

Date of issue: Tuesday, 6 December 2022

MEETING:	AUDIT AND CORPORATE GOVERNANCE COMMITTEE (Councillors Kelly (Chair), Brooker (Vice Chair), Ali, Carter, J. Davis, Grewal and Gill) CO-OPTED INDEPENDENT MEMBERS: Naira Bukhari and Stefana Moldovan
DATE AND TIME:	WEDNESDAY, 14TH DECEMBER, 2022 AT 6.30 PM
VENUE:	COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EL
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	SHABANA KAUSER 07821 811 259

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



STEPHEN BROWN
Chief Executive

AGENDA

PART I

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
	Apologies for absence.		
1.	Declarations of Interest	-	-

All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 9 and Appendix B of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
2.	Minutes of the Last Meeting held on 28th September 2022	1 - 8	All
3.	Action Progress Report	9 - 14	All
4.	Risk Management Update - Quarter 3 2022/23	15 - 64	All
5.	Slough Children First Governance Review - Update on Progress	65 - 98	All
6.	Forward Work Programme	99 - 100	All
7.	Exception Reporting to Overview and Scrutiny Committee	-	All
8.	Members Attendance Record	101 - 102	All
9.	Date of Next Meeting - 14th March 2023	-	-

Press and Public

Attendance and accessibility: You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before any items in the Part II agenda are considered. For those hard of hearing an Induction Loop System is available in the Council Chamber.

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In addition, the law allows members of the public to take photographs, film, audio-record or tweet the proceedings at public meetings. Anyone proposing to do so is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

Emergency procedures: The fire alarm is a continuous siren. If the alarm sounds Immediately vacate the premises by the nearest available exit at either the front or rear of the Chamber and proceed to the assembly point: The pavement of the service road outside of Westminster House, 31 Windsor Road.

Audit and Corporate Governance Committee – Meeting held on Wednesday, 28th September, 2022.

Present:- Councillors Kelly (Chair), Brooker (Vice-Chair), Ali, Carter, J. Davis, Grewal and Gill.

Co-Opted Members: Naira Bukhari and Stefana Moldovan

Apologies for Absence:- None.

PART 1

14. Declarations of Interest

Councillor Brooker declared he was Chair of the Finance Committee at Ryvers Primary School. He remained and participated in the meeting.

15. Minutes of the Last Meeting held on 28th July 2022

Resolved – That the minutes of the meeting held on 28th July 2022 be approved as a correct record.

16. Action Progress Report

Resolved – That details of the Action Progress Report be noted.

17. Risk Management Update - Quarter 2 2022/23

The Committee considered details of the Quarter 2 Risk Management Update report. The Executive Director Finance highlighted that the risk register was reviewed by the Corporate Leadership Team on a monthly basis and had refined the number of risks on the register to 14 to better reflect the strategic risks facing the authority.

A Member referred to the direction of travel for the risks, in that many remained unchanged and was informed that the scale of the challenges facing the authority were significant. Although measures had been implemented to address these challenges and the financial position improving this did not currently translate in movement of direction of travel for the risks contained within the register.

Further details were requested in regard to the delivery of the Adult Social Care Transformation Programme, specifically the additional income collected from client contributions, including backdated invoices. The Acting Executive Director People (Adults) informed Members the value was above the £889k stated in the report and that the updated financial information would be circulated to the Committee.

Concern was expressed that the Department for Education (DfE) had notified Slough Children First (SCF) that it would be substantially reducing the grant it provides for annual running costs of £2.2m per annum to the region of £0.8m in 2023/24 and potentially less in future years. In addition SCF was reporting an in year overspend of £4m and had also requested a further £1.3m in invest

Audit and Corporate Governance Committee - 28.09.22

in Early Help to reduce costs in future years. A Member commented that the government should continue funding the company that had been established by them and especially given the Council's current financial position. The interim Executive Director People (Children) acknowledged that whilst there was a gap in some of the transformation work, a comprehensive Business Plan, due to be discussed at Cabinet meeting in October 2022, was being developed to better manage the increased demand in service needs.

A number of other issues were highlighted in the ensuing discussion, which included:

- *The High Needs Block was significantly overspent with a deficit of approximately £26m.* The Executive Director of Finance & Commercial explained the good work that was being undertaken to reduce the £7m in-year deficit of the Dedicated Schools Grant, and once this had been brought back into balance a request could be made to the DfE to write off the historic deficit. This would be subject to the Council keeping DSG in balance over the coming years. The plan to DfE was expected to go in in December with the aim of having a balanced position by 2025/26.
- *Increase in energy costs and what measures the Council was implementing to mitigate the financial implications of this.* The Executive Director, Customer and Community stated that although the Council had secured an energy contract until March 2023, which would provide a degree of stability regarding prices, this was an external issue that the Council had no control over. The Asset Disposal Strategy would result in less buildings being managed by the Council but other options to reduce energy use would also have to be explored. It was agreed that the Energy Strategy report recently considered at Cabinet would be circulated to the Committee.
- Members asked about the impact of budget savings on service delivery and whether the Council was at risk of not delivering to statutory requirements. In response, it was noted that the Council had to identify and deliver its savings plans of circa £20m a year to bring the budget back into balance in the coming years, but it was also crucial to dispose of assets to reduce MRP and borrowing costs as quickly as possible which would help support service delivery. The current position on the overall financial recovery was reviewed and it was noted that the recent report to Council had indicated the total capitalisation direction had significantly reduced from a total of £782m to £369m. This remained an extremely challenging position but was manageable if the Council successfully delivered on savings and asset disposals in the coming years.
- The Committee asked a number of questions about temporary accommodation including whether the staffing issues had been resolved. In response it was noted that agency staff had been recruited, however, some had since left and the service remained under resourced at the present time. Staff had been brought in from other teams to support the service and active recruitment was taking place. Housing services was recognised as an area with staff shortage

Audit and Corporate Governance Committee - 28.09.22

for a number of local authorities and Slough was competing for skills with neighbouring councils. It was confirmed that the service continued to be delivered by redeploying staff from other areas whilst work continued to rebuild the team and to manage demand. Despite the staffing shortages, Members emphasised the importance of ensuring good quality services continued to be provided to vulnerable people. Members asked for data regarding the average amount of time and longest spent in Temporary Accommodation and comparison of this with national data.

- Staffing and recruitment issues more generally were discussed as a key risk to the Council. In relation to the analysis of exit interviews requested by the Employment & Appeals Committee it was suggested that consideration be given to reporting of this to that Committee more frequently than annually as was proposed. It was important to understand the reasons staff were leaving to try to improve retention. Members suggested exploring whether LinkedIn and social media was systematically used as a platform/tool for advertising vacancies.
- A Member asked about the financial impacts of the planned exit from GRE5, the holding company which owned Nova House. The Executive Director for Finance & Commercial stated that a considerable amount of work was being undertaken by highly skilled officers to address the complex financial issues relating to this company and once the works were completed the final position could be reported.
- The provision of external support for the finance restructure was raised. It was responded that CIPFA was providing the support and the process was summarised. The cost of this support would be provided to the Committee.

The Committee discussed the provision of finance and audit training. It was agreed that details of proposed training and development sessions for the Committee, including those with the LGA, be circulated to Members.

At the conclusion of the extensive discussion the report was noted.

Resolved – That details of the report, including revisions to the risk register, be noted.

18. Internal Audit Action Tracking Report - Quarter 2 2022/23

The Committee received details of the report which set out the progress of the implementation of internal audit management actions.

Progress had been made in closing down management actions from previous financial years to address the longstanding backlog. 235 actions from a total of 276 had been completed which equated to an 85% completion rate for previous years. There were no high rate actions which were outstanding. For 2021/22, 40% of actions had been completed to date which had increased since the last report and was a considerable improvement on the historic position.

Audit and Corporate Governance Committee - 28.09.22

The Committee welcomed the progress made, recognising that improvements were being made and commended the finance team for their efforts.

Resolved – That the ongoing improvements to the outstanding actions be noted.

19. Local Government and Social Care Ombudsman Upheld Complaints and Statutory and Corporate Complaints Summary 2021/22

The Chief Operating Officer set out details of the report which summarised the upheld complaints as determined by the Local Government and Social Care Ombudsman (LGSCO) in 2020-22 and the statutory and corporate complaints for the period 2021-22. The purpose of the report was to help drive improvements and contribute to the Council's commitment to be a learning organisation. The report covered a two year period. In future annual reports would be provided.

In 2020/21, one of the two LGSCO investigations were upheld and in 2021/22 four of the five investigations were upheld. LGSCO were satisfied that the Council had implemented all the agreed recommendations following each of these investigations.

The Council had started a review of its complaints process with the potential to move from a 3 to a 2 stage process. The Committee reviewed the breakdown of complaints data as set out in the report, noting that more than 40% of complaints related to housing repair services provided by Osborne. The Chief Operating Officer summarised the steps the Council was taking to strengthen the complaints process.

Members raised concerns about the fact that complaints had increased from 770 in 2020/21 to 975 in 2021/22 and the high proportion of complaints about Osborne's performance on housing repairs. Teams across SBC also needed to work more closely together and communicate better with residents. It was responded that Osborne's had put two more complaints handlers in place to seek to improve responsiveness, although several Members highlighted the importance of addressing the issues with housing repairs.

Members asked questions about the children's service complaint which had erroneously said was 'out of time' and asked why the Council applied such a 'rigid' timescale even if it had been received after the deadline. The Director of Children's services explained the statutory process for complaints in this area and provided assurance that all complaints should be looked into as complaints, even if submitted after any prescribed deadlines.

A question was asked about whether the internal complaints data provided for Stage 1 complaints included numbers for referrals made by Councillors or only complaints received direct from the public. It was agreed that this information would be provided to the Committee.

Members discussed the relationship between the number of complaints and the staffing issues the Council faced. The Chief Operating Officer explained the significant amount of work taking place to rebuild the Council's leadership

Audit and Corporate Governance Committee - 28.09.22

and staffing capacity and agreed it was a priority as part of the Council's recovery and improvement.

At the conclusion of the discussion the report was noted.

Resolved –

- (a) That the summary of upheld decisions by the Local Government and Social Care Ombudsman during 1st April 2020 - 31 March 2022 (Appendix A) be noted.
- (b) That the summary of statutory and corporate complaints during 1st April 2021 – 31 March 2022 be noted.
- (c) That the themes identified and the actions being taken to respond to these themes be noted.

20. Internal Audit Quarterly Progress Report

Anna O'Keefe from the Internal Auditor, RSM, summarised the Internal Audit Progress report.

It was noted that:

- 2020/21 – the final report from the 2020/21 plan (Quarter 4 follow up) had been finalised with a 'poor progress' opinion issued in May 2021. Five of the seven outstanding actions had now been recorded as closed in the Council's tracker.
- 2021/22 – a further nine final reports had been issued since the last meeting of which four had resulted in 'partial' (negative) assurance opinions. These reports had contributed to the negative ended of year opinion for 2021/22 that had been reported to Committee in July 2022.
- 2022/23 – four reviews were currently issued in draft and management responses were awaited before being finalised and presented to the Committee.

Two changes had been agreed to the Internal Audit Plan since the last meeting with extra work being carried out on 'leavers processes' at the request of Commissioners and the timing of some audits moved back at the request of Council Officers.

Members commented on various aspects of the update including concern about the timeliness by which management was responding to draft reports in some instances. The Internal Auditor responded that overall the Council was responding to draft reports more quickly than in the past. The key findings from finalised 2021/22 reports was discussed as set out in the appendix to the report. A number of specific questions were raised and further information would be provided to the Committee on the following:

- Assurance as sought that the issues highlighted in the Business Rates audit relating to the Annual Review of Reliefs had been addressed as a number of weaknesses had been identified. A more detailed response to the specific queries would be provided following the meeting

Audit and Corporate Governance Committee - 28.09.22

regarding the procedure to ensure discretionary relief was only given to those that were eligible.

- Overpayments Invoices and Recovery (HR) audit - it was agreed that details on and progress of agreed management action plan in place would be provided to the Committee.
- Debt Recovery Policy - details to be provided regarding the time period the debt referred to.
- RMI Contract Management Osborne – a query was raised about the frequency of Strategic Management Board meetings and it was agreed details of the next meeting would be provided.

Questions were also asked about the Priory School and GDPR audits which were responded to.

At the conclusion of the discussion the report was noted.

Resolved – That details of the report be noted.

21. 2018/19 Updated Audit Plan and Revised Risk Assessment

External Auditor, Ms Masci, reminded the Committee of details of the 2018/19 Audit Plan, highlighting that three additional significant risk areas had been identified – incomplete records at the council, minimum revenue Provision and cash balance and bank reconciliation process. The key aspects of the proposed response to the risks were outlined.

A Member queried whether the timetable to complete the audit of the 2018/19 accounts was on schedule and asked what the total cost for the audit was likely to be. It was explained that the revised financial statements were received in June 2022 and the audit on those would take place between September and November 2022. Given the extensive amount of work required on the 2018/19 financial statements the audit fee was currently estimated at £561,195. However, this would be monitored throughout the completion of the next phase of the audit on the revised 2018/19 financial statements and could require further variation.

The report was noted.

Resolved – That details of the 2018/19 updated Audit Plan and revised risk assessment be noted.

22. External Audit Progress Report

External Auditor, Julie Masci, introduced the audit progress report which also included a wider sector update on topical issues.

It was noted that Grant Thornton had recommenced work on the 2018/19 audit in July 2022 following receipt of revised draft accounts from the Council's new finance team on 15th June 2022. Those accounts had changed significantly since their original submission and the audit work would be extensive. The legacy issues caused by the poor quality accounting and financial records were noted and there was a high level of complexity to the accounts. The External Auditor confirmed there was a high level of

Audit and Corporate Governance Committee - 28.09.22

cooperation with the new finance team but the audit would take time given the work and challenges involved.

Members asked a number of specific questions about the audit work being undertaken and the update was then noted.

Resolved – That details of the External Audit Progress report be noted.

23. Forward Work Programme

A Member suggested that the Committee consider reviewing the Anti-Fraud Policy and it was agreed that this would be added to the work programme.

Resolved - That details of the work programme be noted with the inclusion of the Anti-Fraud Policy.

24. Exception Reporting to Overview & Scrutiny Committee

No items were referred to the Overview and Scrutiny Committee.

25. Members Attendance Record

Resolved – That details of the Members Attendance Record be noted.

26. Date of Next Meeting - 15th December 2022

The date of the next scheduled meeting was noted as 15th December 2022.

It was noted that extraordinary meetings would be convened as and when required.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.50 pm)

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SLOUGH BOROUGH COUNCIL
AUDIT & CORPORATE GOVERNANCE COMMITTEE
ACTION PROGRESS REPORT

Actions Arising from Meetings

Minute reference	Agenda item and Action required	Lead Officer	Status / Comment
17.	<p>Risk Management Update Quarter 2 2022/23</p> <p>Adult Social Care Programme back dated invoices raised to the value of £889k – details of amount collected.</p>	Executive Director People (Adults)	<p>Adults Social care programme</p> <ul style="list-style-type: none"> • Outstanding payments have been reduced by circa £200k and progress continues to be made • Representatives from all parts of the system attended a meeting last week to understand better where the blocks are. It was agreed that a revised flow diagram be produced illustrating the end to end process and how to go about identifying where specific pieces of work are within the system. • Agreed to advise Providers that invoices must relate to 1 person at a time. Large multiple invoices pertaining to different clients with approvals in different parts of the system creates significant confusion. Also some invoices get block because individual clients may require authorisation. It is easier for us to maintain cash flow to providers when we are able to pay for individuals that have authorised packages.

Minute reference	Agenda item and Action required	Lead Officer	Status / Comment																
	<p>Energy Strategy report considered at Cabinet to be circulated to Committee.</p> <p>Analysis of exit interviews - consideration be given to reporting to E&A Committee on a more regular basis than annually.</p> <p>Explore whether LinkedIn used as a platform/tool for advertising vacancies</p> <p>Details of proposed training/development sessions for the Committee (including those with the LGA) to be circulated</p> <p>Data re average amount of time and longest spent in Temporary Accommodation and comparison of this with national data.</p>	<p>Executive Director Place & Community.</p> <p>Associate Director, Customer</p> <p>Associate Director, Customer</p> <p>Director of Finance</p> <p>Executive Director Place & Community</p>	<p>Completed. Information circulated to the Committee on 15/11/2022</p> <p>Completed. Next report will be taken in early 2023</p> <p>Completed. The council does use LinkedIn to advertise jobs</p> <p>Completed. Training was delivered on 24th November 22 primarily for scrutiny committee members on budget setting and savings. Member training to be arranged in December in relation to the 18/19 accounts.</p> <p>Completed. Data on amount of time in Temporary accommodation is as follows (end of Quarter 2 2022):</p> <table data-bbox="1653 906 1989 1198"> <tr> <td>0 > 6 months</td> <td>108</td> </tr> <tr> <td>6 months > 1 year</td> <td>71</td> </tr> <tr> <td>1 year to 2 years</td> <td>154</td> </tr> <tr> <td>2 years to 3 years</td> <td>42</td> </tr> <tr> <td>3 years to 4 years</td> <td>30</td> </tr> <tr> <td>4 years to 5 years</td> <td>18</td> </tr> <tr> <td>5 years to 6 years</td> <td>8</td> </tr> <tr> <td>6 years and above</td> <td>3</td> </tr> </table> <p>Average is 54 days</p> <p>The department are investigating the availability of national data</p>	0 > 6 months	108	6 months > 1 year	71	1 year to 2 years	154	2 years to 3 years	42	3 years to 4 years	30	4 years to 5 years	18	5 years to 6 years	8	6 years and above	3
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4 years to 5 years	18																		
5 years to 6 years	8																		
6 years and above	3																		

Minute reference	Agenda item and Action required	Lead Officer	Status / Comment
	Structure for permanent Finance Team - securing external support to assist with recruitment and retention: details of what external support (CIPFA) and cost implications of this.	Director of Finance	<p>Completed. Entered into a contract for up to £110k. Support includes:</p> <ul style="list-style-type: none"> • Advertising costs associated with the recruitment programme. • Support for Interviews and Assessment Centres and recruitment • Permanent staff assessment and development planning
19	<p>Local Government and Social Care Ombudsman Upheld Complaints and Statutory and Corporate Complaints Summary</p> <p>Internal complaints data: Stage 1 complaints - clarification whether the numbers included referrals made by Councillors or complaints received direct from the public.</p>	Complaints, Casework & FOI Lead.	<p>Completed. The number of complaints do not include member casework. The complaint numbers within the report are those submitted by residents.</p>
20	<p>Internal Audit Quarterly Progress Report</p> <p>Annual Review of Reliefs: Further details to be provided regarding procedure in place to ensure discretionary relief only applied/given to those eligible.</p>	Director of Finance/Executive Director Place & Community.	<p>Annual review of reliefs Completed. The Council has commenced work with Liberata to ensure that during the next annual review of mandatory and discretionary relief the report produced includes whether each ratepayer contacted provided a response and Liberata's recommended action in each case.</p>

Minute reference	Agenda item and Action required	Lead Officer	Status / Comment
	Overpayments Invoices and Recovery (HR) – details on and progress of agreed management action plan in place on a basis to ensure not repeated in future.	Director of Finance.	<p>This report will be reviewed and signed-off in a timely manner, with any differences from Liberata’s recommendations clearly recorded.</p> <p>Overpayments Invoices and Recovery (HR) Overpayments – Invoices and Recovery Overpayments are recorded within the Adjustment Register, with methods of recovery including payroll deductions (for current staff) and invoicing (for former staff). There had been three overpayments made since April 2021 (totalling £9,643), one to a current staff member which we confirmed was Slough Borough Council Internal Audit Progress Report 15 being recovered through monthly payroll deductions. The remaining two overpayments were to former staff members and we confirmed that the Payroll team had requested line managers/accountants to raise invoices. However, a review of the Agresso system found this had not occurred. Whilst both invoices were raised during our review (when we highlighted the issue), we noted that there was currently no checking process in place to ensure these requests had been actioned. Without ensuring checks are completed to ensure invoices for payroll overpayments are raised, there is a risk that overpayments may not be recovered. (Medium)</p>

Minute reference	Agenda item and Action required	Lead Officer	Status / Comment
	<p>Debt Recovery Policy - details be provided regarding the time period the debt referred to.</p> <p>RMI Contract Management Osborne - Strategic Management Board: Date of meeting held to be confirmed.</p>	<p>Director of Finance.</p> <p>Executive Director of Place & Community</p>	<p>Debt recovery policy Completed. General debts of up to six years old are being pursued</p> <p>Completed. Meeting was held on 11th July 2022</p>
23	<p>Forward Work Programme</p> <p>Anti-Fraud Policy to be added to the work programme</p>	Democratic Services	Completed. Added to work programme.

