Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

Standards and Audit Committee

The meeting will be held at 7.00 pm on 9 December 2014

Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Simon Wootton (Chair), Yash Gupta (MBE), Terence Hipsey, Cathy Kent and Brian Little

Rhona Long, (Co-Opted Member) Stephen Rosser, (Co-Opted Member) Jason Oliver, (Co-Opted Member)

Substitutes:

Councillors Robert Gledhill and Tunde Ojetola

Agenda

Open to Public and Press

1 Apologies for Absence

2 Minutes

To approve as a correct record the minutes of the Standards and Audit Committee meeting held on 16 September 2014.

3 Items of Urgent Business

To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.

4 Declaration of Interests

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Activity Report

6	Complaints Report – April to September 2014	19 - 34
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8	Internal Audit Progress Report 2014-2015	93 - 110
9	Thurrock Annual Audit Letter 2013-2014	111 - 126
10	Standards & Audit Committee 2014-2015 - Work Programme	127 - 130

Queries regarding this Agenda or notification of apologies:

Please contact Kenna-Victoria Martin, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **1 December 2014**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- Is your register of interests up to date?
- In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?
- Have you checked the register to ensure that they have been recorded correctly?

When should you declare an interest at a meeting?

- What matters are being discussed at the meeting? (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet what matter is before you for single member decision?

Does the business to be transacted at the meeting

- ٠ relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. Please seek advice from the Monitoring Officer about disclosable pecuniary interests.

What is a Non-Pecuniary interest? - this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.



If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature Non- pecuniary

of the interest to the meeting

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register _____

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- Not participate or participate further in any discussion of the matter at a meeting;
- Not participate in any vote or further vote taken at the meeting; and
- leave the room while the item is being considered/voted upon

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

To achieve our vision, we have identified five strategic priorities:

1. Create a great place for learning and opportunity

- Ensure that every place of learning is rated "Good" or better
- Raise levels of aspirations and attainment so that local residents can take advantage of job opportunities in the local area
- Support families to give children the best possible start in life

2. Encourage and promote job creation and economic prosperity

- Provide the infrastructure to promote and sustain growth and prosperity
- Support local businesses and develop the skilled workforce they will require
- Work with communities to regenerate Thurrock's physical environment

3. Build pride, responsibility and respect to create safer communities

- Create safer welcoming communities who value diversity and respect cultural heritage
- Involve communities in shaping where they live and their quality of life
- Reduce crime, anti-social behaviour and safeguard the vulnerable

4. Improve health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being
- Empower communities to take responsibility for their own health and wellbeing

5. Protect and promote our clean and green environment

- Enhance access to Thurrock's river frontage, cultural assets and leisure opportunities
- Promote Thurrock's natural environment and biodiversity
- Ensure Thurrock's streets and parks and open spaces are clean and well maintained

Minutes of the meeting of the Standards and Audit Committee held on 16 September 2014 at 7.00pm

Present:	Councillors Simon Wootton (Chair), Yash Gupta, Cathy Kent and Brian Little
	Jason Oliver – Co-Opted Member
Apologies:	Councillor Terry Hipsey Rhona Long – Co-Opted Member
In attendand	ce: Sean Clark – Head of Corporate Finance Les Billingham – Head of Adult Services Debbie Hanson – Ernst and Young Christine Connolly – Ernst and Young Gary Clifford – Internal Audit Manager (Baker Tilly) Lee Henley – Information Manager Kenna-Victoria Martin – Senior Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting was being recorded, with the audio recording to be made available on the Council's website.

12. Minutes of the Previous Meeting

The Minutes of Standards and Audit Committee, held on 10 July 2014, were approved as a correct record.

13. Items of Urgent Business

There were no items of urgent business.

14. Declaration of Interests

There were no declarations of interest

15. Regulation of Investigatory Powers Act (RIPA) 2000 – Quarterly Activity Report

The Information Manager introduced the report to Members explaining that the council was advised following the RIPA inspection last year, that a quarterly activity report be brought to the Committee. Members were notified that during the period of April 2014 to June 2014 the Council had a nil return in regards to the amount of RIPA authorisations. Members enquired as to the status of the three RIPA authorisations which had been carried out during 2013/2014. Officers informed the Committee that two of the authorisations had been taken for prosecutions and one was currently still ongoing.

It was sought by the Committee as to whether there were any plans to update the Councils policy with regards to fraud as the current policy was dated 2007. Members were advised that the Fraud Policy was currently being updated in line with a review of the future counter fraud service covering widening the remit to include all corporate fraud and working in partnership with other public bodies.

RESOLVED:

That the Standards and Audit Committee note the statistical information relating to the use of RIPA from April 2014 to June 2014.

16. Internal Audit Progress Report 2014-15

The Internal Audit Manager introduced the report to Members informing them that the report was the first progress report of the municipal year and it set out the progress against the Internal Audit Plan for 2014/2015.

Officers informed Members of the following:

- Internal audit provided four levels of assurance opinion on reports carried out, this followed widespread consultation with clients across all services;
- Seven areas within the Council had received a green assurance rating, with regards to control frameworks, with 4 receiving an amber/green opinion;
- Following a request from the Head of Adult Services, internal audit carried out an advisory review of Extra Care. Members were advised that although advisory reviews are not issued with an opinion rating, there were five high and three medium recommendations which were reported to management;
- Five reviews were untaken where the work was completed and discussions were being held with management and there were also an additional five reviews in progress. The Committee were advised these would be included at a future meeting;
- Internal Audit had also been involved in three internal investigations involving staff employed or contracted to the Council.

Members were taken through Appendix 1 to the report, which included the advisory review of extra care and the following points were highlighted:

- 12 Audits had been carried out and completed with a final status, opinions given for these audits were Green or Amber/Green;
- Other matters listed within the appendix were work in progress and members were advised that fieldwork was currently being undertaken;
- The Council was working with another Authority, who was taking the lead within a joint internal investigation.

The Head of Adult Services and the service manager requested the audit into extra care after concerns were raised following a visit to complete a safe audit. Internal Audit looked at procedures, income and expenditure and the safekeeping of service user's belongings and agreed an action plan with senior management. Members were notified that internal audit did not believe any fraudulent activity took place.

The Head of Adult Services, addressed the Committee to discuss the extra care advisory review and, in doing so, highlighted some of the key points to the report, which included:

- Sheltered housing was similar to living in your own home, therefore service users personal belongings were the responsibility of the resident. It was explained to Members that it was not usual for staff to be asked to take care of service users finances;
- A Person in Control Report was produced and contained details on a variety of areas including procedures and processes used by staff working in the complexes;
- Towards the end of 2013, concern was raised following a safe audit, internal audit were invited in to the complex and carried out an advisory review;
- Following the advisory review it was identified that there was a lack of control around recording and reconciliation of service users money and belongings;
- Processes and procedures had since been looked at and tightened up where needed. Officers stated that they did not feel that there had been any dishonesty or fraudulent activity;
- The responsibly of managing individual service users finances had been transferred back to residents where possible.

A Member enquired as to the support given to those residents living within sheltered housing and those who receive extra care. Officers informed Members that within sheltered housing there was a sheltered housing officer, who was on hand to offer support to residents if needed. It was explained that it was slightly different with extra care as it was recognised that residents may need additional assistance therefore on call support was available 24hours.

The Head of Adult Services assured Members that good care was provided to all service users and confirmed that improvements could be made which was why the audit was requested and an improvement plan was put in place. Members queried if officers had asked for a similar audit to be carried out within other sheltered housing complexes within the borough. Officers explained that sheltered housing was different to extra care, in that those residents within sheltered housing had responsibility for their personal belongings. The Head of Adult Services informed the Committee that he would send a copy of the report to the Director of Housing for her to explore within her remit.

It was enquired by a Member as to the circumstances of the recording of cash with the cafe and whether recommendations had been implemented. Officers clarified that the cash transactions were being manually recorded on to a spreadsheet. Members were assured the amounts of cash were minimal nevertheless, it was being looked at to provide tills within the cafes to enable tighter recordings.

The Chair of the Committee, asked for clarification that all recommendations had been implemented. It was confirmed by officers that most of the recommendations stated within the report had been implemented. Those which had not, were in progress of being completed and the example given was that the Financial Management Officer was currently looking at the council policy. Members were also given 100% assurance that all staff were aware of procedures in place with regards to handling service user's finances.

RESOLVED:

- 1. That Standards and Audit Committee Considered reports issued by Internal Audit in relation to the 2014/15 audit plan.
- 2. That the Standards and Audit Committee Noted progress against the Internal Audit Plan for 2014/15.

17. Audit Results Report for the Year Ended 31 March 2014

The Head of Corporate Finance apologised to the Committee for the late circulation of the updated version of the external auditors report. It was explained that it was felt necessary for the Committee to have the most recent information possible.

The external auditors informed the Committee that they were responsible for forming an opinion on financial statement, assessing the council's value for money arrangements, auditing the whole of government accounts submission and issuing the Council with its audit certificate.

Members were taken through the report by the external auditors and while doing so, addressed the key points:

• That the majority of work for the financial statement had been completed with no issues, however there were a few final questions still to be resolved;

- Within the report on page 6, the report referred to three misstatements contained in the draft of the financial statement which had not been corrected by management. This numbers was incorrect. The actual misstatements within the statement that have not been corrected was two, as detailed in the Appendix. Members were informed that this was an improvement on previous years;
- The Committee were notified that the external auditors had tested the controls of the of the Councils only to the extent necessary to complete the audit and they did not provide an opinion on the overall effectiveness of internal control;
- Appendix one within the report, informed Members of the Committee of the uncorrected misstatements; however both items were not material and therefore did not impact on this issue of the opinion for the financial statement.

The Head of Corporate Finance informed the Committee that he was extremely satisfied with the work his team had carried out with regards to the financial statement. He reminded Members that the financial resilience element of the value for money conclusion was now looking three years ahead.

It was explained to Members that the reason for not correcting the misstatements within appendix one was as neither were material and officers made the judgement by weighing up the impact of the errora on readers understanding the accounts against the risk of further errors being made in correcting the errors due to the number of areas of the financial statements that would need to be amended as a result.

Members sought clarification from the external auditors as to the deadlines for the audit opinion on the financial statement and when the audit of the accounts would be concluded. The Committee were advised by the external auditors that the deadlines were 30 September 2014 to issue the opinion on the financial statement and 3 October 2014 to complete the audit on the accounts. Members were informed that there would not be an additional fee relating to the work listed as outstanding in the report; however the audit was not as yet complete.

The Chair of the Committee praised the superb work and dedication of the finance department. He continued to state on behalf of the Committee their appreciation of the external auditors and their teams for their hard work and for presenting the report in such a way that was straightforward to understand.

RESOLVED:

That the Standards and Audit Committee consider the comments of the external auditors as set out in the attached report and note their findings.

18. Financial Statements and Annual Governance Statement Update

The Head of Corporate Finance introduced the report to the Committee notifying Members that the Financial Statement and Annual Governance Statement were audited but the Councils External Auditors.

Members were informed that further to the previous meeting of the Committee the progress had been made to finalise statement and bring the Council in on budget.

It was explained to the Committee that after discussions with Ernst and Young the Councils external auditors that Appendix 3, the letter of representation could be signed off by the current Chair of the Committee rather than Councillor Gledhill who had chaired the Committee. This had been agreed with the external auditors as Councillor Wootton had been a Member of the Committee during the 2013/2014 municipal year and the Letter of Representation needed to cover arrangements and events up to the date of the audit opinion i.e. September 2014.

The Chair enquired as to whether Members had any questions for the Head of Corporate Finance, the following questions were asked:

- On page 94 of the agenda with regards to the budget being tight, the figures shown does not look tight for revenue outcomes;
- On page 101 of the agenda showed the external auditors report and it dated the certificate on the 30 September 2014. It was queried as to whether the auditors were confident the accounts would be signed off by the deadline and if earlier whether it was the deadline date that was reported.
- Councillor Gupta stated that last year the Head of Corporate Finance offered Members the opportunity of one to one sessions to discuss and explain the financial statement. He enquired whether this was still possible.

Officers responded to the queries from the Committee explaining the following:

- The table shown on page 94 of the agenda was the Capital Expenditure for 2013/2014, the revenue outturn for the Council was on page 92 of the agenda, which showed the tightness of the budget;
- The certificate will be dated, by the date the audit is completed; the deadline date was entered as a provision.
- The Head of Corporate Finance confirmed to Members that he would be happy to meet with Members on a one to one or group basis, should the wish to be taken through the financial statement or the Annual Governance Statement.

RESOLVED:

- 1. That the Standards and Audit Committee having consideration to the comments within the Audit Results Report considered earlier on the agenda, approve the Financial Statement subject to any further changes, in consultation with the Chair of the Standards and Audit Committee;
- 2. That the Standards and Audit Committee note the issues contained within, and approve, the Annual Governance Statement; and
- 3. That the Standards and Audit Committee approve the letter of representation on behalf of the Council to be signed by the Chair of the committee once the audit is completed.

19. Work Programme

Members discussed the work programme for the municipal year and the following reports were agreed:

• Asset valuations and the impact on the Accounts – March 2015

The meeting finished at 8.46pm.

Approved as a true and correct record

CHAIR

DATE

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9 December 2014		ITEM: 5		
Standards and Audit Committee				
Regulation of Investigatory Powers Act (RIPA) 2000 – Quarterly Activity Report				
Wards and communities affected: Key Decision:				
N/A	N/A			
Report of: Fiona Taylor, Head of Legal Services and Monitoring Officer				
Accountable Head of Service: Fiona Taylor, Head of Legal Services and Monitoring Officer				
Accountable Director: Graham Farrant, Chief Executive				
This report is public				

Executive Summary

This report provides an update on the usage and activity of RIPA requests during July 2014 to September 2014.

- 1. Recommendation(s)
- 1.1 To note the statistical information relating to the use of RIPA from July 2014 to September 2014.
- 1.2 To report a revised figure for 2013/14 RIPA requests, and to summarise the reason for the change in these figures.
- 2. Introduction and Background
- 2.1 The Regulation of Investigatory Powers Act 2000 (RIPA), covers the use by Local Authorities of covert methods of surveillance and information gathering to assist in the detection and prevention of crime.
- 2.2 The council's use of these powers is subject to regular inspection and audit by the Office of the Surveillance Commissioner (OSC) in respect of covert surveillance authorisations under RIPA, and by the Interception of Communications Commissioner (IOCCO) in respect of communications data. During these inspections, authorisations and procedures are closely examined and Authorising Officers are interviewed by the inspectors.
- 2.3 The RIPA Single Point of Contact (SPOC) maintains a RIPA register of all directed surveillance RIPA requests and approvals across the council.

3. Issues, Options and Analysis of Options

3.1 The number of RIPA directed surveillance authorisations processed from July 2014 to September 2014 is 3. Below is a breakdown showing the areas the authorisations relate to for this period (along with year to date figures):

	July 2014 – Sept 2014	2014/15 – Year to date volumes
Trading Standards	1	1
Fraud	2	2
Regulatory	0	0
Covert Human	0	0
Intelligence Source		
(CHIS authorisations		

The council has implemented a process whereby the Chief Executive audits RIPA authorisations on a quarterly basis. In doing this, areas of learning are highlighted by the Chief Executive to ensure the council continuously improve in the way we manage RIPA activity. A recent example of learning identified that weekly RIPA reviews could have been set throughout a 3 week surveillance period, as this could have resulted in the surveillance activity being closed down earlier than planned.

The table below shows the number of requests made to the National Anti-Fraud Network (NAFN) for Communication Data requests:

	July 2014 – Sept 2014	2014/15 requests to date
Service Data	0	0
Subscriber Data	2	4

Notes:

- Service Data This is information held by a telecom or postal service provider including itemised telephone bills and/or outgoing call data.
- Subscriber Data Includes any other information or account details that a telecom provider holds e.g billing information.
- 3.2 Within a report presented to the Standards and Audit Committee on 16/9/14, the total number of directed surveillance RIPA authorisations for 2013/14 was reported as follows:

Trading Standards	0
Fraud	3
Regulatory	0
Covert Human Intelligence Source (CHIS authorisations	0

However, it has recently been identified that during 2013/14 the council authorised 2 additional requests for Trading Standards. With this in mind, the total number of RIPA authorisations for 2013/14 should have been reported as follows:

Trading Standards	2
Fraud	3
Regulatory	0
Covert Human Intelligence Source (CHIS authorisations	0

Please note the following in relation to the 2 additional Trading Standards requests:

- Trading Standards followed process and sent the requests to Legal Services.
- The requests were dated 7/11/13 and 16/1/14
- Both requests were authorised by an Authorising Officer in line with process.
- Legal Services ensured that the requests were authorised by the Court in line with process.

The oversight that occurred in this case is a reporting issue and was due to:

- The 2 requests not being captured onto the central RIPA register back in November 2013 and January 2014.
- The 2 requests not being copied and placed within the RIPA filing system at the time (November 2013 and January 2014).
- A change of RIPA SPOC handover took place during February/March 2014. The new SPOC when pulling together annual statistics for 2013/14 had no visibility of the 2 Trading Standards Requests, as they were not recorded on the central RIPA register and copies were not placed in the manual files.

This risk of this recording error taking place again is considered low as:

- Relevant staff have been trained in the RIPA process that must be followed. This training was delivered to 27 members of staff who could be involved with RIPA activity.
- Communications have taken place with relevant staff making clear the process that must be followed. This is detailed below:
 - Investigating Officers to download authorised forms from our new shared path for completion.
 - Authorising Officers to ensure their section of the RIPA form is handwritten.
 - $\circ~$ Aide Memoire to be handwritten by the Authorising Officers.
 - RIPA form and Aide Memoire are signed off by the Authorising Officer.
 - RIPA form to be authorised by the Senior Responsible Officer (The Head of Legal and Democratic Services/Monitoring Officer)
 - RIPA form to be sent to the SPOC.

- The SPOC will allocate a unique reference and ensure we have an entry on our RIPA register.
- Investigating Officer will liaise with Legal to visit the Court to ensure we obtain formal approval.
- Once approved by the court, the original RIPA form is then returned to the SPOC.
- Investigating Officers to schedule in dates to ensure a cancellation form is completed, signed off and returned to the SPOC.

4. Reasons for Recommendation

4.1 This report provides an update on the usage and activity of RIPA requests for July 2014 – September 2014.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 The RIPA SPOC has consulted with the relevant departments to obtain the data set out in this report.

6. Impact on corporate policies, priorities, performance and community impact

6.1 Monitoring compliance with the Regulation of Investigatory Powers Act 2000, supports the council's approach to corporate governance. Ensuring the appropriate use of RIPA in taking action to tackle crime and disorder supports the corporate priority of ensuring a safe, clean and green environment.

7. Implications

7.1 Financial

Implications verified by:

Mike Jones Management Accountant

There are no financial implications directly related to this report.

7.2 Legal

Implications verified by:	Chris Pickering
	Principal Solicitor – Employment and Litigation

Legal implications comments are contained within this report above.

7.3 **Diversity and Equality**

Implications verified by: Natalie Warren Community Development and Equalities Manager

There are no such implications directly related to this report.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

Compliance with the requirements of RIPA legislation will ensure the proper balance of maintaining order against protecting the rights of constituents within the borough. There are no implications other than contained in this report.

- 8. Background papers used in preparing the report (including their location on the council's website or identification whether any are exempt or protected by copyright):
 - None.

9. Appendices to the report

• None.

Report Author:

Lee Henley Information Manager Chief Executive's Office This page is intentionally left blank

9 December 2014		ITEM: 6			
Standards and Audit Comm	Standards and Audit Committee				
Complaints Report – April to September 2014					
Wards and communities affected:	Key Decision:				
All	Non-key				
Report of: Lee Henley – Information M	anager				
Accountable Head of Service: Jackie Strategy	Hinchliffe – Head of HR	, OD & Customer			
Accountable Director: Graham Farrant – Chief Executive					
This report is: Public					

Executive Summary

Corporate complaints:

- A total of 790 complaints have been received within the reporting period (6 months). This is a decrease compared with 2013/14 full year volumes, as during 2013/14 2549 complaints were received. However this decrease is linked to a change in our complaints process, with the introduction of a concerns stage across all service areas from 1/1/14.
- A total of 1126 concerns have been received in the reporting period.
- The combined total of complaints and concerns received for the reporting period is 1916. During 2013/14, 3575 complaints/concerns were received and processed. This mid-year increase for 2014/15 (compared with 2013/14 year end totals), could be due to the fact that a number of concerns that are now being logged, would historically have been processed as service requests (and not complaints).
- Some services, by virtue of the nature of the type of service provided, receive the highest volume of complaints. For the reporting period, the top four expressions of dissatisfaction relate to the following services:
 - Housing repairs
 - o Estate Management
 - Missed Waste collection
 - $\circ \quad \text{Council tax} \quad$
- The reporting period has highlighted the following:
 - A significant reduction in Housing Repair complaints received.

- An increase in Housing Solutions concerns. This can be attributed to the change in criteria applied when determining housing applications (change of policy).
- An increase in transforming homes concerns. However this is not unexpected in view of the borough wide council home transformation programme and the need for the service to have full visibility of feedback.
- An increase in the combined concerns/complaints volumes for Housing Benefit.
- An increase in the combined concerns/complaints volumes for parking.
- A significant reduction in the combined concerns/complaints volumes for missed waste collections.
- During the reporting period, 42% of complaints have been upheld. This is an improvement compared with 2013/14, as 48% of complaints were upheld.
- For the reporting period, 99% of complaints were responded to in timeframe. This performance is encouraging when considered against the backdrop of the national austerity measures and the impact of reduced resources within the council.
- A total of 5 formal enquiries have been received from the Local Government Ombudsman (LGO). The average response time for responding to LGO enquiries is 15 days. This is an improvement on 2013/14, where a year end average figure of 21 days was achieved.
- A total of 4 formal enquiries have been received from the Housing Ombudsman. The Housing Ombudsman does not have a standard timeframe for the council to issue a response and each request is managed on a case by case basis. However, all initial enquiries were responded to within the timeframes set by the Housing Ombudsman.
- A total of 296 MP enquiries were received, of which 95% were responded to within timeframe. During 2013/14, performance within timeframe was reported as 98%.
- A total of 1487 Members enquiries were received, of which 99% were responded to within timeframe. The reporting period has also seen an increase in Members' enquiries that have been logged, as during 2013/14 2023 were received.

Children's Social Care (CSC):

• The department recorded 117 representations (and these include compliments) under the Children's Statutory Social Care complaints procedure. 26 stage 1 complaints were received for Children's social care for this period. In addition, two stage 2 complaint investigations were started and one complaint progressed to stage 3. The department also addressed 1 Ombudsman enquiry, 8 MP enquiries and 10 member enquiries as well as 37 concerns.

Adult Social Care (ASC):

• A total of 158 representations were recorded as received for this reporting period which included 27 complaints, 1 Ombudsman enquiry, 11 concerns, 6 MP enquiries and 18 Member enquiries.

The service aims to successfully resolve issues and concerns at the point they are raised and promotes the same approach from commissioned providers. This approach means that more matters are being appropriately dealt with before they are escalated into the statutory complaints process.

1. Recommendations

1.1 To note the statistics for the reporting period April to September 2014.

2. Introduction and Background

- 2.1 This report sets out details relating to the council's complaints statistics and performance for the period April to September 2014.
- 2.2 Adult's and Children's Social Care have separate statutory complaints procedures which are managed by the respective Directorates.

2.3 Volumes and performance for complaints and concerns

2.3.1 During the reporting period, a total of 812 complaints were due a response, and performance at each stage is as follows:

Complaint stage	Volume	Responded to within timeframe
Stage 1	464	99%
Stage 2	261	99%
Stage 3	87	99%

2.3.2 The table below outlines complaint/concerns volumes received over recent years and the percentage of complaints due a response and processed within timeframe:

Year	Complaints Received	Complaints Responded Within Timeframe	Concerns Received	Complaints/ Concerns Totals
2014/15 (6 months)	790	99%	1126	1916
2013/14	2549	97%	1026	3575
2012/13	3505	91%	N/A	3505
2011/12	2618	97%	N/A	2618

2010/11	3187	89%	N/A	3187
	0.0.	0070		••••

With effect from 1/4/13, the council implemented an informal stage when processing Housing complaints. This informal stage resulted in issues being recorded as a concern as opposed to a complaint and represents an enhanced level of customer service, as the service area is tasked with contacting the individual via telephone in order to resolve the issue informally.

Leadership Group agreed that the council would adopt this process change across all service areas as a mechanism to drive forward improvements in the way we interact with our residents, service users and customers. This change then took place from 1/1/14.

The reporting period has seen a decrease in complaint volumes compared with 2013/14. However this decrease is linked to the change in our complaints process, with the introduction of the concerns stage across all service areas from 1/1/14.

