

## **Rutland County Council**

Catmose, Oakham, Rutland, LE15 6HP

Telephone 01572 722577 Email [governance@rutland.gov.uk](mailto:governance@rutland.gov.uk)

Ladies and Gentlemen,

A meeting of the **AUDIT AND RISK COMMITTEE** will be held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on **Tuesday, 27th September, 2022** commencing at 7.00 pm when it is hoped you will be able to attend. The meeting will also be available to view via Zoom at: <https://us06web.zoom.us/j/84326498308>

Yours faithfully

Mark Andrews  
**Chief Executive**

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at [www.rutland.gov.uk/my-council/have-your-say/](http://www.rutland.gov.uk/my-council/have-your-say/)

### **A G E N D A**

#### **1. APOLOGIES**

#### **2. MINUTES**

To confirm the minutes of the Audit and Risk Committee held on 26<sup>th</sup> April 2022 and 28<sup>th</sup> June 2022 and to receive an update on actions agreed in the minutes of the previous meeting.  
(Pages 5 - 12)

#### **3. DECLARATIONS OF INTEREST**

In accordance with the Regulations, Members are invited to declare any disclosable interests under the Code of Conduct and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

#### **4. PETITIONS, DEPUTATIONS AND QUESTIONS**

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rules 93 and 94.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

**5. QUESTIONS WITH NOTICE FROM MEMBERS**

To consider any questions received from Members of the Council in accordance with the provisions of Procedure Rule 95.

**6. NOTICES OF MOTION**

To consider any Notices of Motion from Members submitted under Procedure Rule 97.

**7. EXTERNAL AUDIT PROGRESS REPORT**

To receive a verbal update from the Strategic Director for Resources and the Council's External Auditors.

**8. REGULATION OF INVESTIGATORY POWERS ACT 2000 (RIPA)**

To receive a verbal update from the Strategic Director of Resources.

**9. INTERNAL AUDIT PROGRESS REPORT**

To receive Report No.154/2022 from the Chief Internal Auditor.  
(Pages 13 - 26)

**10. INFORMATION GOVERNANCE ANNUAL REPORT**

To receive Report No.152/2022 from the Director for Legal & Governance.  
(Pages 27 - 38)

**11. EXCLUSION OF THE PRESS AND PUBLIC**

Audit & Risk is recommended to determine whether the public and press be excluded from the meeting in accordance with Section 100(A)(4) of the Local Government Act 1972, as amended, and in accordance with the Access to Information provisions of Procedure Rule 239, as the following item of business is likely to involve the disclosure of exempt information as defined in Paragraph 2 of Part 1 of Schedule 12A of the Act.

Paragraph 3: Information relating to the financial or business affairs of any particular person (including the authority holding that information).

**12. STRATEGIC RISK REGISTER**

To receive Report No.153/2022 from the Strategic Director of Resources.  
(Pages 39 - 64)

**13. ANY OTHER URGENT BUSINESS**

To receive items of urgent business which have previously been notified to the person presiding.

**14. DATE OF THE NEXT MEETING**

Tuesday 6<sup>th</sup> December 2022

---oOo---

**DISTRIBUTION**

**MEMBERS OF THE AUDIT AND RISK COMMITTEE:**

Councillor A Walters (Chair)

Councillor E Baines (Vice-Chair)

Councillor D Blanksby

Councillor W Cross

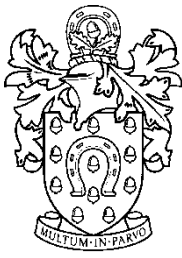
Councillor A MacCartney

Councillor J Fox

Councillor R Payne

**OTHER MEMBERS FOR INFORMATION**

This page is intentionally left blank



## Rutland County Council

Catmose Oakham Rutland LE15 6HP

Telephone 01572 722577 Email [governance@rutland.gov.uk](mailto:governance@rutland.gov.uk)

Minutes of the **MEETING of the AUDIT AND RISK COMMITTEE** held in the Council Chamber , Catmose, Oakham, Rutland, LE15 6HP on Tuesday, 26th April, 2022 at 7.00 pm

**PRESENT:**            Councillor R Powell (Chair)            Councillor G Brown (Vice-Chair)  
                         Councillor N Begy                    Councillor A MacCartney  
                         Councillor A Walters

**APOLOGIES:**      Councillor E Baines

**OFFICERS**            Saverio Della Rocca                    Strategic Director of Resources  
**PRESENT:**          Rachel Ashley-Caunt                  Chief Internal Auditor

**IN**                      Councillor K Payne                      Portfolio Holder  
**ATTENDANCE:**    Laurelin Griffiths                      Grant Thornton (External Audit)  
                         Paul Harvey                              Grant Thornton (External Audit)

### **1      APOLOGIES**

Apologies were received from Councillor E Baines

### **2      MINUTES**

Consideration was given to the minutes of the meeting held on 1 February 2022.

### **RESOLVED**

That the minutes of the meeting held on 1 February 2022 be **APPROVED**.

### **3      DECLARATIONS OF INTEREST**

There were no declaration of interests.

### **4      PETITIONS, DEPUTATIONS AND QUESTIONS**

No petitions, deputations and questions had been received.

## **5 QUESTIONS WITH NOTICE FROM MEMBERS**

No questions with notice from Members had been received.

## **6 NOTICES OF MOTION**

No notices of motion had been received.

## **7 EXTERNAL AUDITORS ANNUAL REPORT 2020/21**

Laurelin Griffiths and Paul Harvey of Grant Thornton, the Council's External Auditors, presented their report to the Committee. The report reflected the Council's position as of March 2021. The external auditors put forward that VFM arrangements were sound and there was only one improvement recommendation related to the Strategic Risk Register. They recommended each risk was mapped to the relevant corporate objective.

Members queried what benefits would be seen from the recommendation being implemented. The auditors explained that it would help demonstrate how those corporate objectives and council priorities map into the risk register and identify the risks for the Council to deliver the priorities. The auditors stressed that the recommendation was best practice and was not made to address a specific weakness.

Members agreed with the Section 151 officer's comments to not implement the recommendation made by the auditors, as they felt no value would be added to Members scrutiny of the risks.

### **RESOLVED**

That the Committee:

- 1) Received the External Auditors Annual Report and **APPROVED** the responses to recommendations made.

## **8 EXTERNAL AUDIT PLAN FOR 2021/22**

Laurelin Griffiths and Paul Harvey of Grant Thornton, the Council's External Auditors, presented their report to the Committee. The plan set out the approach to the Statement of Accounts Audit and Value for Money conclusion. The key risks pertaining to the accounts were also set out in the report and were explained as standard to local authorities.

The increase of fees for teaching pension grant and housing subsidies was raised by Members. It was explained Grant Thornton had undertaken an exercise nationally to standardise the way they charged for fees on their grant assurance work. Some of the increased fees were due to the outcome of that exercise and with regards to housing benefits in particular, the fee would vary year on year depending on how much work there was to do and the amount of issues raised from the work being carried out.

It was also explained the digital audit experience had come into use last year as a document sharing system. As it progressed, this would be used more going forward to

allow external auditors to do further focused and accurate work to help analyse data more effectively.

## **RESOLVED**

That the Committee:

1. **APPROVED** the proposed external audit plan for 21/22.
2. **CONSIDERED** and made comments in relation to responses to the risk assessment in Appendix B.

## **9 STRATEGIC RISK REGISTER**

Report No. 81/2022 was presented by Saverio Della Rocca, Strategic Director for Resources. He explained that the risk identification exercise for individual Directorate risk registers had been facilitated by Zurich Municipal, the Council's insurers. The most common risk raised across all directorates was around the gap between workload/commitments and available resources required to deliver. This issue has been escalated into Risk 73 and one of the key mitigations would be to revisit resource requirements as part of the financial outturn report.

Members raised a question around the issue of insurance for potential cyber attacks on the Council's network. The Director explained that insurance was not available from our current providers for such an event but some elements of cover would mitigate an element of the risk to the Council.

Members raised concerns on the current cost of living crisis and wanted to know what mechanisms whether fees charged were increased to offset costs. The Strategic Director for Resources explained that most of the Council's fees were set nationally and there were some fees where Council does have discretion of with the biggest being Green Waste. The Council have addressed this with increasing the rate charged but would be looked at on a yearly basis.

Members thanked the Strategic Director for Resources for his work and Members were also satisfied with how the new strategic risk register was presented within the report.

## **RESOLVED**

That the Committee:

1. **NOTED** the content of the Strategic Risk Register (Appendices A and B) and the actions underway to address the risks.

## **10 INTERNAL AUDIT UPDATE**

Rachel Ashley-Caunt, Chief Internal Auditor, presented Report No 82/2022 which updated Members on the progress made in delivering the 2021/22 Annual Audit Plan and outcomes from audit assignments completed since the last Committee meeting which was all but one assignment to at least draft report stage at the time of when the report was produced. A further 4 audit reports had been finalised since the last committee meeting.

## **RESOLVED**

That Committee:

1. **NOTED** the Internal Audit Update Report.

## **11 INTERNAL AUDIT PLAN 2022/23**

Rachel Ashley-Caunt, Chief Internal Auditor, presented Report No 87/2022 which provided the Committee with a copy of the 2022/23 Audit Plan for approval. The areas that were flagged as areas of priority at the previous committee meeting had been incorporated in the audit plan.

Members queried the timeframes for one of the planned assignments; Special Educational Needs and Disabilities, it was scheduled as an audit for Quarter 3 but Members felt it should be given a higher priority following recent developments and potentially Quarter 3 was too late. Internal Audit agreed to take comments away and communicate with the Director around the issue and whether an amendment in timing would be preferable.

