee status • Staff wellbeing surveys being undertaken on a quarterly basis in response to additional pressures from COVID • Managers Handbook developed and awaiting review before issuing 	Retention Strategy.		
	HR-OD service restructure will refocus service offer and Talent Manager role will then plan and write business plan offer.	Assistant Director: HR and OD	Ongoing
	Consideration of applying market premiums and other retention incentives within the other services where agency costs are increasing.	CMT	As necessary
	Non-monetary offers need to be considered	Assistant Director: HR and OD	Ongoing
	New Home Working Policy to be introduced which will relax requirements for location of employees facilitating recruitment from a wider pool of candidates	CMT	Ongoing
	Working with the neutral agency vendor to review current arrangements and re-embed with managers the benefits of going through the agency vendor to reduce off contract spend.	Assistant Director: HR and OD	31 October 2021
	Looking at ways to make the recruitment process more efficient for all parties by exploring/utilising aspects of the systems that we currently do not use.	Assistant Director: HR and OD	Ongoing

Strategic Theme 1: Value for money
 Strategic Theme 2: Economic resilience

Risk 3 Uncertainty around the impact of Brexit, the financial and operational implications for services such as social care, contingency planning requirements and the potential impact for businesses located in the Borough.

Risk Owner: CMT

Risk Rating (Likelihood x Impact)

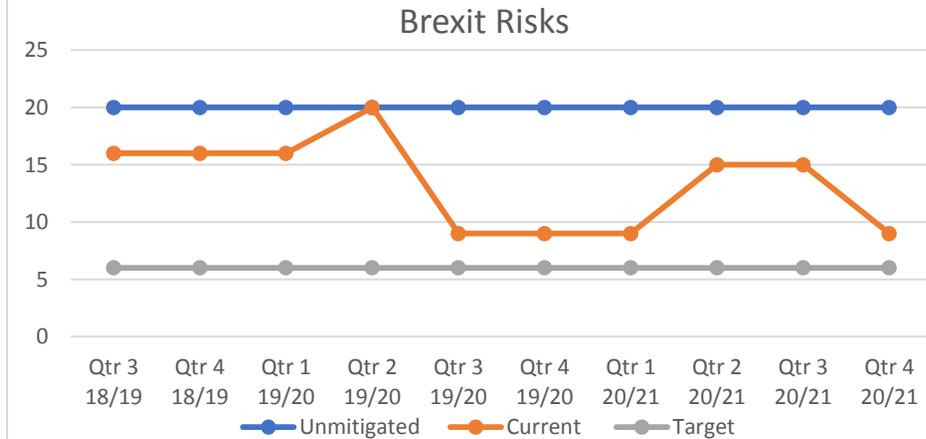
Unmitigated 5 x 4

Current Residual 3 x 3

Target Risk Score 2 x 3

Potential Impact

Economic prosperity not sustained
 Civil unrest



Rationale for current score:

An agreement has been reached and hence the level of uncertainty around impact for the further has reduced. likelihood.

Rationale for target risk score

Given potential operational and financial consequences risk appetite is low.

Current RAG rating Amber

Current Actions (What we are currently doing about the risk)

- Reviewing impact in local teams
- Enhanced Brexit monitoring arrangements through the Brexit Group incorporating planning for a no-deal Brexit Scenario planning being undertaken by HR
- Emergency Planning Manager from the joint service will be participating in the Local Resilience Forum for Brexit
- Policy and Engagement Manager undertaking analysis for CMT to identify how best to focus Brexit funding

Further Mitigation (what more should we do to reduce risk to our risk appetite level) and opportunities

	Officer responsible	Target date
National Management Trainee supporting critical functions to identify risks and the impact for their services.	CMT	31 st March 2021
Emergency Planning Team undertaking a cross-council exercise to evaluate risks.	CMT	31 st March 2021

Strategic Theme 3: Education and skills

Risk 4: Council unable to ensure children with special education needs receive timely and appropriate support for their education due to the rate at which demand is increasing and insufficient internal resources to respond effectively.

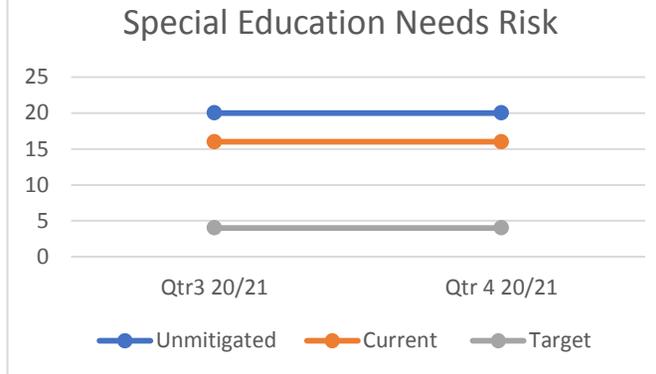
Risk Owners: People DMT

Risk Rating (Likelihood x Impact)

Unmitigated 5 x 4
 Current Residual 4x 4
 Target Risk Score 2 x 3

Potential Impact

- Failure to meet demand for support to children with higher level education needs and their parents
- Statutory duties not met due to pressure on services
- Increased budget pressures owing to market inability to meet demand and competition driving up places



Rationale for current score:

Steep increase in children with an EHCP. Increased pressures on internal resources to deliver education psychology, undertaking the identification, assessment and monitoring of provision for children that require an Education Health Care Plan (EHCP) 2, parental guidance and dispute avoidance and resolution exacerbated by high staff turnover. DfE funding does not cover increased cost of using the private, voluntary and independent private sector to cover shortfall in internal resources.

Rationale for target risk score

Risk appetite is fairly low due to statutory responsibilities to safeguard and educate.

