

## Slough Borough Council

<b>Report To:</b>	Audit and Corporate Governance Committee
<b>Date:</b>	22 January 2025
<b>Subject:</b>	Risk Update
<b>Chief Officer:</b>	Annabel Scholes, Executive Director Finance and Commercial
<b>Contact Officer:</b>	William Green, Interim Risk Manager
<b>Ward(s):</b>	All
<b>Exempt:</b>	NO
<b>Appendices:</b>	Appendix 'A' - Corporate Risk Profile Appendix 'B' - Sample Corporate Risk Dashboard Appendix 'C' - Q2 2024-25 Corporate Risk Dashboards (summary sheets) Appendix 'D' - Q2 2024-25 Corporate Risk Report Summary of Corporate Risks & Sub Risks

### 1. Summary and Recommendations

1.1 This report sets out:

- The status of the Council risk profile in the Q2 2024/25 Risk Update.
- A template for the reporting of Corporate Risks to the Committee.
- Breakdown of current Corporate Risks and Sub-Risks

#### Recommendation:

1.2 The Audit and Corporate Governance Committee is recommended to note the revised Corporate Risks and sub-risks as at Quarter 2 (end of September 2024).

#### Reasons

- 1.3 Summarising the Council's corporate risks for the Audit & Governance Committee ensures that Members are advised of the key risks facing the Council, and the extent to which they are being managed.
- 1.4 Producing information in a format that supports the communication of the Council's risk profile to Members is important to demonstrate good governance, and provide assurance that officers understand the nature of the Corporate Risks we face and are managing them effectively.

## **Commissioner Review**

Effective risk management is an essential part of governance and leadership, and fundamental to how the Council is directed, managed, and controlled at all levels. The Council needs to establish and publish a clear programme and timetable for fully reviewing its risk management framework. This should include ensuring policies and strategies for identifying, assessing, managing, controlling, reviewing, and reporting of its risks and opportunities are up to date, easily understood and include subsidiary companies and partnerships shared or common risks, and resourcing, roles, and responsibilities.

The expectation of all its employees and Councillors needs to be set out and the specific learning and development required to enable them to have a level of understanding of how strategic, operational and project, risks and opportunities could affect the performance of the Council. The integration and management of those risks need to be embedded as part of their everyday activities, performance management and reporting.

A programmed review/evaluation of the effectiveness of the overarching framework, will support the Council in recognising its risks and risks maturity, minimising adverse impact through all areas of service provision, strengthen decision making and align to the new ministerial direction.

The committee also needs to consider the short – medium - and longer-term mitigating actions in the corporate risk report and whether the target risk scores outlined in section 2.10, presents broadly acceptable levels of risk exposure that the Council is prepared to tolerate, following completion of all the mitigations to the date outlined.

## **2. Background**

- 2.1 The Council deals with risk every day from managing its infrastructure, delivering its services, managing its supply chains, maintaining safe systems for staff and residents and delivering on its strategic aims. Effective risk management is concerned with identifying material risks, assessing them in a consistent manner, and managing them to levels that are acceptable.
- 2.2 As previously reported, a full review of the council's risk management programme is currently ongoing, with the initial focus to roll out a revised risk management approach in how we identify, assess, and report our corporate risks which is designed to enhance the management of those risks as well as decision making. The new approach was tailored to align with the objectives of the council and eventually risk identification will become a proactive process embedded in each of our directorates. It provides each corporate risk owner the means to demonstrate that they understand their risk and plans are in place to ultimately reduce the corporate risk scores. To be able to deliver the target risk scores each corporate risk now has sub-risks which represent the component parts of the corporate risk. By managing the sub-risks effectively, this will ultimately reduce the risk score. This will be done by focusing on ensuring controls are effective and where this is not the case, treatments are put in place to deliver actions which will improve the control environment and directly improve the management of the risk and reduce the risk score. To add a level of governance a Risk Management Board has been created to provide overview and guidance.
- 2.3 To produce the Q2 2024/25 risk report a full review of the current corporate risks was undertaken. It should be noted that this is the first time that the new corporate risk dashboard has been used and the first deep dive review of corporate risks in approximately 12 months. The corporate risk report was presented at the newly formed Risk Management Board where it was signed off. The result is that we now have reduced

the number of current corporate risks to thirteen, from eighteen. One corporate risk, CR: *IT Resiliency* has been merged with CR: *ICT incident resulting in significant data and/or service*, and CR: *Digital Strategy* and CR: *Cost-of-living crisis* have been downgraded and will be managed at the directorate level. The CLT have requested that further consideration is required to decide whether CR: *Governance of Council Companies* and CR: *Inadequate' Rating by CQC* should also be downgraded to directorate level risks. It should also be noted that the headline corporate risk names may be the same or similar to what has been reported, but the risks have been updated and reflect the current risk exposure of the council. The current position is that out of thirteen identified corporate risks twelve are rated as red (risk score between 20 – 25), and one is rated as amber (risk score between 15 – 19). There have also been forty-eight sub-risks identified across all the corporate risks. The full breakdown is provided in appendix D. Finally, as this was a baselining exercise we now have risk scores which reflect the current environment.

- 2.4 The corporate risks relating to residents need to be developed further to more fully recognise the complex range of factors that affect risk and risk management. For example: gang exploitation and grooming present a risk to a child, and socio-economic factors affect health which impact demand on services.
- 2.5 As the Councils maturity in respect of risk management improves this will ensure that we will be in a better position to respond to complex and multi-factorial risks that reflect the cross departmental and multi-agency working needed and the key role that the Council needs to play.
- 2.6 The Councils risk exposure is elevated particularly for the risks shown below:
- CR01 (*Children and Young People*) – the rating is red with all sub-risks currently stable. The key risk driving the overall score is insufficient financial resources, with further financial challenges expected over the next 12 months.
  - CR02 (*Failure to meet demands on Adult Social Care*) - the rating is red with all sub-risks currently stable. The key risks driving this rating are service delivery and not meeting savings targets.
  - CR03 (*Failure of SEND*) – the overall rating is red and has been stable this quarter. The Council has entered into a Safety Valve Agreement (SVA). Therefore, as well as impacting on the overall Council budget position, a significantly higher level of SEND spending could threaten the additional funding being offered by the DfE if the SVA targets are not achieved. The current financial challenges need to be well managed to manage the risk.
  - CR05 (*Temporary Accommodation*) – the risk remains red however it is in a deteriorating position, however it has not resulted in an increase in the risk score. Two sub-risks are driving the overall score, which are related to cost effective accommodation and budgetary constraints. A current review has identified that a radical overhaul of the service is required to bring it up to standard.
  - CR06 (*Workforce*) – the overall risk is red. As in previous quarters the biggest exposure is the ability to attract and retain a diverse and inclusive workforce, which is driving the overall rating of the risk.

- CR07 (*Health and Safety*) - the overall rating remains red. As in previous quarters the biggest exposures remain fire and aggressive behaviour. Active mitigation of the risks is underway however they are currently all deteriorating but not to the point of increasing the overall risk score.
- CR08 (*Emergency Planning and Business continuity*) – the overall risk remains red, however the sub-risks are reported as being stable. Despite this the sub-risk relating to not having robust response plans for emergencies and major incidents is driving the overall score of this risk.
- CR09 (*ICT incident, resulting in significant data or service loss*) - the overall rating remains red with all sub-risks currently stable or improving. The key risk driving the overall score includes the potential loss of data or service disruption.
- CR10 (*Financial Sustainability*) – the risk remains red, with some of the sub-risks showing a deteriorating trend. Overall, the sub-risk for the failure to achieve a balanced budget and Medium Term Financial Strategy (MTFS) is driving the overall score of the risk.
- CR11 (*Failure of asset disposal programme*) – overall the risk is red. Main driver is failure to hit financial targets.
- CR13 (Best Value Council) – the overall risk remains red driven by sub-risks relating to the improvement and recovery actions specified in the Directions and required in the Best Value Intervention Guidance. All sub-risks are reported as being stable.
- CR16: (*Market Sustainability across Council*) – The overall risk is red driven by the cost of care outstripping budget.

2.7 A summary of the corporate risk profile is shown within Appendix A.

2.8 An example of the new dashboard is shown at Appendix B, which shows the new reporting format. This was included in your November report but attached for ease of reference.

2.9 The corporate risk dashboard summary sheets are shown within Appendix C.

2.10 The Q2 current and target risk scores are summarised below and it is important to note:

- Important to understand that target scores are based initially on a 12 month deliverable timeline (October 2025).
- Please note that CR02 and CR16 have the same current and target scores as they were unable to provide sufficient details of any treatment plans.
- This will be updated in Q3 FY24

Figure 2 – Corporate Risk Current & Target scores (Q2 FY24)  
 (Target risk scores based on a 12-month timeline – October 2025)

CORPORATE RISK	CURRENT SCORE	TARGET SCORE
CR1: The safety of Children and Young People	21	18
CR02 : Failure to meet demands on Adult Social Care	21	21
CR3: Failure of Special Educational Needs and Disability (SEND)	21	18
CR5: Failure to Provide Safe Temporary Accommodation within Budget	24	21
CR6: Failure to Attract, Retain & Engage with Our People	21	21
CR7: Health & Safety We fail to prevent physical injury or mental harm	21	18
CR8: Failure of Emergency Planning & Business Continuity	21	17
CR9: ICT incident resulting in significant data and/or service	24	19
CR10: Failure to achieve financial sustainability and a balanced MTFs	24	22
CR11: Failure of Asset Disposal Programme	21	18
CR13: Failure to become a Best Value Council	24	22
CR16: Market Sustainability across Council	21	21
CR18: We fail to comply with GDPR data protection obligations	18	14

Note: Corporate risks CR04, CR12, CR14 and CR15 are not included in the table above as they have been referred to the Risk Management Board with a recommendation to downgrade to directorate level risks.  
 CR17 has been merged with CR09.