## **RESOLVED**

That Committee:

1. **APPROVED** the proposed audit plan allocations for 2022/23 and the Internal Audit Charter and Strategy.
2. **APPROVED** delegated authority for the Strategic Director of Resources, in consultation with the Chair of the Audit and Risk Committee, to agree amendments to the plan during the financial year, if required.

## **12 REVIEW OF TRAINING NEEDS**

The Chair proposed for a 30-minute training session before each committee going forward from May onwards for the new Committee Members. It was agreed the July meeting would look at the terms of reference and the types of documents the Committee look at and the questions to ask.

It was also agreed that the External Auditors would attend the September meeting before the Committee commences to look at the Annual Governance Statement and the Annual Accounts with some extra explanation to potential areas the Committee would look at.

The Chair informed Members that she attended the East Midlands Audit Chairs Forum on 22<sup>nd</sup> March 2022

## **13 ANY OTHER URGENT BUSINESS**

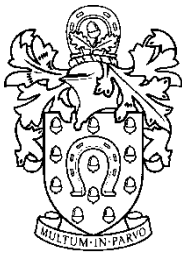
There were no items for urgent business.

---oOo---

**The Chair declared the meeting closed at 8.35pm.**

---oOo---





# Rutland County Council

Catmose Oakham Rutland LE15 6HP

Telephone 01572 722577 Email [governance@rutland.gov.uk](mailto:governance@rutland.gov.uk)

Minutes of the **MEETING of the AUDIT AND RISK COMMITTEE** held in the Council Chamber, Catmose, Oakham, LE15 6HP on Tuesday, 28th June, 2022 at 7.00 pm

**PRESENT:** Councillor A Walters (Chair) Councillor D Blanksby  
Councillor W Cross Councillor J Fox  
Councillor G Waller (as substitute)

**APOLOGIES:** Councillor A MacCartney (sent substitute)

<b>OFFICERS PRESENT:</b>	Saverio Della Rocca	Strategic Director of Resources S151 Officer
	Rachel Ashley-Caunt	Chief Internal Auditor
	Paul Harvey	Grant Thornton
	Tom Delaney	Governance Manager

**IN ATTENDANCE:** Councillor R Payne

## **1 APOLOGIES**

Apologies were received from Councillor MacCartney. Councillor Waller attended the meeting as the representative for Councillor MacCartney.

## **2 MINUTES**

Consideration was given to the minutes held on 26 April 2022.

As the Chair was the only Councillor from the previous meeting, he proposed the minutes be deferred to the next meeting when Councillor MacCartney was present.

### **RESOLVED**

That approval of the minutes of the meeting held on 26 April 2022 be **DEFERRED**.

## **3 DECLARATIONS OF INTEREST**

There were no declarations of interest.

#### **4 PETITIONS, DEPUTATIONS AND QUESTIONS**

No petitions, deputations and questions had been received.

#### **5 QUESTIONS WITH NOTICE FROM MEMBERS**

No questions with notice from Members had been received.

#### **6 NOTICES OF MOTION**

No notices of motion had been received.

#### **7 APPOINTMENT OF VICE-CHAIR**

Nominations were invited for the position of Vice Chair of the Audit and Risk Committee for the Municipal Year 2022-23.

Councillor W Cross proposed Councillor E Baines to be Vice-Chairman to the Audit and Risk Committee, there were no other nominations. This was seconded and upon being put to the vote, with three votes in favour and two abstentions, the motion was carried.

#### **RESOLVED**

- a) That Councillor E Baines be appointed Vice-Chairman of the Audit and Risk Committee for the municipal year 2022-23

#### **8 EXTERNAL AUDIT PROGRESS UPDATE**

Paul Harvey of Grant Thornton, the Council's External Auditors, presented their report to the Committee. He pointed out to Members that the Audit Plan was presented to the Committee in April and was approved.

It was anticipated the draft financial statements would be ready by the end of June. The ongoing Covid issues and the impact that has had, meant that the deadline was pushed back to the end of November for the Audit Findings Report and the Auditors report. If the auditors managed to complete their work before the end of November, then it would come to an earlier committee meeting.

The Section 151 Officer highlighted an issue with the draft financial statements report and that was around external valuations which were due on the Council's assets. The Council were let down by the provider on that matter and Paul Harvey commented that this was a similar issue experienced elsewhere. He did confirm that the Council was still compliant with CIPFA code of practice.

Members agreed that if the reports were finalised sooner to come back to Committee at an earlier date.

#### **RESOLVED**

That Committee:

- a) **NOTED** the external audit progress report.

## 9 ANNUAL GOVERNANCE STATEMENT

Report No.115/2022 was introduced by Saverio Della Rocca, Strategic Director for Resources. He explained that to meet the statutory requirement for the Council to was to approve an Annual Governance Statement for inclusion in its published Statement of Accounts (SoA) for 2021/22. In advance of formal approval by the end of 30 November 2022, the Committee was invited to consider an early draft for comment.

Members of the Committee made several small amendments which were related back to the Strategic Director for Resources to amend. The revised statement would come back to Committee later in the year with recommendations to approve.

### RESOLVED

That Committee:

- a) **CONSIDERED** the draft Annual Governance Statement (AGS) fairly represented the governance framework in place at the Council and advised on whether there were any issues it would wish to see addressed or expanded upon in the final version.

## 10 ANNUAL INTERNAL AUDIT REPORT AND OPINION 2021/22

Rachel Ashley-Caunt, Chief Internal Auditor, presented Report No 116/2022 which provided Members with the Annual Internal Audit Report and Opinion for 2021/22, in line with the Public Sector Internal Audit Standards.

Members were informed that Satisfactory Assurance was given over the adequacy and effectiveness of the Council's control environment for 2021/22. This control environment comprised of the system of internal control, governance arrangements and risk management.

It was also highlighted to Members that 100% of the Council's Internal Audit Plan was delivered and Internal Audit had also performed well against the customer feedback ratings.

It was pointed out that in the summary of audit opinions and the levels of risk, recommendations for improvement would still be made even if the risk was to be good or substantial. Cyber security was a high risk for all organisations.

Members asked the question around the increase of home working, and the risks of cyber security that comes with that. The Chief Internal Auditor responded and informed Members that the audit had included coverage on officer and member training for cyber security. Recommendations were made around that area and plans were in place to do work on awareness and exercises to prevent certain risks from occurring.

### RESOLVED

That Committee:

- a) **NOTED** the Annual Internal Report and Opinion for 2021/22.

## **11 INTERNAL AUDIT PROGRESS REPORT 2022/23**

Rachel Ashley-Caunt, Chief Internal Auditor, presented Report No 117/2022 which provided Members with a copy of the Audit Plan for 2022/23 and updated them on the progress made in delivering the 2022/23 Annual Audit Plan.

All the audits that had been scheduled for Quarter One were now in advanced stages and progressing well. The Corporate Parenting audit had been at draft report stage at the time of the report being produced and had since been finalised.

### **RESOLVED**

That Committee:

- a) **NOTED** the internal audit progress for 2022/23.

## **12 ANY OTHER URGENT BUSINESS**

There were no items of urgent business.

---oOo---  
**The Chair declared the meeting closed at 8.02pm.**  
---oOo---

## AUDIT AND RISK COMMITTEE

27 September 2022

### INTERNAL AUDIT UPDATE

Report of the Chief Internal Auditor

Strategic Aim:	All		
Exempt Information		No	
Cabinet Member(s) Responsible:		Cllr K Payne, Portfolio Holder for Finance, Governance and Performance, Change and Transformation	
Contact Officer(s):	Rachel Ashley-Caunt, Chief Internal Auditor		Tel: 07799 217378 <a href="mailto:rashley-caunt@rutland.gov.uk">rashley-caunt@rutland.gov.uk</a>
Ward Councillors	N/A		

#### DECISION RECOMMENDATIONS

That the Committee:

- 1) Notes the Internal Audit update report (Appendix A).

## 1 PURPOSE OF THE REPORT

- 1.1 To update Members on the progress made in delivering the 2022/23 Annual Audit Plan and outcomes from audit assignments completed since the last Committee meeting.

## 2 BACKGROUND AND MAIN CONSIDERATIONS

### 2.1 Update on Delivery of Internal Audit Plan

- 2.1.1 The progress made to date in delivering the 2022/23 audit plan is set out in Appendix A. At the time of reporting, 30% of the audit plan either complete or in progress.
- 2.1.2 There has been one amendment to the Audit Plan for 2022/23. This was approved by the s151 Officer and Chair of Audit and Risk Committee, under the approved delegation. The audit of SEND has been postponed to 2023/24 and the audit days have been reallocated to an audit of Performance Management.

## **2.2 Implementation of Recommendations**

- 2.2.1 Internal Audit request that officers provide updates on all open audit actions on a monthly basis.
- 2.2.2 There are currently no actions rated as 'High' priority which are overdue for implementation. There are eight actions of 'Medium' or 'Low' priority which are overdue for completion.
- 2.2.3 It is standard practice for any audit reports receiving lower than Satisfactory Assurance opinions to be presented to the Audit and Risk Committee in full. To date, no such reports have been finalised from the 2022/23 Audit Plan.

## **3 CONSULTATION**

- 3.1 No formal consultation required.

## **4 ALTERNATIVE OPTIONS**

- 4.1 The Committee is asked to note the report. No alternative options are proposed.

## **5 FINANCIAL IMPLICATIONS**

- 5.1 There are no financial implications directly arising from this report.