Current RAG rating Red

Current Actions (What we are currently doing about the risk)

- SEND Commissioning Strategy & Plan developed
- Report taken to CMT in September 2020 and the School Forum in October 2020 on high needs block pressures
- High Needs Block project now established within the Council's Transformation Programme

Further Mitigation (what more should we do to reduce risk to our risk appetite level) and opportunities

	Officer responsible	Target date
Lead commissioning officer to take forward the implementation priorities set out within the SEN Commissioning Plan and Action Plan	AD Commissioning	Ongoing
Increase resources to facilitate development and implementation of improved annual review processes and placement decisions	AD Education & Learning	Ongoing
Commitment to a cross-service governance panel of the delivery of the SEN commissioning plan that also includes partners from Health.	AD Education & Learning	Ongoing

	Making available commissioning support and consistency in procuring and maintaining SEND provision through appropriate resources and additional capacity,	AD Commissioning	Ongoing	

Strategic Theme 4: Caring for residents and their families																																								
Risk 5: Council unable to sustain delivery of services to support adult social care needs due to uncertainty of changes in demand arising from socio-economic factors and insufficient external provision for adult social care.		Risk Owners: People DMT																																						
Risk Rating (Likelihood x Impact) Unmitigated 4x4 Current Residual 3 x 4 Target Risk Score 3 x 3 Potential Impact <ul style="list-style-type: none"> • Failure to meet demand. • Statutory duties not met. • Increased budget pressures • Needing to move people from one setting to another at short notice 	<table border="1"> <caption>Adult Social Care Supply and Demand Data</caption> <thead> <tr> <th>Quarter</th> <th>Unmitigated</th> <th>Current</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Qtr 1 19/20</td> <td>16</td> <td>12</td> <td>6</td> </tr> <tr> <td>Qtr 2 19/20</td> <td>16</td> <td>12</td> <td>6</td> </tr> <tr> <td>Qtr 3 19/20</td> <td>16</td> <td>9</td> <td>6</td> </tr> <tr> <td>Qtr 4 19/20</td> <td>16</td> <td>9</td> <td>6</td> </tr> <tr> <td>Qtr 1 20/21</td> <td>25</td> <td>16</td> <td>9</td> </tr> <tr> <td>Qtr 2 20/21</td> <td>25</td> <td>16</td> <td>9</td> </tr> <tr> <td>Qtr 3 20/21</td> <td>16</td> <td>12</td> <td>9</td> </tr> <tr> <td>Qtr 4 20/21</td> <td>16</td> <td>12</td> <td>9</td> </tr> </tbody> </table>	Quarter	Unmitigated	Current	Target	Qtr 1 19/20	16	12	6	Qtr 2 19/20	16	12	6	Qtr 3 19/20	16	9	6	Qtr 4 19/20	16	9	6	Qtr 1 20/21	25	16	9	Qtr 2 20/21	25	16	9	Qtr 3 20/21	16	12	9	Qtr 4 20/21	16	12	9	Rationale for current score: The unmitigated and current residual scores have both increased due to the impact of COVID 19 which has put pressure on adult social care providers and hence the supply chain. Rationale for target risk score With changes in the adult social care provider market, the Council will have to accept a higher level of risk. <table border="1"> <tr> <td>Current RAG rating</td> <td>Amber</td> </tr> </table>	Current RAG rating	Amber
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Current RAG rating	Amber																																							
Current Actions (What we are currently doing about the risk) <ul style="list-style-type: none"> • People Care Governance board in place to manage any strategic provider safeguarding and quality issues • Continuing rollout and development of contract monitoring toolkit and approach • East Berks Commissioners group developed during COVID is ensuring a collaborative approach to market management including a specific task and finish group reviewing capacity • East Berks COVID Care governance group meets weekly to support providers where there is an outbreak and support a co-ordinated response • Market Position Statement is currently in development • Development of Heathlands is progressing • Regular provider forum's ensure we are kept up to speed with emerging issues • Use of the NHS capacity tracker to assess local supply • Risk and Issue log in place and reviewed across operations, safeguarding and 	Further Mitigation (what more should we do to reduce risk to our risk appetite level) and opportunities <table border="1"> <thead> <tr> <th></th> <th>Officer responsible</th> <th>Target date</th> </tr> </thead> <tbody> <tr> <td>Develop the Market Position Statement with the Market</td> <td>People DMT</td> <td>Ongoing</td> </tr> <tr> <td>Continue to work across East Berks as a collaborative approach to manage market gaps and encourage strategic supplier management</td> <td>People DMT</td> <td>Ongoing</td> </tr> <tr> <td>Council is currently reviewing domiciliary care market and ,</td> <td>People DMT</td> <td>Ongoing</td> </tr> </tbody> </table>		Officer responsible	Target date	Develop the Market Position Statement with the Market	People DMT	Ongoing	Continue to work across East Berks as a collaborative approach to manage market gaps and encourage strategic supplier management	People DMT	Ongoing	Council is currently reviewing domiciliary care market and ,	People DMT	Ongoing																											
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<ul style="list-style-type: none"> commissioning 3 times a week that includes and market capacity issues and risks Care home resilience plans developed during pandemic. These were considered to be examples of exemplary practice by the Local Government Association and ADASS (the safeguarding adults network). Linked into the national social care sector COVID Support Task Force which oversees implementation of the Government's care home support package . Financial support provided to social care providers between April and July to meet costs and loss of income associated to Covid outbreak Review of Adults Conversations Model, conversation 3, as part of transformation project Assess purchasing intentions based on the current appraisal of the range of support. Analysis prepared on the annual impact of demographic change as part of the council's budget setting process Reducing demand through prevention / reablement / review of existing care packages Finance tracker reviewed monthly and intelligence used to address pressure points 	<p>reviewing the CBS framework which had effect of reduction of supply available in the borough</p>		
	<p>Place Summit, which will contribute towards a contemporary understanding of our local problem profile</p>	<p>People DMT</p>	<p>Ongoing</p>
	<p>Review of Better Care Fund to identify areas of service improvement</p>	<p>People DMT</p>	<p>Ongoing</p>
	<p>Covid 19 may have altered the profile of Older People and their subsequent long-term needs. Further national work would be required before we can do any modelling on this.</p>	<p>People DMT</p>	<p>Ongoing</p>

Strategic Theme 4: Caring for residents and their families

Risk 6: The Council does not identify and discharge all its responsibilities for safeguarding children and vulnerable adults

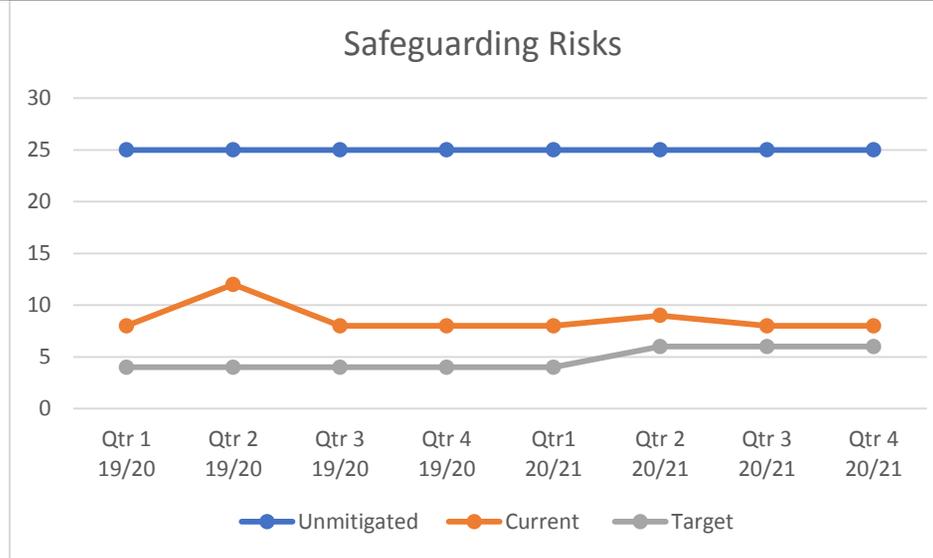
Risk Owner
People DMT

Risk Rating (Likelihood x Impact)