- 2.11 The Interim Risk Manager continues to work with senior officers to promote effective risk management and to review corporate and directorate risks. He is also reviewing the underlying Risk Strategy and plans to present revisions to the Risk Management Board and CLT with a view to presenting to this to the Committee in early 2025.
- 2.12 Members have differing roles and responsibilities in relation to risk. Cabinet members have responsibility to consider risk in relation to individual decisions and overall strategy. Scrutiny members have responsibility to consider risk when holding Cabinet and other parts of the Council to account on individual projects and functions. All elected members have a responsibility for ownership of risk by identifying, mitigating and regularly reviewing risk. This committee has a specific responsibility to provide independent assurance to the Council of the adequacy of the risk management framework and the internal control environment.

### 3. Implications of the Recommendation

#### 3.1 Financial implications

3.1.1 This is a noting report updating Members on progress to date in improving risk management processes across the Council. There are no direct financial implications associated with the Risk Update. However, the failure to identify and mitigate risks could result in events materialising that result in financial loss. Further, in the absence of a robust risk management methodology, excessive mitigation of perceived risks could result in unnecessary expenditure.

#### 3.2 Legal implications

3.2.1 The Council has a best value duty under the Local Government Act 1999. This is the duty the Council has been found to have failed to meet and this has resulted in the Council being under statutory direction of the Ministry of Housing, Communities and Local Government (MHCLG) and having appointed commissioners under a formal direction. A new statutory direction was issued in November 2024 and contains specific actions which are linked to management of risk. This includes preparation and implementation of an improvement and recovery plan, which includes as a minimum a review of the Authority's progress to risk maturity and how well its functions and processes enable risk-aware decisions that support the achievement of strategic objectives. In addition there is an action to undertake in the exercise of any of its functions any action that the Commissioners may reasonably require to avoid so far as practicable incidents of poor governance or financial mismanagement that would, in the reasonable opinion of the Commissioners, give rise to the risk of further failures by the Authority to comply with the best value duty. Effective risk management is a critical part of good governance. The committee has a separate report on its agenda updating on the action plan in the Council's Annual Governance Statement for 2023/24. This requires the Council to update its risk management strategy and framework to ensure compliance with HM Government Orange Book and implement training programme to embed risk management. Progress is currently RAG rated as amber.

3.2.2 The Council's external auditors issued a statutory recommendation in July 2021 which required reporting on a root and branch review of progress to Full Council and this included reporting on risk management. The auditors' interim value for money report was previously presented to committee and the auditors have deemed that this recommendation has not been met.

3.2.3 MHCLG has issued guidance on the best value standards and intervention. This confirms the importance of effective risk management. It sets out characteristics of well and poorly performing authorities. Characteristics of a well performing authority include use of performance indicators, data and benchmarking to manage risk, innovation being encouraged and supported within the context of a mature approach to risk management, robust systems being in place and owned by members for identifying, reporting, mitigating and regularly reviewing risk, risk awareness and management informing every decision and robust systems being in place to identify, report, address and regularly review risk. Indicators of potential failure include risk management not being effective, owned corporately and/or embedded throughout the organisation, lack of meaningful risk registers at a corporate level, risks not being owned by senior leaders, risk registers downplaying some risks and lacking action to mitigate risk, risks being covered up to protect reputations, excessively risky borrowing and investment practices with inadequate risk management strategy in place, failure to manage risks associated with companies, joint ventures and arms-length bodies, high dependency on high-risk

commercial income to balance budgets and unusual or novel solutions being pursued which lack rigour or adequate risk appraisal.

### 3.3 Risk Management implications

3.3.1 Enhancing the Council's risk management arrangements via a combination of the introduction of appropriate tools, processes and oversight will help to ensure the proactive management of risks, and to embed risk management into "business as usual" processes.

### 3.4 Environmental implications

3.4.1 There are no specific environmental implications associated with the Risk Update. However, effective risk management will help the Council consider the impact of its decisions on its environment and the impact of environmental risks at a local, national, and international level on its functions.

### 3.5 Equality implications

3.5.1 There are no equality implications associated with the Risk Update. However effective risk management will help ensure the Council complies with its equality duties and considers and meets the needs of its diverse communities.

## 4. Background Papers

4.1 None.

## Appendix 'A' - Corporate Risk Profile

The overall principal risk profile has not changed materially in period, however as highlighted in section 2.2 the corporate risks are now more accurately scored. As a baseline has now been set in quarter 2 FY24, it will be in the quarter 3 reports that we will begin to see any movements in the corporate risk and sub-risk scores.

Figure 1 – Corporate Risk heat map (Q2 FY24)



Corporate Risk	Corporate Risk
CR01: Children & Young People	CR10: Financial Sustainability
CR02: Failure of Adults	CR11: Asset disposal programme
CR03: Failure of SEND	CR12: <b>TP Council Companies - Recommend removal</b>
CR04: <b>Cost of living crisis - UNDER REVIEW</b>	CR13: Best value council
CR05: Safe Temporary Accommodation	CR14: <b>Digital strategy - Recommend removal</b>
CR06: Workforce	CR15: <b>Inadequate CQC rating - Recommend removal</b>
CR07: Health & Safety	CR16: Adults market sustainability
CR08: Failure of emergency planning & Business continuity	CR17: IT resiliency – <b>MERGED WITH CR09</b>
CR09: ICT incident, resulting in significant data or service loss	CR18: GDPR Obligations



# Appendix 'B' – Sample Corporate Risk Dashboard

CRXX We fail to prevent physical injury or mental harm Risk owner: XXXX Signed-off by owner: Y / N

## Corporate risk overview

4 Impact 4 Likelihood 21

Talk about/ explain:

- RAG status
- Biggest exposures
- Current incidents, concerns
- Internal or external themes which have caused movements in the risk profile or may cause future movements
- Emerging risks
- Does the narrative clearly explain the flow from sub-risk and how that has affected the overall principal risk score

### Example Narrative

- RAG status remains red with the overall risk profile worsening due to sub-risks 11.02 & 11.04
- Full review of all sub-risks being undertaken by Director of Safety & team to ensure risks adequately recorded and scored, taking into consideration existing controls
  - Scoring is driven by the overdue statutory inspections and an Improvement Programme has been established to resolve this and to sustain future compliance in the shortest timeframe possible.
  - Next highest risk relate to Fire, both scoring 18, driven by very high impact of potential events.

## Risk appetite statement (Averse/Balanced/Seeking)

We have no appetite for safety risk exposure that could result in fatality or serious harm (physical and mental) to our employees, supply chain partners or member of the public through our actions, inactions (or decisions).

Recognising that risks should be reduced to As Low As Reasonably Practicable (ALARP) may mean that residual risk scores remain elevated.

## Risk profile



## Sub risks related to this principal risk

Impact	5	Very High						
	4	High						
	3	Moderate						
	2	Low						
	1	Very low						
			Rare	Unlikely	Possible	Probable	Almost certain	
			1	2	3	4	5	Likelihood

Refer to slide 8 for risk assessment score instructions

Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
11.01	Blue circle	We fail to prioritise, adequately fund or manage risks associated with injury	Director level	Yellow arrow	Main sub-risk driver is the Improvement Plan. Good progress made on quarterly site inspections. Appointed Persons competence development, physical site protection (fences, lockers) and delays to design documentation continue to be key areas of work, with delays due to resource availability of skilled persons. Next milestone end Q4 2024
11.02	Grey circle	We fail to prioritise, adequately fund or manage risks associated with fire	Director level	Red arrow down	Main sub-risks drivers are lack of fire protection systems, with scoring increasing from 13 to 18. This is subject to regular detailed review and inspection. Next milestones 31 March 2025
11.03	Pink circle	We fail to prioritise, adequately fund or manage risks associated with working at height or structural collapse	Director level	Green arrow up	Main sub-risk drivers are building repair works scoring 9. Subject to regular detailed review and are well understood.
11.04	Red circle	We fail to attract suitably qualified people	Director level	Red arrow down	We do not have enough staff to deliver our services e.g. carry out required H&S training to meet regulatory requirements. As a result of this our score has risen from 8 to 17

**Appendix 'B' – Sample Corporate Risk Dashboard (cont.)**

CR07	Health & Safety: We fail to prevent statutory obligations	Risk owner: Pat Hayes
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Key Risk Indicators (KRIs)

KRI	KRI explanation	Tolerance/Threshold	Previous qtr. status	Current qtr. status	Trend
<i>KR 1</i>	<i>tba</i>	<i>tba</i>	<i>tba</i>	<i>tba</i>	
<i>KRI 2</i>	<i>tba</i>	<i>tba</i>	<i>tba</i>	<i>tba</i>	
<i>KRI 3</i>	<i>tba</i>	<i>tba</i>	<i>tba</i>	<i>tba</i>	

Current quantitative data relating to the above is unavailable and/or unreliable – and forms part of the deriving risk categories and actions.  
 KRI's cannot ethically be established until audit of existing shortfalls provides historic/present data.  
 TBA.