## **6 LEGAL AND GOVERNANCE CONSIDERATIONS**

- 6.1 The Audit and Risk Committee is responsible for oversight of the work of Internal Audit including approving the annual Audit Plan and satisfying itself that the plan provides assurance over the Council's control framework and key risks. It is also responsible for gaining assurance that internal audit is complying with internal audit standards.
- 6.2 There are no legal implications arising from this report.

## **7 DATA**

- 7.1 A Data Protection Impact Assessment (DPIA) has not been completed because there are no risks/issues to the rights and freedoms of natural persons.

## **8 EQUALITY IMPACT ASSESSMENT**

- 8.1 There are no equality implications

## **9 COMMUNITY SAFETY IMPLICATIONS**

- 9.1 There are no community safety implications

## **10 HEALTH AND WELLBEING IMPLICATIONS**

- 10.1 There are no health and wellbeing implications.

## **11 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 11.1 The latest update report, provided in Appendix A, details the findings of recent Internal Audit work and any weaknesses in the control environment highlighted by these reviews, and provides an overview of the performance of the Internal Audit team and the implementation of actions by management. The Committee plays an important role in the oversight of Internal Audit work.

## **12 BACKGROUND PAPERS**

- 12.1 There are no additional background papers to the report

## **13 APPENDICES**

- 13.1 Appendix A: Internal Audit Update Report
- 13.2 Appendix B: Implementation of Audit Recommendations
- 13.3 Appendix C: Limitations and responsibilities

Large Print or Braille Version of this Report is available upon request – Contact 01572 72257

This page is intentionally left blank





**Rutland County Council**

**Internal Audit Update**

**September 2022**

## ***Introduction***

- 1.1 Internal audit has been commissioned to provide 360 audit days to deliver the 2022/23 annual audit plan and undertake other work commissioned by the client.
- 1.2 The Public Sector Internal Audit Standards (the Standards) require the Audit and Risk Committee to scrutinise the performance of the internal audit team and – of equal significance – to satisfy itself that it is receiving appropriate assurance about the controls put in place by management to address identified risks to the Council. This report aims to provide the committee with the information, on progress in delivering planned work and on performance of the Internal Audit service, which it requires to engage in effective scrutiny.

## ***Performance***

### **2.1 Will the Internal Audit Plan for 2022/23 be delivered?**

Internal Audit is set the objective of delivering at least 90% of the plan to draft report stage by the end of March 2023. At the time of reporting, 30% of assignments are either complete or in progress.

### **2.2 Are audits being delivered to budget?**

Internal Audit is on target to deliver the Audit Plan within the 360 days budget. Any overruns on individual assignments are typically managed within the overall budget.

### **2.3 Is the Internal Audit team achieving the expected level of productivity?**

The most recent information available shows that the Internal Audit team are spending 94% of time on chargeable activities against a target of 90%.

### **2.4 Are clients satisfied with the quality of the Internal Audit assignments?**

Customer satisfaction questionnaires are issued on completion of audits. No feedback has been received during the year to date.

### **2.5 Based upon recent Internal Audit work, are there any emerging issues that impact on the Internal Audit opinion of the Council's Control Framework?**

The status of each planned assignment, as at the time of reporting, is provided in Table 1. All assignments planned for the first quarter of the financial year are underway and progressing well. During the latest period, audit reports have been finalised in relation to Corporate Parenting and MiCare – both reports have given assurance opinions of Satisfactory or above.

### **2.6 Are any changes required to the audit plan coverage, in light of the changing risk environment?**

Following discussion at the last Audit & Risk Committee meeting, the planned audit work on Special Educational Needs and Disabilities (SEND) was discussed with the

Director of Children's Services. From this discussion, it is noted that there is other work underway in this area, as noted at the committee meeting, including:

- Peer Review in September 2022
- Department for Education Delivering Better Value in SEND Programme. Rutland are part of Tranche 2 of this – likely to start October/November 2022 and preparation work was beginning in July/August 2022
- Scrutiny review for SEND

Also, the SEND Green Paper reforms and changes to the Ofsted inspection framework are expected over the next year. As such, it is considered better use of the internal audit resources to look into this area in 2023/24, when the audit could review progress made against any actions arising from the above, and account for the impact of the latest regulations. It was, therefore, proposed that this be postponed to 2023/24.

The audit planning work was revisited and an alternative area of coverage was identified as Performance Management. This audit will seek assurance over the Council's cross cutting arrangements for measuring, reporting and setting targets for performance. The audit days originally allocated to SEND have been re-allocated to this.

This amendment to the plan was approved by the Council's s151 officer and the Chair of Audit and Risk Committee, under the delegation approved in April 2022.

## **2.7 Are clients progressing audit recommendations with appropriate urgency?**

At the date of reporting, there is eight audit actions which remain overdue for implementation – none of the overdue actions are of a 'high priority' rating. See Appendix B for further details.

**Table 1: Progressing the annual audit plan**

**KEY**

Current status of assignments is shown by ●

Assignment	Budget	Actual	Not Started	Planning	Field Work Underway	Field Work Complete	Draft Report	Final Report	Control Environment	Compliance	Org Impact	Comment
Financial systems												
Debtors	15	-	●									Q4
Main accounting	15	-	●									Q4
Treasury management	12	-		●								Q4
Housing benefit	15	-	●									Q4
Corporate governance and counter fraud												
Risk management (consultancy support and real time assurances)	16	4			●							
Fraud risk register	15	-	●									
Key corporate controls and policies												
Contract Procedure Rules compliance	10	-	●									Q4
Social care debt recovery	12	6			●							
IT asset management	12	-	●									

Assignment	Budget	Actual	Not Started	Planning	Field Work Underway	Field Work Complete	Draft Report	Final Report	Control Environment	Compliance	Org Impact	Comment
Performance management	12	-	●									
Corporate Objective: Protecting the vulnerable												
Corporate parenting	15	14						●	Satisfactory	Satisfactory	Minor	
Care Act reforms	15	-		●								
Readiness for CQC inspections	12	-	●									
Children missing from care	10	-	●									
10 MiCare services	12	12						●	Good	Good	Minor	
Corporate Objective: Vibrant communities												
Safer recruitment in schools	5	4				●						
Corporate Objective: Delivering sustainable development												
Waste contract procurement	17	1		●								
Highways maintenance contract	15	-	●									
Corporate Objective: Customer focused services												
Home to school transport	15	1		●								
Taxi licensing	14	11					●					

Assignment	Budget	Actual	Not Started	Planning	Field Work Underway	Field Work Complete	Draft Report	Final Report	Control Environment	Compliance	Org Impact	Comment
Other Assurances												
Grant claims	25	12							N/A – certification			
Grants – counter fraud support	5	-										
Client Support (Committee support, training, client liaison, advice/assistance, follow ups)	35	14										
Internal Audit Management & Development	31	12										
<b>TOTAL</b>	<b>360</b>	<b>91</b>										

## Notes

At the completion of each assignment the Auditor will report on the level of assurance that can be taken from the work undertaken and the findings of that work. The table below provides an explanation of the various assurance statements that Members might expect to receive.

Compliance Assurances		
Level	Control environment assurance	Compliance assurance
<b>Substantial</b> ●	There are minimal control weaknesses that present very low risk to the control environment.	The control environment has substantially operated as intended and no, or only minor, errors have been detected.
<b>Good</b> ●	There are minor control weaknesses that present low risk to the control environment.	The control environment has largely operated as intended although some errors have been detected.
<b>Satisfactory</b> ●	There are some control weaknesses that present a medium risk to the control environment.	The control environment has mainly operated as intended although errors have been detected.
<b>Limited</b> ●	There are significant control weaknesses that present a high risk to the control environment.	The control environment has not operated as intended. Significant errors have been detected.
<b>No</b> ●	There are fundamental control weaknesses that present an unacceptable level of risk to the control environment.	The control environment has fundamentally broken down and is open to significant error or abuse.

Organisational Impact		
Level		Definition
Major	●	The weaknesses identified during the review have left the Council open to significant risk. If the risk materialises it would have a major impact upon the organisation as a whole.
Moderate	●	The weaknesses identified during the review have left the Council open to medium risk. If the risk materialises it would have a moderate impact upon the organisation as a whole.
Minor	●	The weaknesses identified during the review have left the Council open to low risk. This could have a minor impact on the organisation as a whole.

### Category of Recommendations

The Auditor prioritises recommendations to give management an indication of their importance and how urgent it is that they be implemented. By implementing recommendations made managers can mitigate risks to the achievement of service objectives for the area(s) covered by the assignment.

Priority		Impact & Timescale
High	●	Action is imperative to ensure that the objectives for the area under review are met.
Medium	●	Requires actions to avoid exposure to significant risks in achieving objectives for the area.
Low	●	Action recommended to enhance control or improve operational efficiency.



## Appendix B: Implementation of Audit Recommendations

	High priority recommendations		Medium priority recommendations		Low priority recommendations		Total	
	Number	% of total	Number	% of total	Number	% of total	Number	% of total
Actions due and <b>implemented</b> since last Committee meeting	-	-	2	33%	5	56%	7	<b>47%</b>
Actions due within last 3 months, but <b><u>not implemented</u></b>	-	-	4	67%	1	11%	5	<b>33%</b>
Actions due <b><u>over 3 months</u></b> ago, but <b><u>not implemented</u></b>	-	-	-	-	3	33%	3	<b>20%</b>
Totals	-	-	6	100%	9	100%	15	100%

## ***Appendix C: Limitations and responsibilities***

### ***Limitations inherent to the internal auditor's work***

Internal Audit undertakes a programme of work agreed by the Council's senior managers and approved by the Audit & Risk Committee subject to the limitations outlined below.