Unmitigated: 5 x 5
Current residual: 2 x 4
Target Risk Score 2 x 3

Potential Impact

- Death or serious injury
- Prosecution
- Detrimental impact on council reputation
- Censure by inspection
- Public dissatisfaction
- Relationship with partners impaired



Rationale for current score:

Active controls in place to mitigate risk.

Rationale for target risk score

Increased in Qtr 2 as the Government's guidance had been that the full suite of safeguarding measures could not be delivered due to COVID-19.

Current RAG rating **Green**

Current Actions *(What we are currently doing about the risk)*

- Continue to roll our safeguarding awareness programmes for all internal staff and stakeholders
- Adherence to the pan-Berkshire safeguarding children procedures
- Training provided for all staff as identified in induction and through appraisal process
- All staff have regular supervision as per the council's policy
- Ensure that the audit programme for children's social care is adhered to
- Supervision and appraisal policy in place and applied including review of PDP
- Embedding of Family Safeguarding Model of practice to ensure strong evidence-based practice with highly skilled and trained workers
- Opportunity for greater collaboration with local stakeholders through

Further Mitigation *(what more should we do to reduce risk to our risk appetite level) and opportunities*

	Officer responsible	Target date
• Mechanism for reporting and learning from serious and untoward incidents being developed	People DMT	Ongoing
• Review of current policy portfolio	People DMT	Ongoing
• Ensure learning from ministerial serious case reviews is a rolling programme	People DMT	Ongoing
• Embed new policy mechanism for reporting and learning from serious and	People DMT	Ongoing

<p>the People Safeguarding Board covering Adults and Children is being implemented</p> <ul style="list-style-type: none"> • Ensure that people are fully involved with the safeguarding process • Promote positive risk management by ensuring people are supported to identify risks associated with those actions and have risk management plans in place • Multi-agency risk framework now in place • Make Safeguarding Personal as per the Care Act 2014 in place • Dedicated work on contextual safeguarding • Identification and delivery of relevant training and development for staff • Regular audits of practice including case audits and supervision files • Regular monitoring of data and information • Annual reporting to DMT, Executive Director for People, Chief Executive and Safeguarding Board • CSE and missing focused work • Work of the Safeguarding Board in prevention / communication • Review of school related policy documents where there is a potential risk of harm, e.g. administration of medicine and review of training • Highlight headteacher and governor responsibilities • School visits / activity logs / systems • Ensuring staff are kept up to date with training and developments in practice, within a partnership environment 	untoward incidents.		
	<ul style="list-style-type: none"> • Place Summit, which will contribute towards a contemporary understanding of our local problem profile 	People DMT	Ongoing ?
	<ul style="list-style-type: none"> • Reorganisation of our safeguarding and QA teams, establishing effective leadership structures with the aim of instilling a culture of greater rigour and continuous improvement 	People DMT	Ongoing?
	<ul style="list-style-type: none"> • Recruit to 3 permanent Head of Service roles in the coming months and we have appointed a full-time Principal Social Worker who will be transitioning into the role. 	People DMT	Ongoing?
	<ul style="list-style-type: none"> • Implementation of Tri-X policy portfolio for adults and children's services • 	People DMT	Ongoing

Strategic Theme 1: Value for money
 Strategic Theme 2: Economic resilience
 Strategic Theme 3: Education and skills
 Strategic Theme 4: Caring for residents and their families
 Strategic Theme 5: A clean, green and responsibly sustainable place
 Strategic Theme 6: Communities

Risk 7: IT Strategy and digital infrastructure fails to meet the needs of the organisation.

Risk Owners:
 Executive Director
 Delivery

Risk Rating (Likelihood x Impact)

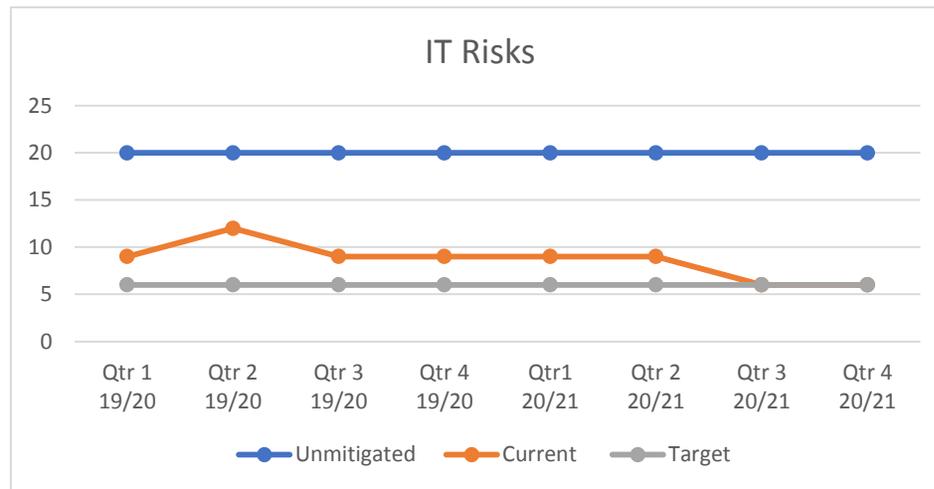
Unmitigated 4 x 5

Current Residual 2 x 3

Target Risk Score 2 x 3

Potential Impact

Disruption to services.
 Failure to meet statutory duties.



Rationale for current score:

Actions have been identified and are being implemented to address weaknesses identified in technical infrastructure and systems that are not fit for purpose. There is now a clear strategy plus an assessment has been undertaken.

Rationale for target risk score

Appetite is low due to dependency on IT for delivery of all services

Current RAG rating Green

Current Actions *(What we are currently doing about the risk)*

- Paper taken to CMT on 10th July on ICT Strategy 2017-20.
- Improvement programme being implemented and updates being provided and being monitored at CMT on a regular basis
- New Digital and ICT Strategy almost completed
- Networking Strategy developed for approval
- Remedial work to fix infrastructure issues continuing.
- Cloud migration strategy underway
- Phase four of Office 365 programme being scoped, to ensure we maximise the return on our investment in the Enterprise Licensing

Further Mitigation *(what more should we do to reduce risk to our risk appetite level) and opportunities*

	Officer responsible	Target date

Strategic Theme 1: Value for money
 Strategic Theme 2: Economic resilience
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Risk 8 IT controls or staff vulnerabilities fail to prevent a cyber attack and/or unable to respond effectively to an attack to enable IT services to be sustained.

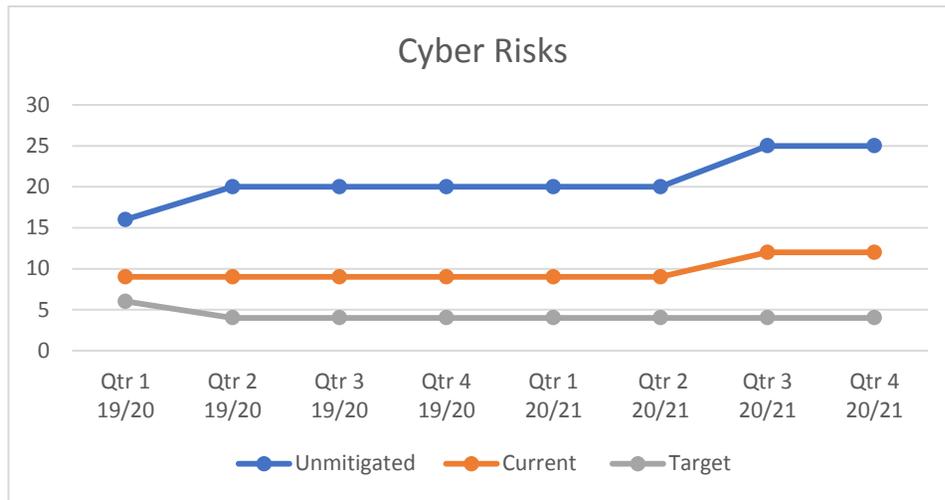
Risk Owners:
 Executive Director
 Delivery

Risk Rating (Likelihood x Impact)

Unmitigated 5 x 5
 Current Residual 3 x 4
 Target Risk Score 2 x 2

Potential Impact

- Disruption to services.
- Failure to meet statutory duties.
- Reputational damage.
- Financial loss



Rationale for current score:

The inherent likelihood of cyber-attacks against local authorities has risen with more sustained and intense attacks. The current likelihood of the risk materialising has hence increased.

The impact of an attack is mitigated by improving cyber security controls in IT, and Disaster Recovery and Business Continuity arrangements. An external review of cyber risk controls is currently ongoing which will identify if this risk can now be reduced.

Rationale for target risk score

Appetite is low due to dependency on IT for delivery of all services

Current RAG rating Amber

Current Actions *(What we are currently doing about the risk)*

- Cyber Security policies all re-written and published on the intranet
- Microsoft SCP ATP II Licensing acquired for advanced security on Office 365- Outlook, Office, SharePoint and Teams as well as security and compliance on all Council data.
- Windows Defender ATP deployed for the best in class anti-virus protection for all laptops.

Further Mitigation *(what more should we do to reduce risk to our risk appetite level) and opportunities*

	Officer responsible	Target date
Technical training for two staff in ICT has been completed. Two further staff have been enrolled on training. Cyber security e-learning has been made available to the whole organisation. Work is being taken forward to identify the most effective way to mitigate the risk of phishing such as further training and	Assistant Director: Customer Experience, Digital & IT	30/6/21

<ul style="list-style-type: none"> • MS Intune deployed for protection of smartphones • PSN compliant • Members of government early warning groups such as NCSC (National Cyber-Security Council) and SEGWARP (Warning, Advice and Reporting Point) • Mandatory Information security and GDPR training before access is given to systems • Disaster Recovery Plan and Action Plan for the systematic recovery of systems. • Disaster Recovery contract with a provider to get systems up and running and an Action Plan for the systematic recovery of systems • Cyber risks monitored through Delivery risk register • Risks of cyber attacks covered regularly in IT newsletter • NCSC Cyber Security training package undertaken by staff in IT and Digital Services • New VPN with Split Tunnelling has been implemented. Microsoft Defender Advanced Threat Protection web filtering has been implemented. • External review of cyber controls is underway. This will deliver recommendations on technical improvements, ICT staff development and organisation-wide staff training that will help to improve our cyber resilience. • New VPN configuration reduces risk of successful cyber-attack. • Cyber training identified • New network strategy developed will enable greater resilience against cyber attacks 	developing anti- phishing policies. To consider if carrying out simulations tests would be an effective way of raising awareness and vigilance to the threat of phishing		
	The new Networking Strategy will mean each component on the network performs independently as a security component, and this will be implemented over the next year..	Assistant Director: Customer Experience, Digital & IT	31/12/21
	Deploying MS Azure B2B to enable secure collaborative working with partner organisations. A proposal to use Windows Virtual Desktop was considered at IT Steering Group on 11/8/20. This will facilitate secure working with partners and extend BYOD to include all hardware. Windows Virtual Desktop currently being tested by users.	Assistant Director: Customer Experience, Digital & IT	30/6/21
	Cyber Essentials Certification project to be restarted following departure of the project manager.	Assistant Director: Customer Experience, Digital & IT	30/9/21
	Sign-up to MS Sentinel for cyber attack management when servers begin moving to Azure .	Assistant Director: Customer Experience, Digital & IT	31/10/21
	Exploring procurement of cyber insurance	Head of Audit and Risk Management Assistant Director: Customer Experience, Digital & IT	30/6/21

- Cyber review undertaken and action plan is in development to address recommendations

Strategic Theme 1: Value for money
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 Strategic Theme 6: Communities

Risk 9: Council unable to comply with data protection/security requirements to secure data resulting in inappropriate disclosure, loss or theft of sensitive data.