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Slough Borough Council

Report To:	Audit and Corporate Governance Committee
Date:	14 th December 2022
Subject:	Risk Management Update – Quarter 3 2022/23
Chief Officer:	Steven Mair – Director of Finance and Commercial (S151)
Contact Officer:	Mike Thomas Interim Financial Adviser
Ward(s):	All
Exempt:	No
Appendices:	Appendix ‘A’ – Corporate Risk Register

1. Summary and Recommendations

- 1.1 This report is to update the Audit and Corporate Governance committee on the corporate risk register with an opportunity to comment. The register is shown below at Appendix A.

Recommendations:

- 1.2 The Audit and Corporate Governance Committee is recommended to:
- Note the revisions to the risk register and comment on the report

Reason:

- 1.3 Risk is inherent in all activities across the Council and risk management is an integral part of the Council’s corporate governance arrangements. Managing risk improves the way we do business. It plays a key role in helping achieve our strategic objectives. It helps ensure decision making is better informed, precious resources are used efficiently and effectively and helps avoid unwelcome surprises. Good risk management is a key part of our everyday business.
- 1.4 It is good practice to review and update the Council’s corporate risk register on a regular basis.

Commissioner Review

The identification, management and mitigation of risk is essential for the effective running of an organisation – it should inform the day to day running of services, planning and decision making.

The Commissioners are pleased to see this report on the agenda.

2. Report

- 2.1 A review has been undertaken of the description of all risks, the consequences, current controls, actions and inherent risk score with the assistance of risk owners and action owners. The document at Appendix A is the current version of the Corporate Risk Register as at 30th November 2022. This will be updated on a monthly basis. This version was reviewed and updated by the Corporate Leadership Team at its meeting on 30 November.
- 2.3 Since the last meeting each of the risks has been shared with the allocated Risk Owner and Action Owners for comment and update. In some cases a meeting has been held to discuss the revised position.
- 2.4 The main changes and actions that need attention are as follows:

Risk 1 – Children’s Safeguarding

The context, consequence and current controls sections have been amended to reflect the fact that the risk is more than a financial issue for the Children’s Company and that there are a number of partnership and service issues that need to be resolved to ensure they do not impact the safety of any child in the borough. There is a Safeguarding Risk register in place and this has been used to update the corporate risk register.

The key risks remain the financial viability of the Children’s Company, recruitment of social workers and the continuing increasing levels of demand post Covid. Actions are progressing to mitigate these risks and there is a separate report on the Committee’s agenda in relation to action against the governance review of SCF.

Risk 2 – Delivery of the Adult Social Care Transformation Programme

Minimal changes to the risk narrative and main actions are focused on delivery by 31 March 2023. CLT reviewed progress against this risk as an agenda item on the October meeting. Regular review is taking place and is reported to the ASC Transformation Board. Key deliverable in 2023 is a revised Adults Strategy that aligns to the transformation programme. This is on track to be completed by end of February 2023 to inform 2023/24 and beyond

Risk 3 – SEND Local Area Inspection

Minimal changes to the risk narrative. Written Statement of Action agreed with DfE and on-going discussion with department about Dedicated Schools Grant funding. Plan in place to reduce deficit subject to government support. Recruitment to key posts actively taking place. Expected re-inspection in late 2023. SEND Board monitoring taking place.

Risk 4 - Impact of Cost-of-Living Crisis on Slough Residents

Action owner amended from CLT to Chief Executive to ensure corporate approach to response to increased demand and pressures is taking place. Actions relating to contract management aspects now complete and therefore moved to business-as-

usual controls. Revenues and Benefits team continue to respond to changes from Government regarding support measures and have successfully completed the first phase of payments under the Household Support Fund. A number of cost saving actions for the Council are still in train subject to disposal of council owned properties and development of various energy efficiency strategies early in 2023.

Risk 5 – Temporary Accommodation

Minimal change as key action remains the need to recruit staff on a temporary and permanent basis to enable the service to progress and manage the statutory requirements. Potential impact on clients, reputation and financial subsidy if service improvement does not happen. Government review being undertaken during October which will inform plans. The department is also undertaking a fundamental review of the service and its processes as part of the wider Housing Strategy review. This is scheduled to complete by 31 December 2022.

Risk 6 - Recruitment and Retention

Minimal changes to the narrative. A number of actions have completed and a number have been re-scheduled into 2023. Key actions that are in progress are the development of an overall recruitment strategy; introduction of a system to provide reliable data on the reasons for staff turnover; review of the current pay and reward structure; a recruitment plan for SCF which will follow agreement of a revised business plan. Progress has been made with the introduction of a new performance management system which is currently being rolled out. The financial impact is continuing high levels of spend on contractors which remains unsustainable.

Risk 7 – Health and Safety

Progress is being made but a number of key actions remain to be completed by 31 March 2023 including development of a new corporate Health and Safety strategy; a gap analysis of training needs, provision and uptake; completion of all health and safety audit reviews and implementation of an appropriate software solution for monitoring and tracking health and safety incidents and providing information for learning for the future.

Risk 8 – Emergency Planning and Business Continuity

Significant progress has been made on developing and approving key policy and strategy documents such as the Major Incident Plan and Business Continuity Plan and relationships with the Thames Valley Resilience Forum have been strengthened. Whilst recent events such as Operation London Bridge and the bus station fire have tested these arrangements there remains a recognised need to undertake a formal testing exercise across all agencies during 2023. Training for Gold Commanders ie CLT members is in hand during December but needs to be completed and a rota developed as a matter of urgency. Other training for Silver and Bronze is also still being completed.

Risk 9 – Cyber Security

Minimal changes to the narrative, actions or risk score as defences have been put in place and there is on-going review of the Council's IT security. A number of key appointments have been made to strengthen security and compliance with GDPR

requirements including an experienced Data Protection Officer. A key mitigation will be the implementation of the security aspects outlined in the IT modernisation programme scheduled to complete by 30 June 2023. In the interim there remains an inherent risk of an attack that could impact ability to provide services. Arrangements have been put in place through the Emergency Planning group should this threat become a reality.

Risk 10 – Financial Management and Sustainability

Progress continues to be made to implement the core actions required to improve financial management, financial reporting and internal control. Actions delivered have included the completion of the accounts for 2018/19 and 2019/20, the recruitment of a range of people following the restructure and further external advertising is currently happening; the 2022/23 budget is being managed and a large proportion of the savings for 2023/24 have already been identified; an improved budget monitoring and reporting process is in place; Members are kept up to date through the Finance Action Plan and regular briefings and the departmental business plan is to be refreshed alongside the Service Plan for 2023/24. The sale of assets is ahead of schedule which is beneficially impacting the scale of the overall capitalisation directive and the councils' ability to balance the budget within the medium term.

Risk 11 – Pace of sale and valuation of assets

The pace and valuation of asset sales is in line or ahead of the potential identified in the Strategic Asset Review undertaken by Avison Young, £200m is forecast for 2022/23. Performance against the strategy is reported to the Cabinet and is monitored by the Asset Disposals Working Group. This is impacting the Council's Medium Term Financial position positively as it enables debt reduction to happen more quickly. Close monitoring and delivery of the strategy over five years remains crucial to future financial sustainability.

Risk 12 - Governance of Council Companies

The narrative has changed little as progress continues apace. All dormant companies have been closed and the governance and reporting arrangements for the four main companies have been greatly altered and improved. Detailed plans are in place to manage the Council's interests to achieve the best outcomes and minimise liabilities over the next 18 months.

Risk 13 - Improvement and Recovery Planning

The Council has responded positively to the Directions and implemented many actions. The reporting of these improvements are now being brought together in a more holistic manner to enable a more consistent and evidenced based dialogue to take place with the Commissioners. The recruitment of a programme management support office has provided focus and challenge. Reporting to the Improvement and Recovery Board continues to evolve but is greatly improved. The alignment of the Improvement and Recovery actions with departmental service plans is taking place before the year end.

Risk 14 – Digital Strategy

Recruitment has taken place to key posts and the strategy is in development through the establishment of a sub-group of the Corporate Leadership Team which is giving oversight and co-ordination to this important strategic theme. Delivery of a robust digital

strategy will unlock inefficiencies and provide better customer service and service outcomes. This will be a key risk area for 2023/24 and beyond.

2.5 Revised Corporate Risk Register

2.5.1 The revised corporate risk register is shown as Appendix A which sets out all the actions by risk and progress against completion of all actions. The current scores attributed to the various risks are shown in Table 1 below:

Risk	Inherent Risk	Current Risk	Target Risk	Direction of Travel
Risk 1: Safety of Children and Young People	24	20	9	↔
Risk 2: Delivery of the Adult Social Care (ASC) Transformation Programme	18	6	4	↔
Risk 3: Special Educational Needs and Disability (SEND) Local Area Inspection	24	16	4	↔
Risk 4: Impact of the cost-of-living crisis on Slough's residents	24	18	6	↔
Risk 5: Risk of the failure of statutory duty for provision of temporary accommodation	18	12	6	↔
Risk 6: Service delivery risk due to workforce recruitment and retention issues	24	20	6	↔
Risk 7: The Council does not take adequate mitigation to reduce the risk of injury or death from incidents within the Council	20	12	6	↔
Risk 8: Business Continuity and Emergency Planning	24	8	6	↑
Risk 9: Cyber Security	15	9	6	↓
Risk 10: Financial sustainability	24	15	4	↑
Risk 11: Pace and evaluation of the disposal of assets	24	12	8	↑
Risk 12: Governance and financial implications of the council companies	20	9	2	↑
Risk 13: Recovery and Renewal Plan	24	15	6	↑
Risk 14: Failure to explore opportunities for more efficient operating models	16	12	8	↔

Note: ↑ indicates risk assessment has improved since last review; ↓ indicates risk assessment has deteriorated since last review

3 Implications of the Recommendation

3.1 Financial implications

3.1.1 There are no direct financial implications relating to the updates to the corporate risk register and the mitigating actions, but completion of the actions will improve the council's processes including those that underpin sound financial management, for example the council's accounts and budget.

3.2 Legal implications

- 3.2.1 Failure to address those risks associated with the Directions from the Department for Levelling Up, Housing and Communities will impact the ability to secure the Authority's compliance with the requirements of Part I of Local Government Act 1999. The Council has specific legal duties in relation to certain areas, such as managing health and safety risks and civil contingency. Effective risk management is a key part of good governance. As stated in the Council's Policy Statement on Corporate Governance:

"Local government needs to ensure that the organisations and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and are crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision-making activities."

3.3 Risk management implications

- 3.3.1 Failure to operate an adequate strategic risk register exposes the Council to risk across a wide variety of services because:

- Risks are not identified
- Actions are not planned and progress reported
- Members are not made aware of the serious risks facing the Council

- 3.3.2 There are a number of mitigations in place that currently rates the risk Amber and reflects the continuing work to develop management of strategic risk including:

- a pro active officer risk and audit board
- pro active management of the risk register
- a risk register that encompasses strategic risks with actions, milestones
- reporting that shows trends, update on actions and impact of actions

- 3.3.3 The council is working to rate the risk Green in the 2023/24 financial year by implementing the following actions:

- recruit to an in house Risk and Insurance Team to provide support, guidance, professional advice and the necessary tools and techniques to enable the organisation to take control of the risks that threaten delivery.
- implement an Enterprise Risk Management Framework and if necessary, an associated IT system to manage risk

3.4 Environmental implications

- 3.4.1 There are no direct environmental implications in this report

3.5 Equality implications

3.5.1 Section 149 of the Equality Act 2010 requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected character.

3.5.2 The risks highlighted above affect service users and residents in different ways. Risks to services such as children's and adult social care are more likely to impact on children and young people and vulnerable adults and older people than the wider population. Failures in the SEND service will impact on children and young people with disabilities. Likewise failures in provision of temporary housing will affect certain population groups to a greater extent.

4 Background Papers

None

Risk 1: Safety of Children and Young People

Risk Owner: Executive Director Children

Direction of Travel: ⇄

Description:

Children and Young people are not kept safe through failure to meet our statutory and regulatory obligations

Context

- If Slough Children First becomes financially unviable then the Council will need to divert resources to continue essential services for children and their families
- Slough Children First (SCF) are a wholly owned council company that provide children's safeguarding through a service contract. A business plan and budget is agreed by cabinet each year and managed via a strategic commissioning board. There is risk that the company fails to deliver safeguarding services to children within the approved budget due to additional demands.
- The company is reporting an in year overspend of £4m and has requested a further £1.3m to invest in Early Help to reduce costs in future years. There is a risk that the company could go into liquidation if it does not mitigate the loss or receive financial support from the council.
- The Department for Education (DfE) have notified the company that it will be substantially reducing the grant it provides for annual running costs of £2.2m pa to in the region of £0.8m in 2023/24 and potentially less in future years. This loss of grant will either need to be filled from additional savings or support from the council.
- Increasing demands in terms of referrals both pre and post the pandemic have put significant pressures on the Company's resources and its ability to meet agreed targets across a range of measures.
- The Company along with many service areas is finding difficulty in recruiting qualified and experienced members of staff.
- At the current time these challenges have not translated into any major child safety issues – but the increasing pressure on staff workloads and across the safeguarding partnership, more generally, means this remains a high-risk area.
- The volume of cases moving to referral is increasing as is the complexity of cases with a subsequent impact on resources.
- Inability to fund additional Early Help services increases the chance of referral and additional demand.

Consequence:

- The risk that children's lives are being placed at greater risk due to the rising demands and not having sufficient resources to meet that demand, which could lead to risk of harm being missed.
- Inability to spend within budget
- Reputational damage to the council and the company if unable to meet its statutory duties

- If improvements to service delivery are not made in line with the Directions issued by the Department for Education there is a risk of further intervention

Current Controls:

- The performance and financial position of the company is monitored on a monthly as is through the contract monitoring process and strategic commissioning board chaired by the Chief Executive.
- The financial position is reported to cabinet through the council's budget monitoring process and stand alone reports requesting in-year changes to the budget.
- The business plan is subject to a scrutiny task and finish group, which is focused on a specific area of the plan. The business plan will be approved by Cabinet as part of the budget setting process.
- The DfE have commissioned Mutual Ventures to review the SCF business plan to assess its effectiveness as a model for invest to save.
- Recruitment plan in place including overseas options
- Audits of the Front Door process show decision-making is sound
- Sustainable Early Help service business case is in development
- The Council and SCF board are working together on improvements to the governance arrangements in place and this is being monitored by the Audit and Corporate Governance Committee.

Strategic Objectives:

A borough for children and young people to thrive

A council that lives within our means, balances the budget and delivers best value for taxpayers and service users

Actions Required:

- Resolve the in-year financial position and establish medium term position
 - Actionee: Andrew Fraser/Matt Marsden
 - Target date: 19th December 2022
 - Latest update: Report to December Cabinet
- Review the recruitment plan and assess further options
 - Actionee: Andrew Fraser/ Incoming CEx/ DCS
 - Target date: 28th February 2023
 - Latest update: This is being reviewed by the People Scrutiny Task and Finish Group who will report in February
- Implement the Early Years strategy and plans and report regularly to the Safeguarding Partnership and CLT on progress.
 - Actionee: Andrew Fraser / Incoming CE/ DCS
 - Target date: 28 February 2023
 - Latest update: Draft business case with delivery plan will be updated and shared at the February Cabinet

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	5	3
Impact	4	4	3
Score	24	20	9

Date last updated: **30th November 2022**

Risk 2: Delivery of the Adult Social Care (ASC) Transformation Programme

Risk Owner: Executive Director of People (Adults)

Direction of Travel: ⇄

Description:

If the adult social care transformation programme does not deliver changes in a timely and effective way there will be a negative impact on quality of service with residents directly affected, savings will not be achieved and a balanced budget will not be delivered.

Context

- There are pressures across the adult social care service with regard to provider stability, increasing demand, partnership working and provider costs.
- The ASC Transformation Programme is on track to deliver a savings target of £9,121,000 which was set in 2021 and which was intended to be delivered over 3 years (2021-2024). Of this amount, £4,771,000 is expected to be delivered in the 2022-2023 financial year. This is being delivered through a range of improvement projects relating to adult social care. This is alongside an additional savings programme managed directly by the directorate – taking a likely minimum savings total of £14.7M being delivered over three years.
- Adult Social Care is currently experiencing a number of conflating pressures. These include the need to:
 - Implement Adult Social Care Reforms – including preparation for the new Assurance (Inspection) Regime.
 - Manage the market of social care providers within the context of inflationary pressures and a backdrop of economic uncertainty.
 - Maintain business as usual alongside improvement activity
 - Manage resourcing challenges

Consequence:

- Increasing number of people waiting for assessment, service or review.
- Increasing number of safeguarding cases.
- Provider failures and reduced quality.
- Demand increasing.
- Use of agency staffing increasing.
- Budget not balanced, savings not delivered, cost and price increasing.
- Health funding to support the changes may be withdrawn
- Damage to reputation
- Ability to recruit suitably skilled workforce and manage the welfare of the workforce

Current Controls:

- Adult Social Care business case and implementation plans
- Adult Social Care Transformation Board – reporting into Recovery and Renewal board
- Tracking of actions and savings
- Support and challenge from People Too consultant partners – regularly meet to monitor the programme
- 22/23 Funding for Transformation partner agreed at 21/03/22 Cabinet
- Directorate aways days – to increase reliance and build relationships within the directorate

Strategic Objectives:

- A council that lives within our means, balances the budget and delivers best value for taxpayers and service users
- An environment that helps residents live more independent, healthier and safer lives

Actions Required:

- Manage additional income from client contributions. Based on the Financial Assessment and Charging Workstream,:
 - Backdated invoices raised to the value of **£889k last financial year**
 - Target for this year £560k - £231k already achieved
 - This is considered additional income over and above that budgeted
 - Actionee: Marc Gadsby
 - Target Date: 31/03/2023
 - Latest Update: Progress continues to be made – Provider Services now closed - monthly reporting of progress to ASC transformation programme board, monthly project report to Exec Board and weekly financial tracking progress to lead members and directors.
- Deliver the workstream actions in the adult social care transformation programme. Good progress is being made – monthly reporting of progress to ASC transformation programme board, monthly project report to Exec Board and weekly financial tracking progress to lead members and directors. Cashable savings 2022/2023 currently being ratified to the value of £2.8m.
 - Actionee: Marc Gadsby / Jane Senior
 - Target date: 31/03/2023
 - Latest update: Progress continues to be made – Provider Services now closed - monthly reporting of progress to ASC transformation programme board, monthly project report to Exec Board and weekly financial tracking progress to lead members and directors.
- Agree the Adults social care strategy at Cabinet which aligns to the transformation programme
 - Actionee: Marc Gadsby
 - Target date: 28 February 2023
 - Latest update: Alignment of strategy to be launched in 2023/24

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	2	2
Impact	3	3	2
Score	18	6	4

Date last updated: **30th November 2022**

Risk 3: Special Educational Needs and Disability (SEND) Local Area Inspection

Risk Owner: Executive Director People (Children)

Direction of Travel: ⇄

Description:

If we fail to provide a fit for purpose SEND service then it puts service users at risk and provides poor value for money.

Context

- The SEND Local Area Inspection took place in September/October 2021. The report highlighted significant areas of weakness.
- The local area includes the local authority SEND services, Children's Social Care and Health partners.
- The area was required to produce a Written Statement of Action (WSOA), which highlights how we will address the areas of concern. This was produced and sent to Ofsted/CQC on 18th February. It was approved by Ofsted and CQC as fit for purpose but with a letter of recommendations to add to the WSOA.
- There is an approximate timeline of 12-18 months for improvements to be demonstrated in which Ofsted are likely to be back for inspection again.
- Staff turnover and absence is impacting significantly on delivery of SEND services
- Current SEND service is not fit for purpose and additional resources are required.
- The High Needs Block is significantly overspent with a deficit of approximately £26 million.
- The LA is required to have a DSG (Dedicated School Grant) management programme to address this and reduce in-year spend to 0 within 4-5 years.

Consequence:

- Reputational risk
- Failure to carry out statutory duties
- Vulnerable children not getting the full support they are entitled.
- Failure to reduce High Needs Block overspend
- Potential DfE intervention
- Negative Ofsted re-inspection outcome
- Deterioration of relationship with stakeholders/resident and partners
- Financial risk

Current Controls:

- Extra funding has been agreed to expand the SEND service by 6FTE and recruitment is taking place. Expected start dates if recruitment successful will be End of January/Beginning of February 2023.
- Monthly SEND strategic board meetings
- DSG recovery plan is in place to reduce costs over 4-5 years.
- Bi-weekly meetings with DfE regarding Safety Valve Programme. LA is forecasting a balanced budget within 4 years.
- LA looking to submit papers to join safety valve programme by February 2023.

- Monthly SEND strategic board meetings
- Monthly DSG management plan meetings
- Slough Children First and the Clinical Commissioning Group have put in additional resources to address the areas highlighted in the Ofsted inspection
- Regular meetings are being held with the DfE – there are Slough specific advisors – monitoring and challenge the implementation of the WSOA
- A SEND LGA review was commissioned by the DCS and took place on 20-23rd September 2022

Strategic Objectives:

- A borough for children and young people to thrive

Actions Required:

- Exploring specific resources to implement the WSOA. Additional SEND staffing resources are needed to improve functioning of the team and secure improvement. Update: The new roles have been graded and will be going out to advert to recruit in September 2022
 - Actionee: Johnny Kyriacou
 - Target date: January and February 2023
 - Latest update: Interviews have taken place over October and the following have been recruited to: 4 Assistant SEND Officers, 1 SEND Officer. 4 candidate have start dates throughout December and January with one candidate to be negotiated still. Recruitment to a Compliance and Partnerships Manager was unsuccessful and will go back out to advert in January so as to maximise interest.
- Implement the WSOA with all relevant partners, the WSOA
 - Actionee: Johnny Kyriacou
 - Target date: January 2023
 - Latest Update: Monthly board meetings continue to take place with all relevant partners. A project manager has been secured via the council PMO team who will be supporting delivery of the WSOA. Note this action is led by JK in the council but is a joint delivery between education, social care and health services.
 -
- Implement SEND LGA review recommendations with all relevant partners.
 - Actionee: Johnny Kyriacou
 - Target date: January 2023
 - Latest Update: The draft report has been reviewed and the LA will develop an action plan for implementation. A cabinet report is being prepared for January 2023.
- Implement Dedicated Schools Grant (DSG) recovery plan in partnership with the Department for Education (DfE). This is also known as the Safety Valve programme. Meetings are taking place with the DfE with two workshops in August 2022
 - Actionee: Johnny Kyriacou

- Target date: February 2023
- Latest Update: The LA is preparing a submission to the DfE in January and is currently working on its presentation documents. The DfE have commented on positive progress in working with the LA to date.

	Inherent Risk	Current Risk	Target Risk
Likelihood	5	4	3
Impact	4	4	3
Score	20	16	9

Date last updated: **30th November 2022**

Risk 4: Impact of the cost-of-living crisis on Slough's residents

Risk Owner: Chief Executive

Direction of Travel: ⇄

Description:

Rising inflation will impact the Council and residents ability to meet day to day essential needs.

Context

- UK inflation (CPI) has increased to 9.6% - the highest since 1992, the bank of England is predicting further rises
- Energy price cap has increased by 54%, and is expected to increase further when it is revised in October 2022
- Increase in food and energy prices has led to a rise in food and fuel poverty
- This has led to an increase in residents and local businesses needing council support and services. Need is likely to continue increasing
- The Autumn statement announced increases in benefits and pensions of 10.1 per cent. In addition, there are changes to the Council Tax increases that can be applied by the Council and a range of other funding measures that will be built into the budget statement in March 2023.
- A number of one-off cost of living payments were announced from April 2023 as well as changes to the Governments energy support package which will be scaled back from April 2023.
- Benefits increased in April 2022 by less than the current level – or expected level – of inflation, which even with inflationary increases will put pressure on households relying on these payments.
- Failure to obtain energy at competitive prices will significantly impact savings targets and ability to provide services to residents.
- The estimate cost of energy supply contracts is now £5.24m in 22/23 against the (21/22 outturn of £3.14m). The budget for energy was set at £3.16m for 22/23. There is now an estimated £2million revenue pressure overall on energy costs across the Council corporate assets, street lighting, PFI school and housing.
- There are also historic energy debts and meter data charges, disconnection costs of approximately £0.2m in 22/23

Consequences

- Financial difficulties impact on other areas of residents' lives (e.g., health) which could further increase pressure on services including social care services due to increase stress/mental health issues
- The council and its services will also be directly affected by an increase in its own costs, including contractors increasing prices for services provided to the council
- This will further increase pressure on SBC's limited finance and resources and affect the council's recovery process and response to policy changes
- Delivery of budget at greater risk due to costs rising faster than commercial income, grant income, council tax and business rates

- Capital budget estimates may prove to be understated, SBC cannot afford to put more money in and so there may need to be decisions about the quality/quantity/scale of what is being built/acquired
- Interest rates, impacting on borrowing costs, could rise beyond the level assumed in the budget
- Residents are forced out of the private rented sector due to rent increases and into homelessness
- Inability of residents to pay council tax
- Instability of business effects collection of business rates
- Residents fall into absolute poverty and have to make difficult decisions related to personal finances and may affect their ability to pay priority debt e.g. council tax
- Greater demand on welfare teams
- Schools, already facing constrained budgets and rising deficits, will also be hit with rising energy costs and have to make decisions around energy usage and how to prioritise spend
- Unions arguing for higher pay increases for staff, increase in cost of filling essential temporary posts
- Consequences for energy price rises include:
 - Cost of street lighting has nearly tripled
 - Cost of corporate assets have nearly tripled
 - Cost to tenants and leaseholder energy cost has tripled
 - Cost of PFI school energy costs has tripled
 - Overall revenue pressure of energy costs is £2m+

Current Controls:

- Government support:
 - £500m new funding for the Household Support Fund (HSF), with £421 million to be distributed by local authorities in England
 - Tranche 2 of the HSF the Council received £1,177m in funding and spent £40k on administration of schemes
 - To date we have paid the following:
 - Support for food for families in receipt of Free School Meals - £681k for 6,488 children over May half term and Summer holidays
 - Support for residents have requested support - £49.3k for 251 claims
 - The guidance for latest batch of HSF funding for Oct 2022 – March 23 has been announced but not the value, once this is known we will make recommendations for the best utilisation of this funding.
 - A £150 non-repayable rebate for households in England in council tax bands A to D. The Core scheme has been completed, the final 13.7k rebates were paid onto council tax accounts on 2nd September
 - Rise in the National Insurance threshold and changes in personal taxation will help those at the bottom end of the earnings scale – those under £25k will pay less in direct taxes on income
- Monitoring of monthly trends/indicators of social poverty to demonstrate the extent to which Slough residents are affected e.g. households in receipt of council tax relief, free school meals, temporary accommodation etc. This is done through the Local Insight tool to monitor trends and reporting monthly to CLT, which includes service demand indicators such as temporary accommodation.

- Council website updated to help people understand what benefits they are entitled to
- Internal Energy group set up to monitor energy spend and consumption. Eenergy provide billing and metering services to ensure accurate billing. Arrange disconnections of unused meters and supplies, add new/existing meters under the energy corporate contracts. Claw back overpayments. Remove unused meters, add new/existing meters under corporate contract.
- Risk management strategy developed to determine when purchase energy volume under new flexi Gas and Energy (HH) contracts. Energy brokers Beond will advise on opportunistic purchasing (markets retrace). Assume future gas and energy volume at lower market rate during Q2, Q3 and Q4 – provisional estimate **£100k** saving but entirely dependent on market rates at time of purchase – going back to Cabinet with a revised purchase strategy in February 23.
- Housing recharge energy costs for communal heating and lighting to residents – needs a paper to determine the level of recharge and whether HRA reserve picks up some of this cost. **(currently estimated at £1.1m)**
- PFI School recharge energy costs negotiated and agreed and subject to the Government Energy Support Relief Scheme (currently estimated at £1m).
- Inflation policy agreed and communicated through staff training sessions.
- Review of contracts has been completed to challenge and seek to verify if procurement is necessary and to identify opportunities to maximise value for money through contract rationalisation and consolidation including identification of contracts which fulfil statutory responsibilities.

Strategic Objectives:

A council that lives within our means, balances the budget and delivers best value for taxpayers and service users

Actions Required:

- Implement government relief e.g., Household Support Fund, maximise use of the fund
 - Actionee: Group manager – revenues, benefits and charges
 - Target date: 31 March 2023
 - Latest update: Approach agreed for current tranche
- Change/amend heating/lighting/ventilation controls – for each 1% reduction in consumption across the portfolio of Corporate/community Buildings we would save approximately **est. £25k saving**
 - Actionee: Jonathan Tewson
 - Target date: 31st March 2023
 - Latest update: Working with the building management as well the FM service provider with an agreed action plan to deliver reductions in power usage (Electricity, Gas & Water), this includes removing unnecessary lighting, fine tuning programmable lighting (OH) using PIR switching systems, updating lighting LED (as & when required), constantly lowering power consumption

by the way of regularly checking timeclocks on boilers & other time monitored plant, also checking correct functionality & consumption during in regular PPMs across the SBC estate.

- Asset disposal program will see a reducing number of buildings provided with SBC funded heat, light and power – provisionally **est. £100k saving** in 2022/23 but entirely dependent on sales programme yet to be determined
 - Actionee: Fin Garvey
 - Target date: 31st March 2024
 - Latest Update: Corporate assets are not yet included in the assets identified for disposal, within the 22/23 financial year

- Temporary or part closure of existing assets to reduced consumption (changing rooms, other community buildings, SMP, Priors Close) **est. £50k saving**
 - Actionee: Kamal Lallian
 - Target date: 31st March 2023
 - Latest Update: Improvement of greater than £50k against 2021/22 budget. Will require Buildings Management review during 23/24.

- Re-Fit Programme Energy efficiency measures for remaining buildings will prove effective in reducing energy costs but requires capital investment and a longer return on investment. A business case will be developed.
 - Actionee: Jason Newman
 - Target date: 30th September 2023
 - Latest Update: In progress, future savings to be identified, contingent on assets disposal programme

- Paper on HRA recharge costs will be required on agreed rates to recharge tenants for energy costs for communal heating and lighting.
 - Actionee: Jason Newman/Trevor Costello
 - Target date: 31 March 2023
 - Latest Update: Being scoped

- Street Lighting timer controls to reduce lux levels require investigating to determine the consumption reduction and potential reduction of costs
 - Actionee: Jason Newman
 - Target date: February 2023 Cabinet
 - Latest Update: Feasibility study being undertaken, included in 23/24 savings tracker

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	6	3
Impact	4	3	2
Score	24	18	6

Date last updated: **30th November 2022**

Risk 5: Risk of the failure of statutory duty for provision of temporary accommodation

Risk Owner: Executive Director - Housing and Property

Direction of Travel: ⇄

Description:

If we fail to manage the increasing demand for temporary accommodation it will cost us financially and damage our reputation.

Context

- There are financial and reputational risks arising from the increasing demand for temporary accommodation. We have increasing numbers of UK nationals presenting as homeless now that evictions are being allowed. We have pressure to receive asylum seekers – currently 300 asylum seekers are in the borough awaiting immigration status and further to this the UK has specific commitments to Hong Kong and to Afghanistan and has “bridge head” infrastructure in place in Slough as a result of our existing cohort of asylum seekers
- The conflict in Ukraine is also likely to impact the demand for housing, particularly after scheme to host families ends after 6 months

Consequence:

- Budget pressure
- People do not have a safe and secure home

Current Controls:

- Housing Needs officers are being supported in taking an appropriate approach when assessing eligibility for temporary accommodation (number of units)
- Temporary Accommodation officers are being supported in negotiating better rates (cost/unit) with landlords and other housing providers
- DLUHC review being undertaken

Strategic Objectives:

- An environment that helps residents live more independent, healthier and safer lives
- A borough for children and young people to thrive

Actions Required:

- Address staffing shortages in the Temporary Accommodation team – temporary staffing
 - Actionee: Ian Blake
 - Target date: 31st December 2022
 - Latest update: Fundamental review of the team, its structure and processes being undertaken within the context of a revised Housing Strategy
- Address staffing shortages in the Temporary Accommodation team – permanent staffing
 - Actionee: Ian Blake
 - Target date: 31st December 2022

- Latest Update: Fundamental review of the team, its structure and processes being undertaken within the context of a revised Housing Strategy
-

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	4	3
Impact	3	3	2
Score	18	12	6

Date last updated: **30th November 2022**

Risk 6: Service delivery risk due to workforce recruitment and retention issues

Risk Owner: Chief Executive

Direction of Travel: ⇄

Description:

The Council is challenged in delivering high quality services in all areas for residents because of the inability to recruit and retain staff, including the right calibre of staff in specialist roles. This is also applicable to Slough Children First.

Context

- The Council does not have appropriately qualified, skilled and experienced people to deliver necessary service levels and identify budget savings to allow the Council to live within its means.
- There are currently significant numbers of vacancies within the Council in key support professions such as Finance, IT, and HR. This is exacerbated by significant vacancies in key service areas such as Social Workers, planners and engineers.
- The Council has massive competition for employees within Berkshire and the Greater London area. It is located on the M25 and has excellent links into London offering greater choice of employer for its own and residents within its travel to work area.
- The reputational damage caused by the section 114 notice and the appointment of Commissioners will potentially impact recruitment and retention.
- The Directions include the requirement to implement a suitable officer structure and scheme of delegation for the Authority which provides sufficient resources to deliver the Authority's functions in an effective way, including the Improvement Plan and its monitoring and reporting, prioritising permanent recruitment and/or longer-term contract status of interim positions.
- Recruitment into posts to assist with the council's recovery has not happened quickly enough and as a result, an additional Direction came into effect on 1 September 2022. The Direction permits the Commissioners to define the structure for and to recruit staff to senior positions for the period of the Directions.

Consequence:

- A higher reliance on agency staff has a direct impact on budgetary pressures
- Significant numbers of interims in leadership roles leads to staff uncertainty about future sustainability and continuity of management
- Higher costs due to cost of recruitment to replace staff who have left
- Loss of corporate memory leads to inefficiencies and additional costs
- Staff turnover includes hard to fill posts which has an impact on workloads in teams and increases staff absences, wellbeing and resilience
- Employee disengagement leading to reduced productivity
- Failure to maintain required levels of service delivery affecting our residents, especially statutory obligations
- Reduced staffing levels will impact the quality of service being provided
- Statutory roles are not permanently filled e.g. Returning Officer, Monitoring Officer
- Council is unable to delivery key improvement projects

- Fines for non-delivery of statutory services
- Judicial review and associated financial and reputational costs.
- Civil unrest due to inadequate / inappropriate response.
- Local and national media interest
- Reduced quality of service delivery
- Increase in safeguarding issues, impact on quality of life
- Securing qualified staff in the national context where resources are hard to recruit and retain

Current Controls:

- Engagement with the workforce through regular communications and briefings to provide reassurance to staff of the development and then progress of the recovery process, including trade union colleagues. This is stronger with the appointment to Senior Management posts and the appointment of HOPS.
- Slough Children First continue to invest to recruit a permanent workforce including overseas recruitment and apprenticeships
- Development of functional capability action plans and transition into service plans
- Development of communications plan for staff briefings
- Implementation of Adults social care transformation programme to drive service improvements and efficiencies
- Appointment of chief information officer to drive forward digitisation of services
- Review of Performance Indicators to identify areas of concern

Strategic Objectives:

- Corporate Health: Corporate Operations

Actions Required:

- Development of a recruitment and retention strategy, to align with the future operating model
 - Actionee: Surjit Nagra
 - Target date: 31st January 2023
 - Latest Update: Data is being collated to support the introduction of a retention strategy i.e. analysing current recruitment episodes to ascertain the response rates, reviewing recruitment documentation; assessing the social media platforms to analysing the leaver information. HRBP Team reviewing monthly agency spend with Directorates; Request for DLT's to review monthly agency spend. Discussions with departments delayed due to restructures and HR capacity
- Tracking of staff turnover rates to Corporate Leadership Team and to workforce committee and Board within Slough Children First - monthly
 - Actionee: Surjit Nagra
 - Target date: 31 March 2023
 - Latest Update: Working on producing this data on a regular basis and review existing process from the Agresso system to ensure data accuracy. Staff turnover rates are being published monthly via the performance team
- Appraisals and performance management of staff – put in place revised processes and procedures

- Actionee: Surjit Nagra
 - Target date: 31st December 2022
 - ⊖ Latest Update: A new performance management framework has been agreed and is currently being implemented in the Council
- Review of current pay and reward structure of the council
- Actionee: Surjit Nagra
 - Target date: Ongoing to 31 March 2023
 - Latest Update: Council has legal requirement to comply, on equal pay and the National Minimum Wage, as well as reporting on the organisation's gender pay gap and including chief executive pay ratio. The pay policy statement for 22/23 has been approved and updated on the website which includes an update on the annual pay increase – this included the CX Pay ratio. The Gender Pay Gap 2021 reporting has also been approved and uploaded onto our external website with an action plan. Currently working on the 2022 figures. Payroll compliance deadlines with HMRC have all been met. The council has recently reported on gender pay gap and senior officer pay for 2021 – 2022, currently preparing a report on 2022 to 2023. The Council has begun review of pay as part of recent structure reviews.
- Tracking of specific issues through analysis of exit interviews
- Actionee: Surjit Nagra
 - Target date: 31st March 2023
 - Latest Update: Putting in place a system to capture this information. Working with Agresso HR reports are being updated to review analysis of exit interviews, reported to EAC committee on an annual basis
- Slough Children First are implementing a recruitment and retention measures as per the business plan
- Actionee: Kate McCorriston
 - Target date: 28 February 2023
 - Latest Update: In the process of writing the business plan and all supporting business cases for approval. Once these have been submitted and approved then SCF will be able to move forward with the recruitment and retention initiatives.
 - The business plan remains under review

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	5	2
Impact	4	4	3
Score	24	20	6

Date last updated: **30th November 2022**

Risk 7: The Council does not take adequate mitigation to reduce the risk of injury or death from incidents within the Council
Risk Owner: Chief Operating Officer
Direction of Travel: ⇔

Description:

If the Council does not meet its wide range of Health & Safety requirements, then there could be a risk to the safety of **staff and** citizens

Context

The profile of health and safety matters has not been given sufficient prominence in recent years however COVID has addressed the imbalance.

Key potential causes of health and safety risks are:

- Lack of understanding of roles and responsibilities
- Insufficient staff numbers to carry out work plans in a safe way.
- Lack of appropriate training.
- Lack of oversight and control by local management.
- Lack of information on the potential or known risks i.e. through lack of reporting, lack of risk assessments, staff turnover, etc.,
- Lack of learning from previous lessons
- Inadequate contract management arrangements. H&S legislation states you are still liable even if contractors undertake work.
- Lack of effective processes and systems consistently being applied.
- Lack of accountability and governance arrangements

The risk of injury or death is increased in certain circumstances and for high-risk activities such as:

- lone working
- violence
- use of machinery
- inadequately managed buildings
- inadequate contract management

Consequence:

- Corporate manslaughter charges
- Significant reputational damage
- Death/injury to individuals and/or non-compliance with relevant legislation resulting in prosecution and civil claims.
- Staff sickness through accidents/incidents/stress
- Increased insurance premiums

Current Controls:

- Interim Health and Safety Manager, Interim Health & Safety professional and Health & Safety adviser in post
- A health and safety management system (policy and codes of practice) in place. These are regularly reviewed and updated, clearly communicated and placed on SBC insite.
- Corporate health & safety strategy (2018-2021) in place with directorate plans dovetailing. New Health and Safety Strategy to be devised to align with new organisation structure.
- Accident reporting system and procedure in place and communicated. Investigations occur and are reported.
- Health & safety training programs in place, available face to face and online. Mandatory training identified and in place.
- Lone worker In-check and personal safety devices in place
- Monitoring of health & safety indicators at Health & Safety Committees (bi-monthly) and Health & Safety Board (bi-monthly).
- Trade Union consultation with health and safety trained representatives present (Corporate Consultative Forum)
- Compliance monitoring 'Building Compliance Group' (monthly) – this now falls under the Property and Housing Directorate.
- Health and Safety audit programme for 2022-2023

Strategic Objectives:

- Corporate Health: Corporate Operations

Actions Required:

- Online accident reporting for accurate monitoring and tracking.
 - Actionee: Surjit Nagra
 - Target date: 31st March 2023
 - Latest update: H&S currently working with IT Project Manager to look into possibility of utilising existing company Intec who can create several databases Council wide. Review to be undertaken by IT to identify other potential teams who may use a similar/require a database. As there is no uptake, a business case will be raised for H&S to upgrade to the corporate contract which will mean unlimited licenses and several databases will be created for H&S purposes. One of these databases will include accident and incident reporting. IT have confirmed this is no longer an option.
- Monitoring of actions from accidents and audits to ensure lessons are learnt and actions are implemented through an online system.
 - Actionee: Surjit Nagra
 - Target date: 31st March 2023
 - Latest Update: This action is aligned to the action above and will be completed once new system is implemented.
- Health & safety team will be auditing high risk areas of the council: asset management, environmental services, strategy and infrastructure and lone workers.

Lower risk areas to conduct self-audits. Responsibility of AD/GM's. Corporate Leadership Team approved new audit format in November 21 following report from Health & Safety Board. Self-audits approved by Corporate Consultative Forum meeting on March 7th 2022.

- Actionee: Surjit Nagra
 - Target date: 31st March 2023
 - Latest Update: So far 19 responses have been received and H&S will be reviewing these and providing feedback. Due to current workload pressures and capacity issues within the team, health and safety internal audits are being reviewed on a weekly basis and the schedule is being realigned as required.
- Gap analysis of training needs, provision and uptake. Work commenced with Workforce Development in identifying risk assessment and accident investigation training. All managers and staff encouraged to complete mandatory H&S online training via communications issued to all staff and managers. All managers have been provided with instructions on how to determine the compliance status of staff.
- Actionee: Surjit Nagra
 - Target date: 31st March 2023
 - Latest Update: Training: The 'Risk Assessment' and 'Accident Investigation' Training has been split into blending learning. Delegates are required to undertake the theory session on Cornerstone prior to attending a practical session which will be delivered by the H&S team. Training dates have been scheduled for the practical sessions and has been communicated to the organisation via newsround, H&S Committees and the H&S Board. Both the theory and practical are 1.5 hours each and the aim is to increase the uptake as the sessions have been split to enable delegates to attend around their work schedule
- New corporate strategy to be developed for 2023 onwards and directorate plans to be developed H & S Board has requested a new strategy and this will be presented to Corporate Leadership Team (CLT) in March 2023
- Actionee: Surjit Nagra
 - Target date: 31st March 2023
 - Latest Update: A new strategy will be devised and finalised once the new structure is in place and the services/teams are reallocated to the 7 Directorates. Once devised, the strategy will be presented to the H&S Board and CLT for approval and subsequently rolled out via H&S Committees.

	Inherent Risk	Current Risk	Target Risk
Likelihood	5	3	3
Impact	4	4	2
Score	20	12	6

Date last updated: **30th November 2022**

Risk 8: Business Continuity and Emergency Planning

Risk Owner: Chief Executive

Direction of Travel: ↑

Description:

Failure to deliver and maintain emergency planning and business continuity response arrangements will lead to the Council at risk of being unable to continue its business should a serious event cause disruption or an emergency occurs.

Context

The Council has not had in place a permanent qualified and experienced Business Continuity and Emergency Planning lead in order to enable it to respond to incidents and disruption since November 2021. However, this position has been filled by the an interim with the necessary skills, qualifications, experience and knowledge since November 2021. Some of the recent improvements include:

- Improved procedures for the response and co-ordination during an incident or disruption
- Strong links to the Thames Valley Local Resilience Forum.
- Finalisation of the Major Incident Plan (MIP)
- Business Continuity Plan now in place
- Arrangements to Exercise the Emergency Response Arrangements & Plans are being organised – a gap analysis has already been undertaken as a tabletop exercise.
- Arrangements to exercise the Business Continuity Plan are also being organised.

Consequences if the above was not in place:

- No response to operational emergencies due to severe weather conditions, fire, or any other major incident.
- Council is not prepared to respond as directorate and service areas do not have an adequate or co-ordinated response in place
- Availability of staff to deliver key services if trained volunteers are taken away to deal with a major incident (the Council is a Category 1 responder under the Civil Contingencies Act).

Current Controls:

- Business Continuity (BC) Plans in place
- Emergency Planning procedures in place
- Emergency planning and business continuity lead in place
- Sufficient Response Officers (Local Authority Liaison Officer (LALO) & Rest Centre Managers (RCM)) who can be utilised in the event of an emergency. Additional capacity in Adults would strengthen our response.
- Arrangements and links in place with TVLRF & Partner Organisations

- Utilising lessons learnt from Covid.
- Local and regional response arrangements in place

Strategic Objectives:

- Corporate Health: Corporate Operations

Actions Required:

- Exercising of Emergency Response Arrangements & Plans and the Business Continuity management & Plans – through tabletop testing
 - Actionee: Anthony-Mario Montana
 - Target date: 31st January 2023
 - Latest Update:
 - The Exercising of the Major Incident Plan and Emergency Response Arrangements will be undertaken by January 2023
 - 'Blu Nimbus' will be a live testing of the plans which is due to take place in October 2023.

- In person, one to one and online training to be completed for Gold, Duty Gold Officers, Duty Sliver Officer/EOC Managers, LALOs & RCMs
 - Actionee: Anthony-Mario Montana
 - Target date: 31st December 2022
 - Latest Update:
 - Directors have all been scheduled to take the Strategic Coordination Group (Gold) Training due to take place by end of December 2022
 - The LALOs & RCMs have taken the JESIP Bronze Commander Training.
 - The LALOs & RCMs has commenced the Risk Management Training on Cornerstone
 - Other training course will be arranged, scheduled and/or designed at later stage.

- Securing more Rest Centre Managers (RCMs) from Adults and Children's services
 - Actionee: Anthony-Mario Montana
 - Target date: 31st March 2023
 - Latest Update: Work with the ED's in Children and Adults to secure resources for this duty.

- Recruit Volunteer Response Support Staff to staff and run the Emergency Rest Centres and the Emergency Operation Centre.
 - Actionee: Anthony-Mario Montana
 - Target date: 31st January 2023

- Latest Update: Now the plans are signed off work will begin to secure these volunteers. Process in place to secure volunteers during emergencies via the MOU through the LRF.
- Develop a robust prevention programme within the council supported by emergency planning
 - Actionee: Anthony-Mario Montana
 - Target date: 31st March 2023
 - Latest Update: Working with service areas to understand what prevention plans are in place, to reduce impact of risks identified. This action is with the Risk and Audit Board.

Note:

Emergency Planning (The Council) has a dynamic framework that can be utilised by the emergency planning team to respond to both a major incidents and business continuity interruption while the Major Incident Plan (MIP) & BC plans undergo the current review.

	Inherent Risk	Current Risk	Target Risk
Likelihood	4	4	3
Impact	4	2	2
Score	16	8	6

Date last updated: **30th November 2022**

Risk 9: Cyber Security
Risk Owner: Chief Operating Officer
Direction of Travel: ↓

Description:

- Failure to adequately protect our information and technology assets from an attack via the organisations internal network or the internet, that is either deliberate or because of non-compliance with policy and procedures.
- Failure to comply with the Data Protection Act 2018 (GDPR) legislation.

Context

- There is a continual risk of cyber-attack from a wide range of sources which if enacted could cause significant financial, service delivery and reputational damage to the Council and its partners – recent attacks on local authorities and NHS bodies have caused significant disruption and expense in rectifying the impact.
- Heightened risk of cyber-attacks in relation to the Ukraine conflict.
- The Council has continued to invest resources in strengthening its controls in this area.
- An action plan to achieve improvements in relation to the proper functioning of the Authority's IT is in the Directions from DLUHC.
- DPA 2018/GDPR came into force in May 2018. Policies and processes developed as our corporate and local response to the implementation of DPA 2018/GDPR. A full data flow analysis was undertaken across the organisation and is being refreshed as part of the 2022 audit.
- The team that manages information governance has had limited resource. The team has now recruited an interim DPO and the recently completed ICT restructure includes the proposed appointment of a permanent DPO and a Cyber security officer that will be progressed in the last quarter of 2022.
- Recruiting people with strong DPA 2018/GDPR understanding is challenging in the current market and especially difficult in the public sector.

Consequence:

- *Worst case:* Temporary or permanent loss of access to some or all of SBC data and / or IT systems leading to not being able to deliver business critical or statutory functions e.g. elections
- *Likely case:* (some of) loss of reputation in handling personal data, removal of access to PSN and DWP direct data connections, removal or penalties for bank payment handling and processing. Short term loss of access to data or systems.
- *Best case:* Isolated incident with minimal or no data loss and no loss of access to IT systems.
- If there is not an adequate response to DPA 2018/GDPR there is a chance that the following may arise:
 - fines
 - criticism from the information Commissioner
 - damage to corporate reputation
 - civil claims for damages

Current Controls:

- Procured membership of SEGWARP and other government alert agencies. This provides regional alerting on vulnerabilities that SBC needs to be aware of intelligence sharing / threats / policy development. SBC have also registered with the Cyber Resilience Service for the southeast to enable a regional approach to cyber alerting.
- Ensure security patching is up to date and continues regularly. An interim resource has been engaged to check and apply security patching.
- Periodic and regular 3rd party penetration testing. ICT&D are part way through a sequence of testing.
- Cyber Security support from market leading 3rd party. Softcat are contracted to provide additional cyber security support. This covers the following
 - Quarterly Security Controls Assessment
 - Breach Assessment annually
 - Security Improvement Programme LeadershipOrganisation and Execution of cyber essentials audit action plan. Actions to complete before the end of 2022
- Communications to staff has been increased through councils Newsround and subject specific emails in particular awareness on cyber security issues, including phishing emails, scam calls & data protection responsibilities.
- Documented and detailed security procedures have now been put in place for patching, testing and incident handling & testing of these is in progress
- DLUCH Funding obtained following application and workshops - £200k
- Cabinet approval for a continuous improvement programme for IT security hardware and software, for 3 years.
- Remedial / Modernisation programme has targeted security improvements under emergency funding and agreed
- The recent ICT&D restructure has assigned the formal Data Protection Officer (DPO) role for SBC to the ICT&D Service Manager.
- DPA 2018/GDPR training for new starters to minimise breaches
- External review of compliance by Internal Audit
- Initial data mapping completed by SBC supported by RSM
- The council has updated its information governance policy in November 21 and this has been signed off by the Information Governance (IG) board, the updated policy supports the process by which an organisation obtains and provides assurance that it is complying with its legal, policy and moral responsibilities in relation to the processing of information. Alongside this an IG Improvement plan has been developed and will be monitored through the Information governance board moving forward.
- All aspects and issues of DPA 2018/GDPR have been drawn into one place, a programme to confirm compliance or implement required controls where necessary is being developed and will report into the council's information governance board.
- DPO role assigned to the ICT&D Services Manager

Strategic Objectives:

- Corporate Health: Corporate Operations

Actions Required:

- Compliance - fortnightly monitoring audit actions
 - Actionee: Alex Cowen
 - Target date: 31st March 2023
 - Latest update: Newly appointed infrastructure manager and Data Protection officer are supporting on finalising Cyber 2022 audit and monitoring of actions

- Implement security solutions as per the IT modernisation programme
 - Actionee: Alex Cowen
 - Target date: 30th June 2023
 - Latest Update: Programme established and recruitment to programme manager, two project managers and three business analysts. Programme board established and highlight reporting being finalised

	Inherent Risk	Current Risk	Target Risk
Likelihood	5	3	2
Impact	3	3	3
Score	15	9	6

Date last updated: **30th November 2022**

Risk 10: Financial management and sustainability
Risk Owner: Executive Director – Finance and Commercial (S151)
Direction of Travel: ↑

Description:

If the Council fails to significantly improve its financial planning and management and its internal control and financial reporting in the medium to longer-term the Council will not become a financially self-sustaining council.

Context

Financial Management, Planning and control

- The S151 officer issued a statutory S114 notice in July 2021. Expenditure controls have been in place since in order to limit the Councils spend to the minimum. A capitalisation direction (CD) was approved in principle by DLUHC in March 2022 for £307m in order to enable the Council to set a balanced budget for 2022/23. Cabinet approved the budget on 9 March 2022. Initial forward planning indicated that the CD could increase to c £800m, this has since been reduced to c £400m. The revenue budget savings have also been reduced from £20m pa for 7 years to £20m, £23m and then £14m pa for 5 years

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The DLUHC Directions include the requirement to put in place an outline action plan to achieve financial sustainability and to close the long-term budget gap identified by the Authority across the period of its Medium-Term Financial Strategy (MTFS).

The Council has also actioned the following:

- Asset sales agreed by Cabinet Sept 21 - £162m generated to date, £200m planned for 22/23, £100m planned for 23/24
 - 18/19 and 19/20 accounts submitted
 - 22/23 budget forecasting to be balanced, capital programme greatly reduced, treasury management correctly prepared
 - £20m out of £23m 2023/24 revenue savings identified
 - Comprehensive updates of financial recovery presented to Cabinet and every Council from September 2021
 - 5 companies closed, 3 radically reviewed, no further expenditure on them and sales being prepared, governance greatly improved
 - Internal audit recommendations now being addressed, procurement greatly improved
 - Delivering DSG in year balanced budget plan and management plan highly regarded by DfE and likely to lead to £26m write of historic debt
- The seriousness of the financial situation and how the Council found itself in this position remain of significant concern. This has been acknowledged and the financial recovery strategy agreed and actioned from July 2021. The availability of significant future support is a key assumption underpinning the 2022/23 budget and will be for several future years.

Financial Control

Many of the Councils financial processes are not fit for purpose. These include by way of example:

- financial systems – the Agresso system is not fully used or documented
- financial capacity and skills – the number and skills of permanent staff in the team have in some cases considerable room for improvement
- financial processes – basic processes such as reconciliations are not documented or up to date
- insurance and other provisions were inadequate

Financial Reporting

- The accounts originally provided for audit in 2019 were inadequate and contained significant errors. The 2018/19 were finally completed in September 2022. The 2019/20 were given to the auditors at the end of October 2022. The accounts for 2020/21 and 2021/22 accounts will be completed during early 2023. These audits may identify further issues that the Council needs to consider.
- As a result of the investigations by the new Finance team there have been significant amendments made to the 2018/19 accounts plus many working papers, figures and narrative statements have had to be fundamentally corrected. In total there have been 24 material errors made that have affected over 60 per cent of the figures in the core statements and 80 per cent of the disclosure notes. The changes made have impacted the General Fund balances available to the Council and the Balance Sheet. The changes have decreased the net value of the balance sheet by nearly 40 per cent. Significant weaknesses in respect of the information to support journal entries within these statements will impact the auditor's opinion.

Consequence:

- The Council will be unable to set a legal budget with a consequential impact on the Council's ability to provide services to residents.
- The Section 151 officer could be required to consider issuing further s 114 notices
- If the Council continues to fail to produce its annual accounts then the Council will be in breach of their responsibilities to provide proper financial stewardship and control.
- The Council has no properly prepared or audited financial base line since 1 April 2018 and thus has challenges preparing its budgets and financial planning going forward.
- It has also not fulfilled its requirements to properly account for its stewardship of public monies.
- It will face increased external audit fees and is having to have its staff spend a great deal of time "looking backwards" rather than planning forwards.
- The Council faces significant reputational damage which may impact its ability to borrow money and secure adequate insurance

- The Directions include the potential for Commissioners to impose their own budget in total or detail if they consider it necessary
- Reputational damage caused by an adverse audit opinion

Current Controls:

Financial Management and Planning

- The Council approved a series of budget reports at its meeting on the 10th March 2022 including:
 - Revenue budget
 - Capital programme
 - Treasury management
 - S25
 - DSG
 - Council Tax Support

These reports included a wide range of proposals that will set a new start for the Council moving forward on its ambition for financial sustainability.

- Expenditure controls in place throughout 2022/23 financial year.
- Commissioners' approval for all budget changes.
- Regular budget monitoring and reporting is now in place.
- A Finance Board has now been put in place to monitor key aspects of financial management, planning, risks and controls.
- The budget process for 2023/24 began earlier than ever before and is progressing in line with plans.

Financial Control

- Specialist resources have been brought in to understand the nature and scale of the problems and to address them
- Finance action plan reported to full Council for each meeting (with the exception of March when the budget papers will be tabled)
- Finance and Commercial service business plan has been developed to ensure future sustainability of the service.

Financial Reporting

- The Council has implemented a structured and well tested method for preparing its accounts using a whole team approach involving as many of the existing finance team as possible in order to upskill permanent members of staff and to spread the workload.
- The standard approach is that individual officers have been assigned a disclosure note to prepare (the preparer) and that each disclosure note will be subject to first line QA review by a reviewer.
- For the 2019/20 and 2020/21 accounts standard closing folders for both years have been set up with folders for each core statement and disclosure note
- All working papers are being filed on these folders so that there is a clear trail back from the accounts to centrally filed working papers rather than information filed on personal folders which seems to have been the experience in the past

- For each core statement and disclosure note standard template workbooks are being used to collate information and produce the relevant disclosure. The purpose of using the standard template workbooks is to ensure there is a clear audit trail between the information reported in the accounts back to source documentation, and to provide clear evidence of quality assurance in the accounts preparation process

Training

- Regular training sessions are now taking place for Members on a range of topics including Local Government Finances.

Strategic Objectives:

- A council that lives within our means, balances the budget and delivers best value for taxpayers and service users

Actions Required: The immediate actions include:

- Ensure 2022/23 budget can be delivered –
 - Actionee: Steve Mair, Steve Muldoon, Liton Rahman
 - Target date: 30th June 2023

Latest update: A list of potential savings risks and budget pressures (energy costs, lack of rent income re OH, scf placements) relating to the delivery of the 22/23 budget has been drafted and regularly reported to Lead Members and Executive Directors. The 2022/23 forecast year-end position for the General Fund, taking account of use of all capitalisation direction amendments, is a fully balanced position. However, within this, there is an overspend of £7.322m across service areas, comprising a shortfall on in-year savings after mitigations of £4.309m against the total target of £19.958m, and including the loss set out in the latest SCF business plan. This is then balanced through an improvement in the collection fund position, the application of settlement monies received, the impact of capital receipts on MRP and a reduction in the use of capitalisation.

Work up options for 23/24 savings – a schedule of savings options has been identified and further work is required to meet the overall target. Ensuring that budget savings can be delivered for each Directorate.

- Actionee: Exec Directors, Steve Mair, Steve Muldoon
- Target date: 15th January 2023
- Latest update: 22/23 savings shortfall of £6.386m before service mitigations, £4.309m after service mitigations. 23/24 £2.8m shortfall against an overall MTFP target of £22.4m, work is still ongoing to close this gap and subject to the outcome of the local government settlement due in late December 2022.

- Regular communications to officers and members continue on the financial situation
 - Actionee: Steve Mair
 - Target date: ongoing
 - Latest update: Very regular reports have been provided since May 2021. Links to Culture change needed for the organisation to live within budgets.

- The 2018/19 accounts have been completed and made available for audit as at the end of September 2022, Further sets of accounts for the following years will then become available on a quarterly basis during the rest of the year.
 - Actionee: Liton Rahman
 - Target date: 30 th April 2023
 - Latest update: 2018/19 and 2019/20 accounts completed and available for audit. Others to follow during 2023.

- To feed the outcome of these accounts into the Council's forward financial planning
 - Actionee: Liton Rahman
 - Target date: Post audit completion for 2018/19 estimated as December 2022
 - Latest Update: Awaiting audit completion to assess the impact of any additional accounting changes.

Recruitment to vacant posts in the restructured department.

- Actionee: Steve Mair, Mike Thomas
 - Target date: 31 December 2022
 - Latest update: Internal recruitment completed at the end of October and external recruitment is on-going until the end of November 2022. Interviews and assessment centres scheduled for December 2022 and possibly January 2023.
-
- The finance action plan is reported to Cabinet and Finance Board and sets out in detail the current position on key financial matters and the actions being taken. This is updated on a bi-monthly basis and reported to Cabinet. The report shows the significant progress that has been made in all areas during 2021/22 and 2022/23.
 - Actionee: Steve Mair, Mike Thomas
 - Target date: Bi-monthly update
 - Latest update: Last update provided in revised format for November Cabinet and Council

 - A business plan has been developed for the service for 2022-23 which includes a range of key performance indicators and targets for delivery of key change initiatives.
 - Actionee: Steve Mair, Mike Thomas
 - Target date: Business Plan completed and now being refreshed for 2023/24
 - Latest update: Formal launch to take place at Departmental Away Day on 13th December 2022.

	Inherent Risk	Current Risk	Target Risk
Likelihood	5	3	1
Impact	5	5	4
Score	25	15	4

Date last updated: **30th November 2022**

Risk 11: Pace and valuation of the disposal of assets
Risk Owner: Executive Director – Place and Executive Director –
Finance and Commercial (S151)
Direction of Travel: ↑

Description:

If the Council does not dispose of sufficient assets to realise capital receipts we will be unable to set a balanced budget or deliver long-term financial sustainability.

Context

- The council's long-term sustainability is dependent on the sale of between £400 and £600m of assets. In September 2021 the Cabinet agreed to assess the options during 2022/23 and to begin asset disposals as soon as prudently possible, given the Council's responsibility to obtain best value.
The Housing & Property has a strategy in place to drive the asset disposal programme forward

Consequence:

- Without a programme of asset disposals to finance reduction of external debt, the Council's external borrowing per head of population will remain one of the highest in the UK and debt charges will increase to a significant proportion of the net revenue budget.
- If Cabinet either delay or do not accept the disposal programme this will lead to failure to meet the budget targets and risk more intervention
- Without significant asset disposals the Council's long-term financial position is not sustainable and will compromise the Council's ability to:
 - finance the anticipated capitalisation direction and
 - to allow the Council's external borrowings and debt charges to be reduced
 - provide existing levels of services in the future.

Current Controls:

- A new department of Housing and Property has been established to enable the recruitment and retention of suitable senior leadership and professional expertise to manage the asset disposal programme to best effect
- Multinational consultant Avison Young have been retained as strategic property advisers and other professional services like valuers and auctioneers are being procured.
- An Asset Disposals Sub-Committee has been established and meets on a regular basis to review asset disposal proposals and updates

- All out of borough assets have been marketed and the last one is due to be sold before Christmas. In addition, one significant in borough asset has been sold and another is due to be sold within next few weeks. As a result we are on track to deliver £200m of sale income in year 22/23. A further £100m of sales are planned for 23/24

Strategic Objectives:

- A council that lives within our means, balances the budget and delivers best value for taxpayers and service users

Actions Required:

Continue to monitor and report the asset sales position to CLT, as the continued sale of assets during 2023/24 and beyond will remain crucial to the Council’s medium to long term financial sustainability.

- Action Owner: Pat Hayes
- Target Date: 31 March 2023 (year-end update position) then quarterly thereafter
- Latest position: On track for 2022/23.

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	3	2
Impact	4	4	4
Score	24	12	8

Date last updated: 30 November 2022

Risk 12: Governance and financial implications of the council companies

Risk Owner: Executive Director – Finance and Commercial (S151)

Direction of Travel: ↑

Description:

If we fail to review the relevance and rationale for each of the Council's Companies, we open the Council up to potential financial losses, reputational damage and legal challenge.

Context

- The Council has a number of subsidiaries and a joint venture that deliver a range of services or address specific issues. Given the Council's current financial and operational circumstances, and issues that have been identified to date, the rationale for continuing to have these companies needs to be reviewed. This was highlighted by both CIPFA and DLUHC in their reports in October 2021 and the Council started to consider this in summer 2021.
- In addition, a wide range of governance, management, operational and financial issues have been identified over a number of years and had not been addressed. These need to be (a) reassessed to reflect the latest available information relevant to the companies and (b) revised actions implemented. There is a risk of poor service delivery, ineffective decision making, poor oversight, poor value for money and additional reputational and financial risk for the Council (e.g. additional costs, non-repayment of loans, grant clawback)
- There is a Direction in place regarding the Commercial Companies including consideration of the roles and case for continuing with each subsidiary company of the Authority (except Slough Children First).

Consequence:

- Additional financial pressure on existing Council budgets that are not within plan
- Inefficient service delivery by the Council, especially in relation to housing, due to poor contract management and controls
- Potential grant clawback across a range of companies which may have implications for the Council. e.g. James Elliman Homes, Ground Rents Estates 5
- Reputational damage to the Council as a result of the failure of a number of high profile initiatives with a national interest. e.g. Nova House
- Key strategic sites are not developed – failure to achieve the Council's strategic objectives and key outcomes. e.g. Slough Urban Renewal
- Improved governance arrangements should enable the Council to make timely informed decisions on key strategic and financial matters that are critical to the Council's capitalisation directive. These include:
 - the Council's capital programme has been reduced (e.g. SUR programme reduced by c £50m and the JEH acquisition programme has been stopped reducing the capital programme by a further £15m);
 - increased loan repayments to the Council improving cash flow and

borrowing costs (e.g. a significant reduction in the SUR loan facility from £9m to £2m this year);

- capital receipts have been accelerated (e.g. SUR opted site disposals of c £40m in the next few years);
- reduced cost exposure on key development sites;
- reduced operational losses for JEH due to the change to its acquisition strategy and improved Council operational oversight and additional sources of funding have been identified and approved to reduce the Council's overall financial exposure (e.g. Homes England funding of at least £9m for GRE5 as a contribution towards the ACM programme and additional First Homes grant funding to accelerate the sales of apartments at the Old Library Site).

Current Controls:

- Establishment of a new corporate oversight board for Slough Urban Renewal
- Development of role profiles for Directors and appointment of new directors and senior responsible owners with clarity on roles and reporting
- Regular Board meeting cycle to be established at all active companies
- Establishment of shareholder oversight group for GRE5
- Improved board reporting including performance reporting across all company Boards
- Establishment of monthly financial reporting from key companies into the Council
- Internal audit tracker for key issues to monitor progress through to issues getting closed down
- All Dormant Companies have been closed down
- Revised governance arrangements have been introduced across all companies (with the exception of DISH which has not been prioritised for action in FY 22/23 as it is a much smaller scale compared to the other entities, is not a trading company and has limited risk (it has a lease with the Council for 54 properties dating back to 1988 when it was established) and is lower risk rated by Internal Audit compared to other entities. DISH revised governance will be introduced in early FY 23/24 following a review).
- Establish appropriate governance and reporting arrangements for GRE5 and JEH

Strategic Objectives:

- A council that lives within our means, balances the budget and delivers best value for taxpayers and service users

Actions Required:

A wide range of workstreams are underway with the immediate actions focused on:

- Ground Rent Estates 5 – execution of Council loan; continue to support litigation proceedings; further strengthen performance, risk and financial reporting, development of exit strategy.
 - Actionee: Steven Mair / Carmel Booth
 - Target date: 31 December 2022
 - Latest Update:

- Loan is now fully approved by all parties and has been fully executed (done by 31st August). Cash flow requirements continue to be monitored and an updated GRE5 progress report was provided to Cabinet in November 22.
 - A new finance manager was recruited in August 2021 with responsibility across all Companies for the continued development of tailored reporting.
 - Litigation proceedings continue to take place and have pushed back due to additional structural issues identified. Following scope and cost confirmation, a date will be agreed for revised POC and mitigation. Expected to be late 22 / early 23.
 - It is expected that the Council will exit from GRE5 following the completion of the works programme to Nova House (early 2024). Legal advice will be taken to consider the mechanism for achieving this and the timing for action. This work is expected to take place in Q4 2022 to enable an exit plan and timetable to be approved in early FY 23/24.

- Slough Urban Renewal – in principle agreement obtained for the restructuring of the Council’s commercial relationship with Muse. Progression with negotiations and Heads of Terms for the SUR key sites (Montem, Wexham, Haymills and Stoke Wharf). Due diligence completed re NWQ for potential disposal/partnership change – transaction negotiations and heads of terms in development. Agree changes to the Partnership Agreement including revised business plan (all FY 22/23).
 - Actionee: Steven Mair / Carmel Booth
 - Target date: 31 December 2022
 - Latest Update:
 - Cabinet agreement to phased exit from SUR and the disposals of a number of key sites that are currently opted to SUR (done by 31st July). This is initially focused on NWQ, Montem and Stoke Wharf.
 - NWQ: agreed Heads of Terms. Best consideration and disposal report to be provided to Cabinet for approval Oct/Nov 22. Legal and financial planning across Sept – Dec 22.
 - Montem: BAFO stage. Anticipating exchange /completion in Nov/Dec subject to Cabinet approval of best consideration case/disposal report. Legal planning Sept – Dec 22.
 - Other disposals: to be considered following conclusion of NWQ/Montem with target dates in early FY 23/24 and FY 24/25. Further due diligence and legal panning required throughout 2023.
 - Agreed a revised SUR operating model and cost base. Costs significantly reduced reflecting winding up following final site disposal.
 - All Directors replaced. New Directors recruited, inducted and engaged regularly in SUR governance.
 - Corporate Oversight Board continues to meet on a biweekly basis reflecting the status of key developments and required for effective oversight and decision making.

- James Elliman Homes – undertake further work/analysis as recommended in the Options Review (led by Local Partnerships); approve revised Service Level Agreement between the Council and JEH; undertake review of rental levels/tenants across the portfolio; strengthen financial reporting and related board reports; service improvements plan to be developed by the Council (to be underpinned by the SLA), continued improvements to governance and performance reporting and oversight.
 - Actionee: Steven Mair/ Carmel Booth
 - Target date: 31 December 2022
 - Latest Update:
 - SLA was fully updated, approved and signed by all parties by 31st August. Arrangements to be put into place by the Council to provide regular SLA performance reporting to JEH to be done by (31st March 2023). This will inform the development of the Council’s service improvement plans for key services provided to JEH).
 - Board meetings continue to take place on a monthly basis (as reinstated from January 2022). This includes the development of new Board Packs including performance reporting. Board reporting will remain in review at each Board meeting.
 - Rental level and tenant data is now available and has been presented to the Board on a monthly basis since 31st August.
 - New finance manager appointed with responsibility across all companies as at 31st August. They will be responsible for aligning accounting treatment across the Council companies where it is relevant. E.g. treatment of rental income and bad debt provisions (accounting treatment alignment of key areas for FY 22/23 accounts).
 - The Options Review recommended the potential phased exit from JEH however it recommended that further analysis and data should be undertaken before exit plans can be developed for (a) street properties and (b) temporary accommodation. The approach to both sets of properties is likely to be different due to landlord responsibilities and tenant rights. It is highly likely that some properties may be transferred to the Council and some may be sold (to be done by 31st March 2023 with an exit strategy agreed in early 2023).

- DISH – establish regular performance reporting to the Board, commence high level options review to explore the potential to transfer DISH properties into the HRA, commercial review of DISH lease, preparation of a service level agreement to reflect the services the Council is providing (action plan programmed for the end of FY 2022/23).
 - Actionee: Steven Mair / Carmel Booth
 - Target date: 31 March 2023
 - Latest Update: Local Partnerships were commissioned to undertake a high-level assessment of governance and reporting arrangements of DISH to establish the level of risk and requirement for immediate action. This is considered to be low risk although it is recognised that further consideration should be given to the ability to transfer these properties to the Council. Given the risk profile, scale of DISH and opportunities presented by the other

companies, it is proposed that DISH will not be considered further until early FY 23/24.

- SCF – an update on actions and risks is covered in Risk 1. There is a monthly corporate oversight group including the Council’s contract manager, “shareholder” representative and finance lead, as well as governance meetings with the Chief Executive and s.151 officer. There is regular reporting to cabinet due to the level of risk. A regular report will be taken to Audit and Corporate Governance Committee on progress against the governance review recommendations, with the first report in December 2022.

	Inherent Risk	Current Risk	Target Risk
Likelihood	5	3	1
Impact	4	3	2
Score	20	9	2

Date last updated: **30th November 2022**

Risk 13: Improvement and Recovery Planning

Risk Owner: Chief Executive

Direction of Travel: ↑

Description:

Failure to deliver on the wide range of improvement and recovery actions specified in the Directions and various Government reports leads to further intervention.

Context

- The Council has put in place a wide range of improvement and recovery actions to respond to the various reports it received. The council has carefully considered the timing and delivery of improvement and recovery actions so they are completed in line with Government Directions.
- The Council has delivered a wide range of the required actions but only recently brought these together in a holistic manner in communication with the Commissioners, for example:
 - An outline action plan to achieve deliver financial sustainability and to close the long-term budget gap identified by the Authority has been developed through completion of the capitalisation direction, the 2018/19 and 2019/20 accounts and the ongoing work on the budget.
 - An action plan to achieve improvements in relation to the proper functioning of democratic services has been implemented.
 - An action plan to achieve improvements in relation to the proper functioning of the scrutiny function has been implemented.
 - An action plan to achieve improvements in relation to the proper functioning of internal audit has been developed subject to the successful recruitment of an in-house team. The addressing of outstanding management actions is taking place on a regular basis and being reported to CLT and Finance Board. A fully costed plan for establishing an internal audit function that reflects best practice has been completed.
 - An action plan to achieve improvements in relation to the proper functioning of the procurement and contract management function has been completed and recruitment is taking place
 - An action plan to achieve improvements in relation to the proper functioning of the Authority's IT – initially reported to Cabinet in December, restructure at Cabinet on the 18/7/22. Recruitment is taking place.
 - A restructure of the senior management team was announced in early July. A number of departments are also in the process of restructuring most notably Finance and Commercial, IT, Libraries and Public Health. Once the various changes have been finalised this will be reflected in the scheme of delegation for the Authority and revised Financial Procedure Rules. Revised FPR's are being approved by Council on 21 November 2022.

- Full Council received and approved the revised Corporate Plan 2022-25 on 19 May 2022. The Plan 'Doing Right by Slough' also acts as the Councils Improvement and Recovery Plan. Systems are being set up to manage, monitor and report on progress in implementing the plan.
- The senior management restructure has been implemented, with interviews for all executive posts having taken place and offers made. Associate Director vacant roles are currently being advertised internally and externally. Expanded leadership capacity is providing the council with greater grip and drive in the implementation of the corporate plan.
- Finalised service delivery plans have been completed with the actions identified feeding into an overall action plan for each recovery theme. The new Associate Director for Transformation will ensure the necessary programme structure and governance are in place to ensure delivery.

Consequence:

Failure to deliver a robust Improvement and Recovery Plan will lead to further intervention and Directions from DLUHC

Preparing these plans will enable the Council to set its strategic direction and set the Council on its way to recovery.

Failure to put in place a programme management function risks being unable to deliver the plan to the satisfaction of the Commissioners as required by Directions.

Current Controls:

The Commissioners' Improvement and Recovery Board now receives monthly updates on progress in delivering the plan, alongside other reports on the council's finances and performance, which includes detail on any risks and issues that have been identified against delivery of the plan's four strategic priorities and seven recovery themes.

There is now regular reporting on progress to Cabinet and Scrutiny, this will continue quarterly.

A Programme Management office led by the Associate Director for Transformation has been formed to provide programme management assurance for the Improvement and Recovery Plan. The PMO was agreed as part of the review of the senior management structure approved by Cabinet in July 2022.

A consistent corporate approach to reporting on all improvement actions arising from the costed action plans corporately. Services have been asked to liaise with the IT, HR and Comms teams to identify co-dependencies. This will be updated following the conclusion of service planning.

Strategic Objectives:

- A council that lives within our means, balances the budget and delivers best value for taxpayers and service users
- An environment that helps residents live more independent, healthier and safer lives

- A borough for children and young people to thrive
- Infrastructure that reflects the uniqueness of Slough's places and a new vision for the town centre

Actions Required:

- Continue to refine the Improvement and Recovery Board reporting and monitor implementation of the required actions
 - Actionee: CEO / AD Transformation
 - Target date: 31/12/2022
 - Latest Update: Monthly review through the Improvement and Recovery Board

- Deliver the revised Corporate Plan and finalise service delivery plans
 - Actionee: All EDs
 - Target date: 31/12/2022
 - Latest Update: First drafts have been completed, Plans are now being reviewed to ensure alignment and provide an opportunity for constructive challenge.

- Manage the communications with Commissioners in a positive manner and implement any further actions arising from the Commissioners Reports as required
 - Actionee: CEO / AD Transformation
 - Target date: 31/12/2022
 - Latest Update: Will respond based on Commissioner report due in December 2022.

	Inherent Risk	Current Risk	Target Risk
Likelihood	6	4	3
Impact	4	3	2
Score	24	12	6

Date last updated: **30th November 2022**

Risk 14: Risk that the lack of an agreed council-wide vision, principles and governance for building digital access for residents continues to lead to incoherent and poor-quality digital services

Risk Owner: Chief Operating Officer

Direction of Travel: ⇔

Description:

- There is a risk that the Council is unable to meet its ambition for more efficient digital services due to insufficient resources, poor governance and engagement across services, and poor understanding of the tools in place and the work done to-date.

Context

- The Council has not had an integrated Digital and Customer service strategy that is focused on delivery of more efficient and effective customer service.
- The Council has not transferred the point of access of enough of its services to a coherent digital platform resulting in significant capacity and customer service issues in many frontline services.

Consequence:

- The Council cannot switch to lower cost transactions that are easier for residents, leading to an inability to make savings and poorer quality of interactions for the public

Current Controls:

- A paper proposing a reset to the approach to Digital Customer engagement has been written and has been shared with Cllr Ajaib (lead member for ICT & Digital), COO, CEO and Director of Finance.
- The ICT & Digital Team restructure has been completed and both internal and external recruitment has commenced.
- Remaining contract resources have been extended to the end of the financial year to provide continuity.

Strategic Objectives:

- Corporate Health: Customer engagement

Actions Required:

- Establish Digital working group as a subgroup of SLT
 - Actionee: Simon Sharkey Woods
 - Target Date: 31/12/2022
 - Latest Update: Currently building the terms of reference and data inputs to ensure the meeting is meaningful

	Inherent Risk	Current Risk	Target Risk
Likelihood	4	3	2
Impact	4	4	4
Score	16	12	8

Date last updated: **30th November 2022**

Slough Borough Council

Report To:	Audit and Corporate Governance Committee
Date:	14 th December 2022
Subject:	Slough Children First Governance Review – Update on Progress
Chief Officer:	Stephen Brown – Chief Executive
Contact Officer:	Sarah Wilson – Principal Lawyer
Ward(s):	All
Exempt:	NO
Appendices:	Appendix 1 – SBC update on progress against SCF Governance Review – November 2022 Appendix 2 – SCF Governance update 1 December 2022

1. Summary and Recommendations

This report sets out a summary of the progress made on actions recommended following a governance review of Slough Children First (SCF).

Recommendations:

Committee is recommended to:

- (a) Review and comment on the progress made as set out in Appendix 1 and Appendix 2.
- (b) Decide the frequency of updates to be given to the Committee.

Reason:

1.1 Improvements in company governance are an important part of the Council's recovery plans. Issues in governance arrangements were highlighted by the external auditors in May 2022 and in the DLUHC commissioned Governance Review. The latter led to the issue of statutory directions and the appointment of commissioners to oversee progress on improvements and recovery.

2 Alternative options considered and not recommended

2.1 Whilst there is no legal requirement to undertake a formal governance review, based on concerns raised from external sources and the importance of good governance to overall performance and financial management, officers undertook a review in the Summer of 2022 and reported this to Cabinet in October 2022. Cabinet recommended that Audit and Corporate Governance Committee be responsible for receiving six monthly updates on progress against the recommendations contained in the Governance Review. This is the first update.

- 2.2 The Committee may decide that it requires more frequent updates, particularly at the beginning when it is envisaged that more focus is needed on the pace of improvement.
- 2.3 By publicly reporting on progress on the governance review recommendations, elected members have an opportunity to comment and question whether the focus is right and the pace of change is appropriate. Members can also consider the learning from this review when reviewing risks arising from other Council companies.

Commissioner Review

The Direction regime imposed under the Best Value legislation specifically excludes consideration of Slough Children First continued existence from its scope as the establishment of the company is mandated by a Direction from the Secretary of State for Education. However, the Best Value Directions do apply to the way in which the Council's interaction with its subsidiary company is handled. Much improvement is required in this area, particularly ensuring that the Board is held to account for its financial performance and also ensuring that the Council appoints Directors who are suitably skilled and experienced to ensure that the Company delivers its goals. This report therefore needs to be seen in the context of the plans and actions required from the Council in meeting its Direction obligations.

3 Background

- 3.1 SCF became wholly owned by the Council on 1 April 2021 as a result of a change in the Articles of Association. Prior to that it was an independent trust. SCF delivers statutory children's services under a statutory direction of the Secretary of State for Education. Cabinet received a report in October 2022 providing an annual report from SCF and the findings of a governance review undertaken by the Council's Principal Lawyer using the Local Partnerships framework. Local Partnerships is an entity jointly owned by the Local Government Association, HM Treasury and the Welsh Government. Its purpose is to help public organisations manage the challenges of meeting rising demand for services with shrinking budgets. As part of this work, Local Partnerships published a Local Authority Company Review Guidance toolkit for undertaking strategic and governance reviews of wholly or partly owned council commercial entities. This has picked up on learning from failures in company governance in other areas, in particular the rapid review undertaken for Nottingham City Council.
- 3.2 Good governance arrangements for council owned entities should seek to achieve the following:
- The entity should have sufficient freedoms to achieve its objectives
 - The council should have sufficient control to ensure that its investment is protected, appropriate returns on investment can be obtained and that the activities of the entity are aligned with the values and strategic objectives of the council
 - The entity continues to be relevant and required (in its existing form) and, if not, appropriate steps are taken (for example, amending constitutional documents or changing form or terminating the vehicle).
- 3.3 It is important to note the reason for SCF existing. This is succinctly set out in the introductory paragraphs of the DLUCH commissioned Governance Review of the Council by Jim Taylor dated September 2021, which is published on the DLUHC website.

“In 2011 Slough Children’s Services received an inadequate rating from OFSTED. In November 2013, following a further OFSTED inspection, from February 2014 the council was subject to intervention from the Department for Education. There were ‘serious systematic failures’ and ‘longstanding and serious concerns about the leadership, management, and governance of Children’s Services in Slough’. Slough Children’s Services Trust was subsequently established. An OFSTED inspection of November 2015, published in February 2016, again found Children’s Services to be inadequate. It was only in 2019 that the OFSTED inspection rating began to improve to ‘requires improvement to be good’.

Such a failure in children’s services, over this length of time, reflects on whole council leadership. For a failing children’s services department to achieve success within a council, all council services must be marshalled together to help with the improvement. The fact that it took so long to demonstrate any significant improvement indicates that the council has been unable to improve a statutory service at the pace required.”

3.4 This is not to say that there are not good leaders and officers working across the Council and SCF. SCF employs many highly experienced and competent staff who are supporting children and families daily to assist with many challenges that life brings. These staff are all committed to protecting children and young people and supporting families to improve the wellbeing of these individuals.

3.5 However there have also been concerns in relation to the financial cost of the services and whether the focus for support is appropriately targeted. The Council’s best value duty as set out in the Local Government Act 1999 requires the Council to “secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.” The Governance Review is aimed as ensuring the Council keeps this duty at the forefront in the way it governs its companies.

3.6 An update on recommended actions is attached at Appendix 1. This is reporting against the original Governance Review which was appended to the Cabinet report in October 2022. The table below shows the split of RAG rated actions:

Red		Amber		Green	
September 2022	November 2022	September 2022	November 2022	September 2022	November 2022
11	8	20	22	14	15

3.7 The red rated risks relate to lack of assurance evidence to demonstrate effective performance management and evaluation of effectiveness of board directors, the business planning processes and approval mechanisms, scope of directors’ authority and internal scheme of delegation, risk management procedures, financial management and medium-term financial planning,

3.8 The SCF board are fully engaged and supportive of the governance review and an independent non-executive director is leading on the governance improvements required. Appendix 2 provides a narrative from the board on next steps. Monthly meetings are being set up between SBC’s Principal Lawyer, who acts as the member representative (equivalent of a shareholder representative) and SCF’s lead for governance. In addition, the Principal Lawyer will attend board meetings on a quarterly basis in the future. This is in addition to the contract manager role, which is exercised by the AD – People Strategy and Commissioning and the finance lead.

There is close working between these officers to ensure SCF is appropriately governed. This is also in addition to the role of the Council nominated director, whose role is partly to ensure that the Council's interests and priorities are understood by the board and that the local context of Slough is considered. The Council is in the process of reviewing the Articles of Association in relation to board composition, which if approved, will provide greater flexibility to bring in further external expertise to strengthen the board.

3.9 Children's social care services in Slough remain under statutory intervention of the Department for Education and there is an appointed DfE commissioner. The commissioner changed in October 2022 and there have been meetings between key individuals in the Council and the DfE commissioner, as well as the establishment of close links between the DfE commissioner and the DLUHC commissioners. The lead member for children's services continues to be closely involved in strategic management of the service and steps have been taken to review the various meetings that are taking place to ensure they are purposeful and unnecessary duplication is avoided.

3.10 The role of the member representative (SCF is a company limited by guarantee, however this is equivalent to a shareholder representative) is as follows:

- Oversight of any decisions that are reserved to the Council, as sole owner of SCF. This does not mean that decisions are made by this individual, as many of the decisions are reserved to cabinet, for instance approval of the business plan and approval of in-year funding requests over certain limits;
- Reviewing how SCF achieves its strategic aims and how this links to the Council's priorities;
- Oversight to ensure that decisions are taken in accordance with contractual requirements, the Articles of Association, the Governance Side Agreement and other relevant policies and procedures;
- Engagement with the Chairman, Board and chief executive of SCF to ensure effective performance against strategy and governance;
- Ensuring that the Council's views are captured and effectively communicated to the SCF board;
- Evaluating the effectiveness of the board and delivery of performance against strategic objectives and the approved business plan;
- Working with officers, elected members, commissioners and the DfE to review the effectiveness of the vehicle to deliver the outcomes required and whether more viable alternative models might offer a more effective means of delivering on priorities;
- Reviewing risk and how this is monitoring and reported on.

3.11 In the last year there has been an increased level of reporting and involvement of elected members. This has included cabinet reports on approval of the business plan, in-year funding requests, annual report and governance review, the setting up of a scrutiny task and finish group to review the draft business plan and make recommendations to Cabinet on a key area within this and a recommendation on the role of Audit and Corporate Governance Committee in relation to reviewing progress against the recommended actions in the SCF Governance Review.

4. Implications of the Recommendation

4.1 *Financial implications*

The agreed contract sum for SCF in 2022/23 was £31.435m. Two in-year requests for increased funding have been submitted, with the second one being considered by Cabinet in December 2022. Next year's contract sum will be set as part of the business planning approval process. SCF was given a working capital loan and it has used this to fund deficits that have arisen in 2021/22 and 2022/23. The loan is repayable at the end of the contract term and SCF and the Council will need to agree further funding of SCF taking this into account.

4.2 *Legal implications*

4.2.1 The Secretary of State for Education has powers to issue a direction in relation to specified social services functions relating to children under s.497A of the Education Act 1996. Various directions have been issued in relation to statutory functions in Slough since 2014. The sixth statutory direction was issued in April 2021. This requires that the Council secures that prescribed children's services functions are performed by SCF and the Council jointly and other prescribed children's services functions are performed by SCF on behalf of the Council. The Council was also directed to enter into a new service agreement to implement the discharge of these functions and continue to comply with any instructions of the Secretary of State, his representatives and the Children's Services Commissioner in relation to

- i. ensuring that the Council's children's social care functions are performed to the required standard;
- ii. the terms of the Service Agreement that require the Secretary of State's consent or approval;
- iii. the operation of the Direction.

4.2.2 The intention behind SCF becoming wholly owned by the Council was to clarify the roles and responsibilities of the Council and the DfE, on the basis this will give the Council greater control over the strategic direction of the Company, whilst ensuring operational independence for day to day functions. The reserved matters set out in the Articles allow the Council to make certain high level decisions, however these matters are also subject to consultation and consent rights of the Secretary of State for Education, as set out in a separate Governance Side Agreement.

4.2.3 The governance review was undertaken using the Local Partnerships guidance on local authority companies. This recommends that key documents are reviewed as follows:

- (a) Articles of Association – these were re-written and adopted in April 2021 and are being reviewed at present;
- (b) Financial agreements – the service delivery contract and support services contract have been reviewed as have existing contractual arrangements;
- (c) 12 months of minutes for board meetings and any shareholder groups and engagement between shareholder groups and board members – some minutes for meetings have been provided, although more have been requested. There is a formal corporate oversight group of SBC officers and meetings have an agenda and written notes. Improvements are to be made to the meetings between the member representative and board members.

(d) Key executive and scrutiny reports – since the review improvements have been made in the role of cabinet, audit and scrutiny in governing SCF.

(e) SCF business plan and other key documents which document performance – the detail is covered in the appendix and this is a key area of improvement.

(f) Governance and structure charts and descriptions of key roles – work is underway to review and improve the board structure and update terms of reference for board committees.

(g) Terms of reference for the member role, the board and the audited accounts. The member role is set out above, however as part of wider company governance further guidance will be produced on this. The role of the board and reserved matters are clearly set out in the articles.

(h) Risk logs – further information is set out in Appendix 1 and whilst there are improvements, further work is required.

(i) Policies and procedures to manage conflicts of interest – these exist for council officers and the joint SCF chief executive and Executive Director of People. Further information is required from SCF on management of conflicts of interest.

(j) Training plans for board members – further information is required on this.

4.3 *Risk management implications*

4.3.1 The risks of failure of a company delivering statutory children's services are high and must be carefully managed. If appropriate funding is not provided, SCF will not be able to deliver effective services and this will put children and families at risk of harm. Good governance is intrinsically linked to high performance and it is important to ensure that this is given an appropriate focus both within SCF and by the Council. This also linked with compliance with the Council's best value duty as set out above.

4.4 *Environmental implications*

4.4.1 None

4.5 *Equality implications*

4.5.1 SCF provides social care services to protect some of Slough's most vulnerable children and to support families from a diverse background. If SCF fails to adequately deliver its services this will impact on children and working age adults with children to a greater extent than the wider population. In addition, it will negatively impact on children and parents with disabilities who are more likely to need the support of SCF. Certain ethnic groups and gender are disproportionately represented within the community supported by SCF and will therefore be disproportionately impacted by any change in the delivery of services.

5. Background Papers

None.

Slough Children First Governance review – Progress up to November 2022 Update

Aim	Original RAG rating	New RAG rating	Actions recommended	Update as at November 2022	Lead person /body
C1 There should be evidence that the council and senior management recognise the importance of establishing appropriate and proportionate governance arrangements for the oversight of entities	Amber	Green	<p>Clarify role of scrutiny committees/panels.</p> <p>Clarity over role of Audit & Corporate Governance Committee</p> <p>Clarify extent to which SCF is subject to internal controls of the Council ie. expenditure control panel.</p> <p>Review of the Articles of Association to consider whether to recommend changes to the number of Council nominated NEDs and independent NEDs and the quorum rules.</p>	<p>Scrutiny task and finish group focused on business plan process.</p> <p>Audit & Corporate Governance Committee focused on reviewing governance action plan.</p> <p>SCF not subject to internal Council processes – contractual provisions used.</p> <p>Review undertaken and draft Articles sent to SCF and DfE for review. Changes include requirement for Council approval to third party contracts over £500k, reduced number of council nominated directors to 2, increased independent directors to up to 5 and removed quorum restriction requiring council nominated director to attend all board meetings.</p>	<p>Monitoring Officer / Scrutiny Officer Principal Lawyer</p> <p>s.151</p> <p>Principal Lawyer</p>
C2 There should be evidence of a culture of challenge and clarity relating to	Amber	Green	SCF need to ensure that whoever is undertaking company secretariat functions is ensuring that the board of directors fully understand the contractual mechanisms and the requirements for	Submission of in-year change requests provides assurance of increased understanding of contractual mechanism at board level.	SCF Director of Finance

<p>the purpose, efficiency, effectiveness, specific objectives, and freedoms of the entity</p>			<p>contract sum re-negotiation and business plan submissions.</p> <p>Clarify role of scrutiny committees/ panels.</p> <p>Clarity over role of Audit & Corporate Governance Committee</p> <p>SBC to review business plan to ensure it aligns with its own corporate plan and priorities.</p> <p>September 2022 update The induction programme for new directors to include training/briefing on contractual requirements. Annual timetable of deadlines for submission of documents to the Council for approval to be provided by SCF to the Council.</p> <p>Report on governance review to be taken to Cabinet in October 2022, alongside a review of financial sustainability of SCF as commissioned by the DfE. The annual business plan to be provided to the Council by 30 September each year to allow it to be taken through scrutiny and cabinet prior to approval of the contract sum as part of the Council's budget setting.</p>	<p>Scrutiny task and finish group set up to review business plan.</p> <p>Committee to monitor governance action plan.</p> <p>To await outcome of scrutiny task and finish group.</p> <p>Changes made and regular meetings with independent NED to review continued improvements.</p> <p>Complete</p> <p>Ongoing progress and regular meetings with independent NED leading on governance and attendance at board by Principal Lawyer planned.</p>	<p>Monitoring Officer / Scrutiny Officer</p> <p>SBC Chief Executive</p> <p>SCF Chair/SCF CE</p> <p>SBC Principal Lawyer</p> <p>SCF CE</p>
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C3 There should be a clearly designated council shareholder role or function which is both understood and recognised by the council and the entity (and documented in terms of reference)	Green	Green	<p>September 2022 update A formal review of the KPIs and other performance indicators to be undertaken.</p> <p>Engagement with DfE on an options appraisal to consider delivery models for children’s services in Slough.</p> <p>Contract liaison group to continue and to report to contractual and other forums as appropriate.</p>	<p>Awaiting recommended KPIs from SCF officers. To be reviewed with new DfE commissioner as part of review of Getting to Good Board.</p> <p>Round table meeting took place on 16 November 2022. Cabinet authority to progress discussions given to officers in October 2022. Regular meetings with new DfE commissioner.</p> <p>Complete. CLT report 9 November 2022 outlining risks and options. Principal Lawyer, s.151 officer and SBC CE meet fortnightly to review governance risks.</p>	<p>SBC Contract Manager/ SCF CE</p> <p>s.151 officer/SBC CE</p> <p>SBC Contract Manager/ Principal Lawyer</p>
C4 There should be clarity regarding the role of shareholder, with reserved matters clearly documented and updated as required, reflecting any changes made as the entity has	Green	Green	<p>September 2022 A review of the articles of association be undertaken particularly in relation to number of independent NEDs and council nominated NEDs and quorum rules.</p>	<p>Review undertaken and draft Articles sent to SCF for review. Proposed changes include requirement for Council approval to third party contracts over £500k, reduced number of council nominated directors to 2, clarification that council nominated directors are not remunerated and increased number of independent directors to up to 5 and removal of quorum restriction requiring council nominated director to attend all board meetings.</p>	<p>SBC Principal Lawyer/ SBC Chair</p>

developed, in a shareholder's agreement (or as set out in the company's governing articles of association)					
C5 There should be evidence that the individual undertaking the shareholder role is provided with suitable training and support commensurate with the role	Green	Green	<p>September 2022 update</p> <p>The Principal Lawyer to continue acting as equivalent of "shareholder rep" under delegation from chief executive, as opposed to the new Monitoring Officer.</p>	<p>Delegation formalised by new CE via governance group meeting.</p> <p>New fortnightly meetings between Principal Lawyer, s.151 officer and SBC CE.</p> <p>Regular reporting to cabinet and Audit and Corporate Governance Committee.</p>	Principal Lawyer/ SBC Chief Executive
C6 There should be evidence of formal periodic shareholder/ Chair/CEO meetings with effective supporting papers to inform subsequent company board meetings	Green	Green	<p>Regular strategic contract meetings should be arranged, with the Council having internal agenda planning meetings in advance. These should be chaired by the Council's chief executive.</p> <p>The role of the TSG should be reviewed to avoid duplication between this and the contract management meetings.</p> <p>September 2022</p> <p>The SBC Chief Executive to continue to chair the strategic commissioning group, with the Principal Lawyer in attendance,</p>	<p>Strategic commissioner group meetings happening regularly, agenda'ed and minuted.</p> <p>New Getting to Good board under leadership of new DfE commissioner. Meetings between DfE commissioner and SBC officers to reduce duplication and overlap.</p>	<p>SBC Chief Executive</p> <p>DfE commissioners/ DCS / SBC Chief Executive</p>

			as well as other appropriate officers. The elected members should not be invited to these meetings, as this should be an officer forum, but appropriate briefings should be provided and formal updates taken to cabinet as appropriate and as part of the annual business plan approval process.	Elected members no longer invited to strategic commissioning group meetings, but cabinet authority sought where required and lead members briefed appropriately.	SCB Contract Manager
C7 There should be documented evidence of transparent member and officer scrutiny, oversight, and approval of business plans	Amber	Amber	<p>SCF to provide copies of board minutes to demonstrate that the board of directors appropriately challenged the business plan, to understand how plans were submitted that were later identified as undeliverable.</p> <p>September 2022 If the lead member for children's services is to attend board meetings as a participating observer, a protocol should be draw up to SCF setting out conditions, including confidentiality requirements.</p> <p>Whilst there is some evidence of good challenge by the board on the business plan and the NEDs in particular appear to be growing in confidence in their ability to challenge assumptions and risks, there is still limited evidence of proper scrutiny of</p>	<p>SCF Chair set new objectives. Further evidence required to demonstrate improvement.</p> <p>No progress update.</p> <p>Focus of new DfE commissioner.</p>	<p>SCF Director of Finance</p> <p>SCF Chair</p> <p>SCF Chair, in consultation with DfE</p>

			<p>financial management, deliverability of projects and management of risks, including around workforce, projects and demand pressures.</p> <p>Consideration to be given to what support could be provided to the board from an independent Director of Children's Services from another local authority or from external organisations such as the LGA or Institute of Directors. This should include how to scrutinise financial management and risks and hold executive officers to account for a statutory, demand led service and how to review and challenge performance data.</p>		Commissioner.
C8 There should be evidence of a clear set of KPIs that fall out of the business planning process	Amber	Amber	<p>September 2022 update</p> <p>SCF to review KPIs and other performance indicators as set out in service delivery contract.</p>	No progress update, but focus on new DfE commissioner in relation to ensuring separation of contract management function and Getting to Good board.	SCF CE/ Director of Operations
C9 There should be evidence that senior company staff are performance managed against KPIs	Red	Red	<p>September 2022 update</p> <p>The RNAC to be responsible for reviewing effectiveness of the board and sub committees and to provide assurance evidence to SBC.</p>	No progress update, although SCF is in the process of reviewing its board structure and terms of reference of its committees.	SCF chairman and chair of RNAC.

C10 There should be evidence of ongoing assessment of value-for-money and quality offered by the entity through an adequately resourced monitoring function	Red	Amber	<p>September 2022 update SBC to request sight of external reports and internal assessments of value for money and quality on a minimum of an annual basis, to be incorporated into the Annual Report submitted by SCF. The outcome of these should be included in reports to elected members.</p> <p>SCF to ensure it utilises the in-year change mechanism to deal with demand pressures and invest to save pressures and the information provided is in accordance with the contractual requirements and backed up by independent evidence where available.</p> <p>SCF to consider which of its committees should be responsible for assessing and monitoring value for money and performance and to provide minutes of meetings to SBC upon request, as well as provide the opportunity for Council officers to attend on at least an annual basis. If a finance committee is required, this should not be delayed pending a further council nominated director being appointed. The independent NEDs should have the capability to chair such a committee.</p>	<p>Mutual Ventures report reviewed and roundtable meeting with DfE, DLUHC commissioners, SCF and SBC. Mutual Ventures report provided to People Scrutiny task and finish group on confidential basis and redacted version to be published as part of business plan approval by Cabinet.</p> <p>In-year mechanism used twice in 2022/23 with continued work on improvements to evidence base.</p> <p>No progress update, but independent NED leading on governance and has proposed amendments to Audit Committee terms of reference.</p>	<p>SBC Principal Lawyer/ SBC Contracts Manager</p> <p>SCF Chair/SCF CE</p> <p>SCF Director of Finance/ SCF Chair</p>
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C11 There should be ongoing assessment of risks relating to the entity, supported by processes to ensure that risks are managed as part of the council's overall risk management approach, with appropriate escalation and reporting	Amber	Amber	<p>September 2022</p> <p>Consideration to be given to scrutiny's role in scrutinising the performance of SCF and other Council companies as part of the wider scrutiny review.</p> <p>There should be a formal review of KPIs and agenda'ed discussions on risk at contract monitoring group meetings, reported up to strategic commissioning group where appropriate. This should be in addition to risks being included in the Council's corporate risk register and reported to Audit and Corporate Governance Committee.</p>	<p>People Scrutiny task and finish group set up to review business plan.</p> <p>Corporate risk register reviewed by SBC CLT in relation to risks to children, young people and families.</p>	<p>Monitoring Officer / Scrutiny Officer</p> <p>SBC Contract Manager/S CF Operations Director/ SCF CE</p>
C12 There should be evidence of a consistent approach across the council when it comes to engaging with its entities	Green	Green	SCF is a company set up under direction of the Secretary of State for Education. It also manages statutory services. There is a rationale for it being managed differently to the Council's other entities. It is also of a size that it has a separate process for finalising and auditing its accounts.	No update required.	
C13 The council should have clear and unfettered	Green	Green	The Council should ensure that its internal auditors programme in audits relating to the functions of SCF, as well as the governance of the company.	An independent NED is leading on a review of the audit function within SCF. This will include clarity on internal audits undertaken on behalf of the Council to test its own	SBC s.151 officer

access to audited accounts for its entities			<p>4 August 2022 update Internal audit do include SCF in its audit plan. More focus needs to be given to agreeing the annual audit plan to ensure it is properly addressing risks.</p>	<p>governance processes and internal audits undertaken on behalf of SCF board as part of its internal controls.</p> <p>No progress update. Opportunity to progress this with proposed new in-house internal audit team.</p>	SBC s.151 officer
C14 A business case which assessed the risk involved in establishing the entity and recommended its establishment, taking account of other potential delivery models, should be available to review	Red	Amber	<p>The Council should consider whether it wishes to commission an options appraisal for the future operating model, however whilst the services are under statutory intervention, this should be commissioned with the agreement of the DfE and the appointed commissioner.</p> <p>September 2022 update Council officers to engage with DfE officials and the DfE commissioner on commissioning an options appraisal to consider alternative delivery models.</p>	<p>Mutual Ventures report includes a section on alternative delivery models. Roundtable meeting with DfE, DLUHC commissioners, SBC and SCF to discuss options.</p> <p>Further meetings planned, but subject to agreement of DfE.</p>	SBC Chief Executive SBC Chief Executive
C15 Objectives of the entity should be clearly defined and documented, and regularly	Amber	Amber	<p>September 2022 update Future year's business plans should have clear objectives linked to the Articles of Association and service delivery contract as well as to the Council's priorities. These priorities must include value for money, as well as quality of practice.</p>	<p>Discussion at strategic commissioning group on 25 November 2022. Business plan due to be approved in February / March 2022, informed by recommendation from People Scrutiny task and finish group.</p>	SCF CE/SCF Chair

reviewed to ensure that its operation continues to support council policy and strategy, including periodically reviewing the business case to ensure it is still valid					
C16 Agreements should be documented between the council and the entity for any support or services provided by either party to the other party	Green	Green	<p>Ensure that relevant individuals understand the contractual and governance mechanisms and that these are adhered to and non-compliance is reported.</p> <p>4 August 2022 Meeting held between SBC and SCF re. Governance and contract matters. Simplifying contract meetings. Strategic commissioning group meetings need to be properly agenda'ed and prioritised by senior leaders in both organisations.</p>	<p>In-year contract mechanisms being used, regular contract meetings, including strategic commissioning group meetings.</p> <p>Further changes to contract arrangements are awaiting views of SCF officers and new DfE commissioner in relation to KPIs. This will allow one deed of variation to cover a number of proposed changes.</p>	<p>SBC Contract Manager</p> <p>SBC Contract Manager</p>
C17 All agreements should be clear, up-to-date, and regularly monitored and	Green	Green	New agreements were put in place in 2021.	Any required deed of variation will be put in place once arrangements have been fully reviewed and changes agreed.	SBC Contract Manager

reviewed, with any changes to agreements documented so that a clear audit trail exists					
C18 There should be evidence that a culture exists whereby actual or potential conflicts of interests are identified, declared, and acted upon, including evidence of appropriate training across the organisation	Amber	Amber	<p>Evidence of induction and training for directors and senior managers in SCF to be provided.</p> <p>September 2022 update Training to be provided by SCF on conflicts of interest on a company wide basis.</p>	<p>No progress update.</p> <p>No progress update, although consistent terms of appointment for all NEDs and this includes section on conflicts of interest.</p>	<p>SCF Chief Executive / Chairman</p> <p>SCF Chief Executive / Chair</p>
C19 The council should have clear and up-to-date policies and processes to consistently manage actual conflicts or potential conflicts of	Green	Green	<p>September 2022 update The Council will deliver training / support on management of conflicts of interest for its officers or elected members who are to be nominated or appointed to an outside body.</p>	<p>Guidance given to new council nominated NED and Principal Lawyer offered to provide advice and support if required. No elected member appointed to board.</p> <p>SCF CE not invited to CLT meeting to discuss current risks around SCF governance. Clear separation of functions,</p>	<p>SBC Monitoring Officer / Principal Lawyer</p>

interest, including a clear process for investigations and procedures for appropriate disciplinary actions in the event of breaches				with reports being presented to Cabinet not authored by SCF officers or joint officer.	
C20 The roles, responsibilities and reporting lines of officers and members who are involved in council oversight of the entities, the provision of services between the entities or the running of the entities should be clearly defined and documented	Green	Green	No action required.	No update required.	
C21 There should be evidence that	Amber	Amber	Declarations of interest to be provided by SCF to the Council as evidence of compliance	No progress update.	SCF Director of Finance

<p>appointments to the board are subject to a documented formal, rigorous, and transparent procedure based on merit and published objective criteria which also promote diversity</p>			<p>A review of the board to be undertaken to identify which council officers or members should be nominated to the board or whether the Council should nominate independent persons (consideration to be given to remuneration as there is currently a restriction on remunerating council nominated members).</p> <p>Evidence to be submitted by SCF of the annual evaluation process of the board and individual directors.</p> <p>September 2022 update Further information is required to provide assurance there is an effective system of evaluation and performance management of the whole board and individual executive directors. It is concerning that no evidence has been provided of performance management of executive directors and the chief executive and the information provided by SCF suggests an annual appraisal will be completed at the end of the first year, when the post holder is an interim and only intended to be in post for 12 months.</p>	<p>Articles reviewed and suggested amendments made regarding board composition.</p> <p>No progress update, although SCF Chairman has been set new objectives.</p> <p>SCF Chairman has been set new objectives.</p>	<p>Principal Lawyer/SBC Chief Executive</p> <p>SCF Chair / DfE</p> <p>SCF Chairman</p>
<p>E1 The entity's articles of association should be clear,</p>	<p>Green</p>	<p>Green</p>	<p>No action required.</p>	<p>The Articles have been reviewed and minor changes are being considered by SCF board.</p>	<p>SBC Principal Lawyer</p>

up-to-date, and reflective of how the entity is run					
E2 There should be evidence of an up-to-date business plan that is reflective of the current circumstances and environment in which the entity operates	Red	Red	<p>Business plan to be updated and approved by the Council.</p> <p>In future years, annual business plans must be submitted within the deadlines set out in the SDC and must have been subject to appropriate scrutiny by the board.</p>	<p>To be approved as part of SBC budget setting.</p> <p>Work with new DfE commissioner on a different leadership model focused on managing caseloads within existing resource, programme management support to ensure delivery of invest to save proposals and ensuring good governance and financial management.</p>	<p>SCF Chief Executive / SBC Chief Executive</p> <p>SCF CE / Chair</p>
E3 There should be evidence that the board meets regularly to consider, review and record discussions and conclusions	Amber	Amber	<p>Samples of minutes and dates of meetings to be provided to the Council for assurance.</p> <p>September 2022 update Whilst dates of meetings have been given, no documentary evidence has been supplied of agendas or extracts of minutes to demonstrate the quality of the discussion and conclusions. Further evidence is required to provide assurance on this.</p> <p>The Principal Lawyer to attend meeting on 22 September 2022 to discuss governance review and levels of assurance required moving forward. This</p>	<p>No progress update.</p> <p>No progress update.</p> <p>Principal Lawyer will attend board meeting on quarterly basis. Monthly meetings being set up between Principal Lawyer and independent NED leading on governance.</p>	<p>SCF Director of Finance / SCF CE / Chairman</p> <p>SCF CE / Chairman</p> <p>SBC Principal Lawyer</p>

			is likely to include attendance by Council officers as observers on an annual basis.		
E4 There should be evidence of delivery of strategies and plans, including scrutinising key operational and finance performance information	Amber	Amber	<p>Evidence of board challenge to be provided to the Council.</p> <p>Internal scheme of delegation to be provided to the Council.</p> <p>September 2022 update Remove Councillor Hulme from list of members of committees and if the lead member is to attend board meetings, draft a protocol setting out her role and management of any issues such as access to confidential information.</p> <p>Review the articles of association to consider whether the split of independent NEDs and council nominated NEDs is appropriate, given the lack of membership of a finance committee and need for at least one independent NED to chair more than one committee.</p> <p>Review best practice to consider whether 5 committees of the board are required and whether quality of practice and finance and business could be merged into an operational practice committee, to avoid financial performance and quality of practice being considered in isolation.</p>	<p>No progress update</p> <p>No progress update.</p> <p>No progress update.</p> <p>Articles reviewed and amendments made for review by SCF. DfE informally consulted on proposed changes.</p> <p>No progress update, likely to require consideration by new DfE commissioner.</p>	<p>SCF Director of Finance / Chairman</p> <p>SCF Chief Executive</p> <p>SBC Principal Lawyer</p> <p>SCF Chair</p>

E5 There should be evidence of the desired culture and behaviours	Amber	Amber	<p>Evidence to be provided by SCF.</p> <p>September 2022 update The SCF Board to consider its current set of values and behaviour as part of its annual review and put in place any required actions in response. In accordance with good governance instituted recommendations, SCF will undertake a survey of key stakeholders on this. Working with the Council, SCF Chairman to review the make up of the board in relation to number of independent NEDs and council nominated NEDs to ensure appropriate skills, experience and knowledge.</p>	No progress update – to be reviewed as part of business planning process.	<p>SCF Chairman / SCF Chief Executive</p> <p>SCF Chair / SCF CE</p>
E6 The company structures should be regularly scrutinised in order to ensure they remain fit for purpose	Amber	Amber	<p>SCF to include its organisational structure in its annual business plan</p> <p>Consideration given to financial benchmarking data to be included in reporting</p> <p>September 2022 update The organisational structure is included in the latest version of the business plan. The senior leadership team structure and management teams beneath to be</p>	To be reviewed as part of considering Mutual Ventures report and in consultation with new DfE commissioner.	<p>SCF Chief Executive</p> <p>SCF Chief Executive</p>

			reviewed in light of the Mutual Ventures report.		
E7 There should be evidence that the board has clear policies and procedures for its members to ensure that actual or potential conflicts of interests are identified, declared, and acted upon	Amber	Amber	<p>SCF to provide details of its codes of conduct for staff, terms of appointment for independent NEDs, declaration and registers of interests and policies for managing conflicts of interests in general.</p> <p>September 2022 update Written assurance given, but no documentary evidence. SCF to supply a copy of the terms of appointment for independent NEDs, its code of conduct for staff which applied to executive directors and an extract of minutes to demonstrate the effectiveness of its current systems.</p>	No progress update.	<p>SCF Chief Executive</p> <p>SCF Chairman / SCF CE</p>
E8 There should be evidence that directors have sufficient skills and experience to run the entity	Amber	Amber	<p>Evidence of induction and training to be supplied</p> <p>Evidence of process for evaluating effectiveness of board to be supplied</p> <p>September 2022 update SCF to undertake a review of the Board effectiveness and to evaluate the effectiveness of individual directors, including executive directors.</p>	No progress update, although new objectives set for SCF Chairman.	<p>SCF Chairman</p> <p>SCF Chairman</p>
E9 There should be evidence that directors' behaviours are	Amber	Amber	<p>Evidence to be supplied</p> <p>September 2022 update</p>	No progress update.	SCF Chairman

aligned with the requirements of the Companies Act 2006 and the Nolan Principles as well as Cabinet Office's Code of Conduct for Board Members of Public Bodies			No documentary evidence supplied, although the Council was involved in recruitment processes for the SCF Chair, independent NEDs and council nominated NEDs. Further information required in relation to the two remaining executive directors. Evidence could include reference to objectives in an appraisal, training undertaken, extracts of board minutes demonstrating behaviours as examples.		SCF Chairman / SCF CE
E10 The scope of directors' authorities should be documented and clear to all parties	Red	Red	<p>Internal scheme of delegation to be supplied, including terms of reference for committees</p> <p>September 2022 update The ToR of each committee/sub-committee should be reviewed urgently by the board and on an ongoing basis at least every two years. Documentary evidence to be supplied that there is an effective scheme of delegation in place covering all operational functions to include, but not limited to, finance, HR and procurement.</p>	<p>No progress update.</p> <p>Draft new ToR for Audit Committee supplied on 24 November 2022 for consideration by SBC.</p>	<p>SCF Chief Executive</p> <p>SCF Chairman</p>
E11 There should be evidence that the board has a diverse membership with the	Green	Green	Council to review who to nominate as council nominated directors	Articles reviewed to amend board composition and quorum rules, which will allow more flexibility to bring in external skills. Appointments made in response to detailed skills audit.	SBC Chief Executive

collective skills and attributes needed to lead the entity effectively					
E12 There should be evidence that board membership is reviewed regularly for composition and fitness for purpose	Amber	Amber	Evidence to be supplied of evaluation process	No progress update, although SCF Chairman has new objectives.	SCF Chairman
E13 There should be evidence that the board understands the organisation's risk profile and the effectiveness of key controls and regularly reviews risks and risk appetite	Red	Red	<p>Risk management procedures to be supplied</p> <p>Sample of minutes to be supplied to demonstrate consideration of risk, in particular financial risk</p> <p>September 2022 update Risk management strategy to be formally reviewed and agreed at the board and a copy of strategy and the minutes of discussion to be supplied to the Council.</p> <p>The lead member for children's services to be removed as risk owner and her role in attending board meetings to be clarified and a protocol to be drawn up if the lead</p>	<p>No progress update, although SBC CLT has reviewed its corporate risk register regarding risks to children, young people and families.</p> <p>No progress update, although work is ongoing on board structure and where responsibility for reviewing risk arrangements sits.</p> <p>Lead member for children's services removed as risk owner. No progress update on written protocol.</p>	<p>SCF Chief Executive</p> <p>SCF Chief Executive</p> <p>SCF Chairman / SCF Chief Executive</p>

			<p>member continues to attend board meetings.</p> <p>SCF to consider commissioning support from SBC or an external provider on reviewing its risk management procedures and delivering training on risk management.</p>	No progress update.	SCF Chairman
E14 There should be documented evidence that the board regularly undertakes a skills audit to ensure that it has an appropriate balance of skills and experience	Green	Green	<p>Details of last skills audit to be supplied</p> <p>September 2022 update A review of the Articles of Association to be carried out to consider whether the board composition, particularly in terms of the number of independent and council nominated directors is appropriate.</p>	<p>Skills audit supplied and informed council nominated director appointment.</p> <p>Articles reviewed and amendments suggested.</p>	<p>SCF Chairman</p> <p>SCF Chairman/ SBC Principal Lawyer</p>
E15 There should be evidence of ongoing professional training provided to ensure that all board members are up-to-date in their	Amber	Amber	<p>Training records to be supplied.</p> <p>September 2022 update Whilst a narrative has been given, no evidence of training on company director duties has been given. The lack of a budget is not an acceptable reason as if there are experienced company directors on the board, they could presumably deliver the training to the rest of the board.</p>	No progress update.	<p>SCF Chief Executive</p> <p>SCF Chairman</p>

understanding and supported in their roles			Training records should be collated and sent to the Council and a board development programme to include training and briefings on company director duties should be put in place.		
E16 There is evidence that the role of executive directors is clearly defined and documented	Amber	Amber	<p>Role profiles for all executive directors to be supplied</p> <p>September 2022 update Role profiles to be supplied for all executive directors and if there is a plan to increase the number of executive directors following the Mutual Ventures report, the role profile should be provided in draft to the Council in advance of recruitment.</p>	No progress update.	<p>SCF Chief Executive</p> <p>SCF Chief Executive</p>
E17 Non-executive directors are in place to bring an independent judgement to bear on issues of subject matter expertise, strategy, performance, resources including key appointments,	Amber	Amber	<p>Further evidence to be supplied by SCF</p> <p>September 2022 update Despite good evidence being supplied to demonstrate the value that NEDs are adding, this is reliant on the right information being provided at the right time and that requires a culture and governance arrangements that are receptive to constructive challenge and the need for assurance. This needs to be kept under review over the next 12 months and considered as part of the review of board effectiveness.</p>	No progress update.	<p>SCF Chairman</p> <p>SCF Chairman</p>

and standards of conduct					
E18 There is documented evidence that the board values the role of non executive directors, and their views are influential in the board's decisions	Amber	Amber	<p>Sample of minutes of meetings to be provided for assurance purposes</p> <p>September 2022 update The review of the effectiveness of the board should consider the culture of SCF in terms of valuing the role of NEDs and of the right information being provided at the right time.</p>	No progress update.	<p>SCF Chairman</p> <p>SCF Chairman</p>
E19 There is evidence that the chair provides clear board leadership, supporting the directors and chief executive and taking account of the shareholders views	Red	Amber	<p>Evidence to be supplied</p> <p>September 2022 update The Council to formally request information and evidence to demonstrate the appraisal process in place to assess the effectiveness of the Chair.</p>	<p>No progress update.</p> <p>DfE supplied details of new objectives for SCF Chairman – involvement of Council in appraisal to be discussed with new DfE commissioner.</p>	<p>SCF Chairman / DfE Commissioner to supply details of meetings held to demonstrate that the chairman is fulfilling the role to the satisfaction of the DfE.</p>
E20 There should be a fully documented and approved	Red	Red	Evidence to be supplied and evaluation of performance of the board in terms of monitoring and management of financial performance.	To be reviewed as part of business planning process.	SCF Chairman

<p>business plan that is consistent with and no more than 12 months older than the previous business plan. The changes within the updated business plan should accord with the trajectories that are apparent from monthly financial and non-financial performance reports</p>			<p>September 2022 update Whilst there is evidence of challenge on the business plan by NEDs, the business plan process has been convoluted and the historic issues with overspend have been replicated in the first year of trading, with the in-year change mechanisms not being utilised until July 2022. More evidence is required to demonstrate that the business plan is effective and focused on the right priorities. This will be informed by the Mutual Ventures report.</p>		<p>SCF Chairman/ SBC s.151 officer</p>
<p>E21 The financial transactions and values attributable to the company within the council's medium term financial plan should agree</p>	<p>Red</p>	<p>Red</p>	<p>To be addressed in future business plans</p> <p>September 2022 update The board should be able to effectively scrutinise and challenge financial information and agreed and monitor budgets. A training and development plan should be supplied to the Council to demonstrate that appropriate support is</p>	<p>To be reviewed as part of business plan process.</p>	<p>SCF Chairman and SCF Chief Executive</p> <p>SCF Chairman /</p>

with the projections in the business plan			being given to the board to undertake its functions. Whilst SCF can review whether further financial expertise is required on the Board, the reliance on one individual to address this issue fails to recognise the role of NEDs and the board as a collective.		SCF Director of Finance
E22 Board reports should include clear presentation of the monthly income and expenditure position of the company as well as a cash flow statement and balance sheet	Red	Red	September 2022 update There is insufficient information supplied to demonstrate the board is receiving appropriate financial information on a regular basis and managing the risks appropriately. An action plan to address this should be provided. SCF Board should consider whether reports should have a financial implications section as standard.	Two in-year change requests submitted in 2022/23, although significant involvement of SBC officers to enable officer recommendation to be made to Cabinet. Mutual Ventures report analysed assumptions and identified concerns about optimism bias.	SCF Director of Finance SCF Chairman
E23 There should be evidence of an annual audit letter from the council's external auditors, confirming the degree of confidence they	Amber	Amber	September 2022 update Assurance processes in place regarding treatment of financial instruments and consolidation.	SBC external auditors are in process of reviewing arrangements for governance of connected entities.	SBC s.151 Officer

hold in respect of consolidation or treatment of financial instruments entered by the company					
E24 Documented financial policies and procedures should be available	Red	Red	<p>Financial policies to be supplied.</p> <p>September 2022 update Financial policies to be reviewed, updated and approved by board. It is not appropriate to wait for the set up of a new finance committee, unless this is happening imminently.</p>	No progress update.	<p>SCF Director of Finance</p> <p>SCF Director of Finance</p>
E25 There should be evidence of an effective annual internal audit programme	Green	Green	<p>September 2022 SBC to consider the effectiveness of the internal audit programme for SCF and the quality of internal audits undertaken in 2022/23.</p>	<p>To be reviewed as part of in-sourcing internal audit. Independent NED leading on governance is reviewing this as part of review of committee ToR.</p>	<p>SBC s.151 officer / SCF Chair of Audit Committee</p>

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Governance update

APPENDIX 2

Timing: Post 16 November 22 MV roundtable

Author: Andrew Fraser

Title: Update on SCF governance for the stakeholders of SCF on 30 November 2022

Progress in governance: SBC's governance review questionnaire (SW, August 22) and the MV report (October 22) identified governance issues at SCF which, while known, were awaiting action by the SCF board.

Following the MV roundtable on 16 November, the SCF Board expedited actions to improve governance at SCF commencing with key areas of policy, evidenced in new Terms of Reference (TOR) for the Board and its sub committees, approving the new TOR for QPI and RNAC on 25 November 22.

The new TOR for the Audit Committee drawn up in compliance with best practice guidance by FRC (Financial Reporting Council), the regulator for auditors and audit committees, will be considered for approval on 13 December 22. The current draft is being validated for alignment with SBC and the DfE.

As a consequence of the above, the responsibility for formally managing overall risk in SCF, previously placed under ARC, was assumed by the Board on 25 November 22. The revised TOR for the Board will follow in the new year 2023.

Work was already underway to inform our longer-term plan to phase out the Innovate teams. Work is ongoing to review throughput to either close or secure opportunities to safely step-down work from qualified social workers to targeted Early Help and/or other services. We have a process for actively reviewing all of our Children in Need cases.

Action required by members of the SCF Board: to consider the following in order to advise the meeting of the Board of Directors on *20 December 2022*

1. Consider and approve the Directors' Report for inclusion in SCF's audited, statutory accounts 2021-22;
2. Consider and approve the TOR for the Audit Committee following validation by SBC & the DfE;
3. Consider and approve the formation of the Audit Committee under the approved TOR and approve the dissolution of the ARC as superseded by the Audit Committee.
4. Discussion with the executive regarding the recommendations from the MV report, and any of the matters identified in the letter from the Council's Chief Executive (28/10/22).

Background

At the Council's Cabinet On 17 October 2022, SW for SBC presented findings of her review of governance at SCF stating that: 'Good governance is intrinsically linked to high performance for both the Company and the Council', summarised by S Brown, CEO of SBC in his letter to SCF of 28 October.

The findings of a review of SCF's Business Plan commissioned by the DfE, identified areas of challenge in the contents of the Business Plan which, in their view, required further consideration. These findings and recommendations, discussed at the MV roundtable hosted by the DfE on 16 November 2022, provide SCF with a basis for addressing areas for improvement in a systematic manner, seeking to assure the sustainability of the business while improving its services to the children of Slough.

Considered opinion expressed by the DfE, DLUHC/SBC at the conclusion of the MV roundtable was that any future funding for SCF will be conditional upon trust and confidence in the business plan deliverability.

Board/sub-committee where actions to address the areas of development will be monitored, and outcomes agreed:

The SCF Board will work with the executive to provide a comprehensive action plan to address the areas of development identified in the MV report. For monitoring progress, the actions will be allocated to one of the three relevant sub committees in accordance with their TOR, e.g., QPI (Service quality, practice improvement, service delivery cost reduction, etc), RNAC/People & Performance (Skills & resource adequacy, improvement, etc) and the Audit Committee (Financial and corporate? governance, internal control, etc).

Risk management is the remit of the Board, assisted by the sub committees monitoring specific areas of risk within their remit and informing the board on any significant changes to the risk(s) in areas within the remit of their committee.

How item links to SCF's strategic direction:

Recommendations by Mutual Ventures, October 2022 report commissioned by the DfE are set in the context of sustainability of children's services longer term and have been largely accepted by SCF, and further discussions will take place within the Board meetings.

How item links to risks detailed within the Risk Register:

This paper shows how risk management forms part of governance, measuring effectiveness of governance in mitigating the risks faced by the Company as noted in the Risk Register.

Legal or regulatory compliance issues: To ensure SCF has a clear governance plan inc. financial governance to achieve quality in the delivery of the statutory service whilst remaining a going concern. Guidance in Financial Governance to support Corporate Governance best practice issued by the [Financial Reporting Council](#) has been used in setting out the governance policy at SCF.

AUDIT AND CORPORATE GOVERNANCE COMMITTEE

WORK PROGRAMME 2022/2023

Meeting Date
January 2023 (Date TBC - Extraordinary Meeting)
<ul style="list-style-type: none">• Internal Audit Action Tracking Report - Q3 2022/23• Internal Audit Quarterly Progress Report• Internal Audit Annual Report 2021/22• External Audit Progress Report
14 March 2023
<ul style="list-style-type: none">• Internal Audit Action Tracking Report – Q4 2022/23• Risk Management Update – Q4 2022/23• Internal Audit Quarterly Progress Report• Internal Audit Plan 2023/24• External Audit Progress Report• Review of Anti-Fraud Policy• Audit & Corporate Governance Annual Report 22/23

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MEMBERS' ATTENDANCE RECORD 2022/23

AUDIT AND CORPORATE GOVERNANCE COMMITTEE

COUNCILLOR	28/07/22	28/09/22	14/12/22	14/03/23
Ali	P	P		
Brooker	P	P		
Carter	P	P		
J Davis	Ap	P		
Grewal	P	P		
Gill	Ab	P		
Kelly	Ap	P		
CO-OPTED INDEPENDENT MEMBERS				
Naira Bukhair	P	P		
Stefana Moldovan	P	P		

P = Present for whole meeting
Ap = Apologies given

P* = Present for part of meeting
Ab = Absent, no apologies given

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