#### ***Opinion***

Each audit assignment undertaken addresses the control objectives agreed with the relevant, responsible managers. There might be weaknesses in the system of internal control that Internal Audit are not aware of because they did not form part of the programme of work; were excluded from the scope of individual internal assignments; or were not brought to the consortium's attention. As a consequence, the Audit & Risk Committee should be aware that the audit opinion for each assignment might have differed if the scope of individual assignments was extended or other relevant matters were brought to Internal Audit's attention.

#### ***Internal control***

Internal control systems identified during audit assignments, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgement in decision making; human error; control processes being deliberately circumvented by employees and others; management overriding controls; and unforeseeable circumstances.

#### ***Future periods***

The assessment of each audit area is relevant to the time that the audit was completed in. In other words, it is a snapshot of the control environment at that time. This evaluation of effectiveness may not be relevant to future periods due to the risk that:

- the design of controls may become inadequate because of changes in operating environment, law, regulatory requirements or other factors; or
- the degree of compliance with policies and procedures may deteriorate.

### ***Responsibilities of management and internal auditors***

It is management's responsibility to develop and maintain sound systems of risk management; internal control and governance; and for the prevention or detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

Internal Audit endeavours to plan its work so that there is a reasonable expectation that significant control weaknesses will be detected. If weaknesses are detected additional work is undertaken to identify any consequent fraud or irregularities. However, Internal Audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected, and its work should not be relied upon to disclose all fraud or other irregularities that might exist.

## AUDIT AND RISK COMMITTEE

27 September 2022

### INFORMATION GOVERNANCE ANNUAL REPORT

#### Report of the Director for Legal & Governance

Strategic Aim:	All	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor K Payne - Portfolio Holder for Finance, Governance and Performance, Change and Transformation	
Contact Officer(s):	Angela Wakefield, Director of Legal & Governance, Monitoring Officer	01572 758220 awakefield@rutland.gov.uk
	Dave Cousens, Information Governance Coordinator	01572 758265 <a href="mailto:dcousens@rutland.gov.uk">dcousens@rutland.gov.uk</a>
Ward Councillors	Not Applicable	

DECISION RECOMMENDATIONS
That the Committee:  1) Notes the information contained in this report.

## 1 PURPOSE OF THE REPORT

- 1.1 This annual report provides an overview of the Council's activity in respect of how it has discharged its responsibilities in matters relating to Information Governance, including information regarding Compliments, Comments and Complaints over the last financial year from 1 April 2021 to 31 March 2022.

## 2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The Council has statutory obligations to meet as set out in legislation including dealing with Freedom of Information Requests, Environmental Information Regulations Requests, Subject Access Requests, Data Incidents and Complaints. More information is provided in each section.

### 3 FOI

#### 3.1 Obligations and legislation

3.1.1 The Freedom of Information Act 2000 and The Environmental Information Regulations 2004 impose an obligation on public authorities to provide public access to certain information held by them. On receipt of a valid request for information, the authority must comply with that request as required by the Act, unless an exemption can be applied.

3.1.2 Anyone has a right to request information from a public authority. Our three separate duties when responding to these requests are:

- to tell the requester whether we hold any information falling within the scope of their request;
- to provide that information; and
- to respond to the request within 20 working days.

#### 3.2 Statistics for 2021/22

3.2.1 The number of FOI's/EIR's received during 2021/22 is shown in the table below:

	2021/22		2020/21	
Directorate	Number of FOI's	% Responded Within Timescales	Number of FOI's	% Responded Within Timescales
People	274	99%	227	96%
Resources	272	98%	288	98%
Places	316	97%	308	98%
Land Charges (Personal Searches)	606	100%	612	100%
Total	1468	99%	1435	98%

3.2.2 Officer time responding to FOI/EIR requests:

The time taken by officers to process FOI's/EIR's is shown in the table below:

	2021/22	2020/21
Number of FOIs/EIRs*	862 (+606*)	823 (+612*)
Average Officer Time (per request)	49 mins	39 mins
Average FOI Team Time (per request)	30 mins	30 mins
Average Officer/FOI Team Time (per request)	79 mins	69 mins
Average FOI Team Time (per month)	36 Hrs	35 Hrs

3.2.3 If a requester is unhappy with an FOI/EIR response, they can request an internal review. If they remain unhappy following the internal review, the matter can be referred to the Information Commissioners Office (ICO). The table below sets out the number of internal reviews and referrals for 2021/22 and the previous year.

	2021/22	2020/21
Total Number of Requests for Internal Reviews (IR)	9	10
% Completed Within Recommended Timescales	100%	90%
Internal Review Outcome: Upheld	1	1
Internal Review outcome: Not upheld	8	9
Escalations to ICO	2*	1
Complaint outcome: upheld by ICO - corrective action required	0	0
Complaint outcome: not upheld - ICO found no fault	1	1

\* 1 x escalation to the ICO remains open. Rutland County Council notified on 21 March 22. ICO still to allocate to an officer.

### 3.3 Overall assessment and Lessons learnt

- 3.3.1 The Council's FOI performance remains good, with processes and procedures in place to ensure we remain compliant. During 2021/22 we received and responded to 862 FOI's and only 9 internal reviews, with no corrective action required from the ICO. This compares to 2020/21 where we received 823 FOIs with 10 internal reviews, with none requiring corrective action required from the ICO.
- 3.3.2 Training and development within the Information Governance team to administer the FOI process is ongoing. Having experienced staff in place allows for repeat requests and frequently requested information to be identified, this will support the reduction of officer time responding to requests as the FOI team can respond directly.

## 4 COMPLIMENTS, COMMENTS & COMPLAINTS

### 4.1 Obligations and legislation

- 4.1.1 The Council has an obligation to provide the public with a clear route to make a formal complaint should they wish to do so. Our complaint policies and procedures were reviewed in 2020 and remain fit for purpose. Individual policies for Adults and Children's Services are available to ensure that complaints are dealt with in accordance with legislation to safeguard individuals. The Council's policies can be found on the Council's [website](#).
- 4.1.2 The Council is committed to providing a high-quality service to everyone we deal with. In order to do this, we need individuals to give us any feedback on our service, and to tell us when we get things right or wrong.
- 4.1.3 When individuals do complain or make comments then we take them seriously, deal with them as quickly as possible and learn from them so that we can continuously improve our service.

## 4.2 Statistics for 21/22

### *Compliments*

- 4.2.1 A compliment can be defined as customer feedback, which tells the Council that it has provided a service well, or how helpful a member of staff has been.
- 4.2.2 During 1 April 2021 to 31 March 2022, the Council registered 197 compliments from customers. This is an increase of 46% compared to the same period in 2020/21 where 135 compliments were received.
- 4.2.3 Below is a breakdown by Directorate:

	2021/22	2020/21	Diff(+/-)
Places	78	47	+31
Resources	32	17	+15
People	87	71	+16
Total	197	135	+62

### Places

	2021/22	2020/21	Diff (+/-)
Community Safety	1	2	-1
Culture	38	13	+25
Development Control	6	2	+4
Economic Development	1	0	+1
Environment, Licensing & Trading Standards	0	0	0
Forestry	1	0	+1
Grounds & Cemetery	1	0	+1
Highways	9	5	+4
Parking	2	3	-1
Property	1	1	0
Streetscene & Waste	8	20	-12
Transport	10	1	+9
Total	78	47	+31

### Resources

	2021/22	2020/21	Diff (+/-)
Business Support	7	1	+6
Communications	0	2	-2
Customer Services/Blue Badges	13	6	+7
Elections	1	1	0
Finance	0	0	0
Governance	6	0	+6
Human Resources	0	0	0
Information Governance	3	2	+1
Revenues & Benefits	2	5	-3
Total	32	17	+15

## People

	2021/22	2020/21	Diff (+/-)
Adult Social Care	33	20	+13
Children Social Care	23	12	+11
Early Help, SEND and Inclusion	25	34	-9
Learning & Skills	6	5	+1
Total	87	71	+16

4.2.4 It is always encouraging to see visibility of the good work that is being delivered by the Council and it will remain a topic for discussion with departments to encourage and promote sending compliments in for central collation.

4.2.5 Oakham Castle, Protection & Permanency, SEND, CST and Community Support Services received the highest number of compliments, with the majority relating to helpful staff members.

### *Comments*

4.2.6 A comment can be defined as an idea, suggestion or opinion on how the Council could improve its services.

4.2.7 The comments received have been reviewed with no themes identified. All comments are forward to the relevant Head of Service to be assessed and actioned where appropriate.

4.2.8 From 1 April 2021 to 31 March 2022 the Council registered 11 Comments from customers; this is an increase of 120% of the total comments received compared to the same period in 2020/21 where 5 comments were received.

4.2.9 Of the 11 comments received, 3 were in relation to the Recycling Centre Booking System and 3 for the Cottesmore Hunt.

4.2.10 Below is an overview of how this breakdown by Directorate:

	2021/22	2020/21	Diff(+/-)
Places	11	2	+9
Resources	0	2	-2
People	0	1	-1
Total	11	5	+6

### *Complaints*

4.2.11 A complaint can be defined as dissatisfaction with any service provided by the Council.

4.2.12 Below is a breakdown by Directorate:

	2021/22	2020/21	Diff(+/-)
Places	39	32	+7
Resources	10	8	+2
People	20	25	-5
Total	69	65	+4

## Places

	2021/22	2020/21	Diff (+/-)
Community Safety	1	0	+1
Culture	0	0	0
Development Control	13	25	-12
Economic Development	2	0	+2
Environment, Licensing & Trading Standards	3	2	+1
Forestry	1	0	+1
Grounds & Cemetery	0	0	0
Highways	4	2	+2
Parking	1	0	+1
Property	1	0	+1
Streetscene & Waste	13	3	+10
Transport	0	0	0
Total	39	32	+7

## Resources

	2021/22	2020/21	Diff (+/-)
Business Support	1	0	+1
Customer Services	0	0	0
Elections	0	0	0
Finance	0	0	0
Governance	1	1	0
Human Resources	0	1	-1
Information Governance	0	0	0
Revenues & Benefits	8	6	+2
Total	10	8	+2

## People

	2021/22	2020/21	Diff (+/-)
Adult Social Care	5	10	-5
Children Social Care	2	11	-9
Early Help, SEND and Inclusion	13	4	+9
Total	20	25	-5

4.2.13 The Increase in Streetscene and Waste complaints is mainly owing to the non-collection of bins due to COVID-19 infections of contractor staff.