Risk Owners:
 Executive Director
 Delivery

Risk Rating (Likelihood x Impact)

Unmitigated 3 x 4

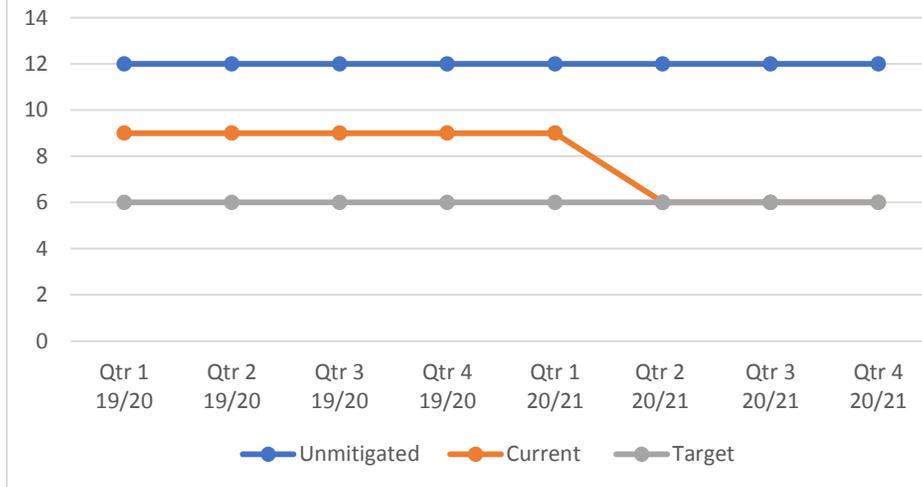
Current Residual 2 x 3

Target Risk Score 2 x 3

Potential Impact

Fines/penalties. Disruption to services. Failure to meet statutory duties. Removal of access to external databases and systems e.g. DWP

Data Protection Risks



Rationale for current score:

The ICO inspection has been completed which has confirmed that the Council's arrangements are reasonable and hence the likelihood has been reduced.

Rationale for target risk score

In addition to the financial risk, financial penalties are now very high and will be increasing further hence the Council will seek to minimise the risk of these being incurred.

Current RAG rating Green

Current Actions (What we are currently doing about the risk)

Further Mitigation (what more should we do to reduce risk to our risk)

<ul style="list-style-type: none"> • GDPR online training for all staff, plus annual refresher for social care staff • The reformed Information Management Group with new terms of reference and new membership is meeting regularly • Monitoring of information security breaches is undertaken at the Information Management Group where it is now a standard agenda item and also at CMT. • Monitoring of Subject Access Requests is now a standard agenda item for the Information Management Group and Corporate Management Team • Information Governance Leads have been identified and training for them has been arranged for June 2020. • The Information Asset Register is now complete and CMT have agreed how this will be maintained going forward • CMT have agreed how the Information Asset Register with fit into EDRMS which will provide the retention and destruction framework. • There is a programme in place to ensure all teams migrate their data into the file structures they have agreed for EDRMS(Sharepoint) by October 2020 and ICT are providing training to each team on how to map their data into the Sharepoint file structures. • Security of data in in personal folders has been increased by moving these to the cloud based One Drive. • Action plan in place to address any area of improvement identified by the ICO inspectors 	<p>appetite level) and opportunities</p> <table border="1"> <thead> <tr> <th data-bbox="1073 253 1619 342"></th> <th data-bbox="1619 253 1812 342">Officer responsible</th> <th data-bbox="1812 253 1955 342">Target date</th> </tr> </thead> <tbody> <tr> <td data-bbox="1073 342 1619 792">Changes to be introduced to roles and responsibilities which will enable Information Security Officers to focus on policy, legal advice and compliance oversight and transfer responsibility for operational arrangements to Information Governance Leads. Information Governance Leads will provide basic advice, support service areas in completing DPIAs and undertake investigations of incidents and near misses. Processes will be introduced for serious and potentially reportable incidents to be escalated to the SIRO to decide how these should be investigated. New arrangements to be developed for collating and reporting management information on incidents investigated by Information Governance Leads for review by the information Governance Group and CMT.</td> <td data-bbox="1619 342 1812 792">Executive Director: Delivery</td> <td data-bbox="1812 342 1955 792">31/10/20</td> </tr> <tr> <td data-bbox="1073 792 1619 906">Progress on the action plan arising out of the ICO inspection to be monitored by the Information Management Group.</td> <td data-bbox="1619 792 1812 906">Executive Director: Delivery</td> <td data-bbox="1812 792 1955 906">Ongoing</td> </tr> </tbody> </table>		Officer responsible	Target date	Changes to be introduced to roles and responsibilities which will enable Information Security Officers to focus on policy, legal advice and compliance oversight and transfer responsibility for operational arrangements to Information Governance Leads. Information Governance Leads will provide basic advice, support service areas in completing DPIAs and undertake investigations of incidents and near misses. Processes will be introduced for serious and potentially reportable incidents to be escalated to the SIRO to decide how these should be investigated. New arrangements to be developed for collating and reporting management information on incidents investigated by Information Governance Leads for review by the information Governance Group and CMT.	Executive Director: Delivery	31/10/20	Progress on the action plan arising out of the ICO inspection to be monitored by the Information Management Group.	Executive Director: Delivery	Ongoing
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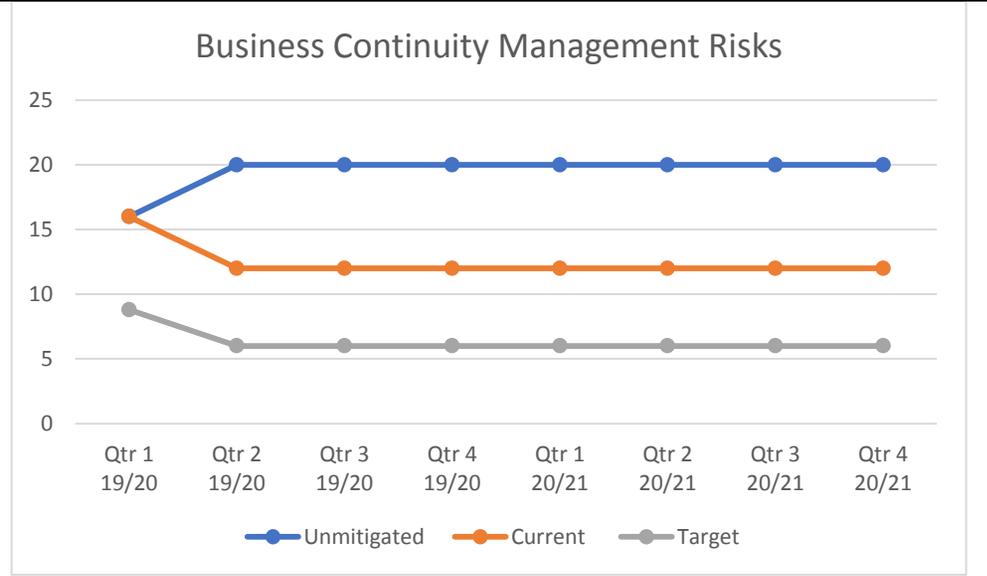
Risk 10: The Council's Business Continuity Management (BCM) fails to effectively deal with potential threats and risks.