## Appendix 'B' – Sample Corporate Risk Dashboard (cont.)

CR07	Health & Safety: We fail to prevent statutory obligations	Risk owner: Pat Hayes
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### Controls - Identify current operating controls that are managing the sub risks

Control Effectiveness	Description
<b>Effective</b>	<ul style="list-style-type: none"> <li>Controls and or/ management activities properly designed and operating as intended</li> <li>Management is confident that the controls are effective and reliable</li> </ul>
<b>Largely effective</b>	<ul style="list-style-type: none"> <li>Controls and or/ management activities properly designed and operating with opportunities for improvements identified</li> </ul>
<b>Needs improvement</b>	<ul style="list-style-type: none"> <li>Controls are only partially effective, require ongoing monitoring and may require redesigning, improving or supplementing</li> <li>Key controls and or/ management activities in place, with significant opportunities for improvement identified</li> </ul>
<b>Ineffective</b>	<ul style="list-style-type: none"> <li>Limited controls and or/ management activities in place</li> </ul>
<b>Weak</b>	<ul style="list-style-type: none"> <li>Controls do not meet an acceptable standard, as many weaknesses/inefficiencies exist</li> <li>Controls and or/ management activities are non-existent or have major deficiencies and don't operate as intended</li> </ul>

Control Ref	Sub risk ref	Control Title	Control Description	Control owner	Control Effectiveness	Comments
1	SR07.01	Fire Risk Assessments	Conduct regular fire risk assessments in all council buildings to identify potential hazards (Consideration for other Compliances).	Director level	Needs improvement	No centralized data. No RP's, quality checks or evidence of tangible, prioritized remediation timelines in order of risk/priority.
2	SR07.02	Training and Awareness:	Provide health and safety training to staff, including safe manual handling, correct use of tools and machinery, and ergonomic advice. Requirement of HASAWA.	Director level	Ineffective	Generic, mandatory training elements (largely unattended), not relevant to certain Service Areas or engaged in.
3	SR07.03	Risk Assessments	Carry out regular risk assessments to identify areas where injuries are more likely to occur, such as maintenance workshops, vehicle depots, and public spaces	Director level	Weak	No evidence of training/competence of Risk Assessors. Inadequate centralized data (Records & Monitoring).
4	SR07.04	Policies & Procedures	Organisational/departmental policy to detail obligations, practice and ownerships within specific areas.	Director Level	Weak	Policies & C.O.P.'s in place from 2019, generalized in require modernisation, communication and evidence of implementation.
5	SR07.05	HSMS Data Recording, Monitoring & Reporting	Ensure suitable & sufficient HSMS to enable recording, monitoring, managing and reporting of key risks and statutory obligations regarding Health and Safety.	Director Level	Ineffective	Existing HSMS deemed inadequate by external commission and Interim manager. Aged, inadequate data management and effective organizational comms and engagement.
6	SR07.06	Violence & Aggression	Provide reasonably practicable controls (Policy, Equipment & Systems) to protect staff from unreasonable behaviour.	Director level	Weak	Increasing (proven trends in reporting) occasions of Unreasonable Behaviour aimed towards SBC staff. Requires Policy and Controls that are reasonably practicable/suitable & sufficient.

## Appendix 'B' – Sample Corporate Risk Dashboard (cont.)

CR07	Health & Safety: We fail to prevent statutory obligations	Risk owner: Pat Hayes
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### Treatment/mitigation plans (funded actions that will manage/reduce the risk level)

Ref	Sub risk ref	Action title	Action details	Action owner	Action due date	Action plan status	Status update
1	SR07.01	FRA Audit & Review	Review of existing data, quality therein – address shortfalls (in terms of survey/actions) urgently.	Peter Walsh/Leo Yousef	02.12.24		Risk Register to be communicated & action owners delegated to.
2	SR07.02	Training Level audit & analysis (E-learning & Mandatory Management)	Review of existing data, quality therein – address shortfalls (in terms of survey/actions) urgently.	Anthony Walker	02.12.24		Mechanism for qualitative & quantitative data to be derived prior to audit.
3	SR07.03	Risk Assessment audit & analysis.	Task (H&S Committee & Comms) Departments with RAMS review, advise, guide and assist.	Anthony Walker / Shameem Din	02.04.25		Yet to begin at point of writing.
4	SR07.04	Policies & Procedures audit & analysis.	Through internal (& external?) commission – review and revise current Policies, Procedures/COP's.	Anthony Walker / Shameem Din	02.04.25		Time/resource to be scheduled consistently, some work already underway (H&S Policy revised).
5	SR07.05	HSMS Data Recording, Monitoring & Reporting	Establish and implement a modernized, improved method of organizational H&S data recording, monitoring, reporting & sharing	Anthony Walker/ IT representative/Shameem Din	02.04.25		Existing Sharepoint inadequate. Procure & Implement organizational software system to enable key stakeholders to input, store and provide key metrics for qualitative and quantitative reporting.
6	SR07.06	Violence & Aggression	Develop organizational – and derived service area specific policies & protocols relating to unreasonable behaviour, ensure support (EAP/HR) mechanisms in place, instill additional, reasonable controls (i.e. security/support) within key public-facing services.	Anthony Walker/HR/Service Areas	02.04.25		HR (Shahilla Barok) tasked with Business Case to provide Security professional training (SIA) to Facilities Officers in Corporate Buildings. Draft Unreasonable Behaviour Policy (General) for approval at H&S Board.

Target Risk Score – 18 by end of date: 04/25

**Appendix 'B' – Sample Corporate Risk Dashboard (cont.)**

Tools & additional info

## Appendix 'B' – Sample Corporate Risk Dashboard (cont.)

Risk Assessment Matrix					
IMPACT					
	1 - Very Low	2 - Low	3 - Moderate	4 - High	5 - Very High
CATEGORIES					
<b>Financial Impact</b> Budget overruns, loss of funding, or significant unforeseen expenses.	Up to £100,000	Between £100,000 - £500,000	Between £500,000 - £1,000,000	Between £1,000,000 - £10,000,000	In excess of £10,000,000
<b>Reputation</b> Damage to the council's public image or loss of trust among the community	Minor/ no negative media coverage or impact on the way the council is perceived by local community Negative social media publicity on minor channel(s), 6 days or less	Local negative media coverage and impact on the way the council is perceived by local community, with a reasonable opportunity to rectify Negative social media publicity on a number of minor channels, 7 days or more	Local and national negative media coverage and impact on the way the council is perceived by local community, with a reasonable opportunity to rectify Negative social media publicity on a single mainstream channel, 7 days or more	Widespread local and national negative media coverage and impact on the way the council is perceived by local community, with some effort required to rectify Negative social media publicity on a single mainstream channel, 7 days or more	Widespread local, national and international negative media coverage and impact on the way the council is perceived by local community, with no guarantee this can be rectified Extended negative social media storm, multiple mainstream channels (Facebook, X etc): 7 days or more
<b>Service Delivery</b> Disruption or failure in delivering critical services to the public.	Minimal or non-noticable impact on service delivery	Some disruption to non-critical services, but essential services remain unaffected	Noticable disruption to important services, but core or critical services continue to function.	Significant disruption or failure of critical services, resulting in major service delays or reduced availability	Complete or near-complete failure of essential public services with severe consequences for the community
<b>People</b>	Negligible reaction for employees within one key function Loss of operation - critical personnel between 1%-3%	Moderate adverse reaction from employees across more than one key function Loss of operation - critical personnel between or less than 3%-5%	Major loss of confidence and support from employees within more than one key function Loss of operation - critical personnel of less than 5%	Significant loss of confidence and support from employees within more than one key function Loss of operation - critical personnel between 5%-15%	Overwhelming loss of confidence and support from majority of employees Loss of operation - critical personnel of more than 15%
<b>Health and Safety</b> Risk of injury, illness, or death to employees, the public, or stakeholders	Near miss incident Individual public health incident	RIDDOR/ Reportable Lost time incident (LTI) Localised public health incident	Long term disability, life changing physical or mental health injury Widespread public health incident	Fatality/multiple life changing injuries Serious localised public health incident (e.g. hospitalisation)	Multiple fatalities with potential to lead to criminal prosecution Serious widespread public health incident
<b>IT Systems/Cyber/GDPR</b> Breaches, data loss, or IT system failures affecting operations or data privacy	No system outages No system vulnerabilities disrupted by malicious actors Data breach is unlikely to result in a risk to the rights and freedoms of individuals (e.g. identity theft, reputational damage, impact to career etc)	No disruption to operations with some non-critical system outages Minimal system vulnerabilities disrupted by malicious actors, with an ability to recover Data breach could possibly result in a risk to the rights and freedoms of individuals (e.g. identity theft, reputational damage, impact to career etc)	Minor disruption to operations with some critical system outages, or significant non-critical system outages Some system vulnerabilities exploited by malicious actors, with an ability to recover in most cases Data breach is likely to result in a risk to the rights and freedoms of individuals (e.g. identity theft, reputational damage, impact to career etc)	Some disruption to operations with outage of numerous critical systems Significant system vulnerabilities exploited by malicious actors, with an ability to recover in most areas Data breach is likely to result in a risk to the rights and freedoms of individuals (e.g. identity theft, reputational damage, impact to career etc). Notification to the supervisory authority (ICO) is needed and non-financial reprimands are imposed	Extensive outage of critical systems with the business unable to operate Significant system vulnerabilities exploited by malicious actors, with no ability to recover Data breach is likely to result in a high risk to the rights and freedoms of individuals (e.g. identity theft, reputational damage, impact to career etc). Notification to the supervisory authority (ICO) which may result in financial and/or non-financial reprimands and we are required to inform the impacted data subjects
<b>Compliance, Legal &amp; Political</b> Breach of laws, regulations, or statutory requirements	(Voluntary) notifiable Regulator non-compliance - Breach resolved between parties	Notifiable Regulator non-compliance - Formal RFI / Third party concern and dissatisfaction / material operational issues emerge publicly	Legal/regulatory action, regulator enforcement penalties / repeated major stakeholder enquiries / repeated failure to deliver against regulatory commitments	Severe regulatory action/ prosecution criminal/ negligent behaviour / trust issues leading to extreme financial or regulatory consequences.	Major litigation that cannot be defended. Critical breach of legislation, possibility of significant (quantify) fines / imprisonment of officers / members
<b>Environmental</b>	Minimal short-term temporary environmental damage	Borough-wide environmental damage	Major long term environmental damage	Very severe long term environmental damage	Irreversible and significant environmental damage
Likelihood					
	1 - Rare	2 - Unlikely	3 - Possible	4 - Probable	5 - Almost Certain
Event will occur only in exceptional circumstances. No past event history (SBC or UK public sector)	Event could happen in the next 3 – 5 years. Some past history exists (SBC, or UK public sector)	Event could happen in the next 1-2 years. Past history of event circa every 1-2 years (SBC or UK public sector)	Event could happen in the next 7-12 months. Recurring past event e.g. annually (SBC or UK public sector)	Event could happen in the next 0-6 months.	