2.3.3 The table below shows the most common complaints and concerns received per Directorate for the reporting period.

Notes:

- Figures in brackets represent 2013/14 full year volumes.
- 2013/14 concerns As detailed above for Housing the concerns process commenced on 1/4/13. For all other service areas, the concerns process commenced on 1/1/14 (4th quarter within 2013/14).

Directorate	Issue Nature	Complaints Received	Concerns Received
Children's	Admissions	4 (2)	6 (0)
Services			
	SEN	1 (3)	0 (0)
	Children's Social Care Complaints	26 (66)	37 (34)
Adult, Health &	Adults Social Care	17	11
Commissioning			
Housing	Repairs	163 (557)	253 (552)
	Estate Management	71 (182)	87 (101)
	Housing Solutions	34 (80)	104 (51)
	Transforming Homes	33 (72)	39 (0)
Serco	Council Tax	54 (268)	85 (32)
	Housing Benefit	26 (101)	61(25)
	Contact Centre	7 (65)	34 (12)
Central	Finance	4 (6)	6 (0)
Services			

	Legal	3 (0)	1 (0)
	Complaints	2 (6)	0 (0)
Environment	Missed waste collection	45 (514)	140 (41)
	Environmental Health Trading	7 (28)	0 (0)
	Standards		
	Non return of bins	6 (50)	22 (0)
Planning &	Parking	12 (21)	19 (0)
Transportation			
	Planning Decision	7 (29)	8 (0)
	Pot holes	6 (30)	22 (13)

2.3.4 During the reporting period, 1126 concerns have been logged. Of these:

- 1071 were responded to.
- 55 remain active on the complaints system and have not been closed off.

It should be noted that for the concerns above that remain active, it does not necessarily mean that the concern was not responded to by the service area. It could be that the issue was dealt with and the Complaints Team were not updated. Going forward more work on this will be undertaken by the Complaints Team to enable greater transparency over the management of concerns.

- 2.3.5 Based on the table in 2.3.3 above, it is evident that:
 - The reporting period highlights a significant reduction in Housing Repair complaints received.
 - There is an increase in Housing Solutions concerns. This can be attributed to the change in criteria applied when determining housing applications (change of policy).
 - There is an increase in transforming homes concern. However this is not unexpected in view of the borough wide council home transformation programme and the need for the service to have full visibility of feedback.
 - There is an increase in the combined concerns/complaints volumes for Housing Benefit. Claims for housing benefit are now made online for the majority of cases. This results in preliminary decisions being reached on cases that much sooner and these decisions are not always in the claimant's favour. This is a possible explanation for the increase in complaint volumes.
 - There is an increase in the combined concerns/complaints volumes for parking which in the main is attributed to staff issuing tickets due to contraventions by the public
 - The reporting period highlights a significant reduction in the combined concerns/complaints volumes for missed waste collections.

2.4 Children's Social Care (CSC)

- Children's social care operates a statutory complaints procedure. For the reporting period, 26 stage 1 complaints were recorded as received, of which 21 were completed with an outcome. Two complaints were upheld, 3 complaints were partially upheld and 16 complaints were not upheld.
- Two complaints were progressed to stage 2 independent investigation stage. The complaints are currently being investigated.
- One complaint progressed to stage 3 review panel and the complaints were partially upheld. Learning outcomes from complaints are disseminated to all staff to ensure service improvement.

2.5 Adult Social Care (ASC)

• 27 complaints were investigated in accordance with the statutory adult social care complaints procedure. Three complaints were upheld, 2 were partially upheld, 8 complaints were not upheld and 7 complaints were in the process of being investigated. Six complaints were withdrawn.

2.6 Complaint outcomes

Stage	Total complaints due	Complaints upheld	% upheld
Stage 1	464	209	45%
-	(1731)	(887)	(51%)
Stage 2	261	110	42%
-	(599)	(253)	(42%)
Stage 3	87	24	28%
-	(170)	(56)	(33%)
Totals	812	343	42%
	(2500)	(1196)	(48%)

2.6.1 The table below outlines the % of upheld complaints across all stages during the reporting period. Figures in brackets represent 2013/14 annual statistics.

- 2.6.2 All stage 3 complaints are subject to a pre-assessment by senior officers within the Complaints Team. It should be noted that of the 87 stage 3 complaints received a total of 25 were cancelled on the system. A stage 3 complaint can be cancelled for two reasons:
 - Following a meeting with the complainant together with the service area which has resulted in satisfactory resolution.
 - Where a senior officer within the Complaints Team is of the view that the Directorate could do further work to negate a formal stage 3, the complaint

is returned for further management. The complainant is then informed of this.

2.7 Quality checking

2.7.1 The Corporate Complaints Team, as part of its quality checking programme, check complaints responses to ensure they are fit for purpose. Going forward the results of these checks will be fed back to Performance Board.

2.8 Ombudsman Enquiries

2.8.1 The table below provides a summary of formal enquiries received from either the LGO or the Housing Ombudsman within the reporting period. Findings from all enquiries are shared with respective Heads of Service.

Directorate	Issue Nature	Findings	Financial remedy
Adults Health and Commissioning	Assessment and eligible need	No maladministration	N/A
Planning & Transportation	Parking fines	Investigation discontinued	N/A
Serco	Bailiff action	Remains active	N/A
Chief Executive's Office	Admissions appeal decision	Remains active	N/A
Environment	Missed refuse collection	Remains active	N/A
Housing	Damp and mould in property	Remains active	N/A
Housing	Delay in addressing damp and mould in property	Maladministration and injustice	£750
Housing	Fit to let standard	Remains active	N/A
Housing	Condition of property	Remains active	N/A

- 2.8.2 The LGO set the council a deadline of 28 days to respond to first enquiries. However the council has implemented a 21 day deadline in order to maintain an effective level of performance.
- 2.8.3 Performance for responding within the reporting period averages at 15 days for LGO enquiries which is well within target and an improvement on 2013/14 (as our average timeframe was 21 days).
- 2.8.4 Below are the council's average LGO response times over the past 4 years. The figures in brackets represent the number of enquiries that were received from the LGO investigation team.

- 2010/11 21 days (20)
- 2011/12 15 days (33)
- 2012/13 15 days (27)
- 2013/14 21 days (19)
- 2.8.5 The Housing Ombudsman does not have a default timeline for responding to enquiries. Timelines are usually set by the Ombudsman dependent upon the level of detail of the enquiry. However, the council continues to bring forward timelines wherever possible to ensure effective performance. Performance for responding to Housing Ombudsman enquiries within the reporting period averages at 20 days (for 4 enquiries).

2.9 Compliments

2.9.1 During the reporting period 258 compliments were received (217 external and 41 internal). Compliments data per Directorate is detailed below:

Directorate	Total compliments	External	Internal
Central Services	14	6	8
Children's	1	1	
Services			
Social Care	137	119	18
Children's and			
Adults			
Housing	39	33	6
Environment	47	41	6
Planning &	10	8	2
Transportation			
Serco	10	9	1

2.9.2 The table below shows compliments received since 2010/11.

Year	Compliments	
	received	
2013/14	629	
2012/13	631	
2011/12	765	
2010/11	963	

2.10 MP and Councillor Enquiries

- 2.10.1 During the reporting period enquiries were received as follows:
 - 1487 councillor enquiries were received, with 99% responded to within timeframe.
 - 296 MP enquiries were received, with 95% responded to within timeframe.

During 2013/14, 364 MP enquiries were received with 98% responded to within timeframe. Therefore current performance represents a dip in performance.

The reporting period has seen an increase in Members' enquiries that have been logged, as during 2013/14 2023 were received.

2.10.2 It should be noted that at the time of producing this report, the council has started to receive formal enquiries via the MEP. More detail on the types of these enquiries will be outlined in future reports. However there are none within the reporting period.

2.10.3 MP enquiry trends and o	common themes are outlined below:
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Directorate	Enquiry Type	Volume
Housing	Repairs	59
	Customer Services	22
	Antisocial behaviour	16
	Thurrock Choice Homes	14
Planning &	Planning Decision / Advice	10
Transportation		
	Parking	4
Children's Services	School Admissions	10

2.10.4 Councillor enquiry trends and common themes are outlined below:

Directorate	Enquiry Type	Volume
Housing	Repairs	347
	Transfer issues	41
	Housing Transformation	47
	Antisocial behaviour	37
Environment	Waste & Recycling	29
Planning &	Parking	23
Transportation		
Serco	Council Tax	20

2.11 Learning lessons from complaints

- 2.11.1 The most important aspect of any complaints management framework is the ability to demonstrate that the council can show evidence that it is learning from complaints received. Appendix 1 details a sample of case studies which outline learning from upheld complaints.
- 2.11.2 Case studies from upheld complaints are published on the council 'You Said We Did'. Following the redesign of the council webpage there has been a delay in updating some case studies. However work is in progress with the Web Team to remedy this.

- 2.11.3 As a result of council wide changes and the need to make best use of council resources the Corporate Complaints Team no longer provide monthly reports on complaint performance for every Directorate. However, cumulative management information (MI) is submitted to senior performance officers where requested to enable more detailed analysis to take place on the types of feedback received. The team will continue to provide MI to services as and when requested.
- 2.11.4 All Directorates should focus on those complaints which are upheld and ensure learning is implemented, thereby improving the customer experience. Learning from upheld complaints is not routinely fed back to the Corporate Complaints Team.

2.12 Compensation

2.12.1 Records confirm that within the reporting period financial compensation payments have been extended as outlined below:

Directorate	Complaint Stage	Financial remedy
Housing	Stage 1	£200
	Stage 3	£200
	Stage 3	£350
	Housing Ombudsman	£750
	Total	£1500

3. Issues, Options and Analysis of Options

3.1 There are no options associated with this paper.

4 Reasons for recommendations

- 4.1 This report is for noting purposes. There are no recommendations requiring approval.
- 5 Consultation (including Overview and Scrutiny, if applicable)
- 5.1 This report was sent to Performance Board. Prior to going to Standards and Audit Committee, the report was considered by Directors Board.

6 Impact on corporate policies, priorities, performance and community impact

- 6.1 Complaints impact on the council's priority of delivering excellence and achieving value for money.
- 6.2 The complaints process seeks to create a culture of corporate learning from best practice from listening to our customers and by acting on complaints. All

complaints received must have learning applied if the complaint outcome is upheld.

6.3 The complaints process aims to improve customers' and users' experience of accessing council services. This will support our customer services strategy.

7 Implications

7.1 Financial

Implications verified by: Sean Clark Head of Corporate Finance

There are no direct financial implications with this report.

7.2 Legal

Implications verified by: David Lawson Deputy Head of Legal and Deputy Monitoring Officer

- Both the Courts and the Local Government Ombudsman expect complainants to show that they have exhausted local complaints / appeal procedures before commencing external action.
- The implementation of our learning from complaints and listening to our residents should lead to a reduction of complaints received and a reduction in those going to the Ombudsman or the Courts.
- Social Care for Adult and Children are required to follow a separate procedure stipulated by the Department of Health (DOH) and Department for Education & Skills (DFES).

7.3 Diversity and Equality

Implications verified by:

Natalie Warren Community Development and Equalities Manager

• The Information Management Team will continue to work with relevant officers to provide data that can be broken down into race, gender and disability themes in order to address any inequalities in relation to service delivery. This initiative will also support our aim of using complaints data as a service improvement tool.

7.4 Other implications

None

8 Background papers used in preparing the report

• Information has been obtained from the council complaint system.

9. Appendices to the report

• Appendix 1 – case studies from upheld complaints

Report Author:

Lee Henley/Tina Martin

Information Management Team

Chief Executive's Office

Learning from complaints case study – School admissions

Ms A complained that she had received a letter advising her that her child did not have a place at a specific school but then further on in the same letter it stated that the complainant needed to confirm whether or not they wished to accept the place at the said school by completing the necessary form.

The necessary form was duly completed and it was then identified that an error had been made and a subsequent letter was issued confirming that a place had not been offered.

The complaint was investigated by the service but due to the continued dissatisfaction of the complainant it was escalated to the final stage of the council's complaints procedure.

The investigation concluded that the decision not to offer a place was the correct one and was based on the fact that the year group was full and that the infant class size legislation limiting classes to thirty applied. However, a clerical error was made in the original letter which was issued to the complainant and an apology was extended to the complainant in the earlier stages of the complaint investigation by the service.

Consideration was given to all communications and whilst it was recognised that there was no intention to offer a school place for the child, the letter which was issued was misleading and caused unnecessary confusion. The complaint was upheld on this basis. The service implemented a review of formal letters so that future incidents of this nature would not be repeated.

Whilst the complaint was under investigation the complainant informed the council that she would be presenting a case for appeal.

The learning from this complaint is to ensure that all communications provide clear, concise information to parents/carers. The service has already implemented this learning.

Learning from complaints case study – Environment

Miss W complained about the waste and recycling service and that she had experienced repeated missed waste collections from her property.

The complainant was advised by the service that the collections would be subject to monitoring by the waste crew supervisor and an apology was extended for the missed collections.

The complainant remained dissatisfied with the level of service received and requested an independent investigation by the Corporate Complaints Team.

The independent investigator requested copies of all monitoring reports which had been undertaken for this property and sought clarification from the complainant as to what particular collection service was being missed.

Some detail entered on the monitoring sheets was unclear and the investigating officer was not confident that robust monitoring had been undertaken. The service was further advised to continue to monitor the collection service until further notice and this resulted in no missed collections being reported by the complainant.

The waste and recycling collection service needs to ensure that where monitoring is taking place, this is clearly documented and evidenced as this can be requested at any time, either by the Corporate Complaints Team and/or the Local Government Ombudsman should the complaint escalate.

Learning from complaints case study – Highways

Mr X complained about a missing 100 yards countdown marker on the A13 and the length of time it has taken the council to replace this. Despite numerous contacts with the council and updates being provided, there had been a delay in providing the complainant with a definitive date as to when this work would be completed.

In view of the way in which the service had managed this complaint and the expression of dissatisfaction from the complainant, the complaint was subject to an independent investigation at the final stage of the complaints procedure.

The investigation found that the installation of the replacement sign was originally scheduled to coincide with planned traffic management works being undertaken by the Environment Team along the A13. However, it transpired that the Environment Team had only passed on details of the location on the date the contractor had planned to install the sign and therefore the opportunity was missed.

As a result the works had to be completed separately and this took a total of 11 months which was unacceptable. An apology was extended to the complainant for the unacceptable delay.

As a result of this complaint it is expected that timelines of works are better managed within the service to ensure unnecessary escalation of complaints within the council's complaints process.

Learning from complaints case study – Housing

Mr C complained about missed appointments with regard to repairs to his property which he claimed had resulted in further unnecessary damage.

The repairs related to the roof at the property. Mr C moved into the property and soon after noticed that the roof was in a poor condition, so much so that it leaked water and allows cold air to enter into the property. The matter was reported to Housing Repairs and the complainant was advised that a repair would be undertaken. However the contractor failed to attend the property to undertake the repair. The complainant also advised that no cards had been left at the property to advise that a contractor had been to the property when he was not at home.

The tenant then advised that as a result of the lack of repair there was further damage to his personal effects.

The Housing Service advised that feedback received confirmed that the roof did not warrant repair and the complainant escalated the complaint to the final stage of the council's complaints procedure.

An independent investigation was carried out by the Corporate Complaints Team. The property in question is on Year 2 of the council's Transforming Homes programme. This programme sets out to refurbish every council home in Thurrock. Part of this programme will include consideration of a new roof depending upon the outcome of a property survey. However, in the meantime, the council will continue with responsive repairs if deemed necessary.

In order to determine if works were required the investigating officer requested that a further site visit take place with senior officers within the Housing Service. The purpose of the site visit was to ascertain whether the initial recommendations were accurate. This did take place and it was concluded that works were required to remedy to defects. An apology was extended to the resident and works were subsequently scheduled and completed to their satisfaction.

The Corporate Complaints Team have recommended that the Housing Service consider all further concerns raised by residents in the earlier stage of the complaint process as a further visit by senior officers concluded that there were defects which warranted further action. Had this been actioned, the customer's experience of the service received could have been positive that much sooner.

9 December 2014	9 December 2014 ITEM: 7								
Standards and Audit Comm	Standards and Audit Committee								
Review of the Strategic/Corporate Risk and Opportunity Register, In Quarter 3 Report									
Wards and communities affected: Key Decision:									
All	Non-key								
Report of: Andy Owen, Corporate Risk	officer.								
Accountable Head of Service: Sean (Clark, Head of Corporate	Finance.							
Accountable Director: Graham Farrant, Chief Executive.									
This report is a public report									

Executive Summary

One of the functions of the Standards and Audit Committee under the Terms of Reference of the Constitution is to provide independent assurance that the Authority's risk management arrangements are adequate and effective.

To enable the Standards and Audit Committee to consider the effectiveness of the Council's risk and opportunity management arrangements the report is presented on a bi annual basis and provides details of how the key risks and opportunities facing the Authority are identified and managed.

The Corporate Risk Officer has worked with Services, Department Management Teams, Performance Board and Directors Board between September and October to review the Strategic Corporate Risk and Opportunity Register.

This report provides Standards & Audit Committee with the changes and developments to the Strategic/Corporate Risk and Opportunity Register along with the key risks and opportunities identified by the review.

1. Recommendation(s)

- 1.1 That Standards and Audit Committee comment on the items and details contained in the Dashboard (Appendix A).
- 1.2 That Standards and Audit Committee comment on the 'In Focus' report (Appendix B), which includes the items identified by Corporate Risk Management, Performance Board and Directors Board that Standards and Audit Committee should focus on this quarter.

1.3 That Standards and Audit Committee comment on the information outlined in Appendix C and section 3.6 of the report, which compares the Council's Strategic/Corporate Risk & Opportunity Register against Zurich Municipal's assessment of the key risks/challenges facing the local government sector.

2. Introduction and Background

- 2.1 Risk and Opportunity Management (ROM) describes the planned and systematic approach used to identify, evaluate and manage the risks to and the opportunities for the achievement of the Council's objectives.
- 2.2 ROM is an important part of the Council's overall Performance Management Framework and makes a significant contribution to the sound Corporate Governance arrangements to meet the requirements set out in the Account and Audit Regulations.
- 2.3 The Risk and Opportunity Management Policy, Strategy and Framework were revised and reported to Cabinet 19th March 2014, via Standards & Audit Committee 6th February 2014 and Directors Board 14th January 2014.
- 2.4 Under the revised ROM Policy, Strategy & Framework the updates to the Strategic/Corporate Risk and Opportunity Register are reported to Directors Board quarterly and Standard & Audit Committee on a bi annual basis.
- 2.5 Work to refresh the Strategic/Corporate Risk and Opportunity Register was undertaken during March/April 2014 and the In Quarter 1 review was reported to Standards and Audit Committee 10th July 2014, via Directors Board 27th May 2014.
- 2.6 The In Quarter 2 Review of the Strategic/Corporate Risk and Opportunity Register was undertaken during June/July 2014 and reported to Directors Board 22nd July 2014.
- 2.6.1 The key changes to the Strategic/Corporate Risk and Opportunity Register captured by the In Quarter 2 Review are outlined below for Standard and Audit Committees reference:

Risk - In reference number (numeric) order

Contract Management Consistency, Risk 15 - Risk managed to target rating of 3, within the target time frame and item removed from register. Procurement and Commissioning Board established and overseeing the implementation of initiatives to transform the procurement/contract management arrangements and to achieve the procurement savings targets. The likelihood of the risk occurring has diminished considerably since the Quarter 1 Review, and is unlikely to occur; thus a likelihood rating of 1 evaluated as the risk of its occurrence is now semi-negligible. The service suggests the removal of the risk from the register as the overall risk rating does not exceed 3. Risk decreased from 9 (amber) to 3 (green). Risk managed to the target rating within the time frame and item removed from the register **Data Security and Encryption. Risk 22** - Risk managed to target rating of 6 within the target date of

Data Security and Encryption, Risk 22 - Risk managed to target rating of 6 within the target date of 30/06/14 but item to be retained on register for ongoing review and monitoring.

Risk managed to the target risk rating of 6 (green), within the timeframe of 30/06/14 but is to be retained on the register for ongoing monitoring/review via the Strategic/Corporate ROM arrangements. See summary provided under 3.4 of this report for progress and developments.

Political Balance/No Overall Control, Risk 31 - Risk rating decreased from 12 to 8.

The Council has established governance arrangements within its Constitution and particularly within its Scheme of delegation to ensure the sound administration of business. Statutory officers of the Council are working to ensure that the new democratic changes in terms of political balance of the Council does not have an adverse impact in terms of managing Council business or cause delay dealing with difficult issues. This will be achieved by pro-activity in terms of identifying potential issues of contention and ensuring that there is early consultation with all political groups so as to enable decision making to be taken in an informed and timely manner. As the political balance may change with a by-election and the elections in May 2015 the level of risk will correspondingly fluctuate irrespective of management intervention. It will be kept under constant review. Risk decreased from 12 (red) to 8 (amber).

Opportunity - In reference number (numeric) order

Digital Programme/IT Connects, Opportunity 28 - Opportunity increased from 4 to 8.

A programme consisting of 7 key projects will create a digital framework supporting the strategic operational themes of Community, Public Realm, Corporate and Place. Key projects include: Early Intervention, Portal, Assess and decide, EDRMS, E-Market, Management Information, Quick wins. Flexible working enabled by VDI technology, iPads, smartphones are deliverables of the Civic Offices and IT Connects Programmes. Business case to further advance the digital programme under development and to be presented to Cabinet Sept 2014. Opportunity increased from 4 (bronze) to 8 (silver).

Gloriana Thurrock Ltd, Opportunity 29 - Opportunity increased from 12 to 16.

Opportunity increased from 12 (gold) to 16 (gold). See summary provided under 3.3 of this report for progress and developments

2.7 The Corporate Risk Officer has worked with Services, Department Management Teams and Performance Board during September/October 2014 to review the Strategic/Corporate Risk and Opportunity Register for the In Quarter 3 report.

3. ISSUES, OPTIONS AND ANALYSIS:

3.1 The outcome of the In Quarter 3 Review is shown in the Dashboard (Appendix A), In Focus report (Appendix B) and the following tables.

3.2 **Appendix A** – Dashboard:

The dashboard provides a summary of the items in the register mapped against the Council's priorities and outlines the progress to manage the risks and opportunities to planned targets and timeframes.

3.3 Appendix B – Risks and Opportunities In Focus report:

This document includes the items identified by Corporate Risk Management, Performance Board and Directors Board that Standards and Audit Committee should focus on this quarter.

The rationale for items being in focus is based on the numeric value of the rating. Any risks/opportunities which are currently rated 16 or 12 automatically become in focus, and any which are currently rated 9 or 8 would be considered on a case by case basis for the in focus report.

A summary of the position for each in focus item is included below:

Risk - In priority (rating) and then reference number (numeric) order.

Adult Social Care, Cost and Quality Standards - Risk 1 (Rating: 12 Critical/Likely) The risk evaluates the impact of a combination of issues on the maintenance of care quality standards. The risk is rated at the higher level due to the financial pressures on local authorities and the impact this will have (e.g. reduced teams for critical processes such as contract management, inability to uplift prices to counter competition for workers and inflationary pressures, etc).

Failure to Implement the Care Act - Risk 2

(Rating: 12 Critical/Likely)

Programme management of this major legislative change would, in any normal year, become the major focus for the directorate. However we are currently having to programme manage and deliver four complex and wide ranging programmes of work; the care act, better care fund integration, short term service efficiency and improvement projects and long term cultural change and transformation. Thurrock is a very low spending authority per capita on adult social care and also faces significant reductions to funding via the national austerity programme. Risks of non-delivery of any, or all, of these important programmes are exacerbated by these factors. Mitigation in the form of securing resources in the short term to provide adequate programme management, delivery and specialist expertise where required is necessary.

The Council originally set a target date of September to achieve a residual risk rating score of 9. As of October, we are still rating this risk at '12'. Whilst we are confident that the Council are on track to deliver the requirements set out within the Care Act, there are a number of assumptions and unknowns associated with key elements of the Care Act – e.g. how many additional people will require a carer assessment. We are also in the process of developing systems key to the implementation of certain Care Act requirements – e.g. 'Quickheart' to meet the Council's Information and Advice officer, and also the development of a Resource Allocation System which will enable individuals eligible for care to have a personal budget (a 'must do' under the Care Act). Until we can further qualify and quantify some of the current unknowns, then the risk level will remain as is. Revised target date of 28/02/15 put forward.