Risk Owners:
 Executive Director:
 Delivery

Risk Rating (Likelihood x Impact)
 Unmitigated 4 x 5
 Current Residual 3 x 4
 Target Risk Score 2 x 3

Potential Impact

- Lack of ability to respond in a coordinated manner during a Business Continuity event, particularly when affecting the whole Council over prolonged periods.#
- Enforcement action under the Civil Contingencies Act 2004.
- Reputational damage.



Rationale for current score:
 The risk remains significant because the improvement programme put in place is not completed as this has been overtaken by events with COVID-19 and planned actions have not yet been completed as originally planned. There will be a need to look at the new ways of working after recovery following COVID-19 as this may mean the new Business Continuity Plan that was due to be developed will be different to what was expected pre-Covid-19.

Rationale for target score
 The Council has agreed that as minimum the level of improvement should take the Council to Low risk if not best practice.

Current RAG rating Amber

Current Actions <i>(What we are currently doing about the risk)</i>	Further Mitigation (what more should we do to reduce risk to our risk appetite level) and opportunities		
<ul style="list-style-type: none"> • Following the external review an action plan is now in place to ensure all service and corporate business continuity plans covering essential and critical functions are in place and robust by 30 June 2021 • Service Business Continuity Liaison Officers and Emergency Planning Liaison Officers have been identified to work with the Emergency Planning Unit • Business Impact Analysis Workshops and Drop-in Sessions have taken place. • Recovery Workshops have taken place. • A number of Service Plans are now in place and being reviewed. • The Service Plans which have not been completed are being targeted in order to complete the update of all plans by 30 June 2021. • From June 2021 the 3 year programme of exercising specific service plans and the corporate plans along with the annual light touch revision and 3 yearly review of the plans will be put in place. 		Officer responsible	Target date
	Developing strategic governance document for business continuity	Emergency Planning	June 21/22
	All Service & Corporate Plans to be in place	All Services & Emergency Planning	June 21/22
	Formal Annual Reviews put in place	Emergency Planning	21/22
	Service and/ or Corporate Exercises to be undertaken	Emergency Planning	21/22

Strategic Theme 1: Value for money
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Risk 11: Weaknesses in the internal control environment.

Risk Owners: CMT

Risk Rating (Likelihood x Impact)

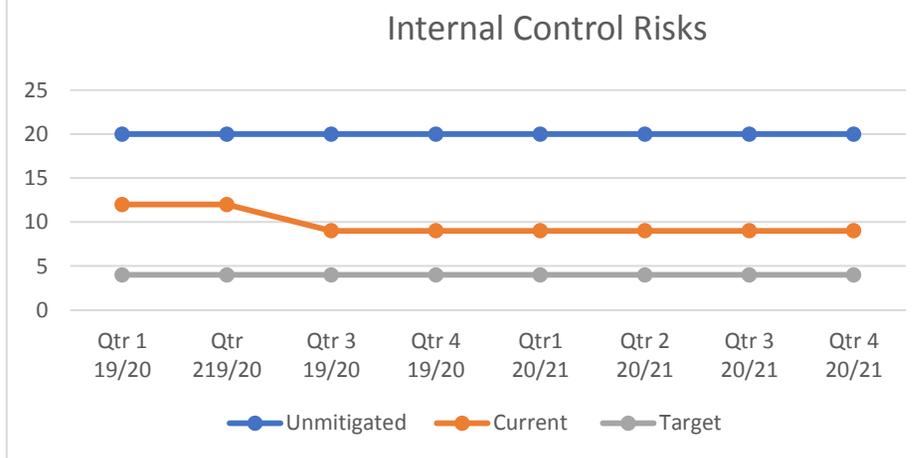
Unmitigated 5 x 4

Current Residual 3 x 3

Target Risk Score 2 x 2

Potential Impact

Increased potential for financial loss, fraud and safeguarding issues.
 Reputational damage.
 External sanction.



Rationale for current score:

Risk reducing as action taken is improving the control environment but more time is needed to ensure this is embedded effectively.

Rationale for target risk score

Appetite is low as ensuring that an effective control environment is in place is fundamental to ensuring the organisation's objectives are met and is a statutory requirement under the Accounts and Audit Regulations.

Current RAG rating **Amber**

Current Actions *(What we are currently doing about the risk)*

- Limited assurance audit reports monitored at DMTs.
- Follow up audits of limited assurance areas being completed during 2020/21
- Regular review of reporting to CMT on impact of audit deferrals and outcomes on 20/21 audit opinion

Further Mitigation *(what more should we do to reduce risk to our risk appetite level) and opportunities*

	Officer responsible	Target date
Regular specific slot at CMT on audit and governance	CMT	31/3/21

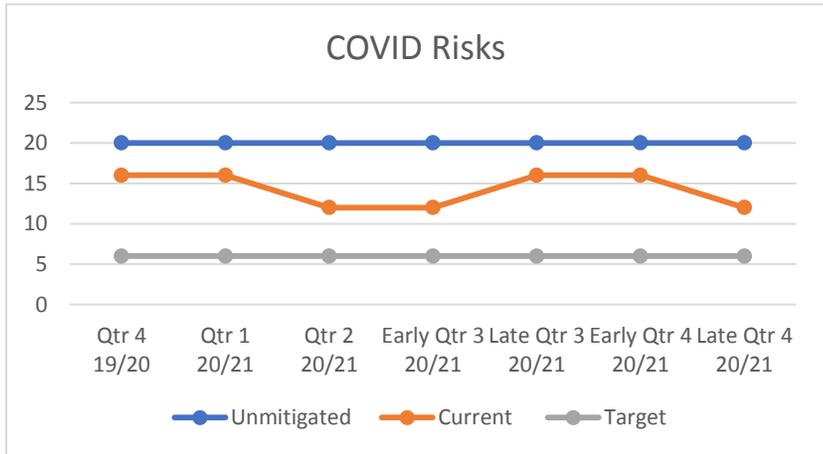
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Risk 14: Council unable to deliver essential services and meet the needs of the community due to pressures from coronavirus on internal staff resources and external suppliers providing critical functions and increased demands for support arising from people and groups requiring support.

Risk Owners:
CMT

Risk Rating (Likelihood x Impact)
 Unmitigated 4 x 5
 Current Residual 3 x 4
 Target Risk Score 2 x 3
Potential Impact

- Council unable to deliver statutory/ Covid functions effectively to all groups needing support
- Reputational damage
- Continued loss of income from income generating services
- Staff isolation Exposure to fraud, particularly in respect of administration of emergency Government financial support package
- Council is not able to support the Test and Trace , functions provide community and surge testing and effectively manage Local outbreaks
- Sustained increase in Hardship and welfare support requests



Rationale for current score:
 The decreasing prevalence of Covid within the Borough is easing the strain on some council services particularly in relation to Hospital Capacity/discharge, Social Care, Education however some services remain under intense pressure and new Covid responsibilities are drawing resources away from planned works and some business as usual which impacts on staffing and is creating backlogs in certain areas of the Council.

Rationale for target score
 During a flu pandemic the Council has a key role to play in ensuring that its existing and new essential services to the community are maintained and adapted as well as assisting with Government support initiatives.

Current RAG rating Red

Current Actions (What we are currently doing about the risk)	Further Mitigation (what more should we do to reduce risk to our risk appetite level) and opportunities		
<ul style="list-style-type: none"> • Continuing to follow the advice of the Government and Public Health England • Coronavirus (COVID-19) CMT Gold Group established which will meet twice a week to consider the potential impacts on staff, service provision and the wider Bracknell Forest community and coordinate the Council's response and recovery. Task and Finish Groups set up to feed into the CMT Gold meeting, and aid effective decision making • Public Health Team and covid-19 policy team monitoring central government guidance and best practice • All departments tasked with enacting their Business Continuity Plans and adapting them to address the risk of COVID-19 where appropriate • Service areas working with key suppliers ensuring that they have put appropriate business continuity arrangements in place to avoid/mitigate the risk of disruption to critical services • Identifying and working with vulnerable groups/ individuals who may need additional support during the pandemic response • Communication with staff now taking place via teams, email and phone with almost all staff continuing to work from home, weekly CX update, and twice weekly all member briefing • Communication with staff advising them on actions to take if they suspect they have symptoms, testing, self isolation and the methods of recording this, so we have an accurate workforce picture • The council is planning and delivering internal communication and engagement to encourage staff vaccine take up • Financial reporting changed to enable identification of any Covid-19 related spend, so that the impact is properly recorded and future claims of financial support from Government can be substantiated • IT capacity is under continual review • All but critical face to face contact is now stopped and measures for face to face contact have been agreed at SLG including the appropriate PPE for the specific settings. • Monitoring and supporting Schools • Staffing matters are being dealt with through an HR Grouping, with regular reporting of absence to CMT Gold • Community Hub working group co-ordinating community response, particularly for our most vulnerable residents and those asked to shield. • Community information pack delivered to all households; further leaflet to be delivered Welfare checks on all those on shielding lists completed • The community response service is supporting those that are clinically extremely vulnerable and need support, working in partnership with The Ark • Supporting CEV people through the second wave • High-level community impact assessment complete and a Covid Resident's Survey presented to the Executive. • Continued participation in the Local Resilience Forum 		Officer responsible	Target date
	Monitor absences arising from suspected cases of coronavirus and divert staff to critical services where required	CMT /AD's	ongoing
	Regular communications with staff and the public as the situation develops via various media streams	CMT	ongoing
	Follow and adhere to any national guidance /instruction on Home working, isolation and other service delivery matters	CMT	ongoing
	Community hub response key area of activity to support vulnerable people and those self isolating	CMT /AT	ongoing
	Staffing matters under constant review with requirements to work outside normal contracted hours and different roles, being considered through a re-assignment programme	CMT/HR	ongoing
	Business and Suppliers support group working through business / financial related matters	CMT/ SMC	ongoing
	School Support being co-ordinated through the Local Authority – enabling consistency of message	CMT/RM	ongoing
	Representation on the LRF (Response and Recovery) provided on a regular basis	AH /Emergency Planning	ongoing
	Maintain vigilance for potential fraud risk as a result of changes to processes to enable quick transactions and payments to suppliers and emergency support to individuals	SLG	Ongoing
	Working on the basis of national predictions for Deaths, infection rates and recovery	CMT/PH	ongoing
	Established a PPE Cell to run and manage supplies of PPE for the Council and providers	KW/CG	ongoing
	Established Testing team to administer staff testing for covid-19	KW/CP	ongoing
Established a methodology for Recovery with a governance group now established, triage complete and Principles agreed by the Executive	AH/CMT	ongoing	

<ul style="list-style-type: none"> • Detailed verification checks introduced around payment of business support grants • Changes to contractual arrangements to provide additional financial support to suppliers include standard anti-fraud clauses, mirroring those adopted by Government • Wokingham BC internal audit team commissioned to review our approach to administering the small business grants, recognising the need to ensure adequate, proportionate anti-fraud measures are being adopted • Outbreak Management Cell is established, and has developed a Local Outbreak Plan to respond to and manage local outbreaks this is currently being updated for submission and approval later in March • Work on recovery/renewal is underway both at a Bracknell Forest and Berkshire level albeit that the current focus is on the second wave response • Local contact tracing continues to identify those individuals who have tested positive and not been contacted by NHS Test and Trace • Public Health dashboard provides close to real time information on cases and outbreaks • Vaccinations working group working with Health on the vaccination rollout both for staff and residents. • Community testing set up with access to tests for those in the workforce who cannot undertake their roles at home. • Surge testing approach planned in case there was a need to test locally for a covid variant. 	<p>Data collection on service and community impact being collected to review for trends and to contribute to recovery including resident Covid Impact Survey</p>	CMT/AT	ongoing
	<p>Care Home Resilience Plan developed across the ICS area</p>	SM/ThW	Ongoing
	<p>Outbreak Management 7 day a week requirement Resources identified</p>	KW/CP/C MT	Ongoing
	<p>Vaccination group established to assist health with the roll out of the Vaccine for staff and residents</p>	ThW	Ongoing
	<p>Community Testing up and running with 5 venues in the Borough</p>	CP/KW	ongoing

Strategic Theme 3: Education and skills

Risk 13: Children’s Social Care demand and supply challenges related to the market for services and associated financial pressures