## Risk Assessment Matrix

Continued....

IMPACT	5	Very High	15	19	22	24	25
	4	High	10	14	18	21	23
	3	Moderate	6	9	13	17	20
	2	Low	3	5	8	12	16
	1	Very low	1	2	4	7	11
			Rare	Unlikely	Possible	Probable	Almost certain
			1	2	3	4	5
LIKELIHOOD							

The Council has historically used a risk heat map to visually represent risks by multiplying impact and likelihood, to generate an overall risk score, with colour-coding to indicate risk levels. This method offers a snapshot of the corporate risks.

However, the multiplication approach can be misleading. Score of 25 and 5 differ greatly in value, but both could have catastrophic consequences. Low-likelihood (rare), very high-impact events may receive too little attention, despite their potential to occur. Additionally, this method suggests that a moderate-impact, possible event with a score of 9 is more deserving of management attention than a very high-impact, low-probability event scoring 5, which is not necessarily accurate.

To improve clarity, we no longer multiply scores. Instead, we plot impact and likelihood on the heat map matrix, which reflects a scale of relative importance. Box 25 is the most significant, followed by 24, 23, and so on. In this approach, very high impact, low-likelihood risks score 15 (instead of 5), providing a more accurate representation of risk. This also shows that such risks score higher than moderate-impact, possible events (15 vs. 13), offering a clearer assessment.

Likelihood				
1 - Rare	2 - Unlikely	3 - Possible	4 - Probable	5 - Almost Certain
Event will occur only in exceptional circumstances. No past event history (SBC or UK public sector)	Event could happen in the next 3 - 5 years. Some past history exists (SBC, or UK public sector)	Event could happen in the next 1-2 years. Past history of event circa every 1-2 years (SBC or UK public sector)	Event could happen in the next 7-12 months. Recurring past event e.g. annually (SBC or UK public sector)	Event could happen in the next 0-6 months.

## Appendix 'B' – Sample Corporate Risk Dashboard (cont.)

### Risk Appetite Statement ROUGH GUIDE

Please include a suitable risk appetite statement on the dashboard. It can be qualitative, quantitative or a combination of both, but should provide the reader with an understanding of the amount of risk that the SBC is willing or has the capacity to accept in pursuit of achieving its long-term objectives and creating value. The statement itself should help guide resource allocation and provide the means to effectively respond to and monitor the corporate risk. The table below also provides guidance.

#### **Averse**

A low tolerance for risk with a preference for conservative strategies with negligible or low residual risk. Applying innovation prudently where the risks are fully understood

#### **Balanced (Minimal to Cautious)**

A balanced range of risk acceptance from low residual risk, aiming to reduce exposure where possible, through to acceptance of a moderate degree of risk where the risk/reward ratio is deemed reasonable. Applying innovation only where successful delivery is likely.

#### **Seeking (Open – Eager)**

A willingness to take on higher levels of risk in pursuit of greater rewards. Eager to be innovative and exploit opportunities.



# Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets)

**CR01 Safeguarding Children and Young People/Child Death** Risk owner: Sue Butcher Signed -off by owner / N

### Corporate risk overview

Current Risk Score	4	Impact	4	Likelihood	<b>21</b>
Target Risk Score	3	Impact	3	Likelihood	<b>18</b>

The risk is that children and young people in Slough are not adequately safeguarded because of insufficient resources. Resources can be financial, and /or related to a shortage of staff, their capacity and capability.

If children and young people are not adequately safeguarded there is the risk of a child death or a significant impairment to a child's physical, mental or emotional health. This exposes the authority to additional scrutiny from regulators which can result in negative judgement, reputational risk both nationally and locally and a loss of trust. In addition such tragic events can increase referrals from communities and partner agencies who can become risk adverse.

Children's Social Care is subject to a Statutory Direction from the Department of Education overseen by a DfE Commissioner. If children are not appropriately safeguarded, then the exit from intervention will continue which impacts negatively on the Council as a whole.

The current financial challenges need to be well managed to mitigate risk.

### Risk appetite statement (Averse/Balanced)

The risk SCF risk appetite is supported by robust evidence informed service planning.

The safety of children is paramount to the organisation however it is not possible to prevent child deaths or serious harm from taking place.

### Risk profile

Impact	5	Very High							
	4	High			●	●	●		
	3	Moderate			●	●			
	2	Low							
	1	Very low							
		Rare	Unlikely	Possible	Probable	Almost certain			
		1	2	3	4	5	Likelihood		

Refer to slide 8 for risk assessment score instructions

### Sub risks related to this principal risk

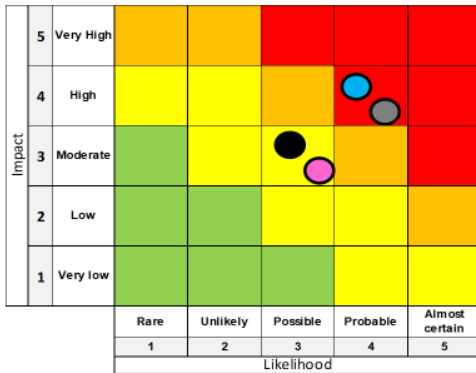


Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
01.01	●	Insufficient financial resources	SCF Director of Finance/ Resources	➡	SCF is currently managing within its means however there are further financial challenges over the next 12 months.
01.02	●	Unsuccessful staff recruitment and retention	Head of HR	➡	SCF is attracting a reasonable level of applicants for most positions. Turnover has increased although largely for appropriate reasons.
01.03	●	High Caseloads	Director of Operations	➡	Caseloads are monitored on a weekly basis and reported to the Improvement Board chaired by the DfE Commissioner.
01.04	●	Inexperienced staff and staff who are underperforming	Director of Operations	➡	Training and development opportunities are delivered consistently however a workforce development strategy would support a more strategic approach. A social care academy will be launched imminently
01.05	●	Continuation of DfE Statutory Direction	Chief Executive of SCF	➡	Progress is overseen by the DfE Commissioner.

# Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets) cont.

<b>CR02</b>	<b>Failure to meet demands on Adult Social Care</b>	Risk owner: David Coleman-Groom Signed-off by owner: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Y</span> N				
<p><b>Corporate risk overview</b></p> <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;"> <table style="font-size: small;"> <tr style="background-color: #e91e63; color: white;"> <td>Current Risk Score <b>3</b> Impact <b>3</b> Likelihood</td> <td style="background-color: #e91e63; color: white; text-align: center; width: 20px;">21</td> </tr> <tr style="background-color: #e91e63; color: white;"> <td>Target Risk Score <b>3</b> Impact <b>3</b> Likelihood</td> <td style="background-color: #e91e63; color: white; text-align: center;">21</td> </tr> </table> </div> <p>Nationally demands on Adult Social Care continue to rise and are putting pressure on local authorities. If the adult social care transformation programme does not deliver sustainable changes in a timely and effective way there will be a negative impact on quality of service for residents, savings will not be achieved, demand will continue to grow and a balanced budget will not be delivered.</p> <p>As treatment plans are still being developed our interim target risk score will be the same as the current risk score of 13. Once treatment plans have been confirmed the target risk will be revised.</p>		Current Risk Score <b>3</b> Impact <b>3</b> Likelihood	21	Target Risk Score <b>3</b> Impact <b>3</b> Likelihood	21	<p><b>Risk appetite statement (Averse/Balanced/Seeking)</b></p> <p>We have a balanced risk appetite as we look at ways to provide the necessary level of services required within Adult social services, while being aware of constraints around financial. Through practice and resource panels, controls are in place to ensure the right levels of care at the right time.</p>
Current Risk Score <b>3</b> Impact <b>3</b> Likelihood	21					
Target Risk Score <b>3</b> Impact <b>3</b> Likelihood	21					

## Risk profile



Refer to slide 8 for risk assessment score instructions

## Sub risks related to this principal risk



Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
02.01	●	Inability to meet savings	David Coleman- Groom (lead)	➡	Since October savings are discussed within DLT, focusing on actions to delivery and mitigations
02.02	●	Inability to meet increase in demand	Ilona Sarulakis (HOS)	➡	Hospital Social Work team has moved to be part of the Reablement and Independence, with a focus on short term interventions and reducing long term demand
02.03	●	Attraction & retention of talent	Jane Senior (Director) David Coleman-Groom (ED/DASS)	➡	Workforce strategy is place since July, focus on growing our own and improved use of Matrix
02.04	●	Loss of health funding	Vicky Tutty (HOS) Andrea Rodin (HOS)	➡	Better Care Fund(BCF) review of expenditure of 24/25 and workshop in place to confirm approach to 25/26 Health funding – review of approach and policy for Continuing Health Care. Berkshire LA's concerned about the shift in Health funding, full review being commissioned

## Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets) cont.

CR03	Failure of Special Educational Needs and Disability (SEND)	Risk owner: Sue Butcher	Signed-off by  N
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### Corporate risk overview

Current Risk Score	4	Impact	4	Likelihood	21
Target Risk Score	4	Impact	3	Likelihood	18

Slough has a statutory duty, under the SEND Code of Practice, to provide educational resources to all children and young people with SEND living in Slough. SEND is subject to a Statutory Direction from the Department of Education overseen by a DfE Commissioner. If SEND services are not effective, then the exit from intervention will continue which impacts negatively on the Council as a whole.

Currently all LAs are seeing an increased demand for Education Health and care Plans and greater level of SEND complexity in our schools. Failure to provide an effective service would mean that children and young people do not receive the right support early enough. As a result, their educational outcomes as well as their life opportunities may be limited.

The Council has entered into a Safety Valve Agreement (SVA). Therefore, as well as impacting on the overall Council budget position, a significantly higher level of SEND spending could threaten the additional funding being offered by the DfE if the SVA targets are not achieved. The current financial challenges need to be well managed to mitigate risk.

There is a reputational risk of a poor local area inspection. Slough, as with all local authorities are currently seeing a significant level of appeals to the Tribunal Service. Tribunals, alongside internal complaints and LGSCo adverse judgements present another risk.

### Risk appetite statement (BALANCED)

SBC currently has a **balanced range of risk acceptance**, aiming to reduce exposure where possible, accepting a moderate degree of risk where the risk/reward ratio is deemed reasonable. Innovation is applied to improve service delivery where this is reasonable.

Although underperformance of children and young people with SEND is not something that we wish to accept and which we strive to minimise as much as possible, the current national picture for SEND means that no LA can completely remove the risks and the SEND Code of Practice limits our possible responses.

There is a separate Risk Register for SEND that breaks down the overall risk into specific areas. This includes the actions to mitigate the risk as much as possible.

The performance of children and young people with SEND is overseen by a SEND Improvement Board that includes partners from health, social care, education settings and families. This Board is supported by an Operational Group. The Board oversees the transformation journey that is addressing the areas of risk for SEND.

SEND performance is overseen by the DfE through the Written Statement of Action monitoring process including oversight by a SEND adviser and a SEND commissioner.

### Risk profile



Impact	5	Very High						
	4	High						
	3	Moderate						
	2	Low						
	1	Very low						
			Rare	Unlikely	Possible	Probable	Almost certain	
			1	2	3	4	5	
			Likelihood					

### Sub risks related to this principal risk



Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
03.01		Failure to provide appropriate support to children and young people with SEND with and without an EHC plan earlier enough that will impact on their life opportunities.	Neil Hoskinson		Although the demand for SEND support is increasing in line with the national picture, the statutory SEND team is improving and so is managing this risk.
03.02		Financial risk to the Council and the possibility of not receiving Safety Valve Agreement payments to offset the budget deficit.	Neil Hoskinson		A new SEND Finance transformation team is overseeing the financial plan and the Safety Valve Agreement. They will report in November on the current position which may change this judgement.
03.03		Reputational risk to the Council through a negative inspection report, complaints and tribunals.	Neil Hoskinson		The level of complaints has remained high. The level of tribunals is also consistent although there is a higher percentage of more complex cases.
03.04					

Refer to slide 8 for risk assessment score instructions

## Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets) cont.

CR04	Failure to Provide Safe Temporary Accommodation within Budget	Risk owner: Pat Hayes	Signed-off by owner:  / N
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### Corporate risk overview

Current Risk Score	5	Impact	4	Likelihood	24
Target Risk Score	4	Impact	4	Likelihood	21

- In Q2 we have been reviewing and analysing the current Temporary Accommodation, Allocations and Homeless Teams structure. It is not fit for purpose and a radical overhaul of the service is needed to deal with the **data** challenges, backlogs, lack of **prevention** and poor performance across the services.
- The £3m savings plan put forward in 2023 was not robustly developed or closely monitored and it has not delivered the required savings because
  - Capability of managers and front-line staff and difficulty recruiting and retaining staff (80% of the Homeless team are temporary.).
  - Lack of reliable quality data to inform business decisions.
- MHCLG visited in Sep 24, confirming our TA usage per 1,000 households (18.2) is the highest in England outside of London. They identified Slough as an outlier on our level of TA and commented they do not under-estimate the challenges we face around homelessness given our location, socio economic make up and housing market in which we operate.
- The provision of TA carries statutory and regulatory requirements to ensure the safety and wellbeing of the occupants. The Council therefore needs to have in place an approved inspection regime in accordance with the Housing Health and Safety Regulations which is currently not resourced.
- The new Director is developing an improvement plan to cover the risks identified at corporate and operational level.

### Risk appetite statement (Balanced)

The service is delivered within a framework of statutory obligations including the obligation to house homeless people and to place people in safe, compliant and affordable homes. As such, we have a balanced risk appetite where we try and use different mechanisms to ensure that we provide the necessary service levels and stay within budget.

### Risk profile



Sub risks related to this principal risk

Impact	5	Very High				●	●	●
	4	High				●	●	●
	3	Moderate				●	●	●
	2	Low				●	●	●
	1	Very low				●	●	●
		Rare	Unlikely	Possible	Probable	Almost certain		
		1	2	3	4	5		
		Likelihood						

Refer to slide 8 for risk assessment score instructions







Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
04.01	●	Availability of cost-effective accommodation	Lisa Keating		<p>We have relied heavily on high-cost units and need to carry out a Private Rented Sector Review offer. It is our intention to develop a leasing scheme, which is commonly used by councils to give greater TA portfolio stability and allow for improved negotiations and possible cost efficiencies where suppliers have greater security knowing we will use the units for a defined period, possibly 2-5 years so removing the more fractious nightly rate provision currently in usage as the main TA source</p> <p>A policy to nominate out of borough placements where accommodation is cheaper was agreed by cabinet, but we need to complete an EQIA before this can happen</p> <p>We will reconfiguration how we acquire all forms of TA and Private Rented Sector homes as currently we are taking units on the hoof and not really developing professional relationships with suppliers.</p> <p>We need to review landlord rental insurance and the incentives/ handholding/tenancy support we offer to negotiate better rates and terms.</p>
04.02	●	Budgetary constraints	Lisa Keating		<p>The number of people in TA has almost doubled from 650 in 2022 to circa 1150 in 2024( number is still being verified and could exceed 1200). The budget has not increased in line with demand. Actual spend in 23/24 was £19.6m. Budget for 24/25 was £8m. The forecast actual spend at P7 is £14.6m with a year-end forecast of £24.4m</p>































## Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets) cont.

CR04	Failure to provide safe Temporary Accommodation within Budget	Risk owner: Pat Hayes	Signed-off by owner: Y (N)
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Sub-Risks continued.

Sub risks related to this principal risk   

Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
04.03		Compliance with regulatory requirements	Lisa Keating		Director commissioned Pennington's to carry out a health check on compliance for Housing in July with light touch on TA. Identified a lack of resource in the TA teams responsible for compliance checks and fire safety management, noted the remedial actions had a high volume of overdue fire safety actions. Highlighted there was no dedicated resource in the team and actions are ongoing and need significant focus and resource to complete. Further TA specific health check recommended
04.04		Attraction and retention of talent	Lisa Keating		The TA team are all temporary, 4 managers and 4 officers have left in Q2 and there have been periods with significant gaps. The Director has replaced all management post in Q3 and expect all posts to be filled by end Nov 24. We need to recruit to a permanent Head of Service and reorganise the wider Housing Needs service, then recruit permanent staff to establish service stability. We need to introduce a good practice high performing culture to deliver greater efficiencies over time and ability to cope with the constant challenges of homelessness.
04.05		Failure to increase TA rental Income	Lisa Keating		Increase TA rental Income. At the end of Q1 our actual spend was £7.8m (£2.6m per month)End Q1 income = £3.5m (£1.16m per month) We will need to increase the TA rental income by 50% to get an income of £15.75m in the last 7.5 months making a total of £19.25m .To achieve this significant improvement, we need to clear backlog of approx. 200 rent accounts which have not been set up and set up all new placements within 24 hours Data-cleansing circa 120 homeless cases partially migrated to NEC. Post all historic HB credits to accounts & proactively chase all new HB claims

Impact	5 Very High						
	4 High						
	3 Moderate						
	2 Low						
	1 Very low						
		Rare	Unlikely	Possible	Probable	Almost certain	
		1	2	3	4	5	
		Likelihood					

# Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets) cont.

CR05	Failure to Attract, Retain & Engage with Our People	Risk owner: Bal Toor	Signed-off by owner: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Y</span> N
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## Corporate risk overview

Current Risk Score	4	Impact	4	Likelihood	21
Target Risk Score	3	Impact	3	Likelihood	21

RAG status: Overall status is red (score increasing to 23) worsening from amber (score 17) in the previous quarter as a result of greater risk exposure in 06.01 which in turn impacts 06.02 as contributory causes.

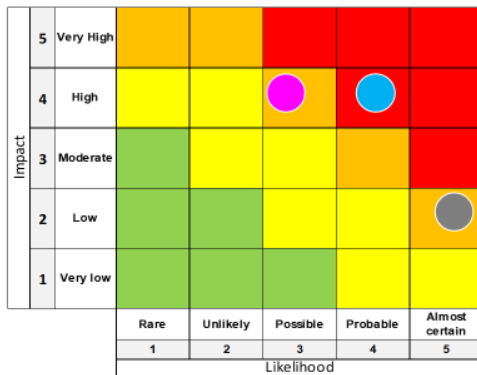
The HR function continues to operate whilst carrying multiple vacancies. This slows progress in some areas a little, but key discovery phases are on track, to ensure HR products are fit for purpose.

## Risk appetite statement - Balanced

We are willing to accept a balanced amount of risk to deliver on objectives but aim to reduce exposure where possible.

We aim to attract and retain the right people with the right skills in the right role at the right time. We accept there will be internal or external circumstances and / or organisational changes which may result in a negative, short-term impact on employee engagement, productivity, attraction or retention but seek to minimise this where possible.

## Risk profile



## Sub risks related to this principal risk

Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
05.01	●	We fail to attract a diverse and inclusive workforce	Bal Toor	↑	The sub risk score has deteriorated as market conditions and media coverage persist in affecting the possibility of failing to attract talent for critical roles. SBC competes with local London Borough pay scales which means we often lose our staff to neighbouring councils, therefore we have an issue with attracting and in some instances maintaining our talent pool.
05.02	●	We fail to identify, develop and embed the capabilities and competencies we need in our workforce	Bal Toor	→	Continuing to define capture workforce skills via the launch of the new 1:1 and appraisal form, This will then help develop understanding of gaps and career pathways. We also have a low number of apprenticeships, however have recently launch a Data apprenticeship as a pilot to developing other ones for ED areas.
05.03	●	We fail to maintain an energised and engaged workforce	Bal Toor	→	Employee engagement continues to be detrimentally impacted by negative press and the impact of actions taken in Our Futures 2 years ago. Recent staff survey will provide a refreshed baseline.

Refer to slide 8 for risk assessment score instructions



## Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets) cont.

CR06	<b>Health &amp; Safety: We fail to prevent physical injury or mental harm</b>	<b>Risk owner: Pat Hayes</b>	
<h3>Corporate risk overview</h3> <p>SBC currently faces multiple, simultaneous risks of an intolerable nature– with a common root cause. Lack of data, communication and synergy of management/ownership/reporting; The combination of escalating, aggressive behavior to front facing staff, aged and inadequate Risk Assessments (and subsequent controls) &amp; Policies, COP's &amp; Procedures not revised to modern, practical standards– derives into a High Likelihood and Impact ratio of <b>21</b> in its' present condition. These matters evidence a fundamentally flawed and inadequate HSMS.</p> <p>This score may be elevated due to a lack of reliable data and inter-departmental synergy and communication. There may, likely, be processes and controls that are not formally registered or communicated. However, without adequate qualitative/quantitative data – a conservative Risk Rating must be indicated.</p> <p>The actions, consistent with most highlighted risks have the initial milestone of data review and audit – tangible actions/systems, deadlines, ownerships and delegations can thereafter be allocated.</p>		Current Risk Score <b>4</b> Impact <b>4</b> Likelihood	<b>21</b>
		Target Risk Score <b>4</b> Impact <b>3</b> Likelihood	<b>18</b>
		<h3>Risk appetite statement(AVERSE)</h3> <p>We have no appetite for safety risk exposure that could result in fatality or serious harm (physical and mental) to our employees, supply chain partners or member of the public through our actions, inactions, inadequacies (or decisions).</p> <p>Recognising that risks should be reduced to As Low As Reasonably Practicable (ALARP), this may mean that residual risk scores remain elevated to highlight priority enforce suitable and sufficient risk mitigation(s).</p>	

### Risk profile

### Sub risks related to this principal risk

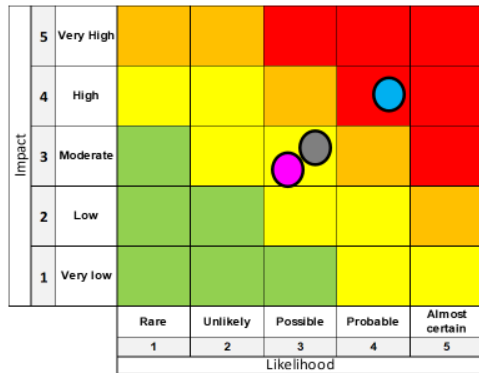
Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
06.01	●	We fail to prioritise, adequately fund or manage risks associated with corporate health and safety	Antony Walker	⬇️	Standardised, organizational ownership, recording, monitoring and reporting of key risks & statutory obligations. Efficiencies and organizational buyin to be achieved by new shared software system sufficient training and standardized reporting mechanisms.
06.02	●	We fail to prioritise, adequately fund or manage risks associated with fire	Antony Walker	⬇️	<i>Fire Risk assessments to be scrutinized as to quality and content and, actions deriving to be prioritized, budgeted and forecast effectively.</i>
06.03	●	We fail to prioritise, adequately fund or manage risks associated with aggressive behaviour	Antony Walker	⬇️	<i>Recognition of national and demographic antipathy to Local Government due to economic hardships and service reduction. Through policy and procedure, ensure our staff, public and derived representatives receive reasonably practicable safeguarding and support mechanisms.</i>
06.04	●	Resource to accommodate organisational audit, scrutiny and engage with training & Policy improvements.	Antony Walker	⬇️	Currently, both internal H&S Operative resource & externally commissioned assistance are under Business Case to mitigate and assist this key shortfall.

Refer to slide 8 for risk assessment score instructions

## Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets) cont.

CR07	Failure of Emergency Planning & Business Continuity	Risk owner: Tessa Lindfield	Signed-off by owner: <span style="border: 1px solid white; border-radius: 50%; padding: 2px;">Y</span>												
<h3 style="margin: 0;">Corporate risk overview</h3> <p style="margin: 10px 0;">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.</p>		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr style="background-color: #f08080;"> <td style="padding: 2px;">Current Risk Score</td> <td style="padding: 2px;">4</td> <td style="padding: 2px;">Impact</td> <td style="padding: 2px;">4</td> <td style="padding: 2px;">Likelihood</td> <td style="padding: 2px; background-color: #ff0000; color: white;">21</td> </tr> <tr style="background-color: #ffff00;"> <td style="padding: 2px;">Target Risk Score</td> <td style="padding: 2px;">3</td> <td style="padding: 2px;">Impact</td> <td style="padding: 2px;">4</td> <td style="padding: 2px;">Likelihood</td> <td style="padding: 2px; background-color: #ff0000; color: white;">17</td> </tr> </table>	Current Risk Score	4	Impact	4	Likelihood	21	Target Risk Score	3	Impact	4	Likelihood	17	<h3 style="margin: 0;">Risk appetite statement (Averse)</h3> <p style="margin: 10px 0;">This is a high risk area with significant consequences. Mitigations are available. Risk appetite is averse.</p>
Current Risk Score	4	Impact	4	Likelihood	21										
Target Risk Score	3	Impact	4	Likelihood	17										

### Risk profile



### Sub risks related to this principal risk



Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
07.01	●	Inadequate co-ordinated response in place to population threats, operational emergencies, or other major incident.	Laura Robertson	➡	MIP reviewed – remains in draft form. Training programme for on call staff in place. Additional resource agreed to boost development of EP function
07.02	●	Services are disrupted because impact of incident is not mitigated sufficiently	Laura Robertson	➡	As above and development of Business Continuity Plans
07.03	●	Unable to deliver key services if staff are taken away to deal with a major incident	Laura Robertson	➡	Business Continuity Plans require development

Refer to slide 8 for risk assessment score instructions



# Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets) cont.

CR08 | ICT incident resulting in significant data and/or service | Risk owner: Martin Chalmers | Signed-off by owner: Y / N

## Corporate risk overview

CR17 has been merged with CR09, as so many of the actions and countermeasures are common across both risks

Current Risk Score	4	Impact	4	Likelihood	24
Target Risk Score	4	Impact	2	Likelihood	19

There is a risk that an ICT incident, resulting either from deliberate attack, from a business continuity incident or from a fault, leads to data breaches or significant disruption to services.

The likelihood of such an incident occurring currently assessed as High. This is because:

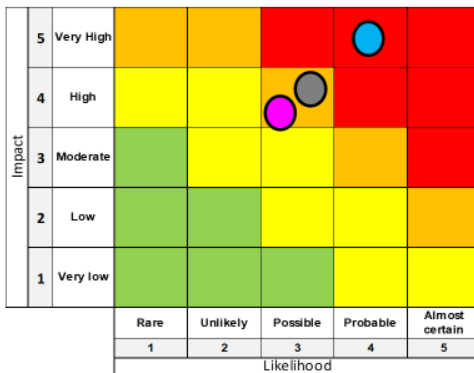
- The level of threat from hostile states and organised criminal groups is very high
- There are mitigation actions from the ICT Modernisation Plan relating to cyber security attack prevention and to the updating of out-of-date software that have not yet been completed.

The impact of such an incident is assessed as being up to High. An impact of this nature would be typified by a ransomware attack that – based on the experience of other councils (eg Redcar & Cleveland, Hackney) that have suffered such attacks - could deny access to some or all ICT systems for a period of months. The impact is aggravated by the fact that there are mitigation actions from the ICT Modernisation Plan relating to business continuity and cyber attack recovery that have not yet been completed.

## Risk appetite statement (Averse)

There is a low appetite for a successful cyber attack or significant data risk impacting the Council, not only for the operational impacts it can cause to our essential service but also the reputation and regulatory impacts it would cause. The Council wishes to minimise the risk to the extent possible given affordability constraints.

## Risk profile



Refer to slide 8 for risk assessment score instructions

## Sub risks related to this principal risk



Ref	Status	Risk title	Sub-risk owner	Change in period/outlook	Management Review/ Explanation of movement
08.01	Blue circle	A cyber attack causes significant data or service loss	Colin Power	Yellow arrow right	Movement to a reasonable target level depends on the completion of four projects within the Modernisation Programme. Of these, two require a procurement just being launched and one is subject to agreement of an MTFS business case. Probability is heightened by threat profile aggravated by world events.
08.02	Grey circle	A business continuity issue causes significant service loss	Colin Power	Yellow arrow right	Movement to target level depends on completion of one project in Modernisation Programme that is subject to procurement and on a review of business continuity planning for ICT across the organisation
08.03	Pink circle	An incident caused by hardware or software failure causes significant service loss	Colin Power	Green arrow up	While movement to a reasonable target level depends on the completion of two projects within the Modernisation Programme, progress has been made through that Modernisation Programme that has reduced vulnerabilities.

# Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets) cont.

CR09 Failure to achieve financial sustainability and a balanced MTFS Risk owner: Annabel Scholes Signed-off by owner: N

## Corporate risk overview

Current Risk Score **5** Impact **4** Likelihood **24**  
 Target Risk Score **5** Impact **3** Likelihood **22**

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.

## Risk appetite statement (Averse - Balanced)

We have a very low appetite to being in a position where we are unable to maintain sufficient liquidity to fund operations and to meet our liabilities as they fall due.

We seek to maintain a level of liquidity to have confidence in the ability to manage adverse events beyond forecast sensitivities without undue reliance on uncommitted funding.