### *Complaints Upheld*

4.2.14 Of the 69 complaints registered during 1 April 2021 to 31 March 2022, 22 were upheld (this means that the service believes that there was a failing that could have been avoided, or something went wrong). This is an increase of 23% of total complaints upheld compared to the same period in 2020/21 with 65 complaints registered and 6 upheld. 5 years ago, 115 complaints were registered with 28 upheld. A significant improvement has been achieved in the reduction of complaints received during 1 April 2021 to 31 March 2022.

4.2.15 Number of Complaints Received v Upheld



Directorate	2021/22			2020/21			Diff (-/+)
	Received	Upheld	% Upheld	Received	Upheld	% Upheld	
Places	39	16	41%	32	4	12.5%	+29.5%
Resources	10	2	20%	8	0	0%	+20%
People	20	4	20%	25	2	8%	+12%
Total	69	22	32%	65	6	9%	+23%

#### 4.2.16 lessons learned and improvements implemented

- 4.2.16.1 Most complainants want to make sure what happened to them doesn't happen to someone else. Our complaints process should help to find the root causes of problems and make improvements to systems and processes where they haven't worked properly. This can include changing policies and procedures, or training staff.
- 4.2.16.2 The following lessons have been learned and improvements implemented to ensure that Rutland County Council gets it right the next time:
- 4.2.16.3 Resources
- 4.2.16.4 Post Room - An EHCNA application was not distributed it to the SEND team as required which resulted in the delay in processing the request. As a result, further training and guidance on processing of post has been provided to Administrator. A new process for services collecting hard copies of post in person will be introduced. Procedures will be closely monitored and reviewed.
- 4.2.16.5 Business Support - Wording and tone of the email sent to customer fell well below the Council's standards. The email sent was not only sent to the wrong person but delivered a message that was totally unacceptable. Processes have been reviewed and systems have been put in place to ensure that this poor standard of service does not happen again. Administrator will undergo further training regarding the standard of customer service expected, particularly in the wording of emails and letters.
- 4.2.16.6 People
- 4.2.16.7 SEND – The Local Authority did not meet a 4-week timescale concerning a potential breach of duty under section 44 of the Children and Families Act 2014. The SEND service is working closely with our Rutland Parent Carer Forum to communicate to families how the SEND service is managing demand and capacity in the SEND system and will endeavour to keep the Local Offer up to date.
- 4.2.16.8 SEND - The Local Authority accept that communication regarding the issue with Health advice was poor. The service reviewed how we communicate with parents and carers where deadlines will not be met due to circumstances beyond the control of the Local Authority.
- 4.2.16.9 SEND – Parents request for support to help her care for her child. RCC carried out a review of the process for carrying out parent carer assessments. The assessment process has been reviewed, and the carers assessment will be a component of the child and family assessment.

#### 4.2.16.10 Places

4.2.16.11 Installation of Fence – The levels change was not picked up or referred to in the Planning Officers delegated report. The submitted plans showed a change in levels to the boundary of property and should have been fully evaluated in the Officers Report. In order to ensure that this does not happen again the importance of recording all details including levels changes with the team. Delegated reports were amended to ensure that there is a section in the report template to cover issues relating to ground levels.

4.2.16.12 Bin Collection/Delivery - Due to industry wide issues and driver shortages, there has been a high staff turnover recently and unfortunately newer crew members were not aware of the issue with these bins. All members of the crews have now been spoken to and clear instructions issued. We have also clearly labelled the bins so that this acts as an immediate visual reminder to both crews and residents of the flat blocks.

#### 4.3 The Local Government and Social Care Ombudsman Complaints (LG&SCO)

4.3.1 The LG&SCO looks at complaints about Councils in a fair and independent way. All decision statements are published on their website.

4.3.2 The Ombudsman sends an Annual Review Letter to all councils. The letter provides a summary of the complaints that the Ombudsman has received regarding the Council, if complaints have been upheld and any remedies/actions recommended by the Ombudsman. The Council's Statutory Complaints Officer will review this information upon receipt to ensure all actions have been implemented and are embedded in our ways of working.

4.3.3 Below is a breakdown by Directorate of complaints received from the LG&SCO:

	2021/22	2020/21	Diff(+/-)
Places	5	1	+4
Resources	1	2	-1
People	2	4	-2
Total	8	7	+1

4.3.4 Of the 8 complaints registered from 1 April 2021 to 31 March 2022, 2 were upheld by the LG&SCO; 5 complaints were closed after initial enquiries and 1 closed as a premature decision with advice given to the complainant. This is a decrease of 4% of total complaints upheld compared to the same period in 2020/21, when 7 complaints were registered and 2 upheld.

4.3.5 Both of the complaints upheld were remedied by way of an apology and financial redress for unnecessary upset time and trouble.

4.3.6 The Council has met deadlines when responding to LG&SCO enquiries in all but one case, where Rutland County Council requested an extension and responded within the revised deadline.

4.3.7 Typically, we spend 2 hours administering and responding to a complaint. However, this is dependent on the complexity of the issues raised.

## **5 SUBJECT ACCESS REQUESTS (SAR)**

### **5.1 Obligations and legislation**

- 5.1.1 The UK General Data Protection Regulation (UK GDPR) enables individuals the right to access any personal data an organisation holds on them. This is known as a Subject Access Request (SAR).

### **5.2 Statistics for 21/22**

- 5.2.1 Below is a breakdown by Directorate:

	2021/22	2020/21	Diff(+/-)
Places	12	18	-6
Resources	5	1	+4
People	24	27	-3
Total	41	46	-5

- 5.2.2 During 1 April 2021 to 31 March 2022, the Council registered 41 SARs, compared with 46 in same period in 2020/21. All 46 requests were completed in accordance with the statutory timescale of one calendar month.
- 5.2.3 SARs can be complex to process as they often involve multiple data subjects' personal data within each record. This gives rise to the need for detailed redaction of each record to ensure that disclosure is accurate. Each request may include hundreds of records. 7 of the SARs received in 2021/22 were significantly complex and sizeable; the largest being 4000 pages.
- 5.2.4 Typically, it takes a SAR with 500 pages 5 days to process. The average number of pages per SAR is 722.
- 5.2.5 During 1 April 2021 to 31 March 2022 the Council registered 1 complaint received from the Information Commissioners Office (ICO) regarding a SAR, compared to 1 in 2020/21. The case is open and is yet to be allocated to an ICO case officer after 4 months.

### **5.3 Overall assessment and lessons learnt**

- 5.3.1 The Council has met all obligations
- 5.3.2 The Information Governance team undertake all redaction to allow the services to concentrate on frontline services.
- 5.3.3 The redaction process is completed electronically, rather than using hardcopies to avoid the transportation of hardcopy personal data and to reduce costs.
- 5.3.4 Requesters are provided with the final response either by secure email or on a USB stick thus making savings on paper, printing and postage.

## **6 DATA BREACHES AND REFERRALS TO THE INFORMATION COMMISSIONER'S OFFICE (ICO)**

### **6.1 Obligations and legislation**

- 6.1.1 A personal data breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data.
- 6.1.2 Not every data breach needs to be reported to the ICO. The Data Protection Officer (DPO) and/or Senior Information Risk Owner (SIRO) review every breach to consider the likelihood and severity of the risk to people's rights and freedoms. If it is likely there will be a risk, the Council will report breaches to the ICO. By law the Council has 72 hours from the time of notification of the breach to report breaches that meet the threshold to the ICO.

## **6.2 Statistics for 21/22**

- 6.2.1 From 1 April 2021 to 31 March 2022, the Council registered 14 data breaches. This is a decrease of 36% compared to the same period in 2020/21 where 22 data breaches were logged; and a 55% decrease compared to 2019/20.
- 6.2.2 The reduction in data breaches is due in part to the Council's continued ways of working. The Council has promoted working electronically to aid the working from home model and to reduce the cost of printing and postage across the organisation. As a result of this there has been a significant reduction in the processing of hardcopy personal data, therefore, less room for errors to be made in this area.
- 6.2.3 During 2021/22, the Council reported 2 data breaches to the ICO. This is the same number compared to the same period in 2020/21. In both cases, personal data had been shared. In both cases the ICO's decision was that no further action was required. Action has been taken to raise staff awareness of data sharing via eLearning training modules and staff briefings.
- 6.2.4 On average, the officer time taken to investigate a data breach in its entirety is 2 days. Depending on the severity of the breach, this can be longer.

## **6.3 Overall assessment and lessons learnt**

- 6.3.1 The theme of the breaches that occurred in 2021/22 is when sending emails and the use of the 'blind copy' function. Staff have been reminded that outgoing emails to multiple external recipients should be sent using 'blind copy' so that email addresses are hidden from view.