Children Social Care - Risk 3

(Rating: 12 Critical/Likely)

The risk evaluates the impact of increased demand and resource pressures in children social care quality service and provision. The risk remains from the previous year. The pressures outlined throughout the 2013/14 year remain acute. They include increased volumes, increased complexity and ongoing activity to review high cost placements. The implementation of early help and the multi-agency safeguarding hub has been successful though in itself is expected to increase volume of work to children social care in the short term. It is not possible therefore to down grade the risk rating whilst this remains the case and the risk remains at high level. A range of mitigating actions have been implemented throughout 2013/14 and further actions are summarised in the management action plan for the risk. Further savings needing to be made for Children's Social Care budget will also impact but these have been risk assessed and impact on front line services reduced.

Health & Social Care Transformation - Risk 4

(Rating: 12 Critical/Likely)

Programme management of this major legislative change would, in any normal year, become the major focus for the directorate. However we are currently having to programme manage and deliver four complex and wide raging programmes of work; the care act, better care fund integration, short term service efficiency and improvement projects and long term cultural change and transformation. Thurrock is a very low spending authority per capita on adult social care and also faces significant reductions to funding via the national austerity programme. Risks of non-delivery of any, or all, of these important programmes are exacerbated by these factors. Mitigation in the form of securing resources in the short term to provide adequate programme management, delivery and specialist expertise where required is necessary.

ICT Infrastructure - Risk 5

(Rating: 12 Critical/Likely)

- Initiatives are currently underway to manage and overcome the risk:
- Implementation of flexible/ mobile working and Voice Over Internet Protocol (VOIP) telephony to the Civic Offices
- External sites being reviewed and rationalised to enable these to be upgraded and enable flexible working
- Oracle have been commissioned to undertake a review of the existing Oracle infrastructure and have made recommendations as how to improve its deployment
- Serco have been commissioned to develop a technical architecture road map to design the

Council's infrastructure so as to optimise future system investments

Serco have been commissioned to undertake a feasibility study to move the server estate off site and into 'the cloud' to improve resilience, Disaster Recovery and reduce costs

Delivery of MTFS 2014/15 - Risk 6

(Rating: 12 Critical/Likely)

The Council continues to monitor in year spend and is forecasting a breakeven position after mitigating actions were taken earlier in the year.

Delivery of MTFS 2015/16 to 2017/18 - Risk 7

(Rating: 12 Critical/Likely)

The Council's budget gap for the three years currently stands at circa £4m. However, this relies on all savings being both agreed and delivered. In addition, Directors Board now monitors the top six riskiest budget proposals on a monthly basis and will revise the budget gap accordingly where these are found not to be deliverable all or in part. The total of these risk proposals stands at £12m over the three years.

Purfleet Regeneration - Risk 8

(Rating: 12 Critical/Likely) The Council appointed the 'Purfleet Centre Regeneration Limited' consortium as its development partner at the March 2014 Cabinet following conclusion of the Official Journal of the European Union (OJEU) competitive dialogue process. This has reduced the impact of the risks associated with the procurement process but all other risks (in respect of land assembly, reputation etc) remain the same. Work ongoing between the Council and the developer to map out the programme for the delivery of the project.

Welfare Reforms - Risk 9

(Rating: 12 Critical/Likely)

The impact of the changes is being monitored by the Welfare Reform Group. In terms of the specific areas :

- The Essential Living Fund has had a lower take-up than expected (largely because it is cashless) and the arrangements with Southend are working well. The main risk is over its continuance post 2014/15;
- The social sector size criteria has affected nearly 1.000 people. Discretionary Housing Payment has been used to minimise the impact: Housing Benefit arrears have been lower than expected; around 40 households have moved. The risk is over maintaining this position;
- The benefit cap only affected a very small number of people and has had minimal impact;
- The move from Disability Living Allowance to Personal Independent Plan is being monitored and numbers will grow as people switch at their review point. Delays remain the biggest problem.
- Localised Council Tax Support again arrears are lower than expected but it is causing financial hardship for significant numbers of people, the long-term impact of which is hard to assess at this stage;
- Universal Credit the Work and Pensions Secretary announced in 29 September, that Universal Credit will be rolled out across the country, to all Local Authorities and Jobcentres from February 2015. This will be for new claims from single jobseekers such as people entitled to Job Seekers Allowance, and will include; Housing Costs and Tax Credits. The roll-out to all other categories of people including Couple's and families with children is continuing in a phased process in all chosen pilot arrears, but is expected to be completed by 2016/2017.
- Universal Credit has faced significant delays because of IT and other implementation problems. There are opportunities to see if we can get joined up professional Benefits. Money and Employment advice and support services between the Council and the Job Centre Plus/Dept of Works & Pensions.
- Movement of families and individuals from other local authorities especially London. There is anecdotal evidence that this is starting to happen although still at a small scale. There is a risk of local services expected to pick up more as numbers increase.

Business Continuity - Risk 10

(Rating: 12 Substantial/Very Likely)

The work of business continuity is permanently ongoing due to the unpredictable nature of occurrence of disruptive events. The new aspect of working with the education department on development of critical incident plans for schools which is not only ensuring that Thurrock schools are resilient in their operation, but also creating an income stream for the department. The project is in its infancy as commenced in March 2014. This project has also led with schools linking in with Thurrock Councils Communications team to explore service level agreements. The Critical Incident Plan for Gable Hall School has been completed and is awaiting final sign off by the head teacher. The team has presented the new service at head teacher briefings for secondary and primary schools within Thurrock. This service will also be promoted at the EXPO in January 2015.

There may be issues around meeting the target risk rating of 9 due to the reduction in staffing levels of the Emergency Planning Team and will depend on the Business Continuity review of business continuity sitting with Services Mangers due to the savings and cuts the council have to make.

Communications/Poor Reputation - Risk 14 (Rating: 12 Substantial/Very Likely) Communications restructure is currently being consulted upon with staff. In the meantime, the team is having to work below core minimum, including covering the recently vacated Marketing manager post. Whilst the consultation continues it will be necessary to prioritise urgent media and communications work only. Once the new structure, if implemented post consultation, is embedded the team will be at core minimum, and will prioritise work more strategically. A paper is going to Leadership Group in October to agree those priorities and the plan and schedules for the remainder of the year. In the meantime, the likelihood of this risk being realised has increased to a 12 rating, but is expected that by the next quarterly report this will have dropped back to a rating of 9

Opportunity - In priority (rating) and then reference number (numeric) order.

Gloriana Thurrock Ltd - Opportunity 29 (Rating: 16 Exceptional/Very Likely) The opportunities flow directly from the Company's objectives which are to build high quality housing in support of Thurrock's Vision and growth targets. If Gloriana can deliver high quality housing within the financial parameters set in the Business Case approved by Cabinet then much needed affordable housing will be provided for the Borough and a financial return will flow to the Council. The Business Case presented to Cabinet in March included a governance and scheme gateway process to enable the effective management of the opportunities and risks flowing from the project. A general risk register and a specific risk register for the first site, St Chad's in Tilbury, showed that some risks had already been mitigated or mitigation/management actions were already in place. Scheme development risks would remain as key risks to be managed and mitigated in future together with demand risk in relation to letting/selling the properties.

South East Local Enterprise Partnership - Opportunity 26 (Rating: 12 Exceptional/Likely) The Council has taken greater responsibility within the Thames Gateway South Essex Partnership to lead discussions within the Local Enterprise Partnership (LEP) and ultimately with Government to secure developed Strategic Local Growth Fund monies to support the delivery of a range of capital and revenue projects within Thurrock and elsewhere in TGSE. The initial submission went in at the end of March 2014 and Government announced funding for projects in July 2014. The bulk of the funding announced was for transport related schemes where TGSE and in particular Thurrock won a significant share of the funding committed in the South East Local Enterprise Partnership (SELEP) area, including up to £80m to support the widening of the A13.

Business Rate (NNDR) Pooling - Opportunity 30 (Rating: 12 Exceptional/Likely) Pooling arrangements established with Basildon Borough Council and the London Boroughs of Barking & Dagenham and Havering. Work in progress to develop a clear delivery programme of activity across the pool to support economic growth. Assessment of financial impact of the pool commissioned and on-going monitoring systems developed.

3.4 As a result of the review there have been some key changes to a number of the items and these revisions are summarised in the following table:

Failure to Implement the Care Act, Risk 2 - Target date changed from 30/09/14 to 28/02/15. Target date revised from 30/09/14 to 28/02/15. See summary provided under 3.3 of this report for developments.

Asset Management, Risk 12 - Target rating changed from 3 to 8

The Medium Term Financial Strategy anticipates that £4m asset sales will be achieved in 2014/15. In the year so far, there have already been disposals amounting to £1m, with another £1.64m in the pipeline for completion before the end of the year. Additionally unconditional offers on 2 further sites have been received for £2.95m which would take receipt for the year to £5.59m – comfortably exceeding the target. However, the same two properties have received higher alternative offers, which are conditional on time being allowed for detailed planning consents to be achieved. In this case the sum received for the two properties would be £5.75m – an additional £2.8m, but this will be achieved in 2015/16 rather than in the current year.

Therefore a conscious decision has been taken to miss the target rating of 3 set in order to achieve a significantly better result during 2015/16. The revenue impact in 2014/15 of achieving

only £2.64m sales instead of the £4m budgeted for is approximately £250k. However, this pressure is more than recompensed by the additional benefit of the £2.8m achieved for the two sites in question providing this is achieved during 2015/16. Target rating revised to 8.

Managing Change/Capacity for Change, Risk 19 - Target rate changed from 4 to 9 & target date changed from 30/09/14 to 31/03/15.

The management action taken to mitigate the risks was in the context of a balanced budget, limited need for staff reductions and delivery of the corporate Transformation Programme. Despite these interventions the residual risk remains categorised at 9 (Substantial/Likely) as the council now faces increased challenges. Due to the level of change and potential staff impact, People Board maintained a risk level of 9 to assure appropriate attention. The target risk rating has been revised from 4 to 9 and the target date changed to 31/03/15.

Data Security and Encryption, Risk 22 - Risk managed to target rating of 6 and target date of 30/06/14 but item is to be retained on the register for ongoing review/monitoring.

The Council has a number of controls in place to manage the risk (e.g. Information Security Policy, Data Security Policy, User acceptance statement as part of log in process, encrypted memory sticks, device control mechanism to prevent data being removed from network to unencrypted memory sticks, etc). Positive progress has been made as a result of the work between the Information Management Team and Heads of Service to ensure that laptop devices are encrypted or returned to the Council if no longer in use. As at 13/10/14 there are 8 outstanding devices on the list. The Information Management Team are to work with the relevant service areas and IT to establish if any of the outstanding 8 items should be referred to HR as a policy breach. However HR action will be undertaken where appropriate and some additional checks are required prior to doing this. The risk is managed to the required level within the timeframe set but is to be retained on the register for ongoing monitoring/review via the Strategic/Corporate ROM arrangements until the 8 outstanding items in question are managed. Position to be reconsidered in the next quarter review scheduled for Dec/Jan.

School Place Planning, Risk 23 - Risk managed to target rating/target date and item to be removed from the register.

There is a good process now in place. We now produce a Pupil Place Planning document each year that is widely consulted on. An external evaluation of the methodology and processes has been undertaken and found the Authority has sound procedures in place and the system for forecasting pupil numbers, was robust. The Pupil Place Planning forecasting takes place on an annual basis and the ongoing management of this will be managed at service level. It has also been agreed that a sub group of the Schools' Forum will be set up to work with the Authority in reviewing data and playing a part in consulting on how any identified demand for places will be met. Risk managed to target rating/date and item to be removed from the register.

Data Quality, Risk 25 - Target date changed from 30/09/14 to 31/12/14 to fit revised action plan & timeframe.

Current processes and governance arrangements have not identified any immediate concerns and the rating of the risk remains the same (rating of 4). However this may change as a result of the Internal Audit Data Quality review. Internal Audit are currently undertaking an audit on new Key Performance Indicators (KPIs) in the corporate scorecard and following up on audit findings from 2014-15. The results are expected from this in late September/early October and will be presented to Performance Board for further action where necessary. Target date moved to the 31/12/2014 to fit revised action and timeframe.

- 3.5 The whole register has been filed on the J:\THURROCK\EXCHANGE file under ROM\ROM Q3 Review_SC R&O Register.
- 3.6 The work to compare the Council's Strategic/Corporate Risk and Opportunity Register against Zurich Municipal's assessment of the key risk/challenges facing the local government sector is covered in Appendix C, Parts 1 and 2.
- 3.6.1 **Appendix C, Part 1** Zurich Municipal's View, Local Government Risk Ranking: This extract from Zurich Municipal's recently published report outlines their assessment of the key risks/challenges facing the local government sector. The risk ranking shown is not meant to reflect the specific risk profile of any

one organisation but does provide a good benchmark to compare against the Council's Strategic/Corporate Risk and Opportunity Register.

- 3.6.2 **Appendix C, Part 2** ZM's View Compared to the Council's Strategic /Corporate Risk and Opportunity Register: This document compares the list of risks incorporated in Zurich Municipal's assessment against the items in the Council's Strategic/Corporate Risk and Opportunity Register.
- 3.6.3 The document shows:
 - Overall there is a good match between the Council's register and ZM's list.
 - A gap against the Fraud risk category. ZM who are the main provider of insurance and related services to local authorities have identified a growing trend of fraud in the local government sector. To date this has not been identified by the Council as a significant corporate risk facing the authority.

4. Reasons for Recommendation

- 4.1 One of the functions of the Standards and Audit Committee under the Terms of Reference of the Constitution is to provide independent assurance that the Authority's risk management arrangements are adequate and effective
- 4.2 To enable the Standards and Audit Committee to consider the effectiveness of the Council's risk and opportunity management arrangements the report is presented on a bi annual basis and provides details of how the key risks and opportunities facing the Authority are identified and managed.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 The Corporate Risk Officer has engaged with Services, Department Management Teams, Performance Board and Directors Board to review the Strategic Corporate Risk and Opportunity Register.
- 5.2 The revised Strategic/Corporate Risk and Opportunity Register (In Quarter 3 Report) was reported to Directors Board 11th November 2014, via Performance Board 3rd November 2014.

6. Impact on corporate policies, priorities, performance and community impact

6.1 ROM is recognised as a good management practice and how successful the Council is in managing the risks and opportunities it faces will have a major impact on the achievement of the Council's priorities and objectives.

7. Implications

7.1 Financial

Implications verified by: Sean Clark Head of Corporate Finance

Effective risk and opportunity management and the processes underpinning it will provide a more robust means to identify, manage and reduce the likelihood of financial claims and/or loss faced by the Council.

7.2 Legal

Implications verified by: David Lawson Deputy Head of Legal & Deputy Monitoring Officer

Effective risk and opportunity management and the processes underpinning it will provide a more robust means to identify, manage and reduce the likelihood of legal claims or regulatory challenges against the Council

7.3 **Diversity and Equality**

Implications verified by: Teresa Evans Equalities and Cohesion Officer

The management of risk and opportunities provides an effective mechanism for monitoring key equality and human right risks associated with a range of service and business activities undertaken by the Council. It also provides a method for reducing the likelihood of breaching our statutory equality duties.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

Risk and opportunity management contributes towards the Council meeting the requirements of Corporate Governance and the Account & Audit Regulations.

- 8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):
 - Strategic/Corporate Risk and Opportunity Register, October 2014 (In Quarter 3 report). The document can be accessed via the J:\THURROCK\ EXCHANGE file under ROM\ROM Q3 Review_SC R&O Register
 - Zurich Municipal's report 'New world of risk'. A copy of the full report can be accessed via the J:\THURROCK\EXCHANGE file under ROM\ROM Guidance & Info\ZM Report_New World of Risk 2014.

9. Appendices to the report

- Appendix A Dashboard
- Appendix B In Focus report
- Appendix C ZM View: LG Risk Ranking and ZM View Compared to Thurrock Council's S/C R&O Register.

Report Author:

Andy Owen Corporate Risk Officer Corporate Finance This page is intentionally left blank

Dashboard - Strategic/Corporate Risk & Opportunity Register October 2014 (In Quarter 3 Report) Appendix A

		Stra	ategic Risks						
				Previous Ratings	8	Latest Rating		Ta	rget
Risk Ref / Priority	Risk Heading	Director / Head of Service	Qtr 2 (2013/14)-	Qtr 1 (2014/15)	Qtr 2 (2014/15)	Qtr 3 (2014/15)	DOT	Rating	Date
		Priority - Create a great	place for learnin	g and opportunit	ty .				
3	Children Social Care	Nicky Pace	High	12	12	12	→	12	01/04/15
23	School Place Planning	Carmel Littleton	High	6	6	3	•	3	Removed
	Priorit	y - Encourage and promo	ote iob creation	and economic pr	osperity				
8	Purfleet Regeneration	Matthew Essex	High	12	12	12	→	8	31/12/14
11	Road / Transport Infrastructure	Ann Osola	High	12	12	9	•	6	31/03/15
	Priority -	Build pride, responsibili	ity and respect t	o create safer co	mmunities				
16	Emergency Planning & Response	Lucy Magill	Medium	9	9	9	→	9	31/12/14
17	Equalities	Natalie Warren	High	9	9	9	→ →	6	31/03/15
24	Community Engagement	Natalie Warren	High	4	4	4	→	4	31/03/15
			ove health and w	oll boing				1	
1	Adult Social Care, Cost & Quality Standards	Les Billingham	High	12	12	12	→	12	01/04/15
									30/09/14
2	Failure to Implement the Care Act	Les Billingham	N/A	12	12	12	→	9	28/02/15
4	Health & Social Care Transformation	Roger Harris	N/A	12	12	12	→	8	31/03/16
9	Welfare Reforms	Roger Harris	High	12	12	12	→	12	31/03/15
D	Dr	iority - Protect and prom	ote our clean an	d green environr	nent				
0 13	Carbon Management	Clare Lambert	High	9	9	9	→	6	31/03/15
O	ERDF Low Carbon Business Programme	Clare Lambert	Medium	9	9	9	→ →	4	31/03/15
21 4	Coalhouse Fort Project	Clare Lambert	N/A	6	6	6	→	6	31/03/15
4		Organ	isational Risk						
		Organ		s Previous Ratings		Latest Rating		Target	
Risk Ref	Risk Heading	Director /	Qtr 2	Qtr 1	Qtr 2	Qtr 3	DOT		Iyeı
/ Priority	Nisk fiedding	Head of Service	(2013/14)	(2014/15)	(2014/15)	(2014/15)	DOT	Rating	Date
		Theme	- A well-run org		(2014/10)	(2014/10)			
5	ICT Infrastructure	Jackie Hinchliffe	High	12	12	12	→	4	30/09/15
6	Delivery of MTFS 2014/15	Sean Clark	High	12	12	12	→	6	28/02/15
7	Delivery of MTFS 2015/16 to 2017/18	Sean Clark	High	12	12	12	→	8	28/02/15
10	Business Continuity	Lucy Magill	High	12	12	12	→	9	31/12/14
12	Asset Management	lan Rydings	High	9	9	8	•	्र 8	31/03/15
14	Communications / Poor Reputation	Karen Wheeler	N/A	9	9	12	1	6	30/04/15
10	Managing Change / Capacity for Change	Jackie Hinchliffe	High	9	9	9	→	- 4 - 9	30/09/14 31/03/15
19			L Diracha	9	9	9	→	4	31/03/15
20	Sickness Absence	Jackie Hinchliffe	High	3					
	Sickness Absence Data Security and Encryption	Jackie Hinchliffe Lee Henley	Medium	6	6	6	→	6	Retained
20								6 4	

Footnote:

Target Date: Retained = The risk is managed to the required level (risk appetite) but ongoing monitoring/review required via the S/C R&O Register. Removed = The risk is removed from the S/C R&O Register as it is either realised or managed to the required level (risk appetite). For items managed to the required level any ongoing monitoring to be undertaken by Dept., if needed. DOT: Latest v Previous Rating (> Static, ↑ Increased, V Decreased) Priority: Red = High, Amber = Medium, Green = Low. Ratings: Lower is best

Dashboard - Strategic/Corporate Risk & Opportunity Register October 2014 (In Quarter 3 Report) Appendix A

		Strategi	c Opportuniti	es					
		Diverter		Previous Ratings	;	Latest Rating		Та	arget
Risk Ref / Priority	Risk Heading	Director / Head of Service	Qtr 2 (2013/14)	Qtr 1 (2014/15)	Qtr 2 (2014/15)	Qtr 3 (2014/15)	DOT	Rating	Date
		Priority - Create a great	place for learnin	g and opportunit	y				
_	-	-	-	-	-	-	-	-	-
		ty - Encourage and promo							
26	South East Local Enterprise Partnership	Matthew Essex	N/A	8	8	12		16	31/03/15
29	Gloriana Thurrock Ltd	Barbara Brownlee	N/A	12	16	16	→	16	31/03/15
30	Business Rate (NNDR) Pooling	Matthew Essex	N/A	12	12	12	→	16	31/03/15
	Priority	- Build pride, responsibili	ty and respect to	o create safer co	mmunities				
-	-	-	-	-	-	-	-	-	-
	·	Priority - Impro	ve health and w	ell-being				<u>.</u>	
27	Community Hubs	Steve Cox	N/A	6	6	6	→	6	01/03/15
	Pr	iority - Protect and prom	ote our clean an	d green environn	nent			•	
-	-	-	-		-	-	-	-	-
P									
		Organisati	onal Opportu	nities					
				Previous Ratings	3	Latest Rating		Та	arget
Risk Ref / Phiority	Risk Heading	Director / Head of Service	Qtr 2 (2013/14)	Qtr 1 (2014/15)	Qtr 2 (2014/15)	Qtr 3 (2014/15)	DOT	Rating	Date
		Theme	- A well-run org	anisation					
28	Digital Programme/IT Connects	Jackie Hinchliffe	N/A	4	8	8	→	16	31/03/15

Footnote:

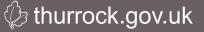
Target Date: Retained = The opportunity is managed to the required level but ongoing monitoring/review required via the S/C R&O Register. Removed = The opportunity is removed from the S/C R&O Register as it is either realised or managed to the required level. For items managed to the required level any ongoing monitoring to be undertaken by Dept., if needed.

Priority: Gold = High, Silver = Medium, Bronze = Low. DOT: Latest v Previous Rating (> Static, ^ Increased, V Decreased) Ratings: Higher is best

Strategic/Corporate Risk & Opportunity Register October 2014 (In Quarter 3 Report)

In Focus Report

The Items are Split Between Risk & Opportunity and Listed in Priority (Rating) Order and Then Reference Number (Numeric) Order.



Risks In Focus

Impact

UNMANAGED / INHERENT RISK

Risk Description:								Risk Owr	ner
Balancing the cost of care and maintaining minimum quality standards - Risk that a combination of the following ongoing pressures:- financial pressures on local authorities (e.g. reduced teams for critical processes such as contract management, inability to uplift prices to counter competition for workers and inflationary increases, etc), a significant failing of a current provider, significant and continued pressures on hospital A&E and periods of 'black alert', market wide decrease in number of care workers due to ongoing poor employment conditions, ongoing issues in providing temporary care staff through local framework agreement and continued economic pressure on care providers leads to a drop in care quality/standards and failure of providers to maintain basic or minimum standards for service users. Ultimately results in risk to service user's health, reputational damage to the council and increased costs in managing escalated care and health needs and council intervention as a result. Neighboring boroughs where contract monitoring was reduced have experienced care home failures, in one home alone it was estimated that over 4,500 hours have been spent addressing this. Estimates indicate that the cost of this professional involvement were approximately £140k Link to Corporate Priority Priority - Improve health and wellbeing									
Inherent Risk Rating		Date:	03/03/2014	Impact:	Critical (4)	Likeliho	ood: Very Likely (4)	Rating:	16
age 4				DASHB	OARD				
Inherent Risk Rating & Date: 03/03/2014	Residual Risk R as at: 03/03/201		Residual Risk Rati as at: 10/07/2014		Residual Risk Rating as at: 13/10/2014		Residual Risk Rating as at:	Target Ris Target Dat	k Rating & te: 01/04/2015
4812163691224681234	4 8 1 2 1 2	12 16 9 12 6 8 3 4	4 8 12 3 6 9 2 4 6 1 2 3	16 12 8 4	4 8 12 1 3 6 9 1 2 4 6 8 1 2 3 4	6 2 3 4	4812163691224681234	4 3 2 1	8 12 16 6 9 12 4 6 8 2 3 4

Comments

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The risk evaluates the impact of a combination of issues on the maintenance of care quality standards. The risk is rated at the higher level due to the financial pressures on local authorities and the impact this will have (e.g. reduced teams for critical processes such as contract management, inability to uplift prices to counter competition for workers and inflationary pressures, etc).

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EXISTING ACTION / RESIDUAL RISK

Management Action or Mitigation Already	y in Place							Date Implemented
1. Contract compliance monitoring and audi	it function in ope	eration across exte	ernally provide	d services				2013/14
2. Unannounced (including out of hours) mo	onitoring visits (a	as required on risk	-proportionate	e basis)				
3. Contract specifications for externally prov	vided services in	n place include pe	rformance and	d outcomes requiren	nents and minir	num quality standa	rds to be met	"
4. Quarterly information sharing meetings w (QSG) meetings with health colleagues and					risks. Bi annual	Quality Surveilland	ce Group	
5. Focus on development and use of alterna	ative care provis	ion to residential (ongoing strate	egy e.g. intermediate	e care and re-al	plement provision)		"
6. Review out of borough placements where place but should be carried out as a matter providers)								U .
7. Identify a 'fair price for care' – council to e price we pay is reasonable.	establish/decide	on a fair price for	care by carryi	ing out meaningful fe	ee consultations	s with providers to e	ensure the	
8. Establish minimum quality standards across services to be achieved regardless of cost. New QA framework established through the work undertaken by Hers CC and implemented across the region from Apr 2013 to enhance contract compliance assurance. Implemented in Thurrock through contract specs and provider quality framework (from Apr 2013).								From Apr 2012
9. Ongoing price negotiation work to achieve	e a fair price on	high-cost placeme	ents. From Ap	ril 2011				From Apr 2011
10. Market shaping and development of alte	ernative provisio	n for those with co	mplex needs	e.g. extra-care				2013/14
11. Budget / growth strategy (strategy for fu	ture funding of a	care provision. To	be incorporate	ed into Market Positi	on Statement.	From May 2013		From May 2013
12. Provision of a 2% inflationary increase for	or residential old	der people provide	ers (1% linked	to performance). Fro	om Dec 2012			From Dec 2012
13. All providers reviewed service users and	d priority-ranked	to assist support	prioritization i	n event of lack of ca	rers. From Dec	2012		"
14. Business continuity plan for adult social	care regularly r	eviewed to ensure	up to date ar	nd sufficient in light o	f the risk. From	Dec 2012		"
15. Prepare for the potential for Thurrock to	take emergenc	y action, if required	d and notify C	QC accordingly. Fro	m Dec 2012			"
16. 'Step-up to care' training programme de	veloped and im	plemented for non-	-care staff to a	act in emergency. De	ec 2012 to May	2013		May 2013
17. Prioritization of the rapid response asse admission. From Jan 2013. Service expansi			ency calls and	d ease pressure on h	ospital admiss	ions and residentia	l care	From Jan 2013
Residual Risk Rating	Date:	03/03/2014	Impact:	Critical (4)	Likelihood:	Likely (3)	Rating:	12

FURTHER ACTION / TARGET RISK / REVISED RESIDUAL RISK

Further Management or Mitigating Action	ı		Implementa Date	tion	Progress				
18. Implement spot purchase contract to tak retained by our in house team from April 20	h is being	From April 2	014	Implemente	d.				
19. Ongoing ccontract compliance monitorin provided services	"		Ongoing and to be reviewed as part of restructure. This will be impact need to restructure team as consequence of ongoing savings require However risk mitigation will be priority in design of restructure.				requirements.		
20. Continue unannounced (including out of required on risk-proportionate basis)	"		Ongoing and to be reviewed as part of restructure. This will be need to restructure team as consequence of ongoing savings r However risk mitigation will be priority in design of restructure.			requirements.			
21. Maintain quarterly information sharing m Quality Surveillance Group meetings with H	"		Ongoing.						
22. Provision of increase (1% plus 1%) for p	providers from A	pril 2014	April 2014		Implemente	d			
24. As part of Care Act implementation plan intervene in the event of provider failure	prepare for sta	tutory services to							
25 Restructure of fieldwork /contract/safeguarding and joint reablement terms to ensure need for efficiency is managed without compromising quality and regulatory function.			From Octob 2014	er	Initial docun proceed 14.		presented to Direc	ctor's Board for	approval to
ा Ta rg et Risk Rating	Target Date:	Refresh 01/04/2015	Impact:	Critic	Critical (4) Likelihood: Likely (3) Rating: 12				
Revised Residual Risk Rating	Date:	13/10/2014	Impact:	Critic	al (4):	Likelihood:	Likely (3)	Rating:	12

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UNMANAGED / INHERENT RISK

Risk Description								Risk Ow	vner
The Care Act 2014 (due to act fundamentally changes proader "well being" definit onger term the introduction funded. Failure to success potential for legal challenge	the basis upon v ion of need. Ther n of a new financi ully implement th	vhich social ca re is also a ne ial regime imp nis Act will lear	are is assessed and w statutory duty for a elementing the recom ve the Council expos	the parame adult safego mendation sed to signi	eters around what is an uarding in partnership v is of the Dilnot report w ficant reputational and	d isn't eligible t vith health and ill change the v	hrough moving to the police. In the vay that social care	а	ngham
here is a very significant of uty upon local authorities undamentally reviewed wite eed for a comprehensive	around the Advic thin Adult Social community engage	e and Informa Care but there	ation offer it provides e will be a significant	citizens. N	lot only will systems an	d business pro	cess need to be	a	
ink to Corporate Priority	vact links to the c				peing. The need to impl	ement the act a	alongside contribut	ing to the Cou	ncils need to
Referent Risk Rating		Date:	21/03/2014	Impact:	Critical (4)	Likelihood:	Likely (3)	Rating:	12
5 N			<u>.</u>	DASHI	BOARD		1		<u>!</u>
nherent Risk Rating & Date: 21/03/2014	Residual Risk as at: 21/03/20	•	Residual Risk Rati as at: 08/07/2014	ng	Residual Risk Rating as at: 14/10/2014	Residu as at:	ual Risk Rating		sk Rating & ate: 28/02/2015 <u>30/09/2014</u>
4 8 12 16 3 6 9 12 2 4 6 8	483624	12 16 9 12 6 8	4 8 12 9 3 6 9 2 4 6	16 12 8	4 8 12 1 9 1 3 6 9 1 4 0 2 4 6 8	2 Likelihood	4 8 12 16 3 6 9 12 2 4 6 8	Likelihood	8 12 16 6 9 12 4 6 8

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Comments

Programme management of this major legislative change would, in any normal year, become the major focus for the directorate. However we are currently having to programme manage and deliver four complex and wide ranging programmes of work; the care act, better care fund integration, short term service efficiency and improvement projects and long term cultural change and transformation. Thurrock is a very low spending authority per capita on adult social care and also faces significant reductions to funding via the national austerity programme. Risks of non-delivery of any, or all, of these important programmes are exacerbated by these factors. Mitigation in the form of securing resources in the short term to provide adequate programme management, delivery and specialist expertise where required is necessary.

The Council originally set a target date of September to achieve a residual risk rating score of 9. As of October, we are still rating this risk at '12'. Whilst we are confident that the Council are on track to deliver the requirements set out within the Care Act, there are a number of assumptions and unknowns associated with key elements of the Care Act – e.g. how many additional people will require a carer assessment. We are also in the process of developing systems key to the implementation of certain Care Act requirements – e.g. 'Quickheart' to meet the Council's Information and Advice officer, and also the development of a Resource Allocation System which will enable individuals eligible for care to have a personal budget (a 'must do' under the Care Act). Until we can further qualify and quantify some of the current unknowns, then the risk level will remain as is. Revised target date of 28/02/15 put forward.

EXISTING ACTION / RESIDUAL RISK

Management Action or Mitigation Already in Place										
1. The financial risks through the implementation of Dilnot have been highlighted through the Medium Term Financial Strategy										
2. <u>Pr</u> esentation to leadership group and Directors Board to get wider corporate strategic buy-in.										
Redual Risk Rating Date: 21/03/2014 Impact: Critical (4) Likelihood: Likely (3) Rating:										
further action / target risk / revised residual risk										
ω			Implemen	tation						

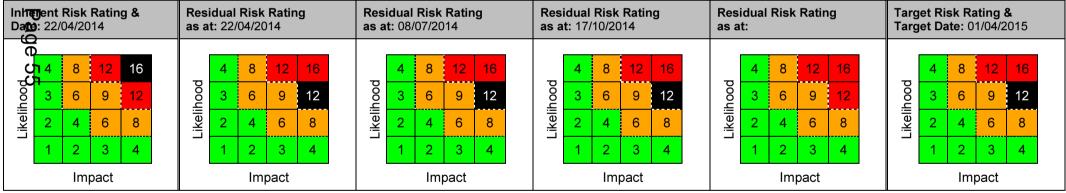
Further Management or Mitigating Action	Implementation Date	Progress
 Establish a Health and Social Care Transformation Programme Board which will oversee the implementation on the Care Act requirements with specific workstreams on: (a) Eligibility Criteria. (b). Carers Assessments. (c). Advice and Information 	By May 2014	Care Bill is now a Care Act, receiving royal assent in May 2014. A Care Act Implementation Project Group has been established (April 14) to deliver the work of the Care Act, associated guidance & regulations. The Project Group meets monthly.
4. A Care Act Implementation team will be established.	By May 2014	Project Management in place. Further resourcing requirements have been identified.
5. Monthly readiness assessments will be produced for the Programme Board	From June 2014	Readiness Assessment has been refreshed, along with each section of the Care Act's Guidance which was published in June 2014.
6. Development of training programme for staff	By July 2014	Training and development needs have been identified and a draft Care Act training and development plan is in the process of being developed.
7. A communication plan for the wider community will be produced	By Sept 2014	A draft communications plan is in the process of being developed and will be finalised once the national communications plan has been published – date unknown.

 Review readiness and establish what further action is required through analysis of draft guidance and regulations 					Action required and areas of risk have identified as part of ea Care Act's guidance being assessed for readiness. Actions monitored via the Care Act Implementation Project Group.				
9. Project Plan in place	July 2014		Project Plan in development and needs finalising.						
10. Resource requirements highlighted				Resource requirements highlighted, but due to the r being made and number of unknowns, exact resour unknown until Care Act is implemented.					
11. Review draft guidance relating to fundin	g changes		November 2	2014	unknown u		inplemented.		
12. Benchmarking with regional colleagues	12. Benchmarking with regional colleagues			er 2014 The Care Act Implementation Group's project lead is now part of network where best practice can be shared and problems and of highlighted.					
Target Risk Rating	Target Date:	28/02/2015 30/09/2014	Impact:	Subs	Substantial (3)Likelihood:Likely (3)Rating:9			9	
Revised Residual Risk Rating Date: 14/10/2014			Impact:	Critic	al (4)	Likelihood:	Likely (3)	Rating:	12

UNMANAGED / INHERENT RISK

Risk Description	Risk Own	Risk Owner								
Risk: Failure to manage the increases in de the quality or performance of the social care damage to reputation if the service does not	Nicky Pac	Nicky Pace								
Link to Corporate Priority										
Priority - Improve health and wellbeing Priority - Create a great place for learning a	Priority - Improve health and wellbeing Priority - Create a great place for learning and opportunity									
Inherent Risk Rating	Date:	22/04/2014	Impact:	Critical (4)	Likelihood:	Very Likely (4)	Rating:	16		

DASHBOARD



Comments

This risk evaluates the impact of increased demand and resource pressures on children's social care quality of service and provision. This risk remains from the previous year. The pressures outlined throughout the 2013/14 year remain acute. They include increased volumes, increased complexity, ongoing activity to review high cost placements. The implementation of early help and multi-agency safeguarding hub has been successful though in itself is expected to increase volume of work to children's social care in the short term. It is not possible therefore to downgrade the risk rating whilst this remains the case and the risk remains at a high level. A range of mitigating actions have been implemented throughout 2013/14 and further actions are summarized in the management action plan for the risk. Further savings needing to be made for the Children's Social care budget will also impact but these have been risk assessed and impact on front line services reduced.

EXISTING ACTION / RESIDUAL RISK

Management Action or Mitigation Already in Place	Date Implemented
1. Planned reductions to the establishment implemented from August 2010 onwards to achieve reductions in expenditure.	Aug 2010 onwards.
2. Reduction in Service Managers undertaken in July 2011 to achieve in year savings.	July 2011
3. Reduction in social work staffing levels for looked after children undertaken in Dec 2011 to achieve in year savings.	Dec 2011
4. Work with Education from July 2011 onwards to develop 'Early Offer of Help Strategy' to meet the new the duty placed on Council's to coordinate an early offer of help to families who do not meet the criteria for social care services.	Jul 2011 onwards.
 5. Ongoing management review, reporting of services (e.g. resource and demand pressures) from February 2012, including: Report on service including resource and demand pressures presented to Children's Overview & Scrutiny Panel February 2012. OfSTED Inspection of Children's safeguarding and children looked after provision – June 2012. OfSTED rated both services as good. The inspection also identified areas for improvement and recommendations based on these. Action plan to address areas for improvement developed/implemented by service and progress regularly monitored by senior management. Internal quality assurance audits from Sept 2012 to evidence appropriate application of thresholds. Analysis of national data in respect of child protection and looked after children to compare Thurrock with other councils and report of findings to Children's Overview and Scrutiny Committee. In partnership with other Eastern Region authorities monitoring a Safeguarding Performance Dashboard which focuses on key service pressure areas. Caseload allocation analysis - All teams monitor caseload allocation in terms of volume and complexity regularly (caseload allocation is a key indicator in the satern region safeguarding dashboard). 	Feb 2012 ongoing
6. Phased implementation of 'Early Offer of Help Strategy' – from April 2012. Early Offer of Help Services agreement to proceed was given at Cabinet (Q3 20) and contracts are at the point of being awarded - as at Jan 2013	Apr 2012 ongoing.
7. Business case/growth bid for resource submitted to Star Chamber and service pressures report including resource, demand, staffing and legislative considered by People Services DMT highlighting critical pressures and associated risks - August 2012.	Aug 2012 ongoing
8. Further analysis undertaken Q3 2012 into increased safeguarding and related activity and the associated service pressures and resource demands arising from this. The following actions were identified as steps to support proactive demand management and explore the scope for additional activity to clarify whether there is any unexplored potential to return children to care of their own families:	2012/13
(i) Greater insistence on fuller implementation of the Common Assessment Framework (CAF) process – all cases should have had CAF involvement prior to acceptance by Social Care. Intention is for receiving teams to start requesting CAF with referrals – this is in the process of being implemented by the service as at Jan 2013.	Ongoing
(ii) Widen use of Family Group Conferences (FGCs) – wherever possible FGCs should be held prior to care as a standard procedure – the need for this will be further highlighted by CP Chairs to support Social Work teams – ongoing as at Jan 2013.	Ongoing
(iii) Hold a summit with voluntary sector to explore what more can we do together to maintain or return children to their own families. This follows informal communication in which some local organisations had expressed a commitment to be more active in this area of work. A date of 22 February 2013 has been planned for an initial meeting.	Ongoing
(iv) Review of all cases for children aged 14+ - The head of service has chaired a panel to review the cases of a sample of looked after children aged 14+, to explore whether there are young people who could safely be returned to the care of their families. This reviewing exercise has been completed and to date (Jan 2013) has confirmed that, with the exception of 1 or 2 cases, where a return to home was already planned, the existing arrangements in terms of placement and care needs are appropriate. Positively, this additional scrutiny has validated existing processes rather than identified any failing.	
	Ongoing

(v) Late entrants to care – explore what more could be done for Looked After Children (LAC) and CP to anticipate and prevent late care entry. The focus will be all cases of YP who are vulnerable to losing places in homeless accommodation, or who are known to be a serious risk of exclusion from home by their parents – this work is in progress as at Jan 2013 with the first phase focusing on the most recent 20 children aged 14+ being scrutinised by senior management team								
 All admissions of teenagers into the care system to be agreed in advance at the placement panel – April 13. Any admissions out of panel to be agreed by Head of Service 								
10. Placement Review – an external review of high cost placements to be commissioned / undertaken in the year								
11. Social Work Advisor (Use of Resources) – in post								
 Review of open cases to establish proportion of recent migration into Thurrock of families / children and subsequent entry in care system and demands on service. In addition to monitoring of transfer-in cases. 								
Residual Risk Rating	Date:	22/04/2014	Impact:	Critical (4)	Likelihood:	Likely (3)	Rating:	12

FURTHER ACTION /	TARGET RISK / RE	VISED RESIDUAL RISK
Further Management or Mitigating Action	Implementation Date	Progress
13. Multi-Agency Safeguarding Hub (MASH) to be implemented from July	July 2014	MASH implementation remains on track for launch in July. MASH implemented.
140 Delivery of Ofsted mock inspection action plan – from November 2013	From Apr 2014	Inspection action plan and preparations continue. Coordinated through the Inspection Project Group.
15. Strategic action should be taken to better manage demand on social care services including engagement with schools, Health and other partner services to ensure that they are using their resources effectively thereby diminishing the compensatory actions being taken by the council.	From August 2014	Newly developed posts including a Service Manager post for Early Offer of Help with specific responsibility for social care will manage three senior practitioners in the localities whose role will be to increase capacity in agencies and ensure that early help is offered to families to reduce need and escalation to children's social care from August 2014.
16. Munro Senior Social Worker – in post	From April 2014	Worker in post. Ongoing. Worker engaged across service improvement and QA activity.
17. Enhanced quality auditing of existing caseloads – external resource brought in to lead and supported by new audit tool	From May 2014	Audit tool implemented including peer auditing process. External resource and expertise in place from May 14. Programme of case auditing is ongoing with learning captured in Audit QA Group and shared with service via managers and SMT meetings.
 Quarterly regional safeguarding performance benchmarking – monitoring of key indicators of risk and performance 	From April 2014	Ongoing. Directors within the region have carried out peer reviews of self- assessment and performance data submitted by the council as part of the sector-led improvement model in Q1. Findings fed back into the service
19. Business case for CONTROCC finance and charging system to support control of financial management	From April 2014	Business case produced. Case to be considered as part of service and corporate IT strategy and transformation programme.

FURTHER ACTION / TARGET RISK / REVISED RESIDUAL RISK

20. Further targeted analysis of cases and p minimise any potential case drift and Q/ explored.			From April 2	pril 2014 Targeted analysis and actions continue. Improvements in Q1 in several key areas as a result including, reducti to CP plans, improved position in respect of children se and review. This activity remains of critical importance challenging financial landscape.		g, reductions in hildren seen du	children subject ring assessment		
	OS will chair placement panel including all decisions to accommodate hildren, which will also include decisions to initiate care proceedings.		From Sept 2	2014					
Target Risk Rating	Target Date:	01/04/2015	Impact:	Critic	al (4)	Likelihood:	Likely (3)	Rating:	12
Revised Residual Risk Rating	Date:	17/10/2014	Impact:	Critic	al (4)	Likelihood:	Likely (3)	Rating:	12

UNMANAGED / INHERENT RISK

Risk Description							Risk Ow	ner	
Adult Social Care and the NHS are finding in With the expected ageing and growth of the to risk steeply in Thurrock, and by 2033 the is already spent on individuals with at least continue to compound the problem with Thu system that was designed in the 1940s and	d Y	arris							
 Further adding to the risk are the number of Care Act Implementation (see Corp Short-term Efficiency (ASC contribution) Demand Management; and Health and Social Care Integration 									
Thurrock Council in partnership with NHS Thurrock Clinical Commissioning Group (CCG) has developed a joint transformation programme. The Programme will align all change programmes as mentioned above. Failure of the programme to achieve its objectives will lead to the inability of social care and health to be able to meet demand within existing resources. For adult social care, this would mean either not providing services to the programme to provide services to the services to the council open to challenge and also result in a failure to meet statutory duties; or continue to provide services to those who qualify but exceeding budget.									
Ling to Corporate Priority									
Improve Health and Wellbeing	[1							
Inherent Risk Rating	Date:	15/04/2014	Impact:	Critical (4)	Likelihood:	Very Likely (4)	Rating:	16	

Inherent Risk Rating & **Residual Risk Rating Residual Risk Rating** Target Risk Rating & **Residual Risk Rating Residual Risk Rating** as at: 15/04/2014 as at: 08/07/2014 Target Date: 31/03/2016 Date: 15/04/2014 as at: 30/09/2014 as at: Likelihood Likelihood Likelihood Likelihood Likelihood Likelihood Impact Impact Impact Impact Impact Impact

DASHBOARD

Comments

Programme management of this major legislative change would, in any normal year, become the major focus for the directorate. However we are currently having to programme manage and deliver four complex and wide raging programmes of work; the care act, better care fund integration, short term service efficiency and improvement projects and long term cultural change and transformation. Thurrock is a very low spending authority per capita on adult social care and also faces significant reductions to funding via the national austerity programme. Risks of non-delivery of any, or all, of these important programmes are exacerbated by these factors. Mitigation in the form of securing resources in the short term to provide adequate programme management, delivery and specialist expertise where required is necessary.

EXISTING ACTION / RESIDUAL RISK

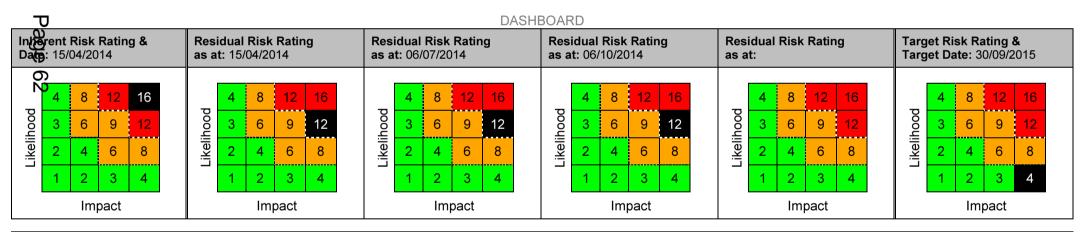
Management Action or Mitigation Alread	y in Place							Date Implemented		
	1. Programme Management arrangements in the process of being established alongside programme initiation document									
2. Some work already in progress – e.g. managing demand via Building Positive Futures Programme; process and service redesign already underway for in-										
house provision; review of external placements										
3. Close partnership working with Thurrock								"		
4. Separate risk register developed as part	4. Separate risk register developed as part of the Programme Management arrangements									
Residual Risk Rating	Date:	15/04/2014	Impact:	Critical (4)	Likelihood:	Likely (3)	Rating:	12		

FURTHER ACTION /	TARGET RISK / RE	VISED RESIDUAL RISK
ନ୍ତୁ Further Management or Mitigating Action	Implementation Date	Progress
5. Ombed Programme Management Arrangements – Programme Board and Work Streams (x4)	May 2014	Health and Social Care Transformation Programme Board established and meeting monthly. Four separate Project Groups have been established and are meeting monthly. In addition, an Engagement Group is meeting monthly as is a Quality Assurance Group. Monthly highlights are provided to the Board.
6. Fully develop work stream project plans	May 2014	Project Plans are in the process of being developed for all project groups. This should be done by end July. The delay is due to milestones being unclear – e.g. draft guidance for the Care Act was not published until June.
7. Identify resource requirements needed to enable change to take place	July 2014	Some likely resource requirements have been identified, but a number of assumptions have been made – e.g. in relation to the Care Act. Exact resource requirements are therefore still unknown. Recent work carried out by ADASS and the LGA has suggested that the resource being allocated nationally to support the implementation of the Care Act will be sufficient, but this will be untested until the new duties 'go live'.
8. Develop risk register for each project group	July 2014	Risk registers are in place for the Health and Social Care Transformation Programme relating to each project group.
9. Regional Benchmarking	September 2014	ADASS have set up regional groups with relation to the Care Act, and the Council are also part of the Essex-wide BCF technical group. This is enabling the sharing of best practice, benchmarking, and problem solving.

Target Risk Rating	Target Date:	31/03/2016	Impact:	Critical (4)	Likelihood:	Unlikely (2)	Rating:	8
Revised Residual Risk Rating	Date:	30/09/2014	Impact:	Critical (4)	Likelihood:	Likely (3)	Rating:	12

UNMANAGED / INHERENT RISK

Risk Description							Risk Ow	Risk Owner		
The Council's ICT infrastructure is not optimised to enable the delivery of future business and customer needs. It is based upon aging infrastructure, inefficient architecture design, a complex estate of replicative business applications and dated desktop devices. This is inhibiting: front line service delivery improvement; flexibility for enabling business transformation; disaster recovery / business continuity; and potential reductions in the cost of providing ICT services. Digital Board Jackie Hinchliffe Link to Corporate Priority Link to Corporate Priority										
A well run organisation	A well run organisation									
Inherent Risk Rating	Date:	Refreshed 15/04/2014	Impact:	Critical (4)	Likelihood:	Very Likely (4)	Rating:	16		



Comments

Initiatives are currently underway to manage and overcome the risk:

- Implementation of flexible/ mobile working and Voice Over Internet Protocol (VOIP) telephony to the Civic Offices
- External sites being reviewed and rationalised to enable these to be upgraded and enable flexible working
- Oracle have been commissioned to undertake a review of the existing Oracle infrastructure and have made recommendations as how to improve its deployment
- Serco have been commissioned to develop a technical architecture road map to design the Council's infrastructure so as to optimise future system investments
- Serco have been commissioned to undertake a feasibility study to move the server estate off site and into 'the cloud' to improve resilience, Disaster Recovery and reduce costs

EXISTING ACTION / RESIDUAL RISK

Management Action or Mitigation Already in Place										
 Implementation of Oracle Enterprise Resource Planning (ERP) solution for Financial Management, HR, Payroll and Procurement services together with Business Intelligence reporting. 										
2. Development and implementation of ICT initiatives as part of the corporate transformation programme to provide systems capable of supporting business requirements and initiating solutions that provide savings and service improvements (e.g. flexible/mobile working).										
3. Information System and Information Technology (IS/IT) strategy refreshed and reported to Cabinet March 2013										
4. Individual service transformation projects to support and drive ICT change in line with business requirements from/during 2013/14 (e.g. Housing).										
Residual Risk Rating	Date:	15/04/2014	Impact:	Critical (4)	Likelihood:	Likely (3)	Rating:	12		

	FURTHER ACTION / TARGET RISK / REVISED RESIDUAL RISK									
Further Management or Mitigating Action	Further Management or Mitigating Action				Progress					
5. Ongoing monitoring of IS/IT Strategy by	the Digital Boar	d	From April 2	2014 Deliverables within the IS/IT Strategy are being deployed as part of th Connects and Thurrock Online programmes					part of the IT	
6. Ongoing monitoring of implementation IS			From April 2	014	2 nd Floor CC		st Floor CO2 under	way. CO2/1 Gr	ound Floor plans	
Goard.				-		ination ream				
	. Recruitment of ICT Strategy Role in the Commercial Team.			2014	On hold					
8. Review and update the IS/IT strategy to	take account of	changes due to	From Sept 2	014	Current IS/I	Γ deliverables d	ue to be implement	ited by March 2	015. IS/IT	
flexible working and ERP.					strategy refresh to commence post March 2015					
9. Serco commissioned to review server int	frastructure with	a view to	From March		Initial Cloud Feasibility Study has identified business benefits, further work on					
moving existing server farm offsite to a d resilience, reduce long term costs and m			2015	2015 diligence required and in flight		ght				
10.Serco commissioned to undertake a stra			From September		Architecture	review in flight				
to best optimise the Council's infrastruct			2014			C C				
online transformation ambitions										
11. Serco commissioned to propose a new			From March		Initial proposal submitted and due diligence underway. Decision to Cabi					
away from the legacy Vertex model and	l is based on inc	dustry standard	2015		January 201	5 with expected	d implementation fr	rom March 2015	5	
best practice (ITIL and SIAM)	1	r								
Target Risk Rating	Target Date:	30/09/2015	Impact:	Critic	al (4)	Likelihood:	Very Unlikely (1)	Rating:	4	
Revised Residual Risk Rating	Date:	06/10/2014	Impact:	Critic	ritical (4) Likelihood: Likely (3) Rating: 12				12	

FURTHER ACTION / TARGET RISK / REVISED RESIDUAL RISK

UNMANAGED / INHERENT RISK

Risk Description	Risk O	Risk Owner						
The Council fails to fully deliver the Me meet forecasted budget deficits. Both would require additional unplanned eff contributions from reserves in 2014/15 Link to Corporate Priority Theme - A well run organisation	or either of these s ficiencies to be ma	scenarios could lead	d to service ov	erspends and Cou	uncil wide financia	l pressures which	o Sean C Board	lark / Directors
Ū.								
Inherent Risk Rating	Date:	Refreshed 08/04/2014	Impact:	Critical (4)	Likelihood:	Very Likely (4)	Rating:	16
Pa			DASHB	OARD				

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Inferent Risk Rating &	Residual Risk Rating	Residual Risk Rating as at: 10/07/2014Residual Risk Rating as at: 23/10//2014Residual Risk Rating as at:T		Target Risk Rating &	
Date: 08/04/2014	as at: 08/04/2014			Target Date: 28/02/2015	
4 8 12 16 3 6 9 12 2 4 6 8 1 2 3 4 Impact	4 8 12 16 3 6 9 12 2 4 6 8 1 2 3 4 Impact	4 8 12 16 3 6 9 12 2 4 6 8 1 2 3 4 Impact	4 8 12 16 3 6 9 12 2 4 6 8 1 2 3 4	4 8 12 16 3 6 9 12 2 4 6 8 1 2 3 4 Impact	4 8 12 16 3 6 9 12 2 4 6 8 1 2 3 4 Impact

Comments

The Council continues to monitor in year spend and is forecasting a breakeven position after mitigating actions were taken earlier in the year.

EXISTING ACTION / RESIDUAL RISK

Management Action or Mitigation Already in Place										
1. MTFS established February 2013. The Council agreed a two year balanced budget covering the financial years 2013/14 and 2014/15										
2. Monthly reports to Directors Board and quarterly reports to Cabinet on the MTFS / budget position.										
3. Pressures for 2013/14 identified and appropriate action undertaken taken to ensure that the budget remained balanced and recognised that these actions will have an adverse effect on the 2014/15 budget position.										
4. 2014/15 General Fund Budget and MTF	S establishe	d and agreed by Co	uncil Februar	y 2014.				Feb 2014		
5. Core Shaping and Intelligence Group (CSIG) meeting weekly to guide the savings requirements for 2015/16 and the savings impact on 2014/15										
Residual Risk Rating	Date:	08/04/2014	Impact:	Critical (4)	Likelihood:	Likely (3)	Rating:	12		

		ARGET RISK / REVISED RESIDUAL RISK								
Further Management or Mitigating Action				ation	Progress					
6. Ongoing monthly reporting to Directors Board and quarterly reports to Dabinet on the MTFS and 2014/15 budget position.			From Apr 20		Cabinet on made head was taken t services into these press and endorse savings to s continue, es Budget upd financial for budget surp	2 July 2014. Sa way into the agi to build in the sa o the pressures sures. The report ed the manager stay within the b specially where late reports press recast, assumin blus for 2014/15	ort to Cabinet in Jul ment actions to this budget envelope. M there are high valu	I the additional es were agreen nation, procure argets directly y recognised t s approach and Monitoring of a ue and volatile July, August ar nplemented pri abinet report) I	I pressures and d. The decision ement and shared to services to meet hese pressures d for the identified II service budgets budgets. nd Sept 2014. The edicted a £800K but this assumes	
Target Risk Rating	isk Rating Target Date: 28/02/2015			Impact: Substantial (3)		Likelihood:	Unlikely (2)	Rating:	6	
Revised Residual Risk Rating Date: 23/10/2014				Impact: Critical (4)			Likely (3)	Rating:	12	

FURTHER ACTION / TARGET RISK / REVISED RESIDUAL RISK

UNMANAGED / INHERENT RISK

Risk Description							Risk Ow	ner		
The Council faces significant budget pressures due to increasing demand in services (e.g. children's social care) whilst facing significant funding reductions from central government. The government reductions will continue and the Council is now concentrating on the period 2015/16 through to 2017/18 Failure to develop plans to set and maintain a balanced budget and to deliver the associated savings for the period 2015/16, 2016/17 and 2017/18										
could lead to ill informed dec	could lead to ill informed decisions on service reductions, unplanned efficiencies and in year overspends and result in service delivery impacts, negative feedback or publicity and unexpected contributions from reserves to balance the budget or, in the worse case, an ultra vires deficit budget									
Link to Corporate Priority										
Theme - A well run organisation										
D International International	Date:	Refreshed 08/04/2014	Impact:	Critical (4)	Likelih	nood: Very Likely (4)	Rating:	16		
0			DASH	BOARD						
Date: 08/04/2014	Residual Risk Rating as at: 08/04/2014	Residual Risk Rat as at: 10/07/2014	ting	Residual Risk Rating as at: 23/10/2014		Residual Risk Rating as at:		sk Rating & te: 28/02/2015		
4 8 12 16 3 6 9 12 2 4 6 8 1 2 3 4 Impact	4 8 12 1 3 6 9 1 2 4 6 8 1 2 3 4 Impact		8 4	4 8 12 1 3 6 9 1 2 4 6 8 1 2 3 4		4812163691224681234Impact	Likelihood	8 12 16 6 9 12 4 6 8 2 3 4 Impact 1 1		

Comments

The Council's budget gap for the three years currently stands at circa £4m. However, this relies on all savings being both agreed and delivered. In addition, Directors Board now monitors the top six riskiest budget proposals on a monthly basis and will revise the budget gap accordingly where these are found not to be deliverable all or in part. The total of these risk proposals stands at £12m over the three years.

EXISTING ACTION / RESIDUAL RISK

Management Action or Mitigation Already in Place										
 MTFS established February 2013. The Council agreed a two year balanced budget covering the financial years 2013/14 and 2014/15 to provide a solid foundation to identify the future shape and service delivery mechanisms of the Council 										
2. Reviews commenced to determine the future shape & service delivery mechanisms of the Council (e.g. Strategy Week, Star Chamber, Transformation, etc)										
 Managers Conference Dec 2013 – Concentrated on how the major cuts faced by the Council could be achieved and the effects on the organisation/services. 										
4. Budget Challenge – Service teams considered and put forward ideas to achieve savings. From Jan 2014										
5. Leadership Group – Work undertaken t	o review servi	ices and to identify p	otential savin	gs without taking s	ervice levels belo	w the statutory n	ninimum.	From Jan 2014		
6. MTFS for 2014/15 to 2017/18 establish	ed and agree	d by Council Februa	ry 2014.					February 2014		
7. Core Shaping and Intelligence Group (CSIG) meeting	g weekly to guide the	e savings requ	uirements for 2015	/16 and the saving	gs impact on 201	4/15	From Mar 2014		
8. Directors Board Sub Groups established and working on themes covering; people, place, growth, regeneration, planning, streets and public health.								From Mar 2014		
Residual Risk Rating Date: 08/04/2014 Impact: Critical (4) Likelihood: Likely (3) Rating:										
<u></u> 0		I	I	i	1	1	1	i		

© FURTHER ACTION /	TARGET RISK / RE	VISED RESIDUAL RISK
Further Management or Mitigating Action	Implementation Date	Progress
9. Proposals to close funding gap to be finalised	By July 2014	Proposals developed.
10.Cabinet report on proposals to close funding gap.	July 2014	Proposals to close funding gap presented to Cabinet. Cabinet endorse management action to achieve savings and agree, for further development and public consultation, savings for 2014/15 – 2017/18
11.Implementation of plans for the agreed proposals	From Jul/Aug 2014	Management actions in progress for the proposals endorsed by July Cabinet.
12. Review of all non-management delegated proposals by the various O&S committees	July 2014	Overview and scrutiny committees consulted on savings proposals requiring consultation.
13.Further work required to close £6m gap in 2015/16 being carried out by DB	July 2014	DB developed options to close budget gap for 2015/16 developed
14.Review of Capital Programme schemes to challenge need with the view of reducing MRP liabilities in future years	July 2014	Review of the capital programme in progress with the aim of reducing ongoing capital repayments and any recommendations to be reported to Cabinet.
15. Budget update report to August Cabinet	Aug 2014	Cabinet noted the feedback from O&S committees. New proposals agreed for further development and consultation.

16. Budget update report to September Cab	16. Budget update report to September Cabinet				Cabinet note	ed update on pr	ogress.		
17. Overview and scrutiny committee consulted on savings proposals requiring consultation.			Sept 2014		Council cale	ndar cleared fo	r by-election / pre-	election period	
 Savings Summit - cross-party and partners to look at collectively managing the impact on the community. 			From Sept 2	014					
19. Cabinet note the feedback from O&Ss and any other public consultation and agree savings proposals. Any new proposals agreed for further development and consultation.			Nov2014						
20. Overview & Scrutiny committee consulte consultation	20. Overview & Scrutiny committee consulted on savings proposals requiring consultation								
21.Cabinet note the feedback from O&Ss ar and agree any savings proposals.	nd any other pu	blic consultation	Dec 2014						
22. Budget update report to January Cabinet	t		Jan 2015						
23 Pabinet agree recommended balanced b	oudget and Cou	ncil Tax for	Feb 2015						
24 Souncil – agree balanced budget and Co	ouncil Tax for 20	015/16	Feb 2015						
25.Savings proposals implemented (earlier where possible)		Mar 2015							
Target Risk Rating	Target Risk Rating Target Date: 28/02/2015		Impact:	Critic	al (4)	Likelihood:	Unlikely (2)	Rating:	8
Revised Residual Risk Rating	Date:	23/10/2014	Impact:	Critic	al (4)	Likelihood:	Likely (3)	Rating:	12

2 3

Impact

4

2 3

Impact

4

UNMANAGED / INHERENT RISK

Risk Description	Risk Description									
	cquisition including potential us partner and securing the deliv s of the project.						h Matthew I	Essex		
Link to Corporate Priority	1									
	promote job creation and econ astructure to promote and sust		erity							
Inherent Risk Rating	Date:	Refreshed 21/03/2014	Impact:	Critical (4)	Rating:	16				
			DASHI	BOARD						
Inherent Risk Rating & Date: 21/03/2014	Residual Risk Rating as at: 21/03/2014	Residual Risk Rati as at: 07/07/2014	ng	Residual Risk Rating as at: 22/09/2014		Residual Risk Rating as at:		k Rating & te: 31/12/2014		
P 3 6 9 12 Q 3 6 9 12 Q 3 6 9 8 Q 4 6 8	4 8 12 16 3 6 9 12 2 4 6 8	4 8 12 3 6 9 2 4 6	16 12 8	4 8 12 1 6 9 1 1 8 6 9 1	6 2 8	4 8 12 16 3 6 9 12 4 8 12 16	Likelihood	8 12 16 6 9 12 4 6 8		

Comments

2 3

Impact

4

The Council appointed the 'Purfleet Centre Regeneration Limited' consortium as its development partner at the March 2014 Cabinet following conclusion of the Official Journal of the European Union (OJEU) competitive dialogue process. This has reduced the impact of the risks associated with the procurement process but all other risks (in respect of land assembly, reputation etc) remain the same. Work ongoing between the Council and the developer to map out the programme for the delivery of the project.

3

Impact

4

2

3

Impact

4

2

2 3

Impact

4

EXISTING ACTION / RESIDUAL RISK

Management Action or Mitigation Already in Place									
1. Land Assembly – Approx 55% of the required land acquired and is managed by the assets team. Cabinet Nov 2011 agreed a first resolution to commence compulsory purchase order (CPO) process for the remaining site. Negotiation with remaining owners continues and managed by CBRE (property & real estate adviser). CBRE available to advise on CPO strategy, negotiations and valuations as required.									
2. Procurement of development partner – Selected and approved March 2014									
3. S106 completed and outline planning permission have been secured									
Residual Risk Rating	Date:	21/03/2014	Impact:	Critical (4)	Likelihood:	Likely (3)	Rating:	12	

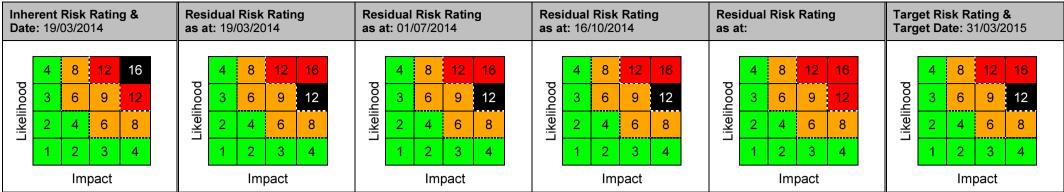
FURTHER ACTION / TARGET RISK / REVISED RESIDUAL RISK

Further Management or Mitigating Action			Implementa Date	tion	Progress	Progress				
 With the development partner now appointed the project moves into the delivery phase with a great deal of work required between the Council and developer to map out the programme for delivering the project and developer to the various risks that remain. Deparing for site assembly including potential compulsory purchase orders. Work to begin once developer has obtained outline planning permission. 				Ongoing Ongoing						
Target Risk Rating	Target Date:	31/12/2014	Impact:	Critic	al (4)	Likelihood:	Unlikely (2)	Rating:	8	
Revised Residual Risk Rating	Date:	22/09/2014	Impact: Critica		al (4)	Likelihood:	Likely (3)	Rating:	12	

UNMANAGED / INHERENT RISK

Risk Description					Risk Owr	ner
 The Welfare Reform Act 2012 and the Local Government Finance Act reduce the UK's welfare benefit costs by £18 billion over the next five in the Acts are a range of measures designed to simplify, streamline a benefits; re-assess the fitness or otherwise of claimants to work; and penefits; re-assess the fitness or otherwise of claimants to work; and penefits; re-assess the fitness or otherwise of claimants to work; and penefits; re-assess the fitness or otherwise of claimants to work; and penefits; re-assess the fitness or otherwise of claimants to work; and penefits; re-assess the fitness or otherwise of claimants to work; and penefits; re-assess the fitness or otherwise of claimants to work; and penefits; re-assess the fitness or otherwise of claimants to work; and penefits; re-assess the fitness or otherwise of claimants to work; and penefits; re-assess the fitness or otherwise of claimants to work; and penefits; re-assess the fitness or otherwise of claimants to work; and penefits; re-assess the fitness or otherwise of claimants to work; and penefits; re-assess the fitness or otherwise of claimants to work; and penefits; re-assess the fitness or otherwise of claimants to work; and penefits; re-assess the fitness or otherwise of claimants to work; and penefits through an other claimants to work; and penefit of the limitation of total benefits through an overall household "Benefit". The replacement of the abolished elements of the Social Fund while local scheme. The Council was allocated funding for 2013/2014 and Community Care Grants which had been part of the social fund. Fre Living Fund to replace these parts of the Social Fund*. The replacement of all working age benefits (Income Support, incomplete these parts of the Social Fund*. The replacement of all working age benefits and Working Tax Complete by 2020) 	years and promote nd reform the paym provide employment at have a direct imp Support wef April 2 t within the social re- it Cap" (From July 2 vith Personal Indepe- ch was administered and 2014/2015 to cre om April 2013 the c me-related Employr	work as more benefic ent of out of work, inc related support. 2013 ented sector wef April 013) endence Plans wef Oc d by the Department of ate a local scheme to ouncil set up a grant nent and Support Allo	tial than claimin come, housing a es: 2013 ctober 2013 of Works and Pe o replace Crisis based scheme l	g benefit. Embedde and disability relate ensions (DWP), by Loans and known as Essential	d a ı	arris
 The eforms could lead to: Fewer people in receipt of benefits who may then look to the Councare. Additional demand for Council services as a consequence of demonstration people moving to Thurrock from London). The Council having to fund the Essential Living Fund scheme from funding arrangements for 2013/14 and 2014/15. 	graphic and migrati	on changes brought a	about by the We	elfare Reforms (e.g		
Link to Corporate Priority						
Improve Health and Wellbeing / Encourage and Promote Job Creation	and Economic Pro	sperity / Build Pride, I	Responsibility a	nd Respect to Crea	ate Safer Comr	nunities.
Inherent Risk RatingDate:19/03/20	14 Impact:	Critical (4)	Likelihood:	Very Likely (4)	Rating:	16

DASHBOARD



Comments

The impact of the changes is being monitored by the Welfare Reform Group. In terms of the specific areas :

- The Essential Living Fund has had a lower take-up than expected (largely because it is cashless) and the arrangements with Southend are working well. The main risk is over its continuance post 2014/15;
- The social sector size criteria has affected nearly 1,000 people. Discretionary Housing Payment has been used to minimise the impact; Housing Benefit arrears have been dower than expected; around 40 households have moved. The risk is over maintaining this position;
- The benefit cap only affected a very small number of people and has had minimal impact;
- The move from Disability Living Allowance to Personal Independent Plan is being monitored and numbers will grow as people switch at their review point. Delays remain the original grows are people switch at their review point. Delays remain the original grows are people switch at their review point. Delays remain the original grows are people switch at their review point.
- Localised Council Tax Support again arrears are lower than expected but it is causing financial hardship for significant numbers of people, the long-term impact of which is hard to assess at this stage;
- Universal Credit the Work and Pensions Secretary announced in 29 September, that Universal Credit will be rolled out across the country, to all Local Authorities and Jobcentres from February 2015. This will be for new claims from single jobseekers such as people entitled to Job Seekers Allowance, and will include; Housing Costs and Tax Credits. The roll-out to all other categories of people including Couple's and families with children is continuing in a phased process in all chosen pilot arrears, but is expected to be completed by 2016/2017.
- Universal Credit has faced significant delays because of IT and other implementation problems. There are opportunities to see if we can get joined up professional Benefits, Money and Employment advice and support services between the Council and the Job Centre Plus/Dept of Works & Pensions.
- Movement of families and individuals from other local authorities especially London. There is anecdotal evidence that this is starting to happen although still at a small scale. There is a risk of local services expected to pick up more as numbers increase.

EXISTING ACTION / RESIDUAL RISK

Ма	nagement Action or Mitigation Already in Place	Date Implemented
1.	The Welfare Benefits Reforms task and Finish Group (Lead by Roger Harris, Director of Adults, Health and Commissioning) meets monthly to monitor and evaluate the impact of the different changes. The group provides advice and guidance where relevant to the service departments responsible for the operation and implementation of reforms.	From April 2013
2.	The Benefits and Housing service also meet monthly to discuss the Discretionary Housing Payment (DHP) policy and budget to ensure that the fund provides those who have been impacted by benefit cap and under occupancy. DHP is the main financial resource available to the council to help provide the relevant top up for rent for people on Housing Benefit (HB). The Council has also set up a Universal Credit Solutions group and a programme board to create the councils project plan for responding to the impact of	

affordable place for an ad-interim housing for homeless households; Thurrock Private Housing Sector team works with private landlords to promote to maintain standards, and to make more affordable properties available for letting.	
 Rents and Welfare team continuously monitors level of rent arrears and endeavour to make contacts with those affected and provide advice and assistance in order to assist in sustaining their tenancies. A Finance inclusion officer works with tenants affected by the changes, maximizing income and reducing expenditure, this is supplemented by a new SLA with Family Mosaic (partner) providing tenancies and financial advice, and other supporting services to residents. An Eviction & Prevention Panel tracks all evictions and potential ones in the social sector resulting from the welfare reform, whereby a full consideration is made by the Head of Service prior to a final decision being taken of whether to precede with the evicting process or not. Cap on Housing Benefit – Size Criteria (Including exclusion from entitlement to larger property than household requirement): Along with advice and assistance to access services and benefits (provided by the Rents and Welfare team), Housing Solutions teams assist tenants affected by the abovementioned changes in moving to alternative suitable and affordable properties (assistance includes financial incentive to downsize). A 0.5% decrease in rent collection is currently anticipated as a result of the changes brought by the welfare reforms. (iv) Homelessness and Temporary Accommodation: Lack of affordability of housing in inner London is resulting in an increased number of homelessness whereby Thurrock area is becoming a logical 	
occupancy. They have visited residents at home and at outreach centres e.g. Community Hubs, Children's centres, libraries to provide advice. Although some people have been supported to downsize, there are still more people on the waiting list that need help to do so. (ii) Monitoring and management of potential increased rent arrears/evictions:	
 Housing Service: (i) The Council's Housing services have visited and provided benefits, debt and money advice to council tenants affected by the Benefit cap and under 	JI
not paid Council tax and many others had been able to do so. 6. The council has renewed its Service Level Agreement with Southend Council to continue processing the Essential Living Fund for 2014/2015.	
 Employment can help take individuals out of benefit dependency The Council Tax debt management team are in the process of reviewing the fair debt and bailiff policy to ensure individuals impacted receive as much support as possible during the bailiff and court summons process to recover unpaid council tax. In 2013/2014, about 600 LCTS affected customers had 	и
 Universal Credit and to start preparation activities. The start date of Universal Credit in Thurrock and most of the Country (except for Pilot areas) is still unknown. But DWP are using target of April 2016 as a target start date for planning activities. The council is also working together with Job Centre Plus (part of Department for Work and pensions) to help develop understanding of each other's services and priorities for Thurrock residents and to help provide an informed holistic services. The Welfare Reforms project team are also working with other council services e.g. children's services, regeneration, Housing, children's centres and Troubled families to develop a partnership agreement and data protection protocols to enable effective joint working and targeting of benefit claimants seeking Employment and skills advice and support. 	n

FURTHER ACTION / TARGET RISK / REVISED RESIDUAL RISK

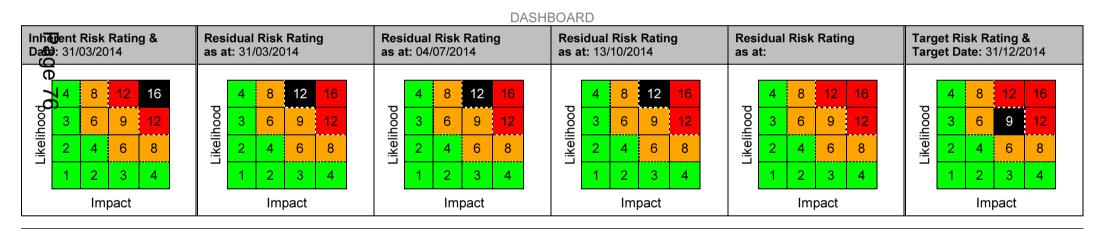
Fu	rther Management or Mitigating Action	Implementation Date	Progress
8.	The Welfare Benefits Reforms Task and Finish group to continue to meet monthly to monitor the impact and ensure that the council and its partners are working together to respond to known and identified needs where possible to do so.	From April 2014	The Welfare Reform Group is continuing to monitor, review and design ways to support local residents affected by the changes as per above. The group and Chair to review the re-allocation of responsibilities for the start of December when the current welfare benefits coordinator has left.
9.	The Universal Credit Programme Board to continue working together with across council services and with partners e.g. DWP/JCP and CVS to plan and prepare for the impact of Universal credit.	II	Universal Credit Programme Board on 25/06/2014, agreed to develop a co- located / joint working team to provide a cohesive and well structured advice and support services for people claiming benefits and needing debt, money or

		Employment and skills advice. The aim is to link up services to ensure that good quality expert / professional advice is better targeted at people impacted by the various welfare reforms / Universal Credit when this starts in 2016/2017. By working in this way it is hoped that services will identify vulnerable people early and provide the right level of support and advice as necessary. The partnership agreement with JCP/DWP is going to Cabinet on 02 July 2014, is agreed, this will provide a good opportunity for staff to work together with JCP in Grays to ensure better targeting of employment and skills advice and support services. This will ensure that local business partners are working together to help unemployed people get into employment, training or education. Further to the plan agreed at Directors Board we are now in a position where some JCP staff will come over to the Civic offices to integrate thus providing a more holistic service to the public.
10. Review the funding and arrangement for Essential Living Fund grant and service delivery after this ends in March 2015	From Oct 2014	Report to be presented to Directors Board to discuss the future of the ELF scheme.
 Housing Service: (i) Continue to provide benefits, debt and money advice to council tenants affected by the Benefit cap and Social Sector Size Criteria / Under Occupancy. Page 74 	n	Working in partnership with Family Mosaic where referrals are being made for those tenants affected by welfare reform changes, if requested and being supported. Within first 6 months of working in partnership FM reduced rent arrears by over £20,000 and is currently working with 77 tenants. Effective working in partnership with Family Mosaic continues, whereby referrals are being made for those tenants affected by the welfare reform changes, if requested and being supported.
 (ii) Monitoring and management of potential increased rent arrears/evictions: Rents and Welfare team to continue monitoring the level of rent arrears and endeavour to make contacts with those affected and provide advice and assistance in order to assist in sustaining their tenancies. 		The team continue to monitor the arrears and managed to visit over 3000 tenants last year. The number of cases owing more than 7 weeks gross rent was the lowest for over 5 years and this shows early intervention from the team is key to sustaining tenancies. So far the service has supported 288 households addressing their tenancies related issues since the start of the year. The service also made more than 2000 visits since April.
- Finance inclusion officer to continue to work with tenants affected by the changes, maximizing income and reducing expenditure and Family Mosaic (partner) to continue to provide tenancy and financial advice and other supporting services to resident.		A Financial Inclusion Officer continues to support tenants through assisting them with downsizing applications and managed to obtain over £49k in DHP payments, attends the hubs on a weekly basis giving advice on housing and benefits. Attends the children centres on a rota basis offering housing and benefit advice. He has conducted welfare training to LAC's, has trained staff and volunteers at the hubs. Has recently given advice to woman's aid from the refuge centre. A Financial Inclusion Officer continues to support tenants through assisting them with downsizing applications and providing financial advice and assistance. In total 24 under-occupying household have been assisted to downsize since April. The officer continues to attend hubs and children centres on a weekly basis. Advice on housing and benefits is provided on an ad-hoc basis; more than 470 hours of support were offered in both hubs and children centres since April. Also, the officer has provided welfare and benefit support on a more formal basis to at least 248

the social sec Service to ma	evention Panel to ctor resulting from aintain evaluations oceed with the ev	the welfare reform to inform judge	orm and Head of			Financial Ind The rent arre impacted by tenants is as affected. For date, in com However, the fiscal year (2 year. Whilst pattern on d and welfare	clusion Officer s ears panel conti welfare reform ssisting in conta r instance, 465 parison with 49 e number of ten 26 evictions), ar support is provi isengagement f	useholds have bee since the start of th inues to sit fortnigh are discussed. The ining the risk of evi notices of seeking 3 issued during the nants evicted has ir nd it is expected to ided at every stage from tenants who a ensifying its suppo y interventions.	at initiative. Itly and all cases e extra support ictions to a large possessions we e same period la horeased in the be considerably of the process re eventually eventually eventually	s including those provided to e part of those ere made year to ast year. first part of this y higher than last , there is a victed. The rent
	rger property than ns teams to contin	household requ	uirement).							
Private Housing landlords to pron	and Temporary Ac Sector team to co note to maintain s rties available for	ontinue to work v tandards, and to	with private			developed to consideration Authority to setting up a quality main an upgraded	o ensure compl ons being made facilitate discha Social Letting A tained, and affo d offer to incent	ble model of engag iance and adheren for incentivising th arge of homeless d Agency which will e ordability secured. I ivise them to work duties into the priv	ice to standards e latter to work uties into the pr ensures that sta Private landlord with the Authori	along with with the ivate sector via ndards are met, s are now made
Target Risk Rating		Target Date:	Refresh: 31/03/2015	Impact:	Critica	al (4)	Likelihood:	Likely (3)	Rating:	12
Revised Residual Risk R	ating	Date:	16/10/2014	Impact:	Critica	al (4)	Likelihood:	Likely (3)	Rating:	12

UNMANAGED / INHERENT RISK

Risk Description							Risk Own	er
Failure to maintain the co-ordination of Busi arrangements across the Council becoming					ness continuity	management	Lucy Magi	ll / Gavin Dennett
Link to Corporate Priority								
Build pride, responsibility and respect to cre Encourage and promote job creation and ec A well-run organisation.								
Inherent Risk Rating	Date:	31/03/2014	Impact:	Critical (4)	Likelihood:	Very Likely (4)	Rating:	16



Comments

The work of business continuity is permanently ongoing due to the unpredictable nature of occurrence of disruptive events. The new aspect of working with the education department on development of critical incident plans for schools which is not only ensuring that Thurrock schools are resilient in their operation, but also creating an income stream for the department. The project is in its infancy as commenced in March 2014. This project has also led with schools linking in with Thurrock Councils Communications team to explore service level agreements. The Critical Incident Plan for Gable Hall School has been completed and is awaiting final sign off by the head teacher. The team has presented the new service at head teacher briefings for secondary and primary schools within Thurrock. This service will also be promoted at the EXPO in January 2015. There may be issues around meeting the target risk rating of 9 due to the reduction in staffing levels of the Emergency Planning Team and will depend on the Business Continuity review of business continuity sitting with Services Mangers due to the savings and cuts the council have to make.

EXISTING ACTION / RESIDUAL RISK

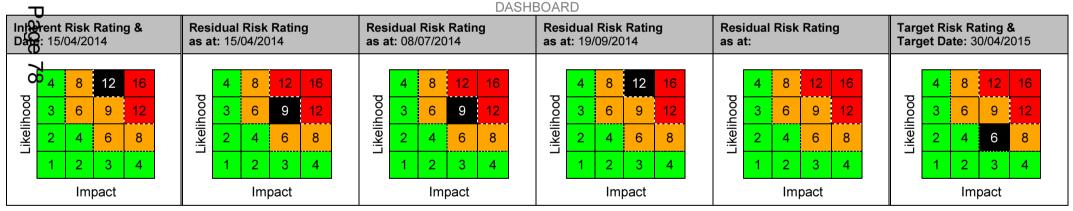
Management Action or Mitigation Alread	y in Place							Date Implemented
 Update and review of Business Continui departments to complete outstanding rev 								From Sept 2013 to March 2014
Residual Risk Rating	Date:	31/03/2014	Impact:	Substantial (3)	Likelihood:	Very Likely (4)	Rating:	12

Further Management or Mitigating Action	1		Implementa Date	tion	Progress				
2. Ongoing review of business continuity	plans		From April 2	014			continuity plans ha g followed up on.	ve been review	ed and returned,
 Programme for advice and implemental schools commenced. 	tion of critical in	cident plans for	March 2014		department only ensurin	on developmer	2014. BC team wo t of critical inciden schools are resilie for the department	t plans for scho ent in their opera	ols which is not
3.0 Further exercises to take place on critic (5 exercises planned)	cal functions of t	Council initially	April – Oct		reviews and		nuity plans have be given to external (ements		
4. Re-establishment of Business Continui	ty Management	Group	December 2	2014			rch 2015 in line wit rvice Managers.	th the review of	BC moving from
5. Ongoing programme of exercises to tak the Council	e place on critio	cal functions of	From Oct 20)14		xercises planne nember of staff	ed, due to a reducti to assist.	on in the EPT.	Possibility of a
6. BC Review of team function					Awaiting the Managers.	e decision if the	BC function will be	e moved from th	e EPT to Service
Target Risk Rating	Target Date:	Refresh 31/12/2014	Impact:	Subs	tantial (3)	Likelihood:	Likely (3)	Rating:	9
Revised Residual Risk Rating	Date:	13/10/2014	Impact:	Subs	tantial (3)	Likelihood:	Very Likely (4)	Rating:	12

FURTHER ACTION / TARGET RISK / REVISED RESIDUAL RISK

UNMANAGED / INHERENT RISK

Risk Description							Risk O	wner
Poor communications leads to an inability t residents, and key stakeholders nationally a inward investment, lost opportunities to influ- important at a time when the council is facil	and regionally w uence policy, in	which further leads creased local diss	s to negative p satisfaction wit	perceptions of the Co	ouncil resulting i	n lost opportunities	for	Wheeler
Link to Corporate Priority This links to all corporate priorities and also	the additional t	theme of a well-ru	in organisatior	n and governance.				
Inherent Risk Rating	Date:	15/04/2014	Impact:	Substantial (3)	Likelihood:	Very Likely (4)	Rating:	12



Comments

Communications restructure is currently being consulted upon with staff. In the meantime, the team is having to work below core minimum, including covering the recently vacated Marketing manager post. Whilst the consultation continues it will be necessary to prioritise urgent media and communications work only. Once the new structure, if implemented post consultation, is embedded the team will be at core minimum, and will prioritise work more strategically. A paper is going to Leadership Group in October to agree those priorities and the plan and schedules for the remainder of the year. In the meantime, the likelihood of this risk being realised has increased to a 12 rating, but is expected that by the next quarterly report this will have dropped back to a rating of 9

EXISTING ACTION / RESIDUAL RISK

Management Action or Mitigation Alread	y in Place							Date Implemented
1. The Community Strategy, from which the						vely with members,	local	Nov 2012
residents, local businesses, voluntary se				s received cross par	ty support.			
2. The Corporate Plan was agreed at Cabi	net and Council	in February 2013.						Feb 2013
3. New Corporate Branding Guidelines lau	nched in Octobe	er 2013						
4. Re-designed public facing website laund	hed in October	2013 including hav	ve your say ai	rea for resident feed	back, and new	My Area and My a	ccount areas,	October 2013
twitter account and email alerts		Ū.				· ·		
5. Strong relationship with CVS including J	oint Strategic Fo	orum						October 2013
6. Strong relationship with business comm	unity through Bu	isiness Board and	Business bre	akfasts				
7. On line consultation portal								
8. Communications Team handling all mar	keting and medi	a management iss	sues etc					
Residual Risk Rating	Date:	15/04/2014	Impact:	Substantial (3)	Likelihood:	Likely (3)	Rating:	9

FURTHER ACTION / TARGET RISK / REVISED RESIDUAL RISK
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Further Management or Mitigating Action				tion	Progress					
9. Develop Communications Strategy	September 2	2014	Ongoing – t	his is awaiting t	he review of the st	ructure – see ite	em 10			
 Develop communications strategy Develop communications strategy Develop communications strategy 10 Develop communications strategy 11 Develop communications strategy 12 Develop communications strategy 12 Develop communications strategy 13 Develop communications strategy 14 Develop communications			September 2014Ongoing – this is awaiting the review of the structure – sDecember 2014Initial paper has been developed to be incorporated into restructure. Team is currently under capacity, an issue v managed, but if demand increases further could increaseOctober 2014Paper is on forward plan for Leadership Group on 7 Oct		an issue which uld increase risł	is currently being k level.				
Target Risk Rating	Target Date:	30/04/2015	Impact: Subst		tantial (3)	Likelihood:	Unlikely (2)	Rating:	6	
Revised Residual Risk Rating	Date:	19/09/2014	Impact: Subs		tantial (3)	Likelihood:	Very Likely (4)	Rating:	12	

Opportunities In Focus

UNMANAGED / INHERENT OPPORTUNITY

Opportunity Description					Opportunity Owner
owned land in order to stimula targets. The Council will trans to Gloriana to develop housin commercial terms. The arran discussed with the Council's e	ate the weak private sector ma sfer land to Gloriana in exchain ing on that land. The Housing of ingements that have been put in external auditors. The financia d be able to repay its borrowin	arket and assist in delivering t nge for shares and the Counc department will act as agent f n place comply with state aid al projections, prepared by Pr gs from the Council (giving ris	he objective of developing high he Council's vision for Thurroc il will prudentially borrow and or Gloriana, in developing and and other regulatory requireme icewaterhouseCoopers show t se to a small annual surplus to	ck and ambitious housing on- lend money (at a margin) managing the homes, on full ents and have been hat, on a fairly prudent set of	Barbara Brownlee
Link to Corporate Priority	mote Job Creation and Econo	mic Prosperity, Gloriana supr	orts the delivery of the Thurroo	ok Vision – "Thurrock: A Place	
			ategic priorities. It will help to		
Inherent Opportunity Rating ອ	g Date:	01/04/2014 Impact:	Exceptional (4) Likelih	nood: Very Unlikely (1) R	ating: 4
age		DASH	BOARD		
Inleggent Opp. Rating & Date:01/06/2014	Residual Opp. Rating as at:01/06/2014	Residual Opp. Rating as at: 01/07/2014	Residual Opp. Rating as at: 14/10/2014	Residual Opp. Rating as at:	Target Opp. Rating & Target Date: 31/03/2015
16 12 8 4 12 9 6 3 8 6 4 2	16 12 8 4 12 9 6 3 8 6 4 2 4 3 2 1	16 12 8 4 12 9 6 3 8 6 4 2 4 3 2 1	16 12 8 4 12 9 6 3 8 6 4 2 4 3 2 1	16 12 8 4 12 9 6 3 8 6 4 2 4 3 2 1	16 12 8 4 12 9 6 3 8 6 4 2 4 3 2 1

Comments

The opportunities flow directly from the Company's objectives which are to build high quality housing in support of Thurrock's Vision and growth targets. If Gloriana can deliver high quality housing within the financial parameters set in the Business Case approved by Cabinet then much needed affordable housing will be provided for the Borough and a financial return will flow to the Council. The Business Case presented to Cabinet in March included a governance and scheme gateway process to enable the effective management of the opportunities and risks flowing from the project. A general risk register and a specific risk register for the first site, St Chad's in Tilbury, showed that some risks had already been mitigated or mitigation/management actions were already in place. Scheme development risks would remain as key risks to be managed and mitigated in future together with demand risk in relation to letting/selling the properties.

Data

Management Action Already in Place										
1. Gloriana Thurrock Ltd a company wholly owned by Thurrock Council set up.										
 Gloriana Thurrock Ltd a company wholly owned by Thurrock Council set up. Opportunities for development on Council land being actively pursued – 1st site identified (St Chads in Tilbury) and 2nd site (Belmont Road in Grays) under consideration. Profile of Gloriana being raised (MJ Awards, discussions with other authorities, developers) to increase awareness and exploit the potential. Risks registers reviewed and risk mitigation measures in hand. Discussions progressing with Wilmott Dixon to establish a fixed price contract within the financial parameters set for the scheme and which will provide for effective transfer of construction related risks to the contractor. Soft market testing of potential marketing agents complete and tender process in hand. 										
Residual Opportunity Rating	Date:	01/06/2014	Impact:	Exceptional (4)	Likelihood:	Likely (3)	Rating:	12		

Further Management Action	Implementation Date	Progress
 4. Further actions required to identify and progress additional sites in locations related to Thurrock's strategic growth areas which can best pump prime private sector development. 	Sept 2014	Potential sites identified in Grays South, Chadwell St Mary and Purfleet. They require joint working with HRA development and/or third parties. Feasibilities now underway and as the HCA affordable housing and the HRA borrowing bids have been successful these opportunities will be progressed jointly with HRA development.
Page 82	March 2015	Feasibilities now underway so this action complete. Revised action to progress development of the identified sites alongside HRA development by March 2015.
5. Additional financial analysis needed to consider relative merits of transfer of Council General Fund land to Gloriana.	Sept 2014 March 2015	Brief for work to be agreed with Finance. Relative returns of Gloriana development and open market disposal to be analysed. This action outstanding – implementation date to be amended to March 2015.
 Further consideration of use of HRA land by Gloriana as HRA reaches borrowing cap. 	Sept 2014	Bid made to DCLG to increase HRA borrowing cap as alternative/ additional approach to this issue. Bid approved so this action no longer required in immediate future.
 Consider opportunities for working with developers in relation to S.106 requirements. 	Dec 2014	This is largely a reactive rather than proactive action since it relies on developer activity but one possibility has been identified in South Grays. Further opportunities identified (Williamsons Farm) but depend on developer obtaining planning and progressing the development
8. Consider whether Gloriana could viably purchase land for development in key locations	March 2015	Site identified (Fiddlers Reach) as basis for feasibility.
 St Chad's and Belmont Rd need to pass through the Gateway review process successfully and commence on site. 	March 2015 - St Chad's Summer 2015 - Belmont Rd	St Chad's at Gateway 2 and Belmont Rd at Gateway 3. Both need to get to Gateway 3 for start on site.

FURTHER ACTION / TARGET OPPORTUNITY / REVISED RESIDUAL OPPORTUNITY

Target Opportunity Rating	Target Date:	31/03/2015	Impact:	Exceptional (4)	Likelihood:	Very Likely (4)	Rating:	16
Revised Residual Opportunity Rating	Date:	14/10/2014	Impact:	Exceptional (4)	Likelihood:	Very Likely (4)	Rating:	16

UNMANAGED / INHERENT OPPORTUNITY

Opportunity Description					Opportunity Owner						
Opportunity to secure signific	pportunity to secure significant capital funds through the South East Local Enterprise Partnership's Strategic Economic Plan. Growth Board (Matthew Essex)										
Link to Corporate Priority											
Priority 2. Encourage and pr	omote job creation and econom	nic prosperity - Objective: Prov	ride the infrastructure to prom	ote and sustain growth and	prosperity						
Inherent Opportunity Ratir	nherent Opportunity Rating Date: 03/04/2014 Impact: Exceptional (4) Likelihood: Very Unlikely (1) Rating: 4										
		DASHB	BOARD								
Inherent Opp. Rating & Date 03/04/2014	Residual Opp. Rating as at: 03/04/2014	Residual Opp. Rating as at: 07/07/2014	Residual Opp. Rating as at: 22/09/2014	Residual Opp. Rating as at:	Target Opp. Rating & Target Date: 31/03/2015						
0 0 16 12 8 4	16 12 8 4	16 12 8 4	16 12 8 4	16 12 8 4	16 <u>12</u> 8 4						
CO 412 9 6 3 8 6 4 2	12 9 6 3 Likelihood 8 6 4 2 A	12 9 6 3 ke	12 9 6 <mark>3</mark>	12 9 6 3	12 9 6 3 12 9 6 3 8 6 4 2						
8 6 4 2 hood	8 6 4 2 hood	6 4 2 0 8 6 4 2 0 8 6 4 2 0									
4 3 2 1	4 3 2 1										
Impact	Impact	Impact	Impact	Impact	Impact						

Comments

The Council has taken greater responsibility within the Thames Gateway South Essex Partnership to lead discussions within the Local Enterprise Partnership (LEP) and ultimately with Government to secure developed Strategic Local Growth Fund monies to support the delivery of a range of capital and revenue projects within Thurrock and elsewhere in TGSE. The initial submission went in at the end of March 2014 and Government announced funding for projects in July 2014. The bulk of the funding announced was for transport related schemes where TGSE and in particular Thurrock won a significant share of the funding committed in the South East Local Enterprise Partnership (SELEP) area, including up to £80m to support the widening of the A13.

EXISTING ACTION / RESIDUAL OPPORTUNITY

Management Action Already in Place										
1. Thurrock input coordinated through Growth Board to ensure strong strategic ownership and a common approach										
2. Designate a single point of contact for TGSE through to the LEP to ensure quality control and consistency of message.										
3. The initial submission for Strategic Local Growth Fund monies submitted to Government										
Residual Opportunity Rating	Date:	03/04/2014	Impact:	Exceptional (4)	Likelihood:	Unlikely (2)	Rating:	8		

|--|

Further Management Action				ition	Progress						
4. Coordinate input into negotiation with Go	From Apr 20)14	Initial feedbad	ck received fror	n government and	position being a	analysed.				
 Review position and develop plans when initial feedback from Government received. 			July 2014 C		Government announcement received July 2014.						
6. Work with SELEP and the relevant Government Departments to access Gunding announced to develop and implement projects			July onward		Work ongoing						
7. Repare for the second Growth Deal rout	7. Prepare for the second Growth Deal round expected early 2015			By Jan 2015 Work ongoing							
Target Opportunity Rating	Target Date:	31/03/2015	Impact: Exceptional (4)			Likelihood:	Very Likely (4)	Rating:	16		
Revised Residual Opportunity Rating	Date:	22/09/2014	Impact:	Exce	eptional (4)	Likelihood:	Likely (3)	Rating:	12		

Impact

UNMANAGED / INHERENT OPPORTUNITY

Opportunity Description								Opportunity Owner		
The Council has entered into Dagenham and Havering for members of the pool to addr proportion of any business ra	the financial year 20 ess strategic issues	014/15. The (e.g. skills, o	pooling arrangem	ent offers t	he opportunity for Thu	rrock to work c	collaboratively with	Matthew I	Essex	
Link to Corporate Priority Priority – Encourage and pr Facilitate the implementatior										
economic growth.										
Inherent Opportunity Ratin	g Dat	te:	09/06/2014	Impact:	Exceptional	Likelihood:	Very Unlikely (1)	Rating:	4	
Pa				DASHE	BOARD				•	
Inferent Opp. Rating & Date: 09/06/2014	Residual Opp. Rati as at: 09/06/2014		Residual Opp. Rati as at: 07/07/2014	ing	Residual Opp. Rating as at: 22/09/2014	Resid as at:	ual Opp. Rating		p. Rating & æ: 31/03/2015	
16 12 8 4 12 9 6 3 8 6 4 2	16 12 8 12 9 6 8 6 4	4 3 2	16 12 8 12 9 6 8 6 4	4 3 2	16 12 8 4 12 9 6 3 8 6 4 2		8 6 4 2 8	16 12 8	12 8 4 9 6 3 6 4 2	

Comments

Impact

Impact

Impact

Pooling arrangements established with Basildon Borough Council and the London Boroughs of Barking & Dagenham and Havering. Work in progress to develop a clear delivery programme of activity across the pool to support economic growth. Assessment of financial impact of the pool commissioned and on-going monitoring systems developed.

Impact

Impact

EXISTING ACTION / RESIDUAL OPPORTUNITY

Management Action Already in Place											
1. Review and modelling of options associated with the Business Rates Retention Scheme.											
 Identification and agreement of preferred option. Pooling arrangements to be developed with Basildon Borough Council and the London Boroughs of Barking & Dagenham and Havering 											
3. Model to share the Retained Levy negotiated and agreed with pool members and Memorandum of Understanding setting out the broad principles, aims, objectives and exit arrangements of the pooling arrangement established.											
 Application to CLG to form a business retention pool with Basildon Borough Council and the London Boroughs of Barking & Dagenham and Havering - October 2013. 											
Residual Opportunity Rating	Date:	09/06/2014	Impact:	Exceptional (4)	Likelihood:	Likely (3)	Rating:	12			

FURTHER ACTION / TARGET OPPORTUNITY / REVISED RESIDUAL OPPORTUNITY

Further Management Action				tion	Progress				
 Establish a clear delivery programme of activity across the pool to Tupport economic growth 					First pieces of work commissioned and all boroughs contributing to t development of the programme.			uting to the	
6. On the pool of the pool. 6. On the pool of the pool o			From Apr 20	14		Project Board established and monitoring and reporting requirements a by the Pool Members.			uirements agreed
7. Commission on-going assessment of perimpact of the pool on the members	7. Commission on-going assessment of performance to assess financial		Sept 2014		Finance Officers from across the Pool working together to assess fina impact of the pool.			ssess financial	
Target Opportunity Rating	Target Date:	Refresh 31/03/2015	Impact:	act: Exceptional (4)		Likelihood:	Very Likely (4)	Rating:	16
Revised Residual Opportunity Rating	Date:	22/09/2014	Impact:	Exce	eptional (4)	Likelihood:	Likely (3)	Rating:	12

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Zurich Municipal View: Local Government Risk Ranking

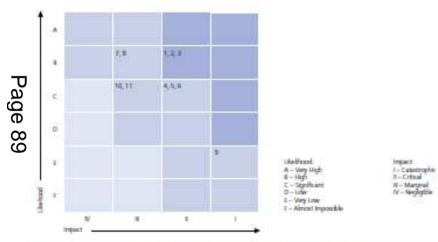
Appendix C, Part 1

Zurich Municipal view: local government risk ranking

Based on the research conducted for this report and our own experience in the local government sector, we have compiled a list of the top risks facing local authorities.

Risk ranking methodology

Harnessing experience working with front line organizations, 2unith Municipal market and technical experts reviewed risks (insurable and non-insurable) for the local government sector. The experts assessed the risks and impact for the generic organization, the wider sector and local communities as a whole over the next five years. A best practice total risk profiling (TRP) methodology led to an evidence-based prioritisation. The end result represents 2urich Municipal's best assessment of the risks and challenges facing the local government sector. The risk tanking is not meant to reflect the specific risk profile of any one organization.



Risk	Description	Key challenges	Trend Indicato
1	Financial sustainability – effective management of finances through ongoing austerity (the new 'normal') and increasing domand on services.	Umited ability to make savings and service key projects and ongoing maintenance Unplanned spikes in demand Further fails in income and inability to identify alternatives Presures to minimise council fak increases Protential compromise on commissioning standards Inadequate reserving to release funds for other projects Employee morale	+
z	Transformation – the business processes of transforming from the existing model to the desired outcome, looking at innovative ways of meeting business objectives and service delivery.	Managing lack of resource/Xklls Workforce and change management issues Possibly complex platforms involving a range of political organisations Fallure to plan and/or delivery fallure	t

3	Commissioning - including partnership working, supply chain and contract management.	Need for procurement skills (e.g. ensuring no inappropriate indemnity clauses, suppliers have appropriate liability insurance and the tender bridding process is fair) Ensuring service quality and continuity Monitoring compliance with statutory and other requirements Potential cost versus savings imbalance Potentially new business models with no proven track record Relance on outsourced high tum-around staff instead of experienced employees	t
4	Wolfare reform – delvery of services through ongoing welfare teleform (e.g. the Care Bill and child benefit changes) and potential demand pressure as changes come to fruition.	Effects of capped payments, payment in arrears, payments direct and claiming online New IT system implementation Council tax benefit reduction Greater incentive for fraud Tevolving door" triks and service demands Responding to the potential cumulative economic and social Impact on vulnerable service usen	+
5	Public health and social care – public health integration and managing new responsibilities.	Demographic change – demand outstripping supply Underfunded sentces Skills and capacity gaps Invocation of the Human Rights Act Imposing greater duty for protection Ensuing 'care at home' initiatives do not increase risk exposure Public health directors' vacancies lead to service breakdown	
6	Environmental – risks (some regional) including climate change, extreme weather events, escape of water, flooding, coastal erosion, fracking, snikholes and waste management, with increased frequency and severity of loss.	Comprehensive risk analysis Changing growing seasons Road maintenance Meeting CO, targets Continuity of services Management of waterbresources	,
7	Statutory responsibilities - compliance with statutory responsibilities, including health and safety, safeguarding infrastructural issues, maintenance, regulatory framework, information governance and transactions.	 Impact of employee cuts on roles and responsibilities Sharing sensitive data with third party service providers Ensuring and monitoring compliance by partners/supplies Checking and amonding 'standard' contracts and wordings Reduced standards of inspections Reputational implications of incidents 	,
8	Technology – using new technology/ systems to roduce costs and fulfit today's communications, accessibility and transaction requirements.	Robustness, resilience, protection and security of systems Managing and sharing sensitive data Availability of expertise and user training Maintaining multi-channel communications for non-computer Interate Health and safety considerations for employees working from home	t
9	Pandomic – a rapid and widespread infaction/disease, affecting the health and wellbeing of a significant number of puople over a large area.	Service continuity planning Fast and effective communication systems Ensuing seamless response with emergency organisations Impact of disruption/loss of major local employer High claims if resources diverted to support front line critical services, impacting future insurance costs	+
10	Fraud - deliberate actions by criminals to seek financial gain at the taxpayer's expense.	Creation/teflation of claims Possible increase in employee distantsty/misappropriation of funds increased occurrence of hard to diagnose injuries (a.g. physiological injury and chronic pain) Robust and effective prevention and detection procedures Reputation management	
11	Political - risks driven by political agenda.	 National and local stability Instituting successful long-form planning against a background of uncertainties (e.g. Scottish devolution, change of government) 	1

ZM's View Compared to the Thurrock Council's S/C R&O Register

Appendix C, Part 2

	Zurich M	unicipal's view of top local government risks	Existing S/C B&O Pagistor	
Risk	Description	Key Challenges	Existing S/C R&O Register	
1	Financial sustainability Effective management of finances through ongoing austerity (the new 'normal') and increasing demand on services.	 Limited ability to make savings and service key projects and ongoing maintenance. Unplanned spikes in demand. Further falls in income and inability to identify alternatives. Pressures to minimise council tax increases. Potential compromise on commissioning standards. Inadequate reserving to release funds for other projects. Employee morale. 	R6. Delivery of MTFS 2014/15 R7. Delivery of MTFS 2017/18 R12. Asset Management	
2	Transformation The business processes of transforming from the existing model to the desired outcome, looking at innovative ways of meeting business objectives and service delivery.	 Managing lack of resources/skills. Workforce and change management issues. Possibly complex platforms involving a range of political organisations. Failure to plan and/or delivery failure. 	R19. Managing Change / Capacity for Change R24. Community Engagement O27. Community Hubs	
Page 90	Commissioning Including partnership working, supply chain and contract management.	 Need for procurement skills (e.g. ensuring no inappropriate indemnity clauses, suppliers have appropriate liability insurance and the tender bidding process is fair). Ensuring service quality and continuity. Monitoring compliance with statutory and other requirements. Potential cost versus savings imbalance. Potentially new business models with no proven track record. Reliance on outsourced high turn-around staff instead of experienced employees. 	R15. Contract Management Consistency (removed from register In Q2 Review) O26. SE Local Enterprise Partnership O30. Business Rate (NNDR) Pooling	
4	Welfare reform Delivery of services through ongoing welfare reform (e.g. the Care Bill and child benefit changes) and potential demand pressures as changes come to fruition.	 Effects of capped payments, payment in arrears, payments direct and claiming online. New IT system implementation. Council Tax benefit reduction. Greater incentive for fraud. "Revolving door" risks and service demands. Responding to the potential cumulative economic & social impact on vulnerable service users 	R9. Welfare Reforms	
5	Public health and social care Public health integration and managing new responsibilities.	 Demographic change – demand outstripping supply. Underfunded services. Skills and capacity gaps. Invocation of the Human Rights Act imposing greater duty for protection. Ensuring 'care at home' initiatives do not increase risk exposure. Public health directors' vacancies lead to service breakdown. 	R1. ASC, Cost & Quality Standards R2. Failure to Implement the Care Act R3. Children Social Care R4. Health & Social Care Transformation	
6	Environmental Risks (some regional) including climate change, extreme weather events, escape of water, flooding, coastal erosion, fracking, sinkholes and waste management, with increased frequency and severity of loss.	 Comprehensive risk analysis. Changing growing seasons. Road maintenance. Meeting CO2 targets. Continuity of services. Management of water/resources. 	R13. Carbon Management R18. ERDF Low Carbon Business Prog.	

	Zurich Mu	Evicting S/C B% O Degister	
Risk	Description	Key Challenges	Existing S/C R&O Register
7	Statutory responsibilities Compliance with statutory responsibilities, including health and safety, safeguarding infrastructural issues, maintenance, regulatory framework, information governance and transactions.	 Impact of employee cuts on roles and responsibilities. Sharing sensitive data with third party service providers. Ensuring and monitoring compliance by partners/suppliers. Checking and amending 'standard' contracts and wordings. Reduced standards of inspections. Reputational implications of incidents. 	R17. Equalities R23. School Place Planning
8	Technology Using new technology/systems to reduce costs and fulfil today's communications, accessibility and transaction requirements.	 Robustness, resilience, protection and security of systems. Managing and sharing sensitive data. Availability of expertise and user training. Maintaining multi channel communications for non-computer literate. Health and safety considerations for employees working from home. 	R5. ICT Infrastructure. R22. Data Security and Encryption O28. Digital Programme / IT Connects
° Page	Pandemic A rapid and widespread infection/disease, affecting the health and wellbeing of a significant number of people over a large area.	 Service continuity planning. Fast and effective communication systems. Ensuring seamless response with emergency organisations. Impact of disruption/loss of major local employer. High claims if resources diverted to support front line critical services, impacting future insurance costs. 	R10. Business Continuity Planning R16. Emergency Planning & Response
e 91 10	Fraud Deliberate actions by criminals to seek financial gain at the taxpayer's expense.	 Creation/inflation of claims. Possible increase in employee dishonesty/misappropriation of funds. Increased occurrence of hard to diagnose injuries (e.g. physiological injury & chronic pain). Robust and effective prevention and detection procedures. Reputation management. 	
11	Political Risks driven by political agenda.	 National and local stability. Instituting successful long-term planning against a background of uncertainties (e.g. Scottish devolution, change of government). 	R31. Political Balance / No Overall Control
			Risk & Opportunity not matched/placed: R8. Purfleet Regeneration Project. R11. Road/Transport Infrastructure

R14. Communication/Poor Reputation

R20. Sickness Absence

R21. Coalhouse Fort Project R25 Data Quality

O29. Gloriana Thurrock Ltd

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9 D	ecem	ber 2	2014
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ITEM: 8

Standards & Audit Committee

Internal Audit Progress Report 2014-2015

Wards and communities affected: Key Decision:

All

Non-key

Report of: Chris Harris - Head of Internal Audit

Accountable Head of Service: Sean Clark – Head of Corporate Finance

Accountable Director: Graham Farrant – Chief Executive

This report is public

Executive Summary

The Internal Audit Plan 2014/15 was discussed and noted by the Standards & Audit Committee at their meeting of 5th March 2014. This report sets out progress against the Internal Audit Plan 2014/15 and is the second progress report presented to the Standards & Audit Committee. It details reports finalised since the last Committee on the 16th September 2014.

1. Recommendation(s)

That the Standards & Audit Committee:

- 1.1 Consider reports issued by Internal Audit in relation to the 2014/15 audit plan.
- **1.2** Note progress against the Internal Audit Plan for 2014/15.

2. Introduction and Background

- 2.1 The Accounts and Audit (England) Regulations 2011 require that a relevant body must undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper practices in relation to internal control.
- 2.2 The Internal Audit Service carries out the work to satisfy this legislative requirement and part of this is reporting the outcome of its work to the Standards & Audit Committee.
- 2.3 The Standards & Audit Committee has a responsibility for reviewing the Council's corporate governance arrangements, including internal control and formally approving the Annual Governance Statement. The audit work carried

out by the Internal Audit Service is a key source of assurance to the Standards & Audit Committee about the operation of the internal control environment.

2.4 The audits contained in the Internal Audit Plan 2014/15 are based on an assessment of risk for each system or operational area. The assessment of risk includes elements such as the level of corporate importance, materiality, service delivery/importance and sensitivity.

3. Issues, Options and Analysis of Options

- 3.1 Following widespread consultation with clients across all service sectors, the reports issued by Internal Audit now provide 4 levels of assurance opinion. The 4 opinions use a Red/Amber/Green assurance level and reports are now categorised as: Green; Amber/Green (positive assurance opinions); Amber/Red (some assurance but a number of weaknesses) and Red (negative assurance opinion).
- 3.2 In the year to date, we have issued 17 reports as final, have 9 reports at draft or debrief stage and have 8 reviews that are work in progress. We have summarised below (3.3 to 3.6), those reports that have been issued as final since the last meeting of the Committee. The key findings of these reports are shown at Appendix 1.
- 3.3 One report has been issued with a **Red** assurance opinion that has been discussed at Directors Board and is being presented to the next meeting of the Standards & Audit Committee.
- 3.4 The following reports received a **Green** assurance rating for the control frameworks in their area:
 - Treasury Management
 - Members Allowances
- 3.5 The following report received an **Amber/Green** assurance rating for the control frameworks in their area:
 - Electrical Testing
- 3.6 At the request of the client, we also carried out an advisory review of the Troubled Families Programme. Whilst we do not provide an assurance opinion on advisory reports, as there were 7 high and 2 medium recommendations which were reported to, and agreed by management, we have included a more detailed report at the end of the progress report (Appendix 1). A follow-up of this review is currently being undertaken and the results will be reported to the next meeting.
- 3.7 During the period being reported, there were 9 reviews where the fieldwork was completed and were at draft stage or debrief meetings were being held with management. There were 8 reviews which were work in progress. These will be reported to the Standards & Audit Committee when they are finalised.

3.8 We have also continued to support the three internal investigations involving staff directly employed or contracted to the Council and provided assistance to the Council by co-ordinating the setting up of contacts as part of the work for the National Fraud Initiative.

4. Reasons for Recommendation

4.1 To assist the Standards & Audit Committee in satisfying itself that progress against the Internal Audit Plan is sufficient as one of the means of assuring itself of the effective operation of internal controls.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 The audit risk assessment and the plan are periodically discussed with the Chief Executive, Directors and Heads of Service before being reported to Directors Board and the Audit Committee.
- 5.2 All terms of reference and draft reports are discussed and agreed with the relevant Corporate Directors, Heads of Service and/or management before being finalised.
- 5.3 The Internal Audit Service also consults with the Council's External Auditors to ensure that respective audit plans provide full coverage whilst avoiding duplication.

6. Impact on corporate policies, priorities, performance and community impact

6.1 The Council's corporate priorities were used to inform the annual audit plan 2014-15. Recommendations made are designed to further the implementation of these corporate priorities.

7. Implications

7.1 **Financial**

Implications verified by: Jonathan Wilson

Finance Consultant

Whilst there are no direct financial implications arising from this report, it is important that the authority maintains adequate internal controls to safeguard the authority's assets. This is not to say that audit recommendations do not have financial implications but these are for management to identify and contain within existing budgets.

7.2 Legal

Implications verified by:

David Lawson Deputy Head of Legal and Deputy Monitoring Officer

The contents of this report and appendixes form part of the Council's responsibility to comply with the Audit Commission Act 1998 and the Accounts and Audit (England) Regulations 2011 to at least annually undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper practice. The Council has delegated responsibility for ensuring this is taking place to the Standards & Audit Committee. There are no adverse legal implications relating to the reporting progress.

7.3 **Diversity and Equality**

Implications verified by: Teresa Evans Equalities and Cohesion Officer Equalities and Cohesion Officer

There are no direct diversity implications arising from this report as it is for information purposes only.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

In terms of risk and opportunity management, the Internal Audit Plan and its outcomes are a key part of the Council's risk management and assurance framework. The Internal Audit Plan is based on risk assessments that include a review of the Council's risk and opportunity register.

- 8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):
 - Strategy for Internal Audit 2014/15 to 16/17 and Internal Audit Plan 2014/15
 - Internal Audit Reports issued in 2014/15.

9. Appendices to the report

• Appendix 1 – Internal Audit Progress Report.

Report Author:

Gary Clifford Internal Audit Manager Baker Tilly – provider of Internal Audit Services to Thurrock Council



Thurrock Council

Internal Audit Progress Report [Audit Committee meeting 9th December 2014]

Introduction

The internal audit plan for 2014/15 was presented to the Standards & Audit Committee on 5th March 2014. This report provides an update on progress against that plan. Those reports in italics have already been reported to the Standards & Audit Committee.

Summary of Progress against the Internal Audit Plan

Assignment	Status	Opinion	Actions Agreed (by priority)		
		-	High	Medium	Low
Audits to address specific risks					
Members' Allowances	Final	Green	0	1	1
Electrical Testing	Final	Amber/Green	1	0	2
Econogas	Final	Green	0	0	4
Public Health	Final	Green	0	0	1
Building Control	Final	Amber/Green	0	4	0
LiquidLogic Adults System (LAS)	Final	Amber/Green	0	3	3
Core Assurance		ł	•		
Treasury Management	Final	Green	0	0	1
Cash Receipting	Final	Amber/Green	0	3	1
General Ledger (Oracle)	Final	Green	0	0	1
Accounts Payable	Final	Green	0	1	3
Housing Benefits	Final	Amber/Green	0	0	6
Bank Reconciliation	Final	Green	0	0	1
Payroll	Final	Green	0	1	4
Council Tax	Final	Green	0	1	1
Advisory		· · ·	<u>.</u>		
Troubled Families Programme	Final	Advisory	8	2	0
Extra Care	Final	Advisory	5	3	0

We have included a more detailed report at the end of this progress report on the Advisory work carried out around the Troubled Families Programme. Whilst we do not provide an assurance opinion on Advisory reports, there were a number of high level recommendations. A follow-up of this review is currently being undertaken and the results will be reported back to the Standards & Audit Committee.

Other Matters

Planning and Liaison

Fieldwork is currently being undertaken on the following reviews:

- § Corporate Purchase Cards
- § Educational Visits
- S Catering Provision in Schools
- S Thurrock Registrars Office
- S Environmental Health (Pollution Control)
- § Leaseholder Charges
- § Housing Rents
- § Passenger Transport

The following reports are at draft stage or debrief meetings are being arranged with the client and will be reported when they are finalised:

- § Contract Procedures
- S Change Control Process (Serco)
- § Adoption
- § Performance Management
- S Disabled Facilities Grants
- § Reablement
- S Charges for non-residential services
- S Community Hubs
- S Asset Management

Of the above, the Educational Visits review was substantially completed but due to in-service issues, Internal Audit was asked to temporarily suspend the work. Two of the pieces of work have resulted in an initial assurance opinion of Red so these reports are being further discussed at Head of Service/Director level in line with the Audit Protocol. In one further case above, following the issue of the draft report, the client has requested additional resources are allocated to increase the scope of the review.

In addition, Internal Audit has continued to support the three internal investigations around issues with staff either employed by, or contracted with the Council and to provide the co-ordinating role to set up and assist contacts as part of the work for the National Fraud Initiative.

Key Findings from Internal Audit Work

Assignment: Members' Allowances	Opinion: Green	AMBER AMBER RED GREEN
Headline Findings : Our review of Members' Allowances idea around the design of the control framework. There was application of the control framework. The 5 recommendation implemented.	also 1 low recommer	ndation made around the
Action and Response	Responsible Officer	Date
Action - It is recommended that the case where a Member was being paid 2 Special Responsibility Allowances (SRA) should be reviewed and either the Constitution needs to be changed to reflect Political Group appointments, or, the second allowance should be stopped effective from the new municipal year. Response - The Democratic Services Manager has spoken to the Deputy Monitoring Officer and it was agreed that this was paid in error following advice provided by the previous Monitoring Officer. Therefore, the Constitution does not need revising and the SRA has been stopped. (medium)	Democratic Services Manager	Immediate

Assignment: Electrical Testing	Opinion: Amber/Green	AMBER AMBER RED GREEN
--------------------------------	-------------------------	--------------------------

Headline Findings: Our review of Electrical Testing identified that there was 1 high recommendation around the design of the control framework. There were also 2 low recommendations around the application of the framework. The 5 recommendations from the last review, which included to high and 1 medium recommendation, had all been implemented.

Action and Response	Responsible Officer	Date
Action - It is recommended that the master asset record is maintained and annual programmes listed in the same location as the master copy. This will help assist the planning of future programmes and identify those properties which have been tested and major works or upgrades included. It is also recommended that the master record is checked against Saffron and events diarised as it is a key document in the planning of maintenance and electrical equipment testing within Council properties. This should trigger a report when a key date is reached which will assist in providing the team with the information they require for the development of future testing programmes, alongside upgrades and capital works identified through decent homes tests. Response - In line with the statutory requirements around gas servicing, Housing are currently creating a programme of planned works to ensure that electrical testing takes place as per the requirement. All certificates will be kept on the Objective EDRMS system and also reflected in the Saffron Housing Management system.	Central Voids Team Manager	Oct 2014

A new planned programme will be created to assess any properties out of compliance to be addressed within the next 6 months. A planned programme of electrical testing will then take place every year to ensure that the Council meets its obligations.	
In addition to this we are currently undertaking a five year capital programme, whereby all of the council's stock will have an electrical test over the next 5 years. Any properties that fall out of this programme will then be picked up on the additional electrical programme as outlined above.	
Electrical tests are also carried out on all void properties that are required to be re let.	

Assignment: Treasury Management	Opinion: Green	AMBER AMBER RED GREEN
Headline Findings : In general, the design, application an robust. We did not identify any significant issues. There was	•	

robust. We did not identify any significant issues. There was a Treasury Management Policy that detailed the Council's strategy regarding the borrowing and investment of funds. This was presented to Cabinet on 12th February 2014. Investments were made in accordance with the Policy. There was only 1 low recommendation. The 2 recommendations from the last review had been implemented.

TROUBLED FAMILIES PROGRAMME

1 Executive Summary

1.1 Introduction

An audit of Troubled Families Programme was undertaken as part of the approved internal audit periodic plan for 2014/15.

The Troubled Families programme was launched by the Prime Minister in 2011 and is led by Louise Casey CB. The Programme was established to improve the lives and outcomes for England's most complex and "troubled families" and to reduce the public costs incurred by these families. It replaces work previously defined as "families with complex needs". The Programme has a clear expectation that the three year Payment By Results (PBR) funding, which it is understood is being extended by a further two years, is used to re-shape public services to create sustainable solutions for families.

The Troubled Family Unit have identified that Thurrock have 360 troubled families, with some already being supported through existing work being carried out with the family.

The specific characteristics of "troubled families" defined by Department of Communities and Local Government (DCLG) are households who have a combination of any three of the following needs.

- Are involved in crime and anti-social behaviour.
- Have children not in school.
- Have adults on out of work benefits and are a high cost to the public purse.
- The DCLG has given Local Authorities flexibility to add a locally agreed 4th criteria. Thurrock's fourth criteria includes the following:-
 - There are adult mental health issues.
 - Domestic violence is involved.
 - Incidences of substance misuse.
 - There are child protection issues.
 - A family member is subject to the Integrated Offender Management programme (IOM).

Funding received to date amounts to £1,088,500.

1.2 Conclusion

The audit tool selected is *Advisory* and as a result, an opinion has not been provided in relation to the control framework for the area under review and the risks material to the organisation's objectives for this area.

Overall, we were unable to confirm the accuracy of the previous claims due to the lack of physical or electronic evidence available at the time of the review. As can be seen from the Action Plan at section 2 below, management accepted all the recommendations and their responses indicate that they are working to address the issues raised. This will be followed up by Internal Audit prior to submission of the next batch of claims.

1.3 Scope of the review

To evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied, with a view to providing an opinion. Control activities are put in place to ensure that risks to the achievement of the organisation's objectives are managed effectively.

Limitations to the scope of the audit:

 The scope of the audit will be limited to reviewing processes in place. Conclusions will be based upon sample testing of transactions relevant to the current financial year to date. Our work does not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

The approach taken for this audit was a Risk-Based Audit.

The recommendations address the areas within the scope of the review as set out below:

	Priority		
Risk	High	Medium	Low
The families who are part of the programme might not meet the criteria set down by the Department for Communities and Local Government.	2	1	0
Claims already made may be incorrect resulting in financial loss and reputational damage.	5	1	0
Total	7	2	0

2 Action Plan

The priority of the recommendations made is as follows:

Priority	Description					
High						
Medium	Recommendations are prioritised to reflect our assessment of risk associated with the control weaknesses.					
Low						
Suggestion	These are not formal recommendations that impact our overall opinion, but used to highlight a suggestion or idea that management may want to consider.					

Ref	Recommendation	Categorisation	Accepted (Y/N)	Management Comment	Implementation Date	Manager Responsible
1.1	Written evidence should be obtained for every claim being submitted for payment and for those cases already submitted. This will ensure that when spot checks are carried out by the Department for Communities and Local Government (DCLG), there is sufficient evidence to support the claim.	High	Y	All evidence is now being collected. There is an issue with Performance By Results (PBR) claims where the dates are during school holidays.	1/8/14	Troubled Families Co-ordinator
1.2	A sample of matches submitted by Xantura should be checked regularly to ensure the data is accurate. Xantura should also provide reports of data submitted, which should be retained as evidence.	High	Y	All data to Xantura is supplied by Thurrock. Checks are internal. Thurrock will review data matches as part of the claim process. This process will include correcting any inaccurate matches prior to submission. These changes will be recorded in a PBR case management tool supplied by Xantura. Thurrock is implementing Xantura's Insight solution.	1/8/14	Troubled Families Co-ordinator Troubled Families Programme Manager Performance & Information Officer

Ref	Recommendation	Categorisation	Accepted (Y/N)	Management Comment	Implementation Date	Manager Responsible
				This product retains details of data supplied, upon which the claims are calculated. In addition Thurrock also keeps its own copy of supplied data.		
1.3	Internal procedures/ guidance should be documented to enable the team to perform consistently and assist with performance management.	Medium	Y	Thurrock is in the process of implementing both Xantura's tools to support identification and PBR monitoring and a case management tool to support wider coordination activities. Our processes and procedures will be robustly documented as part of these implementations	29/09/14	Troubled Families Co-ordinator Xantura Performance & Information Officer
2.1	As recommended by the DCLG Inspector, a review of all claims to date should be carried out to ensure they are sufficiently robust and supported by adequate documentation.	High	Y	Not sending any claims that we have no evidence for.	1/08/14	Troubled Families Co-ordinator Performance & Information Officer Troubled Families Programme Manager
2.1.1	When reviewing data for successes to be claimed, staff should verify this to both the original identification data and the new period data and ensure that both are accurately recorded on the claim sheets.	High	Y	Our new processes and procedures will enable us to validate both the qualification and PBR claim event – and tie this back to data that has been supplied	01.08.14	Troubled Families Co-ordinator Troubled Families Programme Manager Performance & Information Officer
2.1.2	All the claim information should be kept in a central spreadsheet showing exactly what benefits and families the Council are claiming for.	High	Y	Claim information is provided by Xantura and the team. These spreadsheets will be amalgamated and saved in a central location and also documented in the	29.09.14	Troubled Families Co-ordinator Xantura

Ref	Recommendation	Categorisation	Accepted (Y/N)	Management Comment	Implementation Date	Manager Responsible
				procedures document.		
				This information will be recorded on the Insight application – which will allow the Council to export these details to a spreadsheet.		
2.1.3	For future claims, a copy of the information entered into LOGASNET should be retained so that the Council have evidence of the correct claims.	High	Y	Completed for August claim on file in claims folder	22 nd August	Troubled Families Co-ordinator
2.1.4	To provide assurance that errors are not reoccurring, the team should introduce internal spot checks on a sample of identified and result based payment claims. The percentage to be spot checked should be determined in accordance with available resources and the risk level of the claim.	Medium	Y	Spot checks of 5% of claims will take place. Checks of original information provided and the new figures that show the improvement. Details of this will be added to the procedures document Validation of details for ALL claims that are made will be integral to the processes and procedures implemented	01.08.14 ongoing	Troubled Families Co-ordinator All
2.1.5	The Section should employ an Administrator/Data Person on a short term contract who could assist with delivery of this programme, perform checks and ensure all claims are supported by adequate documentation. This would also ensure that Practitioners can dedicate more time to family interventions.	High	ТВА	Funding dependant	Waiting for extending funding and/or if we are early Starter Dec 14	Troubled Families Co-ordinator

3 Findings and Recommendations

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all audit testing undertaken.

	Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
	Risk 1: The families wh Government.	o are part of th	e programme might not meet the criteri	a set down by the Department for Communities	and Local
1.1	The families who are part of the programme meet the criteria set down by the Department for Communities and Local Government.	No	A sample of cases submitted for Payment By Results (PBR) was selected. However, it could not be ascertained if the claims were compliant with the selection criteria, and therefore accurate, as there was insufficient supporting documentation, either written or electronic. It is understood that apart from education data, evidence from the Department for Works & Pensions (DWP) and/or European Social Fund (ESF Reed) was obtained either by telephone, face to face or hand written. Therefore, if required by the DCLG, the information needs to be obtained again. If evidence is not kept, the Council could have to duplicate its work and ultimately could lose some of the grant payment.	Written evidence should be obtained for every claim being submitted for payment and for those cases already submitted. This will ensure that when spot checks are carried out by the Department for Communities and Local Government, there is sufficient evidence to support the claim.	High
1.2	Data is accurate	No	Some payments by result are claimed as a result of data matching carried out by Xantura. The Troubled Families Team stated that some of the claims made by data matching were not very accurate as in some cases, they are still working with families for which a claim has been submitted.	A sample of matches submitted by Xantura should be checked regularly to ensure data is accurate. As, it is understood, Xantura can provide accurate reports of data submitted, these should be obtained and kept as evidence.	High

	Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
			Inaccurate data may lead to the household not qualifying for identification or for result-based payments as well as non-compliance with the Data Protection Act.		
1.3	Processes and procedures are documented to aid consistency and continuity.	No	Apart from the Financial framework for the Troubled Families Programme issued by Communities and Local Government, there are no specific procedure documentation for staff on how authorities are to demonstrate compliance with the framework, for example by clearly stating what is to be recorded where and what supporting documentation needs to be retained. A lack of internal procedure documentation may lead to inconsistencies in the recording and supporting of evidence, making it more difficult to demonstrate compliance and decision making	Internal procedures/ guidance should be documented to enable the team to perform consistently and assist with performance management.	Medium
	Risk 2: Claims already made may be incorrect resulting in financial loss and reputational damage.		eputational damage.		
2.1	Data to be included on a claim is verified for accuracy.		It is understood that the claims' information entered into LOGASNET can be from different sources and a copy of the exact claim submitted was	As recommended by the DCLG Inspector, a review of all claims to date should be carried out to ensure they are sufficiently robust and supported by adequate documentation.	High
			not retained. This has resulted in the DCLG stating that there were some anomalies in the data supplied as claims did not always match the evidence provided.	When reviewing data for successes to be claimed, staff should verify this to both the original identification data and the new period data and ensure that both are accurately recorded on the claim sheets.	High
				All the claim information should be kept in a central spreadsheet showing exactly what benefits and families the Council are claiming for.	High

Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
			For future claims, a copy of the information entered into LOGASNET should be retained so that the Council have evidence of the correct claims.	High
			To provide assurance that errors are not reoccurring, the team should introduce internal spot checks on a sample of identified and result based payment claims. The percentage to be spot checked should be determined in accordance with available resources and the risk level of the claim.	Medium
			The Section should employ an Administrator/Data Person on a short term contract who could assist with delivery of this programme, perform checks and ensure all claims are supported by adequate documentation. This would also ensure that Practitioners can dedicate more time to family interventions.	High

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regard to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

This report, together with any attachments, is provided pursuant to the terms of our engagement. The use of the report is solely for internal purposes by the management and Board of our client and, pursuant to the terms of the engagement, it should not be copied or disclosed to any third party or otherwise quoted or referred to, in whole in part, without our written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended for any other purpose.

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9 Decem	ber 2014
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Standards & Audit Committee

Thurrock Annual Audit Letter 2013-2014

Wards and communities affected: Key Decision:

All

Non-key

Report of: Sean Clark, Head of Corporate Finance

Accountable Head of Service: Sean Clark, Head of Corporate Finance

Accountable Director: Graham Farrant, Chief Executive

This report is Public

Executive Summary

The external auditors are responsible for:

- Forming an opinion on the Financial Statements;
- Reviewing the Annual Governance Statement;
- Forming a conclusion on the arrangements that the Authority has in place to secure economy, efficiency and effectiveness in its use of resources; and
- Undertaking any other work specified by the Audit Commission.

The Annual Audit Letter summarises this work and is appended to this report.

1. Recommendation(s)

1.1 That the Standards and Audit Committee consider the comments of our external auditors as set out in the attached report and note their findings.

2. Introduction and Background

- 2.1. The main message is the auditors issued an unqualified audit opinion on the 2013-14 financial statements and an unqualified value for money conclusion.
- 2.2. The Annual Audit Letter sets out findings from the audit in relation to the three significant risk areas identified in the audit plan. The Council positively addressed all of these risks as noted in section two of the report.

- 2.3 There was one further key finding raised by the annual audit letter. The Council received two unexpected items of information from external organisations following the completion of the financial statements which could potentially have been adjusted for within the statements. The Council decided not to adjust for these as the items were not material and had no impact on the Council's useable reserves. The approach was notified to and agreed with the auditors and no further issues of significance were raised by the audit.
- 2.3 Overall the financial statements produced were shown to be of a very high standard and supported by relevant supporting records. Officers worked hard to support the audit process and resolve queries quickly and effectively.

3. Issues, Options and Analysis of Options

- 3.1 The report continues the positive work from the previous year and officers continue to work to maintain the high standard of the financial accounts.
- 3.2 The Council is working to meet the significant financial challenges caused by ongoing reductions in funding and continue to monitor the position through the Medium Term Financial Strategy.

4. Reasons for Recommendation

4.1 For the committee to note the findings of the external auditors.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 The Annual Audit Letter summarises the reports that have previously been communicated to Members of the Standards and Audit Committee.

6. Impact on corporate policies, priorities, performance and community impact

6.1 There are no implications arising from the Annual Audit Letter.

7. Implications

7.1 Financial

Implications verified by:

Sean Clark Head of Corporate Finance

There are no direct financial implications arising from this report.

7.2 Legal

Implications verified by: David Lawson
Deputy Head of Legal & Deputy Monitoring
Officer

7.3 **Diversity and Equality**

Implications verified by:	David Lawson
	Deputy Head of Legal & Deputy Monitoring Officer

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

There are no specific implications from this report.

- 8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):
 - There are various working papers within accountancy.

9. Appendices to the report

• Appendix 1 – The Annual Audit Letter

Report Author:

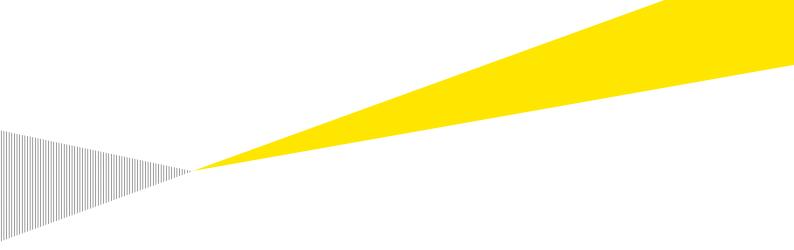
Sean Clark Head of Corporate Finance Corporate Finance This page is intentionally left blank

Thurrock Council

Year ending 31 March 2014

Annual Audit Letter

20 October 2014





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Ernst & Young LLP One Cambridge Business Park Cambridge CB4 0WZ Tel: + 44 1223 394400 Fax: + 44 1223 394401 ey.com



20 October 2014

The Members Thurrock Council Civic Offices New Road Grays Essex RM17 6SL

Dear Members,

Annual Audit Letter

The purpose of this Annual Audit Letter is to communicate to the Members of Thurrock Council and external stakeholders, including members of the public, the key issues arising from our work, which we consider should be brought to their attention.

We have already reported the detailed findings from our audit work to those charged with governance of Thurrock Council in the following report:

2013/14 Audit results report for Thurrock Council

Issued 30 September 2014

The matters reported here are the most significant for the Authority.

I would like to take this opportunity to thank the officers of Thurrock Council for their assistance during the course of our work.

Yours faithfully

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Debbie Hanson Director For and behalf of Ernst & Young LLP Enc

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2.	Key findings	3
3.	Control themes and observations	6

In March 2010 the Audit Commission issued a revised version of the 'Statement of responsibilities of auditors and audited bodies' (Statement of responsibilities). It is available from the Chief Executive of each audited body and via the <u>Audit Commission's website</u>.

The Statement of responsibilities serves as the formal terms of engagement between the Audit Commission's appointed auditors and audited bodies. It summarises where the different responsibilities of auditors and audited bodies begin and end, and what is to be expected of the audited body in certain areas.

The Standing Guidance serves as our terms of appointment as auditors appointed by the Audit Commission. The Standing Guidance sets out additional requirements that auditors must comply with, over and above those set out in the Code of Audit Practice 2010 (the Code) and statute, and covers matters of practice and procedure which are of a recurring nature.

This Annual Letter is prepared in the context of the Statement of responsibilities. It is addressed to the Members of the audited body, and is prepared for their sole use. We, as appointed auditor, take no responsibility to any third party.

Our Complaints Procedure – If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with your usual partner or director contact. If you prefer an alternative route, please contact Steve Varley, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.

1. Executive summary

Our 2013/14 audit work has been undertaken in accordance with the Audit Plan we issued on 17 February 2014 and is conducted in accordance with the Audit Commission's Code of Audit Practice, International Standards on Auditing (UK and Ireland) and other guidance issued by the Audit Commission.

The Authority is responsible for preparing and publishing its Statement of Accounts, accompanied by the Annual Governance Statement. In the Annual Governance Statement, the Authority reports publicly on an annual basis on the extent to which they comply with their own code of governance, including how they have monitored and evaluated the effectiveness of their governance arrangements in the year, and on any planned changes in the coming period. The Authority is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

As auditors we are responsible for:

- ▶ forming an opinion on the financial statements;
- reviewing the Annual Governance Statement;
- forming a conclusion on the arrangements that the Authority has in place to secure economy, efficiency and effectiveness in its use of resources; and
- undertaking any other work specified by the Audit Commission.

Summarised below are the conclusions from all elements of our work:

Audit the financial statements of Thurrock Council for the financial year ended 31 March 2014 in accordance with International Standards on Auditing (UK & Ireland).	On 30 September 2014 we issued an unqualified audit opinion in respect of the Authority's financial statements.
Form a conclusion on the arrangements the Authority has made for securing economy, efficiency and effectiveness in its use of resources.	On 30 September 2014 we issued an unqualified value for money conclusion.
Issue a report to those charged with governance of the Authority (the Audit and Scrutiny Committee) communicating significant findings resulting from our audit.	On 16 September 2014 we issued our report in respect of the Authority.
Report to the National Audit Office on the accuracy of the consolidation pack the Authority is required to prepare for the Whole of Government Accounts.	We reported our findings to the National Audit Office on 3 October 2014.
Consider the completeness of disclosures in the Authority's Annual Governance Statement, identify any inconsistencies with the other information of which we are aware from our work and consider whether it complies with CIPFA / SOLACE guidance.	No issues to report.
Consider whether, in the public interest, we should make a report on any matter coming to our notice in the course of the audit.	No issues to report.
Determine whether any other action should be taken in relation to our responsibilities under the Audit Commission Act.	No issues to report.

Issue a certificate that we have completed the audit in accordance with the requirements of the Audit Commission Act 1998 and the Code of Practice issued by the Audit Commission.	On 3 October 2014 we issued our audit completion certificate.
Issue a report to those charged with governance of the Authority summarising the certification (of grant claims and returns) work that we have undertaken.	Work on the Authority's housing benefit claim is still ongoing. Our annual certification report in respect to the 2013/14 financial year will be issued to those charged with governance on completion of this work in December 2014.

2. Key findings

2.1 Financial statement audit

We audited the Authority's Statement of Accounts in line with the Audit Commission's Code of Audit Practice, International Standards on Auditing (UK and Ireland) and other guidance issued by the Audit Commission. We issued an unqualified audit report on 30 September 2014.

In our view, the quality of the process for producing the accounts, including the supporting working papers was generally good. However, we identified a number of errors in accounting for fixed assets as outlined below. The main issues identified as part of our audit were:

Significant risk 1: Localisation of business rates

There have been significant changes in the arrangements for business rate arrangements from April 2013. The detailed accounting arrangements for the new arrangement were not clear at the time the Authority was preparing its accounts, and this was therefore presented as a risk in terms of the financial statements. One of the main changes is that individual local authorities now need to provide for rating appeals. This includes not only claims from 1 April 2013 but claims that relate to earlier periods.

Our audit work confirmed that the accounting treatment adopted by the Council for business rates was appropriate and in compliance with the CIPFA Code of Practice. The business rates appeals provision recognised by the Council was deemed to have been calculated on a reasonable basis in line with the requirements of the relevant international accounting standards (IAS 37).

Significant risk 2: Financial statement closedown procedures

In previous years, material errors have arisen in the financial statements in a number of key areas:

- ▶ grant revenue recognition;
- ► accounting for schools income and expenditure; and
- asset valuations.

Our audit work did not identify any significant issues in these areas. This demonstrates that there has been a real improvement on previous years on financial statement closedown procedures.

Significant risk 3: Management override

ISA (UK&I) 240 requires that we plan our audit work to consider the risk of fraud. This includes consideration of the risk that management may override controls in order to manipulate the financial statements.

Our audit procedures and testing did not identify any instances of misstatement due to fraud and error.

Other key findings:

We identified two misstatements within the draft financial statements, which management has chosen not to adjust. Neither of these were individually or in aggregate material to the presentation and disclosures of the financial statements. Management, in agreement with the Standards and Audit Committee provided a rationale as to why these misstatements were not corrected

Our audit identified a limited number of other errors which the audit team have highlighted to management for amendment. All of these were corrected during the course of our work. The number and nature of errors identified is a significant improvement on previous years. We do not consider any of the errors identified to be significant and therefore did not provide further details of these corrected misstatements in our Audit Results Report or this Letter.

2.2 Value for money conclusion

We are required to carry out sufficient work to conclude on whether the Authority has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. In accordance with guidance issued by the Audit Commission, in 2013/14 our conclusion was based on two criteria:

- ► The organisation has proper arrangements in place for securing financial resilience; and
- ► The organisation has proper arrangements for challenging how it secures economy, efficiency and effectiveness.

We issued an unqualified value for money conclusion on 30 September 2014. Our audit did not identify any significant matters.

We did however note that, along with many other local authorities, Thurrock is facing significant financial challenges over the next three to four years. The Authority's external funding sources are reducing and are subject to change and uncertainty in future years. Some of the main areas of uncertainty relate to:

- ► Future levels of business rates income;
- ► Future funding through the New Homes Bonus; and
- ► Level of Government funding through the Revenue Support Grant (RSG) and Baseline Funding (business rates.

The Authority is clearly aware of the challenges it faces and has continued to develop and refine its Medium Term Financial Strategy over the last year. A cumulative budget gap of around £37.7 million has been identified over the next 4 years to 2017-18. This will need to be bridged through savings and efficiencies or increased income. The Council has already identified plans to bridge over £32 million of this gap, and good progress has been made on bridging the opening budget gap of £21.8 million in 2015-16, with savings identified and agreed to address the majority of this.

Members need to be aware of the future financial pressures the Authority is facing and consider carefully the impact of any decisions they make on the ongoing sustainability of the Authority's financial position and its ability to maintain service levels in future years.

2.3 Whole of government accounts

We reported to the National Audit office on 3 October 2014 the results of our work performed in relation the accuracy of the consolidation pack the Authority is required to prepare for the whole of government accounts. We did not identify any areas of concern.

2.4 Annual governance statement

We are required to consider the completeness of disclosures in the Authority's Annual Governance Statement, identify any inconsistencies with the other information of which we are aware from our work, and consider whether it complies with CIPFA / SOLACE guidance. We completed this work and did not identify any areas of concern.

2.5 Certification of grants claims and returns

We have not yet completed our work on the certification of grants and claims. We will issue the Annual Certification Report for 2013/14 in December 2014.

2.6 Audit Fees

The table below sets out the scale fee and our final proposed audit fees.

	Proposed final fee	Scale fee
Code audit work	£177,227	£177,227
Certification of claims and returns *	£21,367	£21,367

* Work on the certification of claims and returns is not yet complete. We will report our final fee for the certification work after we completed our work in December 2014. The reduction in the scale fee from the figure previously reported reflects the removal of the Teacher's Pension Scheme claim which is no longer within the Audit Commission certification regime.

We confirm that we have not undertaken any non-audit work outside of the Audit Commission's Audit Code requirements.

3. Control themes and observations

As part of our audit of the financial statements, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. Although our audit was not designed to express an opinion on the effectiveness of internal of internal control, we are required to communicate to those charged with governance at the Authority, any significant deficiencies in internal control.

We have not identified any significant weakness in the design of operation of an internal control that might result in a material error in your financial statements of which you are not aware.

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Work Programme

Committee: Standards and Audit

Year: 2014/2015

Item	Date Added	Request By (Members/Officers)	Lead Officer	Progress / Update required
10 July 2014				
1 st Quarter Review of the Strategic/Corporate Risk and Opportunity Register	February 2014	Officers	Andy Owen	Members noted the report.
Update: Financial Statement	May 2014	Officers	Sean Clark	No update required – report going to September meeting
Draft AGS	May 2014	Officers	Sean Clark	No update required – report going to September meeting
Annual Complaints Report	May 2014	Officers	Lee Henley	Members noted the report.
Annual Access to Records Report	May 2014	Officers	Lee Henley	Members noted the report.
Head of Internal Audit Report	May 20014	Officers	Chris Harris/ Gary Clifford	Members noted the report.
Internal Audit: Red Reports (as required)	May 2014	Members/Officers	Relevant Director	No report was sent to Committee
Update: Regulation of Investigatory Powers Act 2000 RIPA	May 2014	Members/Officers	Lee Henley	Members noted the report.
Work Programme	Continuous	Members/Officers	Democratic Services Officer	No update required
16 September 2014				
Financial Statements and Annual Governance Statement Update	May 2014	Officers	Sean Clark	Members noted the report.
Audit Results Report	May 2014	Officers	Ernst & Young	Members noted the report.

Work Programme

ltem	Date Added	Request By (Members/Officers)	Lead Officer	Progress / Update required
Progress Report: Internal Audit	May 2014	Officers	Gary Clifford	Members noted the report.
Internal Audit: Red Reports (as required)	May 2014	Members/Officers	Relevant Director	No report was sent to Committee
Update: Regulation of Investigatory Powers Act 2000 RIPA	May 2014	Members/Officers	Lee Henley	Members noted the report.
Work Programme	Continuous	Members/Officers	Democratic Services Officer	No update required
9 December 2014				
Annual Audit Letter	May 2014	Officers	Ernst & Young	
3 rd Quarter Review of the Strategic/Corporate Risk and Opportunity Register	February 2014	Officers	Andy Owen	
Update: Complaints Report	May 2014	Officers	Lee Henley	
Fraud Report	May 2014	Officers	Sean Clark	Deferred to next meeting in consultation with the Chair
Progress Report: Internal Audit	May 2014	Officers	Gary Clifford	
Internal Audit: Red Reports (as required) Bridge Inspections	May 2014	Members/Officers	Relevant Director	Deferred to next meeting in consultation with the Chair
Update: Regulation of Investigatory Powers Act 2000 RIPA	May 2014	Members/Officers	Lee Henley	
Disaster Recovery Report	July 2014	Members	Lucy Magill	Deferred to next meeting in consultation with the Chair

Work Programme

Item	Date Added	Request By (Members/Officers)	Lead Officer	Progress / Update required
Work Programme	Continuous	Members/Officers	Democratic Services Officer	
4 February 2014				
Risk and Opportunity Management – Benchmarking and Action Plan	December 2014	Officers	Andy Owen	
Progress Report: Internal Audit	May 2014	Officers	Gary Clifford	
Report on the Audit of Grant Claims	May 2014	Officers	Ernst & Young	
Internal Audit: Red Reports (as required)	May 2014	Members/Officers	Relevant Director	
Update: Regulation of Investigatory Powers Act 2000 RIPA	May 2014	Members/Officers	Lee Henley	
Work Programme	Continuous	Members/Officers	Democratic Services Officer	
17 March 2014				
Review of ROM Policy, Strategy & Framework	December 2014	Officers	Andy Owen	
Draft Internal Audit Plan	May 2014	Officers	Gary Clifford	
Ernst and Young – Audit Plan 2014/2015	May 2014	Officers	Ernst & Young	
Internal Audit: Red Reports (as required)	May 2014	Members/Officers	Relevant Director	
Update: Regulation of Investigatory Powers Act 2000 RIPA	May 2014	Members/Officers	Lee Henley	
Work Programme	Continuous	Members/Officers	Democratic Services Officer	

To Be Allocated				
ltem	Date Added	Request By (Members/Officers)	Lead Officer	Committee Date

Full details of Member's decisions can be viewed in the Minutes on the Council's Committee Management Information System - http://democracy.thurrock.gov.uk/thurrock/

FOR CONSIDERATION There are currently no items for consideration.