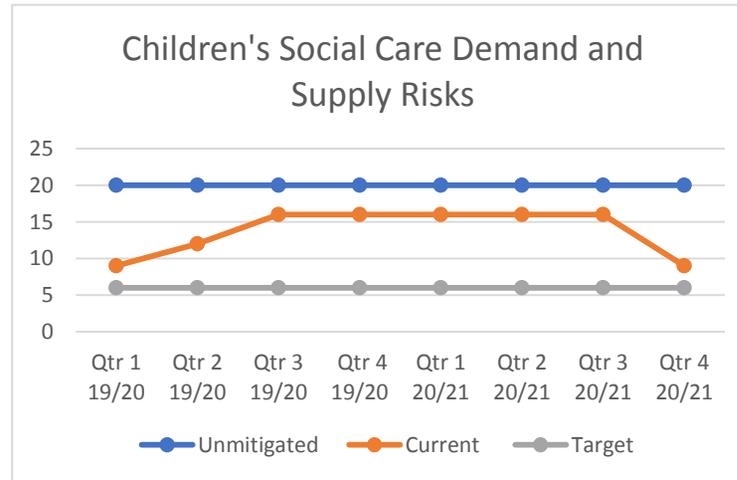
Risk Owners: People DMT

Risk Rating (Likelihood x Impact)

Unmitigated 5 x 4
 Current Residual 3 x 3
 Target Risk Score 2 x 3

Potential Impact

- Statutory responsibilities not met
- Significant budget overspends resulting from increased costs of external placements
- Harm to individual children who are not in suitably high quality placements
- Adverse effect on staff morale
- Adverse effect on external inspections / assessments



Rationale for current score:

Risk has reduced as the number of looked after children has reduced and anticipated potential increase in cases due to COVID has not materialised.

Rationale for target risk score

Appetite low due to impact on financial planning

Current RAG rating Amber

Current Actions (What we are currently doing about the risk)

- Transformation programme focusing on developing in-house foster service
- Regular performance monitoring and reporting to DMT, Children’s SMT and Transformation Board
- Access to resource team in place to source best possible placements at cost and quality when in-house not available
- Strong partnership relationships
- Regular reporting to the Safeguarding Board and DMT
- Demand increase has had additional resources
- Transformation under Family Safeguarding Model has provided additional staff in two of the family safeguarding teams – aiming to reduce number of children who become looked after
- Monitoring the data to assess for impact of Covid
- Frameworks in place with South East local authorities for residential care, independent foster care and semi-independent accommodation seeking to influence market cost and quality
- Access to Resources Team in place to secure VFM from placements

Further Mitigation (what more should we do to reduce risk to our risk appetite level) and opportunities

	Officer responsible	Target date
Marketing strategy to recruit additional foster carers to support children with higher needs	AD CSC	Ongoing
Joint Working between council and wider partners including new HWB strategy	AD CSC	Ongoing
Sustainability of funding for FSM	AD CSC	Ongoing
New sufficiency strategy for children’s placements under development	AD CSC	Ongoing
Placements workstream within council looking to optimise process and secure best placements at best cost	AD CSC	Ongoing

RISK MATRIX

LIKELIHOOD	5					
	4					
	3					
	2					
	1					
		1	2	3	4	5

LIKELIHOOD

IMPACT

Likelihood:
 5 Very High
 4 High
 3 Significant
 2 Low
 1 Almost Impossible

Impact:
 5 Catastrophic
 4 Critical
 3 Major
 2 Marginal
 1 Negligible

CRITERIA FOR ASSESSING LIKELIHOOD

PROBABILITY	SCORE	DEFINITION
Almost impossible	1	Rare (0-5%). The risk will material only in exceptional circumstances.
Low	2	Unlikely (5-25%). This risk will probably not materialise.
Significant	3	Possible (25-75%). This risk might materialise at some time
High	4	Likely (75-95%). This risk will probably materialise at least once.

Very High	5	Almost certain (>95%). This risk will materialise in most circumstances.
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CRITERIA FOR ASSESSING IMPACT

85

	Negligible	Minor	Major	Critical	Catastrophic
Score	1	2	3	4	5
Disruption to established routines/operational delivery	No interruption to service. Minor industrial disruption.	Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow to other locations.	All operational areas of a location compromised. Other locations may be affected.	Total system dysfunction. Total shutdown of operations
Damage to reputation	Minor adverse publicity in local media.	Significant adverse publicity in local media.	Significant adverse publicity in national media.	Significant adverse publicity in national media. Senior management and/or elected Member dissatisfaction.	Senior management and/or elected Member resignation/removal.
Political	Could have a major impact one departmental objective but no impact on a Council Medium Term Objective	Could have a major impact one or more departmental objective but no impact on a Council Medium Term Objective	Could have a major impact on a Departments objective with some impact on a Council Medium Term Objective	Council severely impact the delivery of a Council Medium Term Objective	Council would not be able to meet multiple Medium Term Objectives.
Security	Non notifiable or reportable incident.	Localised incident. No effect on operations.	Localised incident. Significant effect on operations.	Significant incident involving multiple locations.	Extreme incident seriously affecting continuity of operations.

	Negligible	Minor	Major	Critical	Catastrophic
Score	1	2	3	4	5
Financial (Council as a whole/ single dept.)	<1% of monthly budget	>2% of monthly budget	<5% of monthly budget	<10% of monthly budget	<15% of monthly budget
General environmental and social impacts	No lasting detrimental effect on the environment i.e. noise, fumes, odour, dust emissions, etc. of short term duration	Short term detrimental effect on the environment or social impact i.e. significant discharge of pollutants in local neighbourhood.	Serious local discharge of pollutants or source of community annoyance in general neighbourhood that will require remedial attention.	Long term environmental or social impact e.g chronic and significant discharge of pollutants.	Extensive detrimental long term impacts on the environment and community e.g catastrophic and/or extensive discharge of persistent hazardous pollutants.
Corporate management	Localised staff and management dissatisfaction.	Broader staff and management dissatisfaction.	Senior management and /or elected Member dissatisfaction. Likelihood of legal action.	Senior management and/or elected Member dissatisfaction. Legal action.	Senior management and/or elected Member resignation/removal.
Operational management	Staff and line management dissatisfaction with part of a local service area.	Dissatisfaction disrupts service.	Significant disruption to services.		Resignation/removal of local management.
Workplace health and safety	Incident which does not result in lost time.	Injury not resulting in lost time.	Injury resulting in lost time. Compensatable injury.	Serious injury /stress resulting in hospitalisation.	Fatality (not natural causes)
Legal	Minor breach resulting in small fines and minor disruption for an short	Regulatory breach resulting in small fines and short term disruption for an short	Major regulatory breach resulting in major fines and short term disruption for an	Severe regulatory breach resulting in severe fines and disruption for an	Very severe regulatory impact that threatens the strategic objectives of the

	Negligible	Minor	Major	Critical	Catastrophic
Score	1	2	3	4	5
	period	period	short period	extended period	Council