# **7 DATA PROTECTION**

## **7.1 Training**

- 7.1.1 There is no requirement set out in the GDPR regarding data protection training for staff, however, principle 7 of the GDPR states that 'Data Controllers (the Council) are responsible for the compliance with the principles and must demonstrate this to data subjects and the regulator'.
- 7.1.2 To ensure our compliance, all new starters and elected members are required to complete mandatory GDPR eLearning training as part of their induction. Thereafter, all staff and elected members complete a GDPR refresher eLearning module after their first year at the Council. This is a rolling programme of training with completion monitored by the DPO.

7.1.3 Due to 2 data breaches occurring in 2021/22, the relevant teams have revisited the Information Sharing and Consent eLearning module to raise awareness when processing personal data. Since then, the Council has not experienced any breaches of a similar nature.

7.1.4 The Information Governance team will deliver further SAR training in 2021/22 as described in point 5.3.

## **7.2 Policy Reviews**

7.2.1 The Council is required to have policies on Data Protection and Document Retention; these are published on the Council's website.

7.2.2 The review of the Council's Data Protection Policy, RIPA Policy, Document Retention and Records Disposal Policy were approved by Cabinet in April 2021.

## **7.3 Transparency Code**

7.3.1 The Council has statutory obligations to publish data as required by the Local Government Transparency Code 2014. Publishing under this code gives the public access to information about local authorities' assets, contracts and financial spend as well as providing detail on senior officer's roles and salaries.

7.3.2 The quarterly update of this information typically takes officers 2 hours to complete with the quarter 1 update taking significantly longer as more information is required to be published at this point.

7.3.3 There were no new requirements to the published data in 2021/22.

## **7.4 Regulation of Investigatory Powers Act 2000 (RIPA)**

7.4.1 The Council has not exercised its RIPA powers since the last report to the Committee earlier this year.

7.4.2 As reported in the RIPA Update Report to the Committee in April 2021, the planned actions following the Investigatory Powers Commissioner's Office (IPCO) Remote Inspection were completed; RIPA training in Dec 2021 and the Policy update approved in April 2022.

## **8 CONSULTATION**

8.1 No formal consultation is required.

## **9 ALTERNATIVE OPTIONS**

9.1 The Committee is asked to note the report. There are no alternatives.

## **10 FINANCIAL IMPLICATIONS**

10.1 There are no financial implications arising from this report.

## **11 LEGAL AND GOVERNANCE CONSIDERATIONS**

11.1 There are no legal and governance issues arising from the recommendations in this report.

- 11.2 The key legal issues are noted in each section and the report shows how we have complied with relevant legislation.
- 12 DATA PROTECTION IMPLICATIONS**
- 12.1 A Data Protection Impact Assessments (DPIA) has not been completed because there are no risks/issues to the rights and freedoms of natural persons.
- 13 EQUALITY IMPACT ASSESSMENT**
- 13.1 An Equality Impact Assessment (EqIA) has not been completed because there are no service, policy or organisational changes being proposed.
- 14 COMMUNITY SAFETY IMPLICATIONS**
- 14.1 There are no community safety implications.
- 15 HEALTH AND WELLBEING IMPLICATIONS**
- 15.1 There are no health and wellbeing implications.
- 16 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**
- 16.1 To ensure the Committee has been updated on Information Governance activity.
- 17 BACKGROUND PAPERS**
- 17.1 There are no additional background papers to the report.
- 18 APPENDICES**
- 18.1 There are no appendices

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

## AUDIT AND RISK COMMITTEE

27 September 2022

## STRATEGIC RISK REGISTER

### Report of the Strategic Director for Resources

Strategic Aim:	All		
Exempt Information		Yes, Appendix C of this report contains exempt information and is not for publication in accordance with Part 1 of Schedule 12A of the Local Government Act 1972.	
Cabinet Member(s) Responsible:		Cllr K Payne, Portfolio Holder for Finance, Governance and Performance, Change and Transformation	
Contact Officer(s):	Saverio Della Rocca, Strategic Director for Resources (s.151 Officer)		01572 758159 sdrocca@rutland.gov.uk
Ward Councillors	N/A		

### DECISION RECOMMENDATIONS

That the Committee:

- 1) Notes the content of the updated Strategic Risk Register (Appendices A and B) and the actions underway to address the risks.

## 1 PURPOSE OF THE REPORT

- 1.1 To present the Strategic Risk Register to the Committee and provide assurance that strategic risks are being adequately managed.

## 2 STRATEGIC RISK REGISTER

- 2.1 The Risk Register has been reviewed and updated. The dashboard at Appendix A summarises the key movements since it was last presented at Audit and Risk in April 2022. The full register is included in Appendix B. The Risk Register was taken to Cabinet in April alongside the new Risk Management Policy and was approved. Cabinet has received the Risk Register and Portfolio Holders are sighted on issues and developments.

2.2 The risk identification exercise for Directorate risk registers was facilitated by Zurich Municipal. Draft registers were put in place but, as reported in April, needed further work. Zurich are coming back to help us refresh the registers and do further work is required in terms of controls and actions. Internal audit work will be targeted on looking into how specific risks are being managed.

2.3 The Director for Resource has previously advised that he would give an update on Cyber Security arrangements. This information is included in the Exempt Appendix C. The Head of IT and Customer Services will be available at the meeting to discuss any issues.

### **3 CONSULTATION**

3.1 None required.

### **4 ALTERNATIVE OPTIONS**

4.1 This report provides an opportunity for the Audit and Risk Committee to review the Register therefore there are no alternative options for this recommendation.

### **5 FINANCIAL IMPLICATIONS**

5.1 There are no direct financial implications arising from this report but the Committee should note that the failure to manage risks effectively could have a financial impact on the Council.

5.2 The Committee should also note that addressing risk issues may require investment of resources.

### **6 LEGAL AND GOVERNANCE CONSIDERATIONS**

6.1 As set out in the terms of reference within the constitution, this Committee has responsibility to provide assurance of the adequacy of the Risk Management framework and control environment.

6.2 There are no legal implications arising from this report.

### **7 DATA PROTECTION IMPLICATIONS**

7.1 A Data Protection Impact Assessments (DPIA) has not been completed because there are no service, policy or organisational changes being proposed.

### **8 EQUALITY IMPACT ASSESSMENT**

8.1 An Equality Impact Assessment (EqIA) has not been completed because there are no service, policy or organisational changes being proposed.

### **9 COMMUNITY SAFETY IMPLICATIONS**

9.1 There are no community safety implications.



## **10 HEALTH AND WELLBEING IMPLICATIONS**

- 10.1 There are no health and wellbeing implications.

## **11 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 11.1 The Committee's role is to monitor the effective development and operation of risk management and corporate governance. The Risk Register sets out the strategic risks facing the Council and demonstrates how they are being managed.

## **12 BACKGROUND PAPERS**

- 12.1 There are no additional background papers.

## **13 APPENDICES**

- 13.1 Appendix A: Risk Dashboard
- 13.2 Appendix B: Strategic Risk Register
- 13.3 Exempt Appendix C: Cyber Security arrangements

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577**

## Appendix A. Risk Dashboard

Number of Risks <b>10</b>	<ul style="list-style-type: none"> <li>No new risks have been added since the last review.</li> <li>Risk 77 - Changes to LLR Health system may reduce our ability to shape services to meet needs – has been deleted now that the Rutland Health Plan in partnership with Stakeholders has been signed off</li> <li>The score for Risk 73 which is about corporate capacity has been increased. Vacancy levels continue to be around 30 and there is concern in particular around care workers.</li> </ul>
Risks added since last review <b>0</b>	
Risks removed since last review <b>1</b>	
Number of open actions <b>15</b>	<ul style="list-style-type: none"> <li>3 new actions have been added with 2 relating to Special Educational Needs.</li> <li>8 actions have been closed covering Risk 4, Risk 5, Risk 73, Risk 76 and Risk 77.</li> <li>Updates and progress are provided in Appendix B.</li> </ul>
Actions added since last review <b>3</b>	
Actions completed since last review <b>8</b>	

## Appendix B. Strategic Risk Register

### Key to symbols/terms used within the report

#### **Risk Score:**

**Inherent Risk** – the likelihood/impact of the risk without taking any controls and actions in place into consideration.

**Residual Risk** – the likelihood/impact of the risk taking the controls and actions RCC have put in place into consideration.

#### **Actions:**

All actions have a 3 letter code defined as follows:

**[IMP]** – An action that will improve the likelihood/impact of the risk once the action is completed.

**[PRE]** – A preventative action, which will not improve the risk but will prevent it from getting worse.

Risk ID: 3	Risk Title: Failure to deliver key services should a significant business interruption occur	
Owner: Director – Places	<b>Actions</b> <ul style="list-style-type: none"><li>• <b>[PRE]</b> – Implementation of Cyber Security Resilience Action Plan<ul style="list-style-type: none"><li>○ Added – March 2022</li><li>○ Further to securing additional finding (see below), action plan to be implemented by December 2022. Update scheduled for Audit and Risk in September.</li></ul></li><li>• <b>[IMP]</b> – Testing of BCP<ul style="list-style-type: none"><li>○ Added – March 2022</li><li>○ To be arranged with Resilience Partnership pre-September 2022</li><li>○ Revised – testing to be deferred pending LRF review of business continuity support</li></ul></li></ul>	<b>Controls</b> <ul style="list-style-type: none"><li>• A Major Incident Plan has been prepared</li><li>• Specific recovery plans are in place and have been updated</li><li>• Business Continuity documents have been uploaded to a secure website (Resilience Direct)</li><li>• Contract procedure rules include the requirement for managers to consider the impact of contractor failure and mitigate the risks appropriately</li><li>• Business Continuity arrangements audited by Internal Audit and more recently by Resilience Partnership and new plan addresses key learnings</li><li>• Preparations completed for dealing with concurrent events</li></ul>
Inherent Score: 16		
Residual Score: 12 ↔		
Date Risk Added: September 2016		
Last Review Date: September 2022		
<b>PREVIOUS ACTIONS (REMOVED OR CLOSED)</b> None		
<b>Comments:</b> Now BCP plans are complete there is work to do to test the plans we have hence that new action is recorded. Progress has been slower than expected. Other work priorities and vacancies mean that testing has not yet been arranged and some changes to the Civil Contingencies means the LRF are considering support arrangements the best time for an exercise . p		