## Risk profile



Impact	5	Very High							
	4	High							
	3	Moderate							
	2	Low							
	1	Very low							
			Rare	Unlikely	Possible	Probable	Almost certain		
			1	2	3	4	5		
			Likelihood						

Refer to slide 8 for risk assessment score instructions

## Sub risks related to this principal risk



Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
09.01		Failure to deliver audited financial reports (SOA) to identify any additional financial liabilities to the council which will impact on financial sustainability.	Chris Holme		This is the baseline position and reflects outstanding audited Statements of Accounts outstanding for 2021/22, 2022/23 and 2023/24
09.02		Failure to achieve a balanced budget and Medium Term Financial Strategy (MTFS)	Dave McNamara		The is the baseline position and reflects failure to (as at Nov 24) to agree a balanced MTFP and need to bring forward 26/27 and 27/28 Capitalisation Directions to deliver a balanced budget for 2025/26
09.03		Inadequate cashflow to maintain balance of liquidity to fund expenditure	Chris Holme		Baseline reflects the ongoing level of overspend for 2024/25 and reduced receipts of asset disposals putting further strain on our cash position, leading to further borrowing and inability to reduce external debt – Increasing financial pressures

## Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets) cont.

CR09	Failure to achieve financial sustainability and a balanced MTFS	Risk owner: Annabel Scholes	Signed-off by owner: <input checked="" type="radio"/> Y / <input type="radio"/> N
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Corporate risk overview - Continued

Sub risks related to this principal risk



Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
09.04		Government funding formula/distribution does not reflect the needs of the Slough community and demographic	Dave McNamara		Core funding and specific grants insufficient to finance Slough BC demand pressures
09.05		Failure to recruit and retain a resilient and skilled workforce within finance	Vicki Palazon		Baseline reflects reliance on a significant number of interims and difficulties in recruiting permanent staff with appropriate skills, experience and qualifications
09.06		Failure to deliver the FIP which include internal controls, an effective finance system both through tech and business processes	Vicki Palazon		Baseline reflects progress to date against the agreed FIP. Although the outlook is stable, there has been a deterioration this quarter, but not enough to affect the risk score.

Impact	5 Very High					
	4 High					
	3 Moderate					
	2 Low					
	1 Very low					
		Rare	Unlikely	Possible	Probable	Almost certain
		1	2	3	4	5
		Likelihood				

## Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets) cont.

CR10	Failure of Asset Disposal Programme	Risk owner: Pat Hayes	Signed-off by owner: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Y</span> / N
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### Corporate risk overview

CURRENT SCORE **4** Impact **3** Likelihood **21**  
 TARGET SCORE **3** Impact **3** Likelihood **18**

The Asset Disposal Program is intended to enable the disposal of under-utilised assets falling within the Council's Asset Disposals Strategy. The program will support a reduction in the Council's future financial commitments by generating receipts from property sales at the earliest opportunity and reduce the Council's borrowing and MRP.

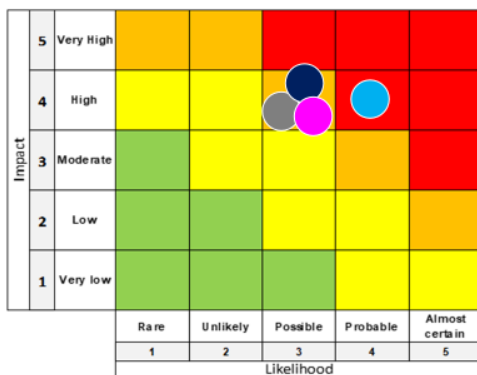
The number and value of assets that could potentially be sold is a key element in setting the financial target for the programme. However, it is not the only consideration, the Council also has to consider other factors such as the delivery of statutory services and ensuring accessibility of services to residents and undertaking a legal review of the sites to establish whether they are held for a specific purpose or whether statutory steps are required prior to disposal.

A RAG+B rating for each asset is assigned based on current use, be that operational, community or income producing and any borrowing or other metric that impacts against the asset value. As per any property disposal programme, the level of sales proceeds is very much a function of market conditions, however timing is also crucial, so CLT and Member support is critical to the overall success of the disposals programme. The disposals program is planned for conceptual approval at November 2024 cabinet, thereafter property(ies) will be brought to subsequent cabinet meetings for approval as needed.

### Risk appetite statement (Balanced)

To achieve anticipated sales proceeds within the agreed time period, the Disposals Programme naturally has a balanced approach to commercial risk. As continuity and quality of service delivery is key, on a property-by-property basis the Disposals Programme has a much lower risk appetite when considering how the programme may impact the delivery of operational and especially statutory services.

### Risk profile



Refer to slide 8 for risk assessment score instructions

### Sub risks related to this principal risk

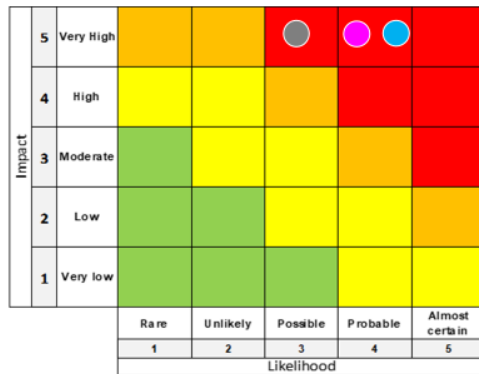


Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
10.01	●	Property disposals not hitting financial targets and sitting outside of lower volatility levels	Ian Church	➡	None – progress as anticipated
10.02	●	Pace of sale is behind programme deliverable dates	Ian Church	➡	None – progress as anticipated. Requires close monitoring and CLT support as pace of sale is dictated by timely approval by Members
10.03	●	Attraction and Retention of quality people	Ian Church	➡	Having sufficient resources of the right quality to deliver the programme. Transition from interim to FT staff while maintaining momentum, quality and corporate knowledge.
10.04	●	External property market volatility	Ian Church	➡	Market is currently stable after a downward trend. Positive movement is anticipated which will allow better sales proceeds and positive volatility.

# Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets) cont.

CR11	Failure to become a best value council	Risk owner: Sonia Khan	Signed-off by owner: Y <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span>												
<h3 style="margin: 0;">Corporate risk overview</h3> <p style="margin: 10px 0;">The Council fails to become a Best Value Council, because the improvement and recovery actions specified in the Directions and required in the Best Value Intervention Guidance are not delivered or do not have the impact expected.</p>		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr style="background-color: #e91e63; color: white;"> <td style="padding: 2px;">Current Risk Score</td> <td style="padding: 2px;">5</td> <td style="padding: 2px;">Impact</td> <td style="padding: 2px;">4</td> <td style="padding: 2px;">Likelihood</td> <td style="padding: 2px;">24</td> </tr> <tr style="background-color: #e91e63; color: white;"> <td style="padding: 2px;">Target Risk Score</td> <td style="padding: 2px;">4</td> <td style="padding: 2px;">Impact</td> <td style="padding: 2px;">3</td> <td style="padding: 2px;">Likelihood</td> <td style="padding: 2px;">22</td> </tr> </table>	Current Risk Score	5	Impact	4	Likelihood	24	Target Risk Score	4	Impact	3	Likelihood	22	<h3 style="margin: 0;">Risk appetite statement (Balanced)</h3> <p style="margin: 10px 0;">We have a balanced appetite for this risk. Delivery of a plan that systematically addresses how we become a Best Value Council and exit intervention, meeting all directions is what is needed. The focus needs to be on deriving benefits for residents and becoming financially sustainable. This is about getting the basics right and so there is less room for innovation, but there should be a commitment to seeking to add social value in the way the plan is delivered, for example, involving residents and partners in assessing progress, providing feedback and co-creating solutions.</p>
Current Risk Score	5	Impact	4	Likelihood	24										
Target Risk Score	4	Impact	3	Likelihood	22										

### Risk profile



Refer to slide 8 for risk assessment score instructions

### Sub risks related to this principal risk



Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
11.01	●	Fail to improve and transform services that impacts adversely on residents and on budgets	Director of Strategy, Change and Resident Engagement	➡	The same because current financial context and medium term context for Slough and nationally remains extremely challenging and transformation programmes should have started 2-3 years ago
11.02	●	Fail to operate as a Best Value Council	Director of Strategy, Change and Resident Engagement	➡	Upward because stability in corporate leadership and the confirmed extension of the intervention should support a strong focus on improvement and recovery.
11.03	●	Unable to deliver new operating model and medium-term financial strategy	Director of Strategy, Change and Resident Engagement	➡	The same because current financial context and medium term context for Slough and nationally remains extremely challenging and transformation programmes should have started 2-3 years ago

## Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets) cont.

<b>CR12</b>	<b>Failure to deliver market sustainability across the Council</b>	Risk owner: David Coleman-Groom Signed-off by owner <span style="border: 1px solid black; border-radius: 50%; padding: 0 2px;">Y</span> / N												
<h3 style="color: #6a3d9a;">Corporate risk overview</h3> <p>Risk associated with Providers given costs increasing in line with rising costs everywhere. Risks that we may lose some Providers because market conditions mean that profitability is reduced. Risk that other local authorities obtain care and beds originally used by Slough BC because they are able to offer more attractive rates. As treatment plans are still being developed our interim target risk score will be the same as the current risk score of 17. Once treatment plans have been confirmed the target risk will be revised.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #d9e1f2;"> <td style="padding: 2px;">Current Risk Score</td> <td style="padding: 2px;">3</td> <td style="padding: 2px;">Impact</td> <td style="padding: 2px;">4</td> <td style="padding: 2px;">Likelihood</td> <td style="padding: 2px; text-align: center;"><b>21</b></td> </tr> <tr style="background-color: #d9e1f2;"> <td style="padding: 2px;">Target Risk Score</td> <td style="padding: 2px;">3</td> <td style="padding: 2px;">Impact</td> <td style="padding: 2px;">4</td> <td style="padding: 2px;">Likelihood</td> <td style="padding: 2px; text-align: center;"><b>21</b></td> </tr> </table>	Current Risk Score	3	Impact	4	Likelihood	<b>21</b>	Target Risk Score	3	Impact	4	Likelihood	<b>21</b>	<h3 style="color: #6a3d9a;">Risk appetite statement (Balanced)</h3> <p>We have a balanced risk appetite as we look at ways to provide the necessary level of services required within Adult Social Care while being aware of constraints around financials, working with providers to ensure they deliver quality services and pay a fair rate to the workforce. Ability to ensure we have sufficient access to the right care at the right price to meet demand</p>
Current Risk Score	3	Impact	4	Likelihood	<b>21</b>									
Target Risk Score	3	Impact	4	Likelihood	<b>21</b>									

### Risk profile



Impact	5	Very High					
	4	High				●	
	3	Moderate				●	●
	2	Low					
	1	Very low					
		Rare	Unlikely	Possible	Probable	Almost certain	
		1	2	3	4	5	Likelihood

### Sub risks related to this principal risk



Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
12.01	●	Insufficient access to regulated services.	Lynn Johnson (HOS)	➡	Provider Care quality forums are in place, monitoring waiting lists for care to identify trends
12.02	●	Cost of care outstripping budget	Lynn Johnson (HOS)	➡	Fee negotiator held meetings with providers to review their fees and requested uplifts. Mitigated a significant number of request (cost avoidance)
12.03	●	Provider failure	Lynn Johnson (HOS)	➡	QA visits carried out and intelligence shared at the Care quality forums

Refer to slide 8 for risk assessment score instructions

## Appendix 'C' – Q2 2024-25 Corporate Risk Dashboards (summary sheets) cont.

CR13 We fail to comply with data protection obligations Risk owner: Martin Chalmers Signed-off by owner: Y (N)

### Corporate risk overview

Current Risk Score	4	Impact	3	Likelihood	18
Target Risk Score	4	Impact	2	Likelihood	14

There is a risk that we fail to comply with our obligations under GDPR, resulting in a compromise of personal data that, in the worst case, both has a significant impact on those directly affected by the breach and weakens public and stakeholder confidence in the organisation. As well as potential regulatory fines.

Given the controls in place, the most likely cause of such incidents is likely to be human error or administrative oversight. Given poor take-up of mandatory refresher training, in particular, the risk of an incident is assessed as probable. However, given that the nature of such incidents is likely to be case related rather than systemic, the impact is assessed as Moderate.

### Risk appetite statement (Averse)

Averse – the Council wishes to minimise this risk to extent possible within affordability constraints. The low appetite for a significant data risk impacting the Council is driven both by the potential impact to reputation and by financial risks under the GDPR regime.

### Risk profile



Impact	5	Very High						
	4	High						
	3	Moderate						
	2	Low						
	1	Very low						
			Rare	Unlikely	Possible	Probable	Almost certain	
			1	2	3	4	5	Likelihood

### Sub risks related to this principal risk



Ref	Status	Risk title	Sub-risk owner	Change in period / outlook	Management Review/ Explanation of movement
13.01	●	There is a privacy breach of personal data that we hold owing to an error or omission in our application of GDPR principles	Alex Cowen	→	This risk relates primarily to accidental disclosure of information; cyber attack is covered by CR09. Risk treatment plans relating to systems, process and training have been identified. The latter is of particular relevance here, where staff mindfulness of the importance of security and privacy is critical in avoiding materialisation of the risk.
13.02	●	Our storage or processing of personal data goes beyond what is permitted by the GDPR principles	Alex Cowen	→	While the same risk treatment plans are relevant to this sub-risk as to 18.01, the probability is assessed as lower as the regime around Data Privacy Impact Assessments is well embedded.

Refer to slide 8 for risk assessment score instructions



## Appendix 'D' – Q2 2024-25 Corporate Risk Report Summary of Corporate Risks & Sub Risks

### APPENDIX 1 – CORPORATE RISK SUMMARY NOTE:

Red risks are high-impact, high-likelihood risks that pose a severe threat to our objectives, operations, or strategic initiatives. These risks require immediate attention and robust mitigation strategies.

	Score change & outlook change
	Outlook change, No score change



CR ref.	Corporate Risk - Sub-Risk	Impact Score	Likelihood score	Current Score	Score movement/Outlook last quarter
<b>CR01</b>	<b>The safety of Children and Young People</b>	4	4	21	↔
	SR01.01: Insufficient financial resources	4	4	21	↔
	SR01.02: Unsuccessful staff recruitment and retention	3	3	13	↔
	SR01.03: High Caseloads	3	3	13	↔
	SR01.04: Inexperienced staff and staff who are underperforming	4	3	18	↔
	SR01.05: Continuation of DfE Statutory Direction	4	3	18	↔
<b>CR02</b>	<b>Failure to meet demands on Adult Social Care</b>	3	3	21	↔
	SR02.01: Inability to meet savings	3	3	21	↔
	SR02.02: Inability to meet increase in demand	3	3	21	↔
	SR02.03: Attraction & retention of talent	3	3	13	↔
	SR02.04: Loss of health funding	3	3	13	↔
<b>CR03</b>	<b>Failure of Special Educational Needs and Disability (SEND)</b>	4	4	21	↔
	SR03.01: Failure to provide appropriate support to children and young people with SEND with and without an EHC plan that will impact on their life opportunities	4	4	21	↔
	SR03.02: Financial risk to the Council and the possibility of not receiving Safety Valve Agreement payments to offset the budget deficit	4	4	21	↔
	SR03.03: Reputational risk to the Council through a negative inspection report complaints and tribunals.	4	4	21	↔
<b>CR04</b>	<b>Failure to Provide Safe Temporary Accommodation within Budget</b>	5	4	24	↔
	SR04.01: Availability of cost-effective accommodation	5	4	24	⬇️
	SR04.02: Budgetary constraints	5	4	24	⬇️
	SR04.03: Compliance with regulatory requirements	4	4	21	⬇️
	SR04.04: Attraction and retention of talent	4	5	23	⬇️
	SR045.05: Failure to increase TA rental Income	4	4	21	⬇️
<b>CR05</b>	<b>Failure to Attract Retain &amp; Engage with Our People</b>	4	4	21	↔
	SR05.01: We fail to attract a diverse and inclusive workforce	4	4	21	⬇️
	SR05.02: We fail to identify, develop and embed the capabilities and competencies we need in our workforce	2	5	19	↔
	SR05.03: We fail to maintain an energised and engaged workforce	4	3	18	↔



## Appendix 'D' – Corporate Risk Report Summary of Corporate Risks & Sub Risks (Cont.)

<b>CR06</b>	<b>Health &amp; Safety We fail to prevent physical injury or mental harm</b>	4	4	21	↔
	SR06.01: We fail to prioritise adequately fund or manage risks associated with corporate health and safety	4	4	21	⬇
	SR06.02: We fail to prioritise adequately fund or manage risks associated with fire	4	4	21	⬇
	SR06.03: We fail to prioritise adequately fund or manage risks associated with aggressive behaviour	4	4	21	⬇
	SR06.04: Resource to accommodate organisational audit scrutiny and engage with training & Policy improvements	4	4	21	⬇
<b>CR07</b>	<b>Failure of Emergency Planning &amp; Business Continuity</b>	4	4	21	↔
	SR07.01: Inadequate co-ordinated response in place to population threats operational emergencies or other major incident	4	4	21	↔
	SR07.02: Services are disrupted because impact of incident is not mitigated sufficiently	3	3	13	↔
	SR07.03: Unable to deliver key services if staff are taken away to deal with a major incident	3	3	13	↔
<b>CR08</b>	<b>ICT incident resulting in significant data and/or service</b>	5	4	24	↔
	SR08.01: A cyber attack causes significant data or service loss	5	4	24	↔
	SR08.02: A business continuity issue causes significant service loss	4	3	18	↔
	SR08.03: An incident caused by hardware or software failure causes significant service loss	4	3	18	⬇
<b>CR09</b>	<b>Failure to achieve financial sustainability and a balanced MTFS</b>	5	4	24	↔
	SR09.01: Failure to deliver audited financial reports (SOA) to identify any additional financial liabilities to the council which will impact on financial sustainability	4	4	21	⬇
	SR09.02: Failure to achieve a balanced budget and Medium Term Financial Strategy (MTFS)	5	4	24	⬇
	SR09.03: Inadequate cashflow to maintain balance of liquidity to fund expenditure	4	3	18	↔
	SR09.04: Government funding formula/distribution does not reflect the needs of the Slough community and demographic	4	5	23	⬇
	SR09.05: Failure to recruit and retain a resilient and skilled workforce within finance	3	4	17	⬇
	SR09.06: Failure to deliver the FIP which include internal controls an effective finance system both through tech and business processes	3	3	13	↔
<b>CR10</b>	<b>Failure of Asset Disposal Programme</b>	4	4	21	↔
	SR10.01: Property disposals not hitting financial targets and sitting outside of lower volatility levels	4	4	21	↔
	SR10.02: Pace of sale is behind programme deliverable dates	4	3	18	↔
	SR10.03: Attraction and Retention of quality people	4	3	18	↔
	SR10.04: External property market volatility	4	3	18	↔

## Appendix 'D' – Corporate Risk Report Summary of Corporate Risks & Sub Risks (Cont.)

<b>CR11</b>	<b>Failure to become a Best Value Council</b>	5	4	24	➡
	SR11.01: Fail to improve and transform services that impacts adversely on residents and on budgets	5	4	24	➡
	SR11.02: Fail to operate as a Best Value Council	5	3	22	➡
	SR11.03: Unable to deliver new operating model and medium-term financial strategy	5	4	24	➡
<b>CR12</b>	<b>Failure to deliver Market Sustainability across Council</b>	4	4	21	➡
	SR12.01: Insufficient access to regulated services	3	4	17	➡
	SR12.02: Cost of care outstripping budget	4	4	21	➡
	SR12.03: Provider failure	3	4	17	➡
<b>CR13</b>	<b>We fail to comply with GDPR data protection obligations</b>	4	3	18	➡
	SR12.01: There is a privacy breach of personal data that we hold owing to an error or omission in our application of GDPR principles	3	4	17	➡
	SR12.02: Our storage or processing of personal data goes beyond what is permitted by the GDPR principles	3	3	13	➡