Risk ID: 4	Risk Title: Failure to Safeguard (Children) and a child is significantly abused, hurt, or dies.	
Owner: Director - People	<b>Actions</b> <ul style="list-style-type: none"><li>• <b>[IMP] NEW</b> Implement the Independent Review of Social Care recommendations once Government response received (expected December 22)<ul style="list-style-type: none"><li>○ Added Sept 22</li><li>○ Due to be completed – Jan 2024</li></ul></li></ul>	<b>Controls</b> <ul style="list-style-type: none"><li>• Processes and procedures in place to protect the most vulnerable</li><li>• Ensuring we have sufficient competent, trained staff to safeguard children and there is no unallocated work</li><li>• Clear practice standards in place so staff know what is expected of them and effective training to allow them to deliver high quality practice.</li><li>• Children's services improvement plan in place and subject to monthly scrutiny by the Improvement Board.</li><li>• High quality management oversight of all Children's Social Care practice.</li><li>• Comprehensive Performance Management and Quality Assurance framework in place.</li><li>• <b>NEW:</b> Sign of Safety model in place</li></ul>
Inherent Score: 20		
Residual Score: 12 ↔		
Date Risk Added: September 2016		
Last Review Date: September 2022		
<b>PREVIOUS ACTIONS (REMOVED OR CLOSED)</b>  <b>CLOSED</b> – Signs of Safety model went live in May		
<b>Comments:</b> The Independent Review of Social Care recommendations can be found on the link below.  <a href="#">The-independent-review-of-childrens-social-care-Final-report.pdf (childrensocialcare.independent-review.uk)</a>  We understand that our next focused OFSTED visit will take place in Spring 2023.		

Risk ID: <b>5</b>	Risk Title: Failure to Safeguard (Adults) and an adult is significantly abused, badly hurt or dies.	
Owner: Director - People	<b>Actions</b> <ul style="list-style-type: none"> <li>• <b>[PRE]</b> Preparing for Care Quality Commission Inspection of Local Authority Social Care. Completion of Self-Assessment tool when available. <ul style="list-style-type: none"> <li>○ Added: 21 March 2022</li> <li>○ Target date: 31 March 2022</li> <li>○ Revised date 31 March 2023 (when it comes into force). Preparation is ongoing and as from October a CQC readiness team will oversee action.</li> </ul> </li> <li>• <b>[PRE]</b> Implement changes to Liberty Protection Safeguards (issued in March) for implementation in 2023 <ul style="list-style-type: none"> <li>○ Added: 21 March 2022</li> <li>○ Target date: End September 2022</li> <li>○ Revised date September 2023. Awaiting guidance.</li> </ul> </li> </ul>	<b>Controls</b> <ul style="list-style-type: none"> <li>• Processes and procedures in place to protect the most vulnerable.</li> <li>• Scrutiny and overview from the Safeguarding Boards.</li> <li>• Monthly performance and financial monitoring by senior offices and updates to Cabinet.</li> <li>• High quality, timely information contained within case files.</li> <li>• Clear practice standards in place so staff know what is expected of them.</li> <li>• Management oversight recorded on file alongside regular supervision.</li> <li>• Effective training of staff.</li> <li>• Comprehensive Performance Management and Quality Assurance framework in place.</li> <li>• Annual audits now in place on an ongoing basis to ensure quality and effectiveness of service is maintained.</li> <li>• Workforce changes to provide a complex lives worker, across teams, providing further resilience and professionalism to safeguarding</li> <li>• Extra social worker added to P&amp;S to support increased safeguarding referrals/duty work, on a fixed one-year contract</li> </ul>
Inherent Score: <b>15</b>		
Residual Score: <b>9</b> ↔		
Date Risk Added:  September 2016		
Last Review Date:  September 2022		

Risk ID: 5	Risk Title: Failure to Safeguard (Adults) and an adult is significantly abused, badly hurt or dies.
<b>PREVIOUS ACTIONS (REMOVED OR CLOSED)</b>	
<b>CLOSED</b> - Refresh LLR Safeguarding Adults Board Business Plan – completed (available on Leicestershire Adult Safeguarding Board website)	
<p><b>Comments:</b> *The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom.</p> <p>There will be Care Quality Commission (CQC) oversight of Local Authorities' commissioning of adult social care, which will be introduced through the Health and Care Bill. This will be applied from 1 April 2023.</p> <p>The Liberty Protection Safeguards will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements. The Liberty Protection Safeguards were introduced in the Mental Capacity (Amendment) Act 2019 and will replace the Deprivation of Liberty Safeguards (DoLS) system.</p>	


Risk ID: 76	Risk Title: Failure to address increasing SEND costs and provide an inclusive learning offer	
Owner: Director - People	<b>Actions</b> <ul style="list-style-type: none"><li>• <b>[IMP] NEW:</b> Preparation for Delivering Better Value programme to be completed for January 2023.<ul style="list-style-type: none"><li>○ Added September 2022</li><li>○ Due for completion June 2023</li><li>○ Funding received to support preparation</li></ul></li><li>• <b>[IMP] NEW:</b> Development of new early years pathway for those with additional needs<ul style="list-style-type: none"><li>○ Added September2022</li><li>○ Due for completion June 2024</li><li>○ Consultation with early years sector underway</li></ul></li></ul>	<b>Controls</b> <ul style="list-style-type: none"><li>• SEND recovery plan in place and actioned.</li><li>• Monitoring by officers – regular scrutiny of performance data, finance and outcomes.</li><li>• SEND Programme Board scrutinises progress of SEND recovery plan.</li><li>• Continue to expand our In-County special education options (UCC provision is now open) for children with SEND so more children are educated closer to home.</li><li>• Support and enable our Early Years Settings to meet the needs of all children and families so all Rutland families have access to early education which meets identified needs.</li><li>• Inclusion partnerships and mainstream plus provision in place</li></ul>
Inherent Score: 15		
Residual Score: 12 ↔		
Date Risk Added: October 2019		
Last Review Date: September 2022		
<b>PREVIOUS ACTIONS (REMOVED OR CLOSED)</b>		
<b>CLOSED:</b> Primary inclusion partnership and secondary school model of inclusion partnership are now in place. This gives schools access to additional specialist support and training for those with SEN.		
<b>CLOSED:</b> New secondary mainstream plus provision now in place (10 places targeted at children with additional needs without an EHCP).		
<b>Comments:</b> The increased demand and rising costs for supporting children with SEND is still a national issue and the Department for Education is completing a Green Paper on SEN. The Council is joining the Delivering Better Value in SEND programme. The programme provides dedicated support and funding to help local authorities with substantial, but less severe, deficit issues to reform their high needs systems; we fit this profile. The programme will see the Department provide project management and change management capacity, alongside SEND financial		



Risk ID: <b>76</b>	Risk Title: Failure to address increasing SEND costs and provide an inclusive learning offer
and practice advisers, to support Rutland in engaging with its key stakeholders and conduct a comprehensive diagnostic process to identify the underlying cost drivers of our high needs system and potential reforms to manage/mitigate these cost drivers more effectively. We will be working with the programme to develop our own action plan.	

Risk ID: 7	Risk Title: Failure to put in place plans to support growth with appropriate infrastructure	
Owner: Director - Places	<b>Actions</b> <ul style="list-style-type: none"> <li>• <b>[IMP]</b> New IDP to be developed alongside new Local Plan <ul style="list-style-type: none"> <li>○ Added October 2021</li> <li>○ Due for completion December 2024</li> <li>○ Update – working group is overseeing all Local Plan work</li> </ul> </li> <li>• <b>[IMP]</b> Governance framework for CIL spending to be developed. <ul style="list-style-type: none"> <li>○ Added June 21</li> <li>○ Due for completion December 2021</li> <li>○ Update – Governance framework to be presented in November 2022</li> </ul> </li> <li>• <b>[IMP]</b> Infrastructure priorities to be agreed for spending <ul style="list-style-type: none"> <li>○ Added October 2021</li> <li>○ Due for completion March 2022</li> <li>○ Revised – Revised December 2024 – intention is to go create a 10 year capital plan which goes beyond infrastructure for development purposes but also whatever else Members may want to achieve. We expect to align this to the IDP work noted above.</li> <li>○ Update: Interim position to be agreed whilst longer term work is progressed. Report expected in November to confirm priorities.</li> </ul> </li> </ul>	<b>Controls</b> <ul style="list-style-type: none"> <li>• Existing plan in place – Infrastructure Delivery Plan</li> <li>• Infrastructure requirements identified linked to CIL.</li> <li>• Key infrastructure requirements are monitored on a regular basis e.g. School Places.</li> <li>• Specific projects in place to meet specific need including; <ul style="list-style-type: none"> <li>○ Digital Rutland – Broadband.</li> <li>○ OEP – Employment/business growth.</li> <li>○ Schools – expansion of Catmose planned</li> </ul> </li> <li>• Balances of s106 and CIL being held until used</li> <li>• Infrastructure funding statement published annually in December</li> </ul>
Inherent Score: 12		
Residual Score: 8 ↔		
Date Risk Added: November 2016		
Last Review Date: September 2022		

<b>PREVIOUS ACTIONS (REMOVED OR CLOSED)</b>
None
<b>Comments:</b> Awaiting results of Levelling up Bid (with Melton) for c£23m.

Risk ID: <b>78</b>	Risk Title: Failure to achieve expectations of customers across key service areas.	
Owner: Leadership Team	<b>Actions</b> <ul style="list-style-type: none"><li>• <b>[IMP]</b> Customer Services strategy to be refreshed as part of Corporate Plan work (including review of current arrangements)<ul style="list-style-type: none"><li>○ Added October 2021</li><li>○ Due for completion March 2022</li><li>○ Revised - September 2023</li><li>○ Transformation project to consider customer arrangements</li><li>○ Work on service standards being progressed</li></ul></li></ul>	<b>Controls</b> <ul style="list-style-type: none"><li>• Customer KPIs in place across key service areas.</li><li>• External feedback in areas like Better Care Fund/Social Care.</li><li>• Customer Service Standards in place.</li><li>• Complaints, compliments and comments recorded and analysed.</li><li>• Access to Council services available through various channels.</li><li>• Website team in place and new website planned for December.</li><li>• MyAccount is now launched</li></ul>
Inherent Score: 6		
Residual Score: 4 		
Date Risk Added: October 2019		
Last Review Date: September 2022		
<b>PREVIOUS ACTIONS (REMOVED OR CLOSED)</b> None		
<b>Comments:</b> New arrangements for CST were implemented in February. The use of MyAccount continues to be well received with over 3,500 registered users. Small initiatives being undertaken pending Transformation work.		

Risk ID: 10	Risk Title: Failure to protect the health and safety of employees and members of the public	
Owner: Director - Places	<b>Actions</b> <ul style="list-style-type: none"><li>• <b>[IMP]</b> H&amp;S Corporate framework to be implemented<ul style="list-style-type: none"><li>○ Added November 2020</li><li>○ Due for completion 31<sup>st</sup> March 2022</li><li>○ Update: Corporate H&amp;S Group to assess implementation status – this work is ongoing. Internal Audit doing a health check review.</li></ul></li></ul>	<b>Controls</b> <ul style="list-style-type: none"><li>• Joint safety committee in place that reviews internal risk reports such as RIDDOR.</li><li>• Contract procedure rules require contract managers to take due regard of health and safety when procuring contracts.</li><li>• Managers complete risk assessments for service activities and review annually.</li><li>• Mandatory health and safety training for all staff</li><li>• Rolling programme of audits ongoing.</li><li>• Internal H&amp;S group set up and working</li><li>• Annual report to Council on Health and Safety</li></ul>
Inherent Score: 20		
Residual Score: 6 ↔		
Date Risk Added: September 2016		
Last Review Date: September 2022		
<b>PREVIOUS ACTIONS (REMOVED OR CLOSED)</b> None		
<b>Comments:</b> H&S framework includes various aspects such as training, performance reporting, risk assessments, display screen equipment (DSE) assessments. Various elements have been completed such as DSE assessments, reporting to Joint Safety Committee. Internal Audit undertook a review of H&S framework (Satisfactory opinion).		

Risk ID: 73	Risk Title: There is a risk we cannot deliver key/new priorities due to a lack of resources caused by retention/recruitment issues, budget or too big a corporate workload (including additional requirements from Government).	
Owner: Leadership Team	Actions	Controls <ul style="list-style-type: none"><li>• Specific recruitment plans in place.</li><li>• Provision for supplements in place.</li><li>• Use of external agencies as approved by SMT</li><li>• Applicant Tracking System in use, allowing Human Resources to manage the recruitment process better.</li><li>• Awareness of where there are issues</li><li>• Review of Retention and Recruitment completed by HR</li><li>• Business Continuity arrangements</li><li>• Request for Resources from Cabinet/Council</li><li>• Using funding received to bring in support</li></ul>
Inherent Score: 20 ▲		
Residual Score: 18 ▲		
Date Risk Added: September 2019		
Last Review Date: September 2022		
<b>PREVIOUS ACTIONS (CLOSED OR REMOVED)</b>  <b>CLOSED</b> - Consideration to be given for Corporate mechanism/dashboard for understanding capacity - details will be included in the Corporate performance report  <b>CLOSED</b> - Project teams to consider Resource needs for upcoming projects and pressures (NB: new burdens funding could be received) for financial outturn – requests were included in Outturn report but was reference was made to further requests potentially being necessary.		

**CLOSED** - Corporate strategy and service commitments to be tested for deliverability and workload issues – this has been as far as possible

**Comments:**

The Council is continuing to experience resource pressures with on average 30 vacancies at any time. With additional funding, support has been secured from external firms for some projects. But we are still experiencing challenges in bringing in extra support. The position is fluid.

There is a national shortage of health and care workers at all levels and this is particularly acute in care settings. This is impacting local services e.g., both Council and private sector have gaps resulting in care packages being handed back and care providers stopping their contracts with us. We are working with HR to try and be creative, make roles as attractive as possible but we are not confident that this will solve the problem.

Progress on the implementation of projects and performance levels including any potential impact on delivery times arising from staffing issues will be shared in the Performance Report.

Risk ID: 74	Risk Title: There is a risk that the Council is not financially stable in the medium term (as evidenced by the gap in MTFP)	
Owner: Director - Resources	<b>Actions</b> <ul style="list-style-type: none"><li><b>[IMP]</b> Agree financial objectives and priorities and implications as part of budget setting.<ul style="list-style-type: none"><li>Added October 2021</li><li>Due for completion – February 2022</li><li>Update - financial objectives re dates for reducing deficits need to be revisited in light of the impact of cost of living crisis. Cabinet paper due in October 2022.</li></ul></li><li><b>[PRE]</b> Agree plan for Budget Savings (including a decision to proceed re Transformation) including how it can be resourced.<ul style="list-style-type: none"><li>Added March 2022</li><li>Due for completion – End Autumn 2022</li><li>Update – this is work in progress and goes beyond savings programme in light of change in context. Budget Strategy needed for Autumn. Cabinet paper due in October 2022.</li></ul></li></ul>	<b>Controls</b> <ul style="list-style-type: none"><li>Medium Term Financial Plan (MTFP) in place</li><li>Members adhering to minimum General Fund balances in budget setting</li><li>Members understand the need to raise Council Tax</li><li>All increases in budget scrutinised to ensure they are legitimate.</li><li>Lobbying for additional funding ongoing including meeting with Minister and MP</li><li>Various controls strengthened in light of action opposite (e.g. review of recruitment, agency staff etc)</li><li>Strong management of the ongoing Revenue budget</li><li>Ongoing project work to assess financial impact of reforms</li></ul>
Inherent Score: 24		
Residual Score: 20 ↔		
Date Risk Added: September 2019		
Last Review Date: September 2022		
<b>PREVIOUS ACTIONS (CLOSED OR REMOVED)</b>		
None		



Risk ID: <b>74</b>	Risk Title: There is a risk that the Council is not financially stable in the medium term (as evidenced by the gap in MTFP)
<b>Comments:</b>  A detailed report on the financial position was taken at Outturn where the MTFP was updated. There are further updates expected before budget setting. Revisions are expected in areas like investment income, costs (inflationary pressures), contract extensions and updates of the costs of implementing Fair Funding for social care providers and the cost of the care cap.	

Risk ID: <b>79</b>	Risk Title: Risk that the Council does not have procurement and commissioning capacity and capability to secure the best possible financial and other outcomes	
Owner: Director - People	<b>Actions</b> <ul style="list-style-type: none"><li>• <b>[IMP]</b> Review of internal arrangements in medium term<ul style="list-style-type: none"><li>○ Added: January 2021</li><li>○ Completion date: No date set (focus for now on individual procurement exercises)</li><li>○ Update: This is now linked to the Social Care end to end reviews so expecting some options for end of March.</li><li>○ UPDATE – On Hold linked to Transformation and Adult Social Care charging reforms (see update below)</li></ul></li></ul>	<b>Controls</b> <ul style="list-style-type: none"><li>• Council has access and support from Welland Procurement</li><li>• Commissioning team in place covering Peoples</li><li>• Other external support is being brought in to supplement in house resource on key procurements e.g. waste management</li><li>• External reviews of commissioning have indicated the Council does obtain good results e.g. adult placements</li><li>• Project Teams are in place with all key procurement activity e.g. Leisure, Waste Management, Highways</li><li>• Lessons learnt include investing in understanding needs and therefore commissioning intentions rather than the process of contracting/procurement</li></ul>
Inherent Score: 12		
Residual Score: 8 ↔		
Date Risk Added: January 2021		
Last Review Date: September 2022		
<b>PREVIOUS ACTIONS (CLOSED OR REMOVED)</b>		
None		
<b>Comments:</b> The implementation of new Adult Social Care charging reforms will have a significant impact on the work of the Commissioning Team. The specialist resourcing of individual projects has also brought into question what the Council may need from a future team and there may be opportunities to work differently which will be picked up in Transformation work.		

### Inherent Risk plotted on Risk Matrix

IMPACT	Most Severe 4				3	4, 10	74
	Major 3				7, 79	5, 76	73
	Moderate 2			78			
	Minor 1						
		Extremely Unlikely 1	Unlikely 2	Low 3	More Likely than Not 4	Very Likely 5	Extremely Likely 6

### Residual Risk plotted on Risk Matrix

IMPACT	Most Severe 4			4		74, 73	
	Major 3			5	76, 3,		
	Moderate 2		78	10	79, 7		
	Minor 1						
		Extremely Unlikely 1	Unlikely 2	Low 3	More Likely than Not 4	Very Likely 5	Extremely Likely 6

This page is intentionally left blank

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank