Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

# **Standards and Audit Committee**

The meeting will be held at 7.00 pm on 20 October 2022

Committee Room 2, Civic Offices, New Road, Grays, Essex, RM17 6SL

#### Membership:

Councillors Elizabeth Rigby (Chair), Augustine Ononaji (Vice-Chair), Steve Liddiard, Kairen Raper, Graham Snell and Allen Mayes

Charles Clarke Lisa Laybourn

#### Substitutes:

Councillors Gary Collins, Shane Ralph, Sue Sammons, Lee Watson and Lynn Worrall

#### 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 7 July 2022.

#### 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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# Queries regarding this Agenda or notification of apologies:

Please contact Rhiannon Whiteley, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: 12 October 2022

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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

- 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 of the interest to the meeting Non- pecuniary

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.

# **Our Vision and Priorities for Thurrock**

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

- 1. **People** a borough where people of all ages are proud to work and play, live and stay
  - High quality, consistent and accessible public services which are right first time
  - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
  - Communities are empowered to make choices and be safer and stronger together
- 2. **Place** a heritage-rich borough which is ambitious for its future
  - Roads, houses and public spaces that connect people and places
  - Clean environments that everyone has reason to take pride in
  - Fewer public buildings with better services
- 3. **Prosperity** a borough which enables everyone to achieve their aspirations
  - Attractive opportunities for businesses and investors to enhance the local economy
  - Vocational and academic education, skills and job opportunities for all
  - Commercial, entrepreneurial and connected public services

# Minutes of the Meeting of the Standards and Audit Committee held on 7 July 2022 at 7.00 pm

| Present:       | Councillors Elizabeth Rigby (Chair), Augustine Ononaji (Vice-<br>Chair), Adam Carter, Steve Liddiard, Kairen Raper and<br>Graham Snell   |
|----------------|--|
|                | Charles Clarke, Co-Opted Member<br>Lisa Laybourn, Co-Opted Member  |
| In attendance: | Matthew Boulter, Democratic Services Manager and Deputy<br>Monitoring Officer<br>Rachel Brittain, Binder Dijke Otte (BDO)<br>Nicholas Coker, Intelligence Manager & Senior Appropriate<br>Officer, Counter Fraud<br>Andy Owen, Corporate Risk and Insurance Manager<br>Jonathon Wilson, Assistant Director, Finance<br>Jenny Shade, Senior Democratic Services Officer |

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

#### 1. Minutes

Minutes of the Standard and Audit Committee held on the 10 March 2022 were approved as a correct record.

#### 2. Items of Urgent Business

There were no items of urgent business.

#### 3. Declaration of Interests

There were no declarations of interest.

#### 4. Regulation of Investigatory Powers (RIPA) - Activity Report 2021/22

The report presented provided members with an update on the usage and activity of RIPA requests during the period 1 April 2021 to 31 March 2022. Members were also presented with the refreshed RIPA Policy.

Councillor Ononaji referred to the minutes of the last committee and to his comment made on page 6 of the agenda in regard to "low number of complaints in 2020/21" and again with no recorded complaints for 2021/22 questioned the consistency behind the low numbers. Nick Coker stated that where possible it was to try and keep this figure as low as possible and as

there had been no replications this was a testament that other investigation methods were being employed.

Councillor Ononaji stated the Standard and Audit Committee should be privy to data information when in relation to the prevention of crime to which Nick Coker stated the report on fraud this evening would provide more details for members on the statistics provided for the Counter Fraud Investigation Team and there was a requirement from the surveillance commission to bring the RIPA report to this committee. Councillor Ononaji stated that hopefully the committee would see some improvements to show that the RIPA policies were being implemented properly. Nick Coker stated the use of direct surveillance would be avoided as much as possible, so that was why the figures remained low and was testament to the other investigative methods used.

Councillor Rigby asked what the alternatives were of the less non-intrusive methods being used to which Nick Coker stated a lot of investigations could be resolved without the use of direct surveillance, a lot of economic crime, insider threats and housing fraud cases could be resolved by reviewing council records, records held by external agencies and partners, speaking to individuals involved and avoiding the need to utilise legislation such as RIPA.

Councillor Carter referred to page 18, paragraph 3.1.4 of the agenda and questioned whether there was any reason for the drop of requests made to the National Anti-Fraud Network in 2021/22 when compared to 2020/21. Nick Coker stated that due to how some of that work was now undertaken had sat around the COVID pandemic and there had been a significant drop in the type of investigations that would normally have been conducted and by some of the restrictions that had been put in place by Government.

#### RESOLVED

Noted the statistical information relating to the use of RIPA for the period 1 April 2021 to 31 March 2022.

#### 5. Annual Review of Risk and Opportunity Management and the Policy, Strategy and Framework

The report presented provided members with details of how the Council's Risk and Opportunity Management arrangements compared against good practice, outlined the current activity, the proposals to maintain and improve the practice across the organisation and included the updated Policy, Strategy and Framework.

Councillor Raper referred to paragraph 2.4 of the report and asked for clarification on who would pose and respond to those questions to which Andy Owen stated this model was devised by CIPFA with about 39 questions with strands of various sections, CIPFA posed the questions, he would undertake the answers as part of a self-assessment against the model, the result would then be shared with the performance and director boards to which information

and further feedback from those areas, would in turn be put into the model and results would be produced. Andy Owen stated the last audit report had ran on a similar model and produced similar results.

Lisa Laybourn referred to paragraph 3.1 of the report, evaluation of results, and stated the results were positive but noted there had not been much progress between 2020 and 2021. She questioned whether there was an ambition to reach Level 5 and whether these were supported by actions over time and if so, were they being monitored. Andy Owen stated the council was doing well to maintain Level 4 and to reach Level 5 would take some resource on capacity and as the Risk Manager would take up a lot of his time, but work could be undertaken with the performance and director boards to make those improvements. Andy Owen agreed that a further review against the model could be undertaken to understand what more could be done to get to Level 5, probably not possibly to obtain this year but to put in a medium-term plan to get to that level.

## RESOLVED

- 1. That Standards and Audit Committee noted the results of the review, the current ROM activity and proposals to maintain and improved the practice across the organisation.
- 2. That Standards and Audit Committee noted and approved the updated ROM Policy, Strategy and Framework.

# 6. In Quarter 4 (2021- 22) Review of the Strategic / Corporate Risk and Opportunity Register

The report presented provided the Standards and Audit Committee with the key risks and opportunities identified by the review and the revised Strategic/ Corporate Risk and Opportunity Register.

Lisa Laybourn questioned whether the ratings had been based on impact to which Andy Owen referred Members to Appendix 3 of the report that outlined the current criteria for impact or likelihood on how the items were rated. A discussion took place on the risk scoring and concluded that the risk scoring in the report we're the revised residual risks after any appropriate controls had been applied.

#### RESOLVED

- 1. That the Standards and Audit Committee noted the items and details contained in the Dashboard (Appendix 1).
- 2. That the Standards and Audit Committee noted the 'In Focus' report (Appendix 2), which highlighted the higher priority items identified by the review.

### 7. Audit Progress Report for 2020/21 External Audit

The report presented detailed the progress of the audit for 2020/21 financial statements. It was noted that much of the audit field work had been substantially completed with most areas of the audit being progressed. However much of the audit work was pending a review by the audit manager and audit engagement lead. With the appointment of a new audit team member to undertake the day-to-day management of the audit and to oversee the review and completion of audit procedures, audit work would restart in July with the expectation it would be completed by the end of September and to be reported to this committee in October 2022. Thurrock's audit delay was in line with the national issue being raised by Government who were taking action to get the timeliness of local audit back on track.

Councillor Carter referred to paragraph 3.3, appointment of a new audit team member, of the report and questioned when that position had been filled to which Rachel Brittain stated they had started on Monday, 4 July.

Councillor Ononaji guestioned how much progress had been made since the last report in March 2022 to which Rachel Brittain stated no progress had been made as that key person had not been in post and this had been the first opportunity for someone to be made available to start this work. Councillor Ononaji highlighted the importance of the work to be undertaken and questioned whether the right tools and resources were in place to complete this work to which Rachel Brittain stated they were trying to recruit and fill vacancies in a more innovative way. Explained the audit market was a tough market at this time to recruit with lots of competition for each of their vacancies. They were looking at different solutions, looking at using overseas staff, had a centre of excellence which had been set up in South Africa but tended to be more junior grades. The position that needed to be replaced was a key senior member of the team and required public sector experience to be able to do a good job. Councillor Ononaji questioned when progress would be made to which Rachel Brittain stated she hoped to bring the audit completion report to the October committee, at that point the audit should be finished.

Charles Clarke referred to the recently closed consultation and that the audit could not be signed off without the completion or the final result, questioned whether the October date proposed was subject to that consultation to which Rachel Brittain confirmed that was vital before she could sign off, there may be some additional work, but confirmed to be able to do this within the timeline proposed. Charles Clarke questioned whether this would give the committee the guarantee that come October all 21 audits would be completed and would be looking at the next year's audit to which Rachel Brittain stated this would be achievable, unless any unexpected issues arose, to be finalised in that timeline.

Lisa Laybourn asked for some clarification on how the open consultation would impact the prior period to which Rachel Brittain stated the issues were with infrastructure assets, in the way they are accounted for and the fact that quite often those assets would be added to and then not written off. Therefore, there was a potentially issue on the balance sheet where both the asset and the depreciation would be overstated, but the net position would probably be right. Confirmed that the consultation had gone out therefore any changes made would apply retrospectively so that there were not any issues over comparatives.

Councillor Rigby referred to the objection to the financial statements and questioned whether this had delayed the work that was on going to which Rachel Brittain stated there would be additional work to be undertaken that would need to be carried out on the final accounts to address this objection but confirmed that this had not delayed the process.

Councillor Rigby questioned whether the staff crisis would be better managed going forward to which Rachel Brittain stated there were still vacancies within the team but were actively looking at different ways to recruit, there was a significant backlog that needed to be caught up on but was confident they had sufficient number of staff to get these completed.

#### RESOLVED

# That the Standards and Audit Committee noted the progress of the external auditors in completing the audit of 2020/21 financial statements.

#### 8. Ethical Standards Report

The report presented asked the committee to recommend to Council that the Local Government Association's (LGA) model Councillor Code of Conduct and the Social media policy for Members were adopted. The committee was asked to consider the LGA's Guidance on Member Code of Conduct Complaints Handling.

Councillor Snell referred to page 132, sanctions, of the report and questioned whether in the report there was a trigger point when a Member may have taken a step too far. Mathew Boulter stated the Monitoring Officer would be the gatekeeper for the complaints service and would need to attend this committee to ask members for advice and guidance regarding any sanctions as part of a member advisory group. The Monitoring Officer would make an assessment of any trigger and concluded that if a members behaviour needed some form of sanction it would need to come to that advisory group for investigation.

Councillor Ononaji questioned whether the Policy was here this evening for the committee to agree for it to be adopted to which Mathew Boulter stated the Local Government Association had issued a revised version of the policy with a few additions and amendments, these can be added to the council's latest edition to bring that in line with what the Local Government Association had suggested as a model code. Councillor Ononaji questioned whether this policy had been shared with all 49 members to which Matthew Boulter stated the Code of Conduct Report would be presented to Full Council in due course to be signed off. Councillor Carter thanked Matthew Boulter for the social media guidelines prepared and thanked him for the very good report.

Councillor Rigby referred to Sanctions in the report and that none of them had mentioned suspension of a councillor and this would only take place if a member committed a criminal offence would they then be disqualified. She asked for clarification that if a member broke the code of conduct, they would still be able to act as a councillor but not sit on any committees to which Matthew Boulter stated that was correct unless they broke the law and stated that political party discipline would kick in at some point if a member were to breach something significant. Also, an advisory group could look at what sanctions could be put in place for any such breach.

#### RESOLVED

- 1. The committee recommended to Full Council the adoption of the Local Government Association Model Councillor Code of Conduct as set out in Appendix 1.
- 2. The committee considered and recommended to Full Council the adoption of the Social Media policy for Members as set out in Appendix 2.
- 3. The committee considered the LGA's Guidance on Member Code of Conduct Complaints Handling and that the Monitoring Officer revises the Council's existing arrangements to reflect best practice.

#### 9. Complaints received under Members' Code of Conduct

The report presented set out details of complaints against Members of the council received during the municipal year 2021/22.

Councillor Snell questioned whether there had been an incidence when a complaint about a member was dealt with without that member ever finding out to which Matthew Boulter stated the complaints in the report where formal complaints which had been assessed against the seven Nolan principles. As Monitoring Officer, he received a lot of issues from people about relationships with councillor, with residents and officers and a lot of those would be dealt with before a member had been informed as these would have been assessed as a non-complaint or been resolved without the due process of the complaints system.

Charles Clarke referred to paragraph 2.4 of the report and questioned whether there was a different process with dealing with a complaint that had been received from another councillor and questioned how these would be assessed and reported back on. Matthew Boulter stated there would be no discouragement on member-on-member complaints but there would be an expectation that members would resolve issues or disagreements between themselves in a political way. Although if a member felt that another member had breached the Nolan principles, standards in public life, the monitoring officer would be fully supportive of them making a formal complaint which would be investigated in the same way as any other complaint would be dealt with.

Councillor Snell questioned whether any of the decisions discussed this evening would be any different under the new standards to which Matthew Boulter stated none of the complaints represented a serious breach of the code with nothing in the report that would have been dealt with differently.

Councillor Rigby questioned whether members would be informed of any complaints that had been raised again them, to which Matthew Boulter stated contact would be made with that resident, the complaints process explained to them and once they understood that process may decide not to pursue their complaints. Members would not be made aware of those complaints. Although for anything significant, behaviour or actions of a member would have to be addressed and that Member would be told.

Councillor Ononaji questioned how complaints from members of the public would be dealt when that resident had not fully understood the role of a member to which Matthew Boulter stated every complaint had to be made through a complaints form which was accessible to everyone online which would take the complainant through a number of stages which would clarify their complaint. They would need to provide evidence and provide information on how they would like the complaint to be resolved. There may be situations when residents decide this would not be the route to take but confirmed to members that every form completed would be investigated. As part of this process, residents may be informed there was no complaint to be had because the complaint had no substance.

#### RESOLVED

That the committee noted the outcomes on complaints received under the Members' Code of Conduct.

#### 10. Counter Fraud and Investigation Annual Report

The report presented to members outlined the performance of the team over the last year, 2021/22, as well as proposed the new Counter Fraud strategy and proactive work plan to tackle fraud for the council in 2022/23.

Councillor Carter referred to page 235 of the agenda, finances, and thanked the Counter Fraud Investigation team for their hard work and for the applaudable detection of more than £2.3 million of fraud from various sources whilst also recovering £1.9 million.

Councillor Raper also referred to page 235 of the agenda, referred to the secondment of staff and whether the partner contributions covered the on-site budget to which Nick Coker stated it would.

Councillor Ononaji referred to page 231, results and statistics, of the agenda and questioned why Housing was the highest in the crime type categories in the number of suspected fraud and active investigations. Nick Coker stated housing fraud had always been a big part of the council's investigations team, there had been factors over the period of the COVID pandemic with lockdowns, restrictions on visiting people in their homes and people isolating. Therefore, it had become difficult to detect, implement outstanding or normal investigation processes and to identify instances of house fraud such as subletting or abandonment. Councillor Ononaji asked what steps were being taken to reduce those housing fraud activities or possibly stop them from happening to which Nick Coker stated the team worked closely with officers from the housing department, provided training to officers, officers would be more visible within the social housing scene and by visiting tenants. Measures were in place to reduce the number of incidences of housing fraud and when such cases were uncovered the appropriate action would be taken. Councillor Ononaji questioned whether improvements could be made to manage this area to which Nick Coker stated it was a difficult area to manage given the way in which people lived their lives and every possible measure was being undertaken to reduce the number of incidences and to give those homes to families that genuinely needed them.

Lisa Laybourn also referred to page 231 of the agenda and to the total of open investigations being £1.7 million and asked for a brief explanation on how those figures were calculated, such as how many investigations were open, those being conducted and how far back some of the fraud went. Nick Coker stated that for some incidences such as housing it was quite difficult to quantify but other cases such as money laundering and social care revenues cases a more precise figure could be given. There were standard guidelines in relation to calculating fraud which were followed by the Counter Fraud Investigations and intelligence officers who were key to calculating many of the figures in the report.

Councillor Snell referred to the same tables on page 231, Insider Threats, and questioned what the prevalence of this was and whether this was diminishing over time to which Nick Coker stated this was not hugely prevalent in the council and although he did not have the exact figures to hand this maybe something the committee might like to revisit and bring to committee at another time.

Charles Clarke referred to page 231, Insider Threats, and asked for some clarification on the number of reported suspected frauds compared to the active investigation figures to which Nick Coker stated that figure could change during the course of an investigation and would need to look at the specifies of each investigation to identify what may have changed that figure or what the process of investigation had been to have amended or changed that figure.

Charles Clarke noted the work undertaken with other councils, NATIS and Cabinet Office and questioned was this something that benefitted the council directly through grants or had this been consultancy work. Nick Coker stated the team had a very unique skill set in relation to the investigation of economic crime which was sought after to assist not only with the council's investigations but offered their services elsewhere which in turn benefitted the council and the residents of Thurrock.

Councillor Rigby stated that during the pandemic there were fewer referrals and questioned whether the number of referrals had started to increase to which Nick Coker stated that things had started to return to normal with the number of referrals picking up and engagement with the council and that engagement between council officers and members of the public had also increased.

Councillor Rigby questioned whether there was any comparison with other boroughs on the number and type of fraudulent claims to which Nick Coker stated that across the national picture there had been parts of the country that had been more affected than Thurrock against similar schemes and business support grants. That fortunately Thurrock had been in a unique position with officers taking a lead on the investigation of such offences.

#### RESOLVED

- 1. The Committee noted the performance of the Counter Fraud & Investigation team over the last year.
- 2. The Committee approved the Counter Fraud & Investigation strategy and work programme for 2022/23.

#### 11. Work Programme

Members discussed the work programme and raised the concern on the number of items on the next committee meeting. Democratic Services agreed to take this away and discuss with Officers.

#### The meeting finished at 8.20 pm

Approved as a true and correct record

#### CHAIR

#### DATE

Any queries regarding these Minutes, please contact Democratic Services at <u>Direct.Democracy@thurrock.gov.uk</u> This page is intentionally left blank

# 20 October 2022

ITEM: 5

# **Standards and Audit Committee**

# Annual Complaints & Enquiries Report – 2021/2022

| Wards and communities affected: | Key Decision: |
|---------------------------------|---------------|
| All                             | Non-key       |
|                                 |               |

**Report of:** Lee Henley - Strategic Lead Information Management

Accountable Director: Jackie Hinchliffe – Director of HR, OD & Transformation

This report is: Public

#### Executive Summary

- The number of complaints received for the reporting period is 1562. For the same period last year, the figure was 1227, therefore the reporting period represents an increase in complaints received.
- Details of the top 10 complaint areas are detailed within Appendix 1.
- A summary for Adult Social Care complaints is attached as Appendix 2.
- A summary for Children Social Care complaints is attached as Appendix 3.
- During the reporting period, 39% of complaints were upheld. This is an increase compared to the same period last year, which identified 33% of complaints as upheld.
- For the reporting period, 87% of complaints were responded to within timeframe. This is below the 90% target and represents a slight dip in performance from last year, where 88% were responded to within timeframe.
- A total of 286 MP enquiries were received, of which 82% were responded to within timeframe. This represents a dip in performance compared to last year's figures of 84% within timeframe from 374 received.
- A total of 4336 member enquiries were received, with 94% responded to within timeframe. Last year the council received 3948 enquiries with 95% responded to within timeframe. The average time taken to respond to members enquiries across all Directorates was 4 days.
- Member enquiries continue to increase in volume, requiring significant capacity and resources across the council. The cost of processing Member Enquiries

across our service areas is estimated at £215k each year. Members have a key role in promoting the council's Digital by Design principle and using digital channels, highlighting where improvements are needed and using Member Enquiries as an escalation where normal process has failed.

- The council received 1565 external compliments within the reporting period compared to 1545 during last year.
- The Housing Ombudsman (HO) asks all Landlords to complete and publish a self-assessment of their compliance with the HO Complaints Handling Code. The council's self-assessment has been published and is attached as Appendix 4.
- Due to a change in complaints process, the percentage of complaints escalating onto Stage 2 has reduced.

#### 1. Recommendation

1.1 To note the statistics and performance for the reporting period.

#### 2. Introduction and Background

- 2.1 This report sets out the council's complaints statistics for 2021/22.
- 2.2 Adult Social Care (ASC) and Children's Social Care (CSC) have separate statutory complaints procedures.
- 2.3 Top 10 complaint themes have been produced and are attached as Appendix 1. The Corporate Complaints Team work with services to establish the root cause for complaints received, to identify reasons for complaint escalation and to establish the reasons why complaints are upheld.

#### 2.4 **Ombudsman Enquiries and/or compensation payments**

Below provides a summary of:

- Enquiries where the Local Government and Social Care Ombudsman (LGSCO) and/or the Housing Ombudsman (HO) have reached a final decision on cases within the reporting period
- Other payments made as a form of complaint resolution

| Area              | Issue Nature                               | Ombudsman<br>Findings                 | Financial<br>Remedy | Learning<br>where<br>relevant            | Did the<br>council<br>respond to<br>the LGSCO<br>or HO<br>timeframes |
|-------------------|--|---------------------------------------|---------------------|--|--|
| Housing - Repairs | Complaint in<br>relation to<br>handling of | Finding of fault /<br>Service failure | £250                | No specific<br>learning, as<br>the LGSCO | Yes  |

| Housing -<br>Allocations                           | drainage issues<br>at a property<br>Complaint in<br>relation to<br>resident being<br>offered a<br>property away<br>from their family  | Insufficient<br>evidence of fault     | N/A  | finding was<br>disputed by<br>the council due<br>to the<br>complexities of<br>this case<br>N/A (no fault)             | Yes |
|--|---|---------------------------------------|------|---|-----|
|  | who provides support  |                                       |      |   |     |
| Resourcing &<br>Place Delivery –<br>Business Rates | Complaint<br>regarding<br>handling of<br>application for<br>small business<br>grant fund  | Finding of fault /<br>Service failure | £200 | The grant<br>payment that<br>should have<br>been provided<br>under the<br>grant fund was<br>issued.                   | Yes |
|  |   |                                       |      | There was no<br>associated<br>learning in this<br>case, as the<br>council<br>disputed the<br>findings of the<br>LGSCO |     |
| Housing -<br>Allocations                           | Complaint<br>regarding<br>handling of<br>request to be<br>reallocated   | Insufficient<br>evidence of fault     | N/A  | N/A (due to<br>insufficient<br>evidence of<br>fault)  | Yes |
| Housing- Anti-<br>Social Behaviour                 | Complaint<br>regarding<br>handling of ASB<br>reports  | No<br>maladministration               | N/A  | N/A (no fault)  | Yes |
| HR, OD &<br>Transformation -<br>Complaints Team    | The council<br>failed to<br>respond to the<br>resident's initial<br>escalation<br>request and<br>provided<br>incorrect advice<br>when she<br>chased her<br>escalation<br>request, which<br>caused | Finding of fault /<br>Service failure | £150 | Training<br>session carried<br>out in the<br>complaints<br>team to cover<br>off identifying<br>complaints.            | Yes |

|  | confusion and delays   |                                       |     |  |     |
|--|--|---------------------------------------|-----|--|-----|
| Housing -Repairs                         | Complaint<br>regarding<br>quality of repairs<br>and time taken<br>to complete                      | No<br>maladministration               | N/A | N/A (no fault)   | Yes |
| Housing -<br>Allocations                 | Complaint<br>regarding<br>delays in<br>moving a<br>resident to a<br>higher banding                 | Finding of fault /<br>Service failure | N/A | Staff training<br>completed on<br>managing<br>generic<br>inboxes for<br>Housing<br>Solutions, to<br>ensure that<br>any emails<br>from residents<br>are being read<br>and responded<br>to in full   | Yes |
| Public Realm –<br>Development<br>Control | Complaint<br>regarding<br>delays in acting<br>to enforce the<br>protection of a<br>listed building | Finding of fault /<br>Service failure | N/A | Processes<br>changed to<br>ensure that<br>detailed case<br>notes and<br>actions for any<br>historic assets<br>are recorded<br>on the<br>council's<br>system. This<br>will ensure<br>new officers<br>have easy<br>access to all<br>documentationTo ensure that<br>services work<br>closely with<br>Place Services<br>(Essex County<br>Council), to<br>obtain any<br>necessary<br>advice on<br>heritage at risk<br>properties,<br>which will<br>ensure the<br>required action<br>is undertaken | Yes |

| Public Realm –                     | Complaint that   | Insufficient                          | N/A  | N/A (due to  | Yes |
|------------------------------------|--|---------------------------------------|------|--|-----|
| Transport<br>Development           | measures have<br>not been taken<br>to deal with<br>HGVs using<br>residential roads   | evidence of fault                     |      | insufficient<br>evidence of<br>fault)  |     |
| Housing - Repairs                  | Complaint<br>regarding<br>handling of<br>mould issues<br>and a request to<br>replace a<br>kitchen within<br>the property   | No<br>Maladministration               | N/A  | N/A (No Fault)   | Yes |
| Public Realm –<br>Waste Collection | Complaint<br>regarding<br>missed brown<br>bin collections  | Insufficient<br>evidence of fault     | N/A  | N/A (due to<br>insufficient<br>evidence of<br>fault)   | Yes |
| Adult Social Care                  | Complaint that<br>the Care Home<br>failed to allow<br>the complainant<br>to see their<br>mother who was<br>in the Home's<br>care due to<br>COVID<br>restrictions | Finding of fault /<br>Service failure | £200 | To review the<br>visitors<br>booking<br>system to<br>ensure double<br>bookings are<br>identified to<br>avoid any<br>visits being<br>cancelled  | Yes |
| Adult Social Care                  | Complaint that<br>the council did<br>not provide<br>details of a<br>safeguarding<br>referral and that<br>restrictions were<br>not clearly<br>communicated        | Finding of fault /<br>Service failure | N/A  | Ensure that<br>when<br>managing any<br>Safeguarding<br>enquiries<br>going forward,<br>the reasons for<br>any restrictions<br>imposed<br>through a<br>safeguarding<br>management<br>plan should be<br>clearly<br>recorded.<br>These<br>restrictions<br>must also be<br>discussed and<br>agreed with<br>the person at<br>risk, where<br>appropriate,<br>and their views<br>should be | Yes |

|                                    |  |                                       |      | clearly<br>recorded   |     |
|------------------------------------|--|---------------------------------------|------|---|-----|
| Public Realm –<br>Waste Collection | Missed<br>collection of<br>recycling bin   | No<br>Maladministration               | N/A  | N/A (No Fault)  | Yes |
| Public Realm –<br>Waste Collection | Missed<br>collection of<br>general waste<br>and recycling<br>bin   | Finding of fault /<br>Service failure | £100 | Ensure that<br>when<br>monitoring is<br>implemented<br>for waste<br>collections, a<br>record<br>evidencing this<br>is saved for<br>future<br>reference  | Yes |
| Public Realm –<br>Waste Collection | Complaint<br>regarding lack<br>of waste<br>collection for the<br>assisted waste<br>collection<br>service | Finding of fault /<br>Service failure | £650 | The process<br>for recording<br>missed<br>collections for<br>the assisted<br>waste<br>collection<br>service has<br>been made to<br>clear to<br>relevant staff   | Yes |
| Housing -<br>Allocations           | Complaint<br>regarding<br>handling of a<br>request to be<br>rehoused                                     | Finding of fault /<br>Service failure | N/A  | Fault was due<br>to discretion<br>not being<br>applied. As a<br>result, training<br>has taken<br>place in the<br>team to ensure<br>that Officers<br>seek further<br>advice on<br>applying<br>discretion,<br>either via<br>referring to the<br>Allocations<br>Policy and/or<br>by speaking to<br>a Senior<br>Officer | Yes |
| Public Realm –<br>Waste Collection | Complaint<br>regarding the<br>council<br>repeatedly<br>failing to provide                                | Finding of fault /<br>Service failure | £500 | Resident's<br>assisted<br>collection<br>agreement<br>reviewed to<br>ensure  | Yes |

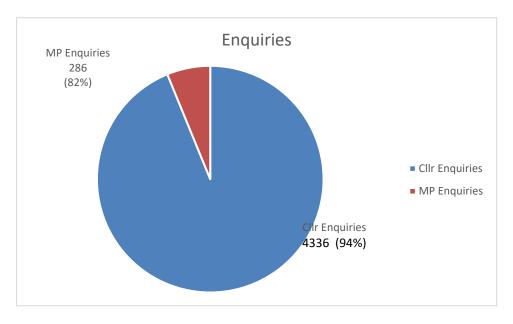
|                                 | agreed assisted<br>bin collections  |   |      | instructions<br>are clear<br>Assisted<br>collections to<br>be monitored<br>for two months<br>following the<br>final<br>Ombudsman<br>decision                              |     |
|---------------------------------|---|---|------|---|-----|
| Housing – Tenancy<br>Management | Complaint<br>regarding<br>landlord's<br>management of<br>their request to<br>reassign their<br>tenancy<br>agreement after<br>separation from<br>partner | Finding of fault /<br>Service failure     | £150 | Officers to<br>ensure that<br>case records<br>are updated<br>after each<br>contact/attemp<br>ted contact, to<br>ensure audit<br>trail exists and<br>delays are<br>avoided | Yes |
| Housing –<br>Leaseholders       | The complaint<br>concerns the<br>cost of<br>improvement<br>works carried<br>out at the<br>resident's<br>property  | Outside of<br>Ombudsman's<br>Jurisdiction | N/A  | N/A   | Yes |
| Housing – Repairs               | The complaint is<br>about the<br>landlord's<br>handling of<br>reports of damp<br>and mould<br>within the<br>property.                                   | Outside of<br>Ombudsman's<br>Jurisdiction | N/A  | N/A   | Yes |
| Housing - Repairs               | The complaint is<br>about the<br>landlord's<br>handling of:<br>reports of<br>repairs to the<br>door and<br>behaviour of<br>staff                        | Outside of<br>Ombudsman's<br>Jurisdiction | N/A  | N/A   | Yes |

## Other payments made:

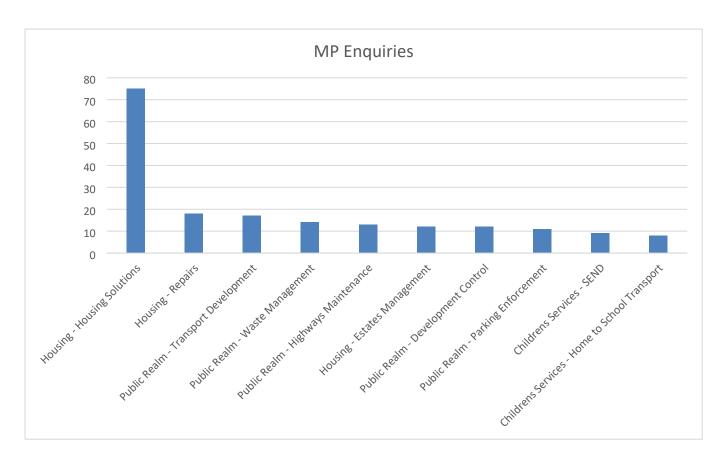
In addition to the table above, £1157 was paid by the council as a form of complaint resolution across 10 Stage 2 complaints.

### 2.5 MP and Members Enquiries

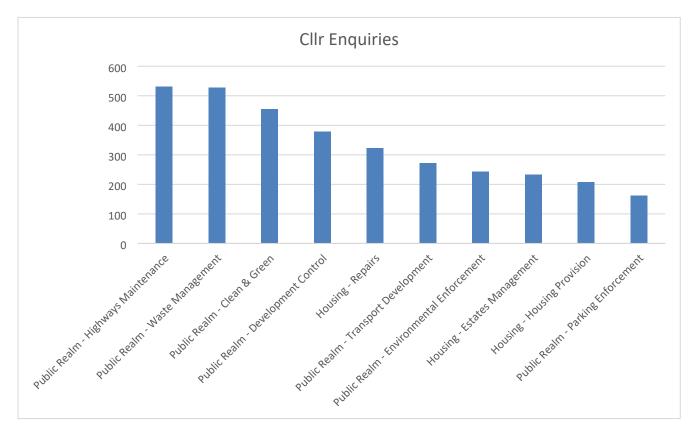
- 2.5.1 During the reporting period enquiries were received as follows:
  - 4336 member enquiries were received, with 94% responded to within timeframe. The average time taken to respond to members enquiries across all Directorates was 4 days.



- A total of 286 MP enquiries were received, of which 82% were responded to within the timeframe.
- 2.5.2 MP enquiry trends and common themes are outlined below:



## 2.5.3 Councillor enquiry trends and common themes are outlined below:



# 2.6 Learning lessons from complaints

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 shows the top 10 complaint themes and a summary of high-level learning from upheld complaints which has been identified for each area.

#### 2.7 Social Care Complaints & Representations

Appendix 2 provides a summary dashboard for Adult Social Care.

Appendix 3 provides a summary dashboard for Children's Social Care.

#### 2.8 **Complaint channels**

There are various means for complainants to register expressions of dissatisfaction. The top themes for the reporting period are shown below:

| Digital channel (email, social media, | 90% |
|---------------------------------------|-----|
| website)                              |     |
| Telephone                             | 5%  |
| Complaints Form                       | 2%  |
| Letter                                | 2%  |
| In Person                             | 1%  |

#### 2.9 **Compliments**

The council received 1565 external compliments within the reporting period compared to 1545 from last year. A breakdown is shown below:

**Note** – The high volume shown for Strategy, Engagement & Growth are in the main due to compliments received via our contact centre call handling satisfaction surveys.

| Area                          | Volume |
|-------------------------------|--------|
| Strategy, Engagement & Growth | 1213   |
| Housing                       | 101    |
| Public Realm                  | 100    |
| Adult Social Care             | 99     |
| Children Social Care          | 25     |
| Education                     | 25     |
| HR, OD & Transformation       | 2      |
| Total                         | 1565   |

#### 2.10 **Complaints that fall within the Housing Ombudsman Jurisdiction**

The Housing Ombudsman (HO) have produced a Complaints Handling Code that the council must comply with. A self-assessment of this code has been undertaken (see Appendix 4) and this is published on the council's website.

#### 2.11 Complaints Process

From 1 April 2021 the council:

- Moved to a two-stage complaints process for all complaints (excluding Adult and Children Social Care Complaints). Prior to this a three-stage process was in place
- Increased its timeframes to respond to Stage 1 complaints from 7 working days to 10 working days

The primary reason for the above change was to improve the customer experience in relation to complaints, by improving the quality of Stage 1 complaint responses and therefore reducing the number of escalations (getting it right first time).

The figures below show that the change to process was effective, as the percentage of complaints that escalated to Stage 2 has reduced.

- 2020/21 14% of Stage 1 responses escalated to Stage 2
- 2021/22 11% of Stage 1 responses escalated to Stage 2

#### 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 Digital and Demand Board and Director's 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: Jonathan Wilson Assistant Director Finance

The financial implications are set out in the body of the report.

#### 7.2 Legal

Implications verified by: Gina Clarke - Corporate Governance Lawyer & Deputy Monitoring Officer

Given that this is an update report for noting there are no legal implications directly arising from it. The following points should be noted by way of background information:

• 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 Smith - Strategic Lead Community Development and Equalities

The Information Management Team will ensure that the Community Development and Equalities Manager is made aware of all complaints that have an equality related expression of dissatisfaction.

7.4 **Other implications (where significant)** – i.e., Staff, Health Inequalities, Sustainability, Crime and Disorder or Impact on Looked After Children

None

## 8 Background papers used in preparing the report

Information has been obtained from the council's complaints system.

## 9. Appendices to the report

- Appendix 1 Top 10 complaint themes
- Appendix 2 Adult Social Care complaint dashboard
- Appendix 3 Children Social Care complaint dashboard
- Appendix 4 Self Assessment Housing Ombudsman Complaints Handling Code

## Report Author:

Lee Henley Strategic Lead Information Management This page is intentionally left blank

# Appendix 1

#### High-level summary:

## 2021/22 – Annual Complaints Report

#### **Top Ten Complaints Areas**

The areas receiving the highest number of complaints are outlined below together with the individual learning for each area. Figures in brackets below represent 2020/21 data.

| Directorate & Area                    | S1<br>rec'd  | %<br>upheld  | S1<br>escalated | S2<br>rec'd | %<br>upheld  | % of S2<br>upheld, that<br>were not<br>upheld at S1 | S2<br>escalated | S3<br>rec'd | %<br>upheld   | % of S3<br>upheld,<br>that were<br>not<br>upheld at<br>S2 |
|---------------------------------------|--------------|--------------|-----------------|-------------|--------------|---|-----------------|-------------|---------------|---|
| Public Realm -<br>Waste<br>Management | 391<br>(151) | 55%<br>(58%) | 43<br>(28)      | 43<br>(54)  | 37%<br>(63%) | 19%<br>(26%)  | 2<br>(3)        | 2<br>(3)    | 100%<br>(67%) | 0%<br>(0%)  |
| Housing –Repairs                      | 218          | 47%          | 21              | 21          | 5%           | 100%  | 0               | 0           | 0%            | 0%  |
|                                       | (194)        | (39%)        | (24)            | (26)        | (31%)        | (38%)   | (3)             | (3)         | (0%)          | (0%)  |
| Housing – Estates                     | 94           | 22%          | 18              | 18          | 28%          | 40%   | 0               | 0           | 0%            | 0%  |
| Management                            | (80)         | (14%)        | (16)            | (30)        | (20%)        | (33%)   | (2)             | (2)         | (0%)          | (0%)  |

| Housing – Housing<br>Solutions                 | 81<br>(75)              | 17%<br><mark>(21%)</mark> | 15<br>(8) | 15<br>(18) | 20%<br>(28%) | 33%<br>(0%)  | 0<br>(3) | 0<br>(3) | 0%<br>(0%)  | 0%<br>(0%)   |
|--|-------------------------|---------------------------|-----------|------------|--------------|--------------|----------|----------|-------------|--------------|
| Public Realm–<br>Clean & Green                 | 71<br>(27)              | 38%<br>(30%)              | 7<br>(2)  | 7<br>(10)  | 43%<br>(30%) | 0%<br>(0%)   | 0<br>(2) | 0<br>(2) | 0%<br>(0%)  | 0%<br>(0%)   |
| Public Realm–<br>Development<br>Control        | 55<br><mark>(35)</mark> | 22%<br>(9%)               | 10<br>(9) | 10<br>(11) | 20%<br>(0%)  | 100%<br>(0%) | 0<br>(3) | 0<br>(3) | 0%<br>(67%) | 0%<br>(100%) |
| Resources &<br>Place Delivery –<br>Council Tax | 57<br>(30)              | 32%<br>(20%)              | 3<br>(3)  | 3<br>(5)   | 67%<br>(20%) | 0%<br>(0%)   | 0<br>(0) | 0<br>(0) | 0%<br>(0%)  | 0%<br>(0%)   |
| Public Realm -<br>Highways<br>Maintenance      | 29<br>(15)              | 34%<br>(33%)              | 3<br>(2)  | 3<br>(6)   | 0%<br>(50%)  | 0%<br>(10%)  | 0<br>(0) | 0<br>(0) | 0%<br>(0)   | 0%<br>(0)    |
| Public Realm –<br>Parking<br>Enforcement       | 30<br>(11)              | 13%<br>(18%)              | 0<br>(2)  | 0<br>(15)  | 0%<br>(13%)  | 0%<br>(0%)   | 0<br>(0) | 0<br>(0) | 0%<br>(0%)  | 0%<br>(0%)   |
| Housing –<br>Transforming<br>Homes             | 25<br>(21)              | 32%<br>(38%)              | 3<br>(0)  | 3<br>(0)   | 0%<br>(0%)   | 0%<br>(0%)   | 0<br>(0) | 0<br>(0) | 0%<br>(0%)  | 0%<br>(0%)   |

# High Level Learning for Top 10 Areas:

| Directorate and Area           | High Level learning identified from complaints   |
|--------------------------------|--|
| Public Realm -Waste Management | <ul> <li>In the event of a missed waste collection the attending crew will be issued with clear written instructions to ensure that they are aware of expected standard of service. This will also be monitored through one-to-one meetings between crew members and Supervisors</li> <li>Introduction of a monitoring system, to ensure that when a non-collection occurs, the relevant address is then flagged to collection crews, to ensure bins are collected the following week</li> <li>Crews reminded of importance of ensuring that any spillages or waste dropped during collection must also be collected and not left behind</li> <li>To review the process for capturing missed bin service requests and/or complaints</li> </ul> |
| Housing –Repairs               | <ul> <li>Mears have reviewed training requirements for their electricians, with a view to them all having basic knowledge around plumbing repairs relating to showers, which will further assist in Mears being able to achieve a first time fix for repairs</li> <li>Mears staff have been reminded of ensuring that works orders that require approval are to be sent to Thurrock Council within a 72-hour timeframe to avoid unnecessary delays. This has also recently been implemented as part of a process review with the council. Residents are also to be kept updated if delays do occur</li> </ul>  |

|                              | <ul> <li>All Aaron Services engineers have been reminded that where they are running late on earlier appointments and cannot attend a scheduled appointment, this is to be relayed to the office. This in turn will allow for the resident to be contacted as soon as possible and kept updated.</li> <li>All staff managing the repairs mailbox have been reminded of the process of responding and progressing of works required within 48 hours</li> <li>Mears operatives have been reminded of the importance of ensuring detailed notes are included within reports to ensure that there are no oversights when further progressing any required works</li> </ul> |
|------------------------------|--|
| Housing – Estates Management | <ul> <li>To improve communication between teams, weekly meetings between the Central Voids Team and Tenancy Management have been implemented</li> <li>Ensure that any correspondence relating to ASB cases is sent from the ASB generic inbox and that this is the email provided to residents to ensure there are no delays in responding to queries in the event of staff absence</li> <li>Training has been provided to all Tenancy Management staff to ensure that all details of any tenancy changes in their areas are provided during staff handovers</li> </ul>  |
| Housing – Housing Solutions  | <ul> <li>Temporary Accommodation officers reminded to ensure that they thoroughly review properties to ensure the property meets the expected standard before a resident is placed into the accommodation</li> <li>Staff to ensure that when providing information to residents or to other members of the council, any emails</li> </ul>  |

|                                   | <ul> <li>sent are via the generic inbox. This will ensure that any correspondence and the information provided in responses can be more easily tracked to ensure enquiries are being dealt with correctly</li> <li>A new process has been implemented to ensure that in the event an officer leaving the council, their cases are distributed amongst the team</li> <li>Staff reminded to ensure that all queries received via the housing.reg mailbox are answered directly by a member of the team. In the event that an enquiry is passed to another service for specialist advice, they must also clearly request that a response is provided to the resident to ensure effective communication</li> </ul> |
|-----------------------------------|--|
| Public Realm– Clean & Green       | <ul> <li>The Contact Centre have been provided with the staffing details of the Tree Team, to allow for contact to be made in the event of any staff absence</li> <li>Members of staff within the Tree team have been reminded of the importance of ensuring that correspondence from residents is responded to in a timely manner. Staff also reminded to ensure that if responding via email then the response must include all of the relevant information</li> <li>All staff reminded of importance of ensuring that when cutting larger areas, the grass must be cut closely around walls and obstacles and that areas must be left tidy after grass cutting works are completed</li> </ul>               |
| Public Realm– Development Control | <ul> <li>Additional training on planning application consultation platform has been provided to the team to ensure they are fully aware of how the platform works and are able to ensure that consultations are created correctly</li> <li>Updates on any enforcement cases are to be provided to the relevant residents more regularly.</li> </ul>  |

|  | <ul> <li>Measures implemented to ensure Enforcement Notices<br/>are correctly registered against a property.</li> </ul>   |
|--|---|
| Resources & Place Delivery – Council Tax | <ul> <li>Officers reminded of the importance of ensuring that any correspondence for another service is sent to the correct service to avoid any potential delays in collating the necessary information to respond.</li> <li>The automated message on Council Tax emails, have been amended to reflect the correct expected response timeframes</li> <li>Officers reminded that in any correspondence with residents they must use clear and plain English to ensure that residents will understand the advice or information being provided in any response.</li> </ul> |
| Public Realm - Highways Maintenance      | <ul> <li>'Report It' system updated to provide more information to assist with managing resident expectations regarding timeframes</li> <li>Staff reminded of the importance of ensuring that any potential delays in processing a dropped kerb application are communicated to the resident as early as possible and that the reason for the delay is explained clearly</li> </ul>   |
| Public Realm – Parking Enforcement       | <ul> <li>Refresher training has been provided to all officers who are responsible for or support service request responses, to ensure a quality response is provided back to residents</li> <li>The back-office processing team will now take responsibility for ensuring initial responses and follow up responses are sent direct to the resident and will include</li> </ul>   |

|                              | information on expected actions and outcomes in their responses  |
|------------------------------|--|
| Housing – Transforming Homes | <ul> <li>Wates contractors reminded that in instances where they are unable to access a site and are unsuccessful in speaking with the resident, they are required to contact the council to seek advice on how to proceed with the access issues</li> <li>Ensure that any response to communications from a resident, addresses all concerns raised and is presented in a way that the response will be understood by the recipient</li> <li>Deactivation of the voicemail service that had remained active on the previous direct line. This was because the direct line had been disconnected so the team did not have direct access to listen to any voicemails from residents in a timely manner. Any calls are now dealt with via contact slips</li> </ul> |

# Page 35

# High Level Learning for other Housing Areas that fall within the Housing Ombudsman Jurisdiction:

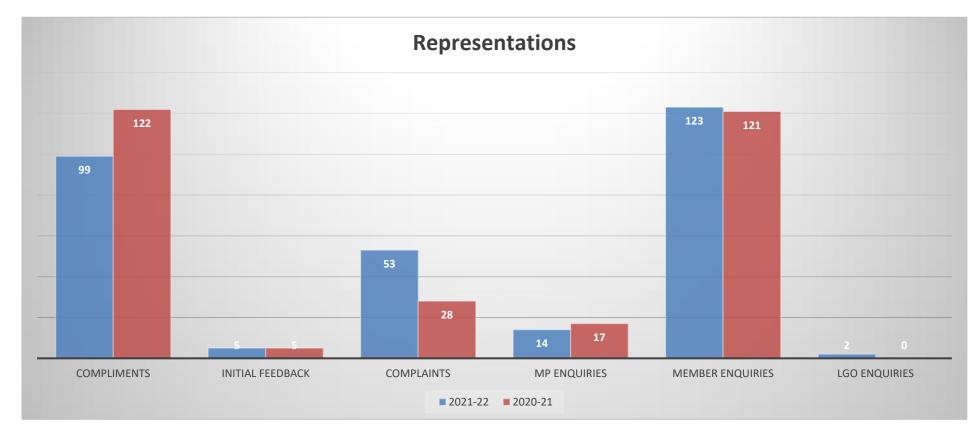
**Note –** It is a Housing Ombudsman requirement to report learning outcomes that fall within the Housing Ombudsman jurisdiction.

| Area  | High Level learning identified from complaints  |  |
|-------|---|--|
| Rents | <ul> <li>Additional training provided to staff on insolvency<br/>procedures to ensure all staff are aware of the correct<br/>processes</li> </ul> |  |

| Voids             | <ul> <li>All staff have been reminded of the importance of ensuring that full and thorough checks of a property are carried out, as a part of the handover process</li> <li>All Repairs relating to newly acquired properties will sent to the Central Voids Team in the first instance, in order to prevent any potential delays</li> <li>Processes relating to recharge invoices have been reviewed to ensure that any invoices that are generated include a detailed description of the works completed</li> </ul> |
|-------------------|---|
| Leaseholding      | <ul> <li>A policy will be produced to address the criteria for<br/>housing land disposals. This will help to ensure that the<br/>council deal with any enquiries in a consistent manner</li> </ul>  |
| Sheltered Housing | <ul> <li>No upheld complaints in this reporting period</li> </ul>   |

# 1.Volume of Representations 2021/22 vs 2020/21

Below is a comparison of representations received for both years. During **2021/22**, **296** representations were received, compared with **293** for **2020/21**.



# 2.Complaints - 2021/22 vs 2020/21

Below is the comparison between the two years broken down into more specific detail including those complaints involving both internal and external providers.

| Feedback:  | Initial<br>Feedback | Low<br>Intervention | Medium<br>Intervention | High<br>Intervention | No.<br>withdrawn<br>/ Cancelled | Total to be<br>investigated | Cases<br>closed<br>in<br>period* | % of<br>complaints<br>upheld in<br>period | %<br>timeliness<br>of response<br>for those<br>due in<br>period |
|------------|---------------------|---------------------|------------------------|----------------------|---------------------------------|-----------------------------|----------------------------------|---|---|
| 2021/22    | 5                   | 53                  | 0                      | 0                    | 1                               | 52                          | 44                               | 66%                                       | 84%   |
| 2020/21    | 5                   | 27                  | 1                      | 0                    | 0                               | 28                          | 28                               | 57%                                       | 81%   |
| Difference | 0                   | +26                 | -1                     | 0                    | +1                              | +24                         | +16                              | +9%                                       | +3%   |

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# For 2021/22:

- 53 complaints were received in the reporting period. Of these 53 received 1 was cancelled. These are shown within section 4 (pages 14-15)
- 45 complaints were due a response in this period. 38 of 45 (84%) were responded to within timeframe.
- 44 complaints were responded to within this period. These are shown in section 5 (pages 16-17).
- 29 of 44 complaints responded to (66%) were upheld. These are shown in section 5 (pages 16-17) and the learning is detailed within section 3 (pages 3-13).

3.Learning from upheld complaints:

| Root cause analysis and<br>learning from upheld<br>complaints: | Root Cause 1 and associated learning   | Root Cause 2 and associated learning                                 | Root Cause 3 and associated learning  |
|--|--|--|---|
|  | Quality of Care  | Potential Safety Concerns  | Communication   |
| Learning   | Complaint 2:   | Complaint 7  | Complaint 1:  |
|  | Complaint that the care worker is<br>not following care plan.  | Complaint that the care worker<br>left bedroom lights, hob and the   | The family was not immediately<br>informed about the service user   |
|  | Examples provided were not<br>making the bed or not closing the  | fan on (Guardian Care).  | being unwell (Leatherland<br>Lodge).  |
|  | curtains (Thurrock Care at Home).  | Learning:<br>Care staff reminded to ensure                           | Learning:   |
|  | Learning:  | that prior to leaving the property,<br>they must check everything is | Change of procedure to ensure that in the event of any sickness,  |
|  | Care plan updated to ensure that specified requests are clear to all   | turned off and that the service user is happy.                       | the family is informed with immediate effect and that this is   |
|  | care workers.  | Complaint 11:  | documented and recorded.  |
|  | Complaint 3:   | After showering, the showerhead                                      | Complaint 9:  |
|  | Concerns that the care worker<br>had not followed the care plan,<br>as the service user's washing<br>had not been undertaken<br>(Leatherland Lodge). | fell and hit the service user on their arm (Collins House).          | Concern raised by the service<br>user's daughter that there has<br>been a breakdown in<br>communication, and she is not<br>provided with updates regarding<br>her mother's care (Hospital |
|  | Learning:  |  | Team).  |
|  | To ensure that new staff are fully<br>aware of any care plans that are<br>in place for a service user.   |  |   |

| Root cause analysis and learning from upheld complaints: | Root Cause 1 and associated learning   | Root Cause 2 and associated learning  | Root Cause 3 and associated learning  |
|--|--|---|---|
|  | Quality of Care  | Potential Safety Concerns   | Communication   |
|  | Complaint 4:   | Learning:   | Learning:   |
|  | <ul> <li>Complaint regarding:</li> <li>No Activities Coordinator<br/>in post</li> <li>Food served cold (Willow<br/>Lodge Care)</li> </ul>  | • The member of staff was advised to be more careful when placing the showerhead back into its holder and to ensure it is secure. | Staff have been spoken to and<br>reminded of the importance of<br>ensuring that family members are<br>kept updated on any changes to<br>care plans.                             |
|  | Activities Coordinator   | <ul> <li>An incident report was<br/>completed and forwarded<br/>to Health &amp; Safety</li> </ul>                                 | Complaint 12:   |
|  | <ul> <li>post will be advertised</li> <li>Staff reminded to ensure<br/>that plates are warm prior<br/>to serving</li> <li>The temperature of food<br/>will be spot checked by</li> </ul> | <ul> <li>The incident report has<br/>been placed on both the<br/>service user's and<br/>member of staff's file</li> </ul>         | Complaint that the care worker's<br>call time was too early, and the<br>service user was concerned their<br>appointment had been missed as<br>a result (Collins House).         |
|  | the manager of the service   |   | <ul> <li>Learning:</li> <li>Carer was asked to return</li> </ul>  |
|  | Complaint 5:   |   | to complete the call later<br>that day  |
|  | Concern that the service user's<br>call times are inconsistent and<br>are sometimes after the agreed<br>time of 9am (Thurrock Care at<br>Home).  |   | • Ensure that in the event<br>of any changes to AM call<br>times, the care<br>coordinators will ring the<br>service user to ensure<br>that they are made aware<br>of the change |

| Root cause analysis and<br>learning from upheld<br>complaints: | Root Cause 1 and associated learning   | Root Cause 2 and associated learning | Root Cause 3 and associated learning   |
|--|--|--------------------------------------|--|
|  | Quality of Care  | Potential Safety Concerns            | Communication  |
|  | Learning:  |                                      | Complaint 14:  |
|  | An alert has been placed on the service user's care plan, to ensure all calls take place prior to 9am.<br>Complaint 6: |                                      | The daughter of a service user<br>complained that her father had a<br>black eye and that she had not<br>been informed. Checks by a GP<br>confirmed that it was not a black<br>eye, but instead an infection.<br>(Leatherland Lodge). |
|  | The service user had requested<br>no male carers, however male<br>carers were allocated                                |                                      | Learning:  |
|  | (Homecare).  |                                      | Training provided to staff to ensure that families are informed  |
|  | <b>Learning:</b><br>Going forward, if any client is<br>unable to accept a carer of a                                   |                                      | of sickness or wellbeing matters in a timely manner.   |
|  | certain gender, this must be<br>communicated to all staff and/or   |                                      | Complaint 16:  |
|  | individuals involved.  |                                      | Complaint that a service user had received an injury that had  |
|  | Complaint 8:   |                                      | not been reported by a social worker (Homecare).   |
|  | Complaint regarding a service<br>user not being provided with their  |                                      | Learning:  |
|  | medication (Homecare).   |                                      | Staff reminded that all<br>incidents/accidents are to be<br>reported immediately and that all<br>home visit notes must be<br>updated with all details. Family  |
|  |  |                                      | members are also to be   |

| Root cause analysis and<br>learning from upheld<br>complaints: | Root Cause 1 and associated learning  | Root Cause 2 and associated learning | Root Cause 3 and associated learning  |
|--|---|--------------------------------------|---|
| •••••••  | Quality of Care   | Potential Safety Concerns            | Communication   |
|  | <ul> <li><b>Learning:</b> <ul> <li>The medication error was investigated, and retraining has been provided to the staff involved with this matter</li> <li>Monthly audits are carried out to identify any repeat issues</li> </ul> </li> <li><b>Complaint 10:</b> <ul> <li>Call times were agreed to take place early morning and late evenings; however, this is not being followed (Thurrock Care at Home).</li> </ul> </li> <li><b>Learning:</b> <ul> <li>When taking on a new care package, the service must ensure that all parties are clear on the agreed times to avoid any confusion.</li> </ul> </li> </ul> |                                      | <ul> <li>contacted as soon as practicably possible. Photos are to be taken at the initial incident for family and medical information purposes.</li> <li><b>Complaint 17:</b></li> <li>Concerns that the service user received correspondence relating to outstanding money owed and that this was incorrect (Finance).</li> <li><b>Learning:</b></li> <li>Ensure that social care cases are reviewed on an annual basis by social workers, to ensure that service users are receiving the correct care packages and that these are invoiced correctly.</li> <li><b>Complaint 21:</b></li> <li>Concerns that the family have had difficulty in contacting the service user and have to wait to</li> </ul> |
|  |   |                                      | be connected by the Care unit (Willow Lodge Care).  |
|  |   |                                      | Learning:   |

| Root cause analysis and<br>learning from upheld<br>complaints: | Root Cause 1 and associated learning  | Root Cause 2 and associated learning | Root Cause 3 and associated learning   |
|--|---|--------------------------------------|--|
|  | Quality of Care   | Potential Safety Concerns            | Communication  |
|  | <b>Complaint 13:</b><br>Concern that the care worker did<br>not follow appropriate PPE<br>guidance by not wearing gloves<br>in the property (Thurrock Care at<br>Home). |                                      | A new telephone system has<br>been implemented to assist with<br>ensuring that all calls to or from<br>family members are recorded.<br>This will help facilitate contact<br>and minimise difficulties. |
|  | Learning:   |                                      | Complaint 22:  |
|  | Regular monitoring has been put<br>in place, to ensure that the<br>required standards for wearing<br>appropriate PPE are being<br>always followed.                      |                                      | Concerns that the cost of the<br>package of care had not been<br>communicated to the service<br>user and that a letter stated that<br>Thurrock Council would handle<br>the funding (Finance).          |
|  | Complaint 15:   |                                      | Learning:  |
|  | Complaint from service user's<br>son regarding a missed<br>lunchtime call (Thurrock Care at<br>Home).<br><b>Learning:</b>   |                                      | Amendments have been made to<br>letters issued upon the<br>arrangement of a care package,<br>to ensure that they are more<br>clearly worded with regards to<br>the costs of the package and            |
|  | The missed call was due to a system error, causing calls due  |                                      | responsibility for those costs.  |
|  | that day to not be displayed correctly to the care worker.  |                                      | Complaint 27:  |
|  |   |                                      | Concerns that the service user was registered to a different GP  |

| Root cause analysis and<br>learning from upheld<br>complaints: | Root Cause 1 and associated learning   | Root Cause 2 and associated learning | Root Cause 3 and associated learning   |
|--|--|--------------------------------------|--|
|  | Quality of Care  | Potential Safety Concerns            | Communication  |
|  | Monitoring measures have been<br>put in place, to ensure any<br>system errors are identified and   |                                      | than usual without their consent.<br>(Collins House).  |
|  | addressed promptly in the future.<br>This will include ensuring that the   |                                      | Learning:  |
|  | individual monitoring the system,<br>only has monitoring set as their<br>task for the day, to ensure full<br>attention can be focused on this<br>task. |                                      | Collins House office staff<br>members have been informed<br>that they must request a<br>signature of consent from the<br>service user or their next of kin if<br>registration with a local GP is |
|  | Complaint 18:  |                                      | required.  |
|  | Concerns that care calls are<br>being attended to by different<br>carers each time (Thurrock Care<br>at Home).   |                                      |  |
|  | <b>Learning:</b><br>Schedulers are to ensure that<br>where possible calls are being<br>arranged with the same carer for<br>consistency.                |                                      |  |
|  | Complaint 19:  |                                      |  |
|  | Concerns that care calls are not<br>long enough for carers to read<br>the care plan and undertake<br>required tasks (Thurrock Care at<br>Home).        |                                      |  |

| Root cause analysis and<br>learning from upheld | Root Cause 1 and associated learning  | Root Cause 2 and associated learning | Root Cause 3 and associated learning |
|---|---|--------------------------------------|--------------------------------------|
| complaints:                                     | Quality of Care   | Potential Safety Concerns            | Communication                        |
| complaints:                                     |   | -                                    | -                                    |
|   | needs.<br>Complaint 23:<br>Concerns that the service user's<br>care plan is not being followed by<br>the carer (Thurrock Care at<br>Home).<br>Learning: |                                      |                                      |

| Root cause analysis and<br>learning from upheld<br>complaints: | Root Cause 1 and associated learning   | Root Cause 2 and associated learning | Root Cause 3 and associated learning |
|--|--|--------------------------------------|--------------------------------------|
|  | Quality of Care  | Potential Safety Concerns            | Communication                        |
|  | To ensure more consistent care<br>is provided, spot checks will be<br>undertaken on a regular basis<br>with notes then added to the<br>system.   |                                      |                                      |
|  | Complaint 24:  |                                      |                                      |
|  | Concerns regarding missing items (Merrie Loots Farm).  |                                      |                                      |
|  | Learning   |                                      |                                      |
|  | • Staff reminded that all<br>belongings must be<br>entered on the full<br>inventory, along with<br>photographs of items if<br>necessary for the purpose<br>of identification.                      |                                      |                                      |
|  | • For items of monetary or sentimental value, it should be considered if these items should remain with the individual due to risk of loss or damage and for alternative options to be considered. |                                      |                                      |

| Root cause analysis and learning from upheld complaints: | Root Cause 1 and associated learning  | Root Cause 2 and associated learning | Root Cause 3 and associated learning |
|--|---|--------------------------------------|--------------------------------------|
| complaints.  | Quality of Care   | Potential Safety Concerns            | Communication                        |
|  | <ul> <li>Breakages/damages to<br/>any personal items will be<br/>documented and<br/>family/friends/advocate to<br/>be informed immediately.</li> </ul>  |                                      |                                      |
|  | Complaint 25:   |                                      |                                      |
|  | Concerns that the carer did not<br>follow the care plan, as evening<br>sandwiches were not prepared,<br>and worktops were not wiped<br>down (Thurrock Care at Home).  |                                      |                                      |
|  | Learning:   |                                      |                                      |
|  | Carers have been reminded to<br>follow the tasks in the care plan<br>and to complete tasks<br>accordingly. Carers have also<br>been informed to continue to use<br>the system put<br>in place (Mobizio) so that visit<br>can be monitored for any issues. |                                      |                                      |
|  | Complaint 26:   |                                      |                                      |
|  | Concerns that the carer is not following care plan (Thurrock Care at Home).   |                                      |                                      |

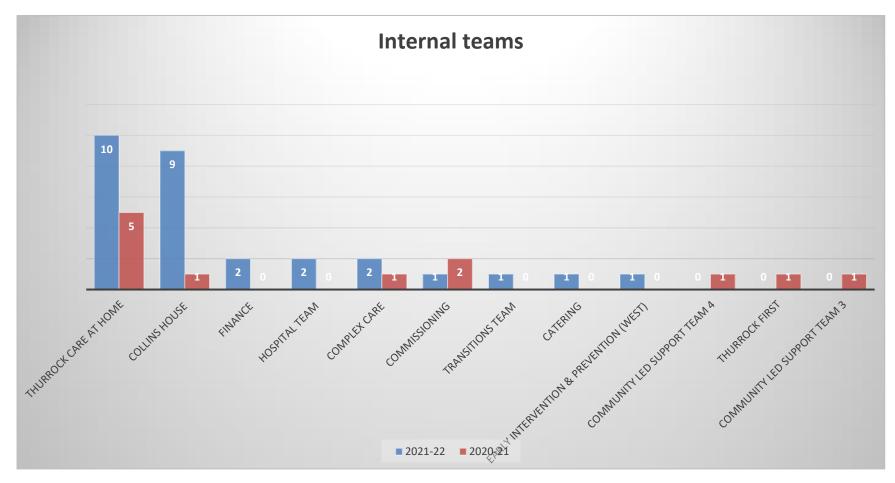
| Root cause analysis and<br>learning from upheld | Root Cause 1 and associated learning   | Root Cause 2 and associated learning | Root Cause 3 and associated learning |
|---|--|--------------------------------------|--------------------------------------|
| complaints:                                     | Quality of Care  | Potential Safety Concerns            | Communication                        |
| complaints:                                     | Quality of CareLearning:Carer reminded of expected<br>standards when it comes to care<br>visits.Complaint 28:Concerns that the carer did not<br>prepare service user's evening<br> |                                      | -                                    |
|   | completing written visit notes<br>before the visit had begun<br>(Clarity Homecare).  |                                      |                                      |

| Root cause analysis and | Root Cause 1 and associated  | Root Cause 2 and associated | Root Cause 3 and associated |
|-------------------------|--|-----------------------------|-----------------------------|
| learning from upheld    | learning   | learning                    | learning                    |
| complaints:             | Quality of Care  | Potential Safety Concerns   | Communication               |
|                         | Learning:<br>Carer reminded that they should<br>not start completing their<br>attendance notes before a visit<br>and that going forward, they<br>should only be started and<br>completed when all tasks during<br>a visit are completed. |                             |                             |

## 4A. Breakdown of complaints received - Internal teams and staff:

This may be different to figures shown within the upheld complaints section below, as the upheld section is based on closed complaints (not complaints received). The figures shown below will also exclude cancelled complaints.

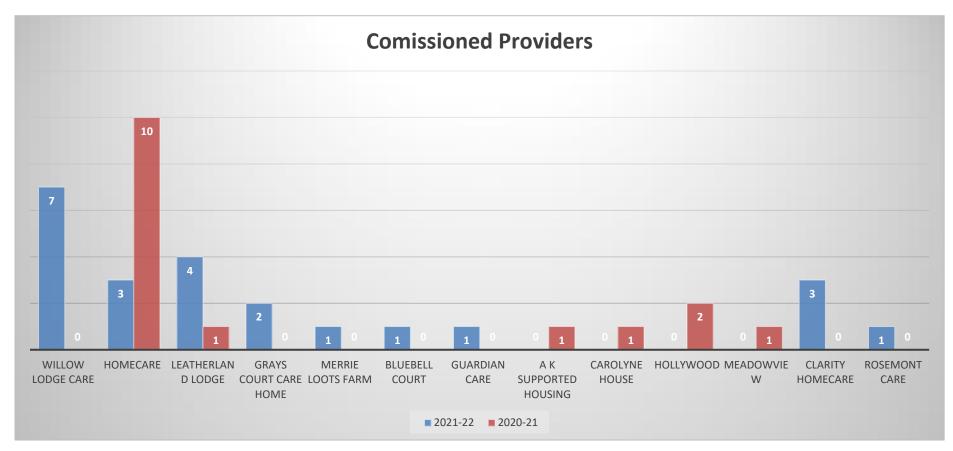
**30 of 53** complaints received within this period are for internal teams/services (**1** was cancelled and this related to the Hospital Team). This compares with **12 of 28** during 2020/21.



## 4B. Breakdown of complaints received - Commissioned Providers:

This may be different to figures shown within the upheld complaints section below, as the upheld section is based on closed complaints (not complaints received). The figures shown below will also exclude cancelled complaints.

23 of 53 complaints received to within this period are for commissioned providers. This compares with 16 of 28 during 2020/21.



# 5.Upheld Complaints:

This may be different to figures shown above within the complaints received section, as the figures below are based on closed complaints (not complaints received).

| Complaint Area        | Volume<br>Closed<br>2021/22 | Upheld | Volume Closed<br>2020/21 | Upheld |
|-----------------------|-----------------------------|--------|--------------------------|--------|
| Thurrock Care at Home | 10                          | 10     | 5                        | 5      |
| Collins House         | 8                           | 3      | 1                        | 1      |
| Willow Lodge Care     | 6                           | 2      | 0                        | 0      |
| Homecare              | 3                           | 3      | 10                       | 4      |
| Leatherland Lodge     | 3                           | 3      | 1                        | 1      |
| Clarity Homecare      | 3                           | 2      | 0                        | 0      |
| Finance               | 2                           | 2      | 0                        | 0      |
| Hospital Team         | 2                           | 1      | 0                        | 0      |
| Rosemont Care         | 1                           | 0      | 0                        | 0      |
| Commissioning         | 1                           | 0      | 2                        | 1      |
| Complex Care          | 1                           | 0      | 1                        | 0      |
| Bluebell Court        | 1                           | 0      | 0                        | 0      |

| Grays Court Care Home        | 1 | 1 | 0 | 0 |
|------------------------------|---|---|---|---|
| Guardian Care                | 1 | 1 | 0 | 0 |
| Merrie Loots Farm            | 1 | 1 | 0 | 0 |
| Hollywood Rest Home          | 0 | 0 | 2 | 0 |
| Community Led Support Team 4 | 0 | 0 | 1 | 1 |
| Community Led Support Team 3 | 0 | 0 | 1 | 1 |
| Thurrock First               | 0 | 0 | 1 | 0 |
| Carolyne House               | 0 | 0 | 1 | 1 |
| Meadowview House             | 0 | 0 | 1 | 0 |
| A K Supported Living         | 0 | 0 | 1 | 1 |

# 6.Local Government and Social Care Ombudsman (LGSCO) Complaints:

There were 2 enquiries from the Local Government and Social Care Ombudsman (LGSCO), where they reached a final decision on any cases within the reporting period.

| Area                                     | Issue Nature   | LGO Findings                          | Financial Remedy | Learning where relevant  | Did the council<br>respond to the<br>LGSCO or HO<br>timeframes |
|--|--|---------------------------------------|------------------|--|--|
| ASC – Willow Care<br>Lodge               | Complaint that the<br>Care Home failed to<br>allow the<br>complainant to see<br>their mother who was<br>in the home's care<br>due to COVID<br>restrictions | Finding of fault /<br>Service failure | £200             | To review the visitors<br>booking system to<br>ensure double<br>bookings are<br>identified to avoid<br>any visits being<br>cancelled   | Yes  |
| ASC – Community<br>Led Support Team<br>4 | Complaint that the<br>council did not<br>provide details of a<br>safeguarding referral<br>and those restrictions<br>were not clearly<br>communicated.      | Finding of fault /<br>Service failure | N/A              | Ensure that when<br>managing any<br>Safeguarding<br>enquiries going<br>forward, the reasons<br>for any restrictions<br>imposed through a<br>safeguarding<br>management plan<br>should be clearly<br>recorded. These<br>restrictions must also<br>be discussed and<br>agreed with the<br>person at risk, where<br>appropriate, and their<br>views should be<br>clearly recorded | Yes  |

## 7.Alternative Dispute Resolution (ADR):

Complainants are seeking resolution and welcome the involvement of a neutral third person who will be able to assist both the complainant and the service in negotiating a settlement to their complaint. ADR is implemented as a mechanism to resolve complaints swiftly should the complainant request escalation. This involves assessment of the presenting issues by the Complaints Team. It can also include mediation with the complainant and the service area.

There have been 0 ADR cases in the reporting period.

# 8.Enquiries:

In the reporting period the following was received:

- **14** MP Enquiries
- **123** Member Enquiries

| MP Enquiries                    | Feedback total |
|---------------------------------|----------------|
| Thurrock First                  | 3              |
| Blue Badges                     | 2              |
| Community<br>Development        | 2              |
| Public Health                   | 2              |
| Finance                         | 2              |
| Community Led<br>Support Team 3 | 1              |
| Day Care                        | 1              |
| Collins House                   | 1              |

| Member enquiries                          | Feedback total |
|---|----------------|
| Public Health                             | 36             |
| Community Development                     | 31             |
| Thurrock First                            | 19             |
| Safeguarding                              | 7              |
| Thurrock Healthy Lifestyle                | 4              |
| Finance                                   | 4              |
| Local Area Coordination                   | 3              |
| Joint Reablement Team                     | 3              |
| Blue Badges                               | 3              |
| Community Led Support<br>Team 1           | 2              |
| <b>Disabled Facilities Grant</b>          | 2              |
| Contract Compliance                       | 1              |
| Hospital Team                             | 1              |
| Thurrock Care at Home                     | 1              |
| Catering                                  | 1              |
| Collins House                             | 1              |
| Community Led Support<br>Team 3           | 1              |
| Complex Care                              | 1              |
| Early Intervention &<br>Prevention (West) | 1              |
| Day care                                  | 1              |

# 9.External Compliments:

A total of **99** compliments have been received during this period compared to **122** within the same period last year. A breakdown of the areas that these relate to is shown below.

Note – These relate to compliments that have been sent to the Complaints Team to record on the complaints system.

| Service Area 2021/22             | Number of Compliments | Service Area 2020/21             | Number of Compliments |
|----------------------------------|-----------------------|----------------------------------|-----------------------|
| Thurrock First                   | 26                    | <b>Disabled Facilities Grant</b> | 30                    |
| Joint Reablement Team            | 20                    | Thurrock First                   | 24                    |
| <b>Disabled Facilities Grant</b> | 10                    | Hospital Team                    | 7                     |
| Blue Badges                      | 6                     | Joint Reablement Team            | 7                     |
| Community Led Support            | 6                     | Community Led Support Team       | _                     |
| Team 1                           |                       | 1                                | 6                     |
| Community Development            | 5                     | Barn & Coach House               | 5                     |
| Hospital Team                    | 3                     | Blue Badges                      | 5                     |
| Local Area Coordination          | 3                     | Day Care                         | 5                     |
| Community Led Support            | 3                     |                                  |                       |
| Team 3                           |                       | Extra Care                       | 5                     |
| Thurrock Care at Home            | 3                     | Local Area Coordination          | 5                     |
| Careline                         | 3                     | Collins House                    | 3                     |
| Community Led Support            | 2                     | Rapid Response Assessment        |                       |
| Team 2                           |                       | Service                          | 3                     |
| Collins House                    | 2                     | Careline                         | 2                     |
| <b>Rapid Assessment Service</b>  | 2                     | Catering                         | 2                     |
| Safeguarding                     | 2                     | <b>Community Development</b>     | 2                     |
| Extra Care                       | 1                     | Older People Mental Health       | 2                     |
| Complex Care                     | 1                     | Safeguarding                     | 2                     |
| Preparing for Adulthood          | 1                     | Bennett Lodge                    | 1                     |
|                                  |                       | Commissioning                    | 1                     |
|                                  |                       | Community Led Support Team       |                       |
|                                  |                       | 2                                | 1                     |

| C | Complex Care          | 1 |
|---|-----------------------|---|
| G | Grays Court Care Home | 1 |
| H | Hollywood             | 1 |
| P | Public Health         | 1 |

#### **10.Examples of External Compliments**

#### **Disabled Facilities Grant**

I was helped and the team were so kind and couldn't do enough for me. If I needed to get in touch, they talked to me and gave me their phone numbers, nothing was too much trouble. They have made me safer in my home and given my daughter and son peace of mind about my safety.

#### Joint Reablement Team

During review visit the service user and her brother was very complementary of reablement service and the support they have received. The service user commented on how pleased she has been with all the support, staff have been cheerful and encouraging, and kept her motivated when she has been feeling low. She said she cannot fault the support she has received, and her brother stated the staff have been brilliant.

#### **Thurrock First**

Thurrock First were an excellent starting point as we were introduced to other agencies via them. This is the first time in my life that I have used Social Services and I cannot thank everyone involved in mums care enough. Mum has gone through several health crisis in under a year and the support provided was invaluable, both for mum and me.

#### **Blue Badges**

I have received an email informing me that my Mum's Blue Badge has been ordered. I just wanted to say a huge thank you to the staff who were so kind, calm, and knowledgeable and helped me with what I thought was going to be a very stressful complicated process. I really appreciate the help they gave me. Also, thank you to anyone else in the team that may have been involved.

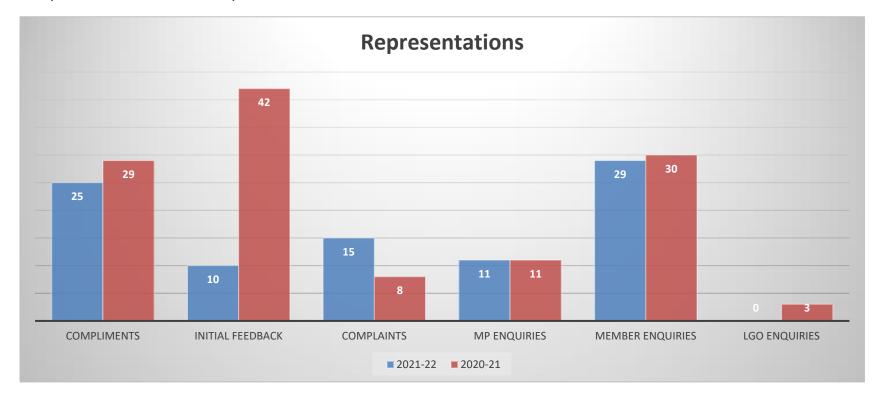
# Careline

Just received a lovely call from a husband thanking the ladies who assisted with his wife on Thursday. His words to me were ' he doesn't know what he would of done without you.' His wife had fractured her pelvis and the team called an ambulance, notified the next of kin and helped to keep the husband calm.

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# 1. Volume of Representations – 2020/21 vs 2021/22:

Below is a comparison of all representations received during both years. A total of **90** representations were received in 2021/22 compared to **123** in the same period of 2020/21.



## 2. Complaints – 2020/21 vs 2021/22:

Below is the comparison between the two years with additional details provided. There were no escalations beyond stage 1 for both periods:

| Feedback:  | Initial<br>Feedback | Stage 1<br>complaints | Stage 2<br>complaints | Stage 3<br>complaints | Alternative<br>Dispute<br>Resolution<br>Cases | Cases<br>closed<br>in<br>period | Cases<br>Cancelled | % of<br>complaints<br>upheld in<br>period | %<br>timeliness<br>of<br>response<br>for those<br>due in<br>period |
|------------|---------------------|-----------------------|-----------------------|-----------------------|---|---------------------------------|--------------------|---|--|
| 2021/22    | 10                  | 15                    | 0                     | 0                     | 0   | 14                              | 0                  | 57%                                       | 80%  |
| 2020/21    | 42                  | 8                     | 0                     | 0                     | 0   | 9                               | 0                  | 44%                                       | 75%  |
| Difference | -32                 | +7                    | 0                     | 0                     | 0   | +5                              | 0                  | +13%                                      | +5%  |

\*For 2021/22:

- 15 complaints were received in the reporting period. These are shown within section 4
- 15 complaints were due a response in the reporting period. 12 of 15 (80%) were responded to within timeframe
- 14 complaints were responded to within this reporting period. These are shown in section 5
- 8 of 14 complaints responded to (57%) were upheld. These are shown in section 5 and the learning is detailed within section 3

# 3. Learning from upheld complaints:

| Root cause analysis<br>and learning from<br>upheld complaints: | Root Cause 1 and associated learning  | Root Cause 2 and associated learning   | Root Cause 3 and associated learning   |
|--|---|--|--|
|  | Communication   | Decision Making  | Assessment   |
|  | <ul> <li>Complaint 3:</li> <li>Concerns that the children are being let down regarding contact with their siblings. This is due to the contact arrangements not being clearly communicated by the Service</li> <li>Concerns raised that there are outstanding expense payments for transportation costs for contact between the siblings</li> <li>Children Looked After Team 1</li> <li>Learning:</li> <li>The sibling contact timetable has been updated</li> <li>Contracts that detail contact arrangements, including sibling contact details, are now held on file to make contact agreements clearer for families</li> <li>Staff reminded of the importance of ensuring contact expenses are paid on time</li> </ul> | <ul> <li>Decision Making</li> <li>Complaint 2:</li> <li>The child submitted a complaint regarding possibly being removed from their placement at New Beginnings, despite the child feeling safe and happy with the current placement</li> <li>The child is concerned that their views regarding the potential move have not been taken on board</li> <li>(Children Looked After Team 3)</li> <li>Learning: <ul> <li>To ensure that an advocate is involved at an early stage of care</li> <li>To ensure staff work with the young person to ensure that their views are listened to and/or considered</li> </ul> </li> </ul> | <ul> <li>Assessment</li> <li>Complaint 1: <ul> <li>The Child and Family assessment that was produced contained false and misconstrued information.</li> </ul> </li> <li>(Children and Family assessment Team 1)</li> <li>Learning: <ul> <li>The points below were made clear to the service via a service brief and in the team meeting:</li> <li>Records held must be checked with multi agency partners</li> <li>Records held must be confirmed with the parents to ensure they are correct.</li> <li>Child and Family assessments are shared with the family at the completion and any incorrect information is amended and recorded on the system</li> </ul> </li> </ul> |

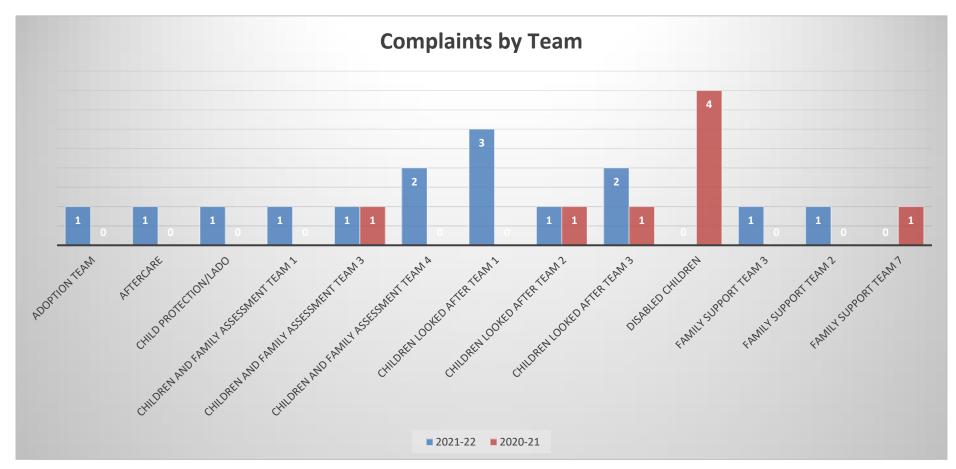
| Root cause analysis<br>and learning from<br>upheld complaints: | Root Cause 1 and associated learning   | Root Cause 2 and associated learning                                | Root Cause 3 and associated learning  |
|--|--|---|---|
|  | <ul> <li>Complaint 4:</li> <li>The child's emails and telephone calls to the Adoption Team have not been responded to</li> <li>(Adoption Team)</li> <li>Learning:</li> <li>A duty log has been implemented which will be completed each day. This log will record all incoming emails/calls and will detail what needs to be actioned</li> <li>Complaint 5:</li> <li>Concerns in relation to a lack of response from the Social Worker</li> <li>(Children Looked After Team 1)</li> <li>Learning: <ul> <li>Relevant Social Worker spoken to and reminded of the importance of ensuring that contact is consistent</li> </ul> </li> </ul> | Decision Making<br>when taking any action<br>relating to their care | <ul> <li>Assessment</li> <li>Concerns that the safety plan completed as part of the Child and Family Assessment was not explicit regarding potential risks to the child</li> <li>(Children and Family Assessment Team 4)</li> <li>Learning: <ul> <li>Training undertaken with the member of staff who completed the safety plan, to provide guidance and advice on how to complete a safety plan so any risks are clearly identified</li> </ul> </li> </ul> |
|  |  | a   |   |

| Root cause analysis<br>and learning from<br>upheld complaints: | Root Cause 1 and associated learning  | Root Cause 2 and associated learning | Root Cause 3 and associated learning |
|--|---|--------------------------------------|--------------------------------------|
|  | Communication   | Decision Making                      | Assessment                           |
|  | <ul> <li>Complaint 7:</li> <li>Concerns that the parent was not informed of the requirement for any gifts for children to be brought 72 hours before contact, to ensure that they are safe to open due to COVID safety precautions</li> <li>(Children Looked After Team 1)</li> <li>Learning: <ul> <li>Ensure that reminders relating to COVID precautions are issued ahead of any arranged contact appointments</li> </ul> </li> <li>Complaint 8: <ul> <li>Concerns from the child that contact received from their Social Worker was patronising and that they feel they are not being listened to</li> <li>(Children Looked After Team 1)</li> </ul> </li> </ul> |                                      |                                      |

| Root cause analysis<br>and learning from<br>upheld complaints: | Root Cause 1 and associated learning  | Root Cause 2 and associated learning | Root Cause 3 and associated learning |
|--|---|--------------------------------------|--------------------------------------|
|  | Communication   | Decision Making                      | Assessment                           |
|  | <ul> <li>Various methods and<br/>strategies of communication<br/>have been explored in<br/>supervision to ensure Social<br/>Workers are able to take on<br/>board any perspective and to<br/>prevent overloading service<br/>users or residents with too<br/>much information on a subject,<br/>as this may be perceived as<br/>patronising language</li> </ul> |                                      |                                      |

## 4. Breakdown of complaints received:

This may be different to figures shown within the upheld complaints section below, as the upheld section is based on closed complaints (not complaints received). The figures below will also exclude cancelled complaints.



# 5. Upheld Complaints:

This may be different to figures shown above within the complaints received section, as the figures below are based on closed complaints (not complaints received).

| Complaint Area                           | Volume Closed<br>2021/22 | Upheld | Volume Closed<br>2020/21 | Upheld |
|--|--------------------------|--------|--------------------------|--------|
| Adoption                                 | 1                        | 1      | 0                        | N/A    |
| Aftercare                                | 1                        | 0      | 0                        | N/A    |
| Children Looked After Team 1             | 3                        | 3      | 0                        | N/A    |
| Children Looked After Team 2             | 1                        | 0      | 1                        | 0      |
| Children Looked After Team<br>3/UAS      | 2                        | 2      | 1                        | 1      |
| Disabled Children                        | 0                        | N/A    | 4                        | 3      |
| Family Support Team 3                    | 0                        | N/A    | 1                        | 0      |
| Children and Family Assessment<br>Team 4 | 2                        | 1      | 0                        | N/A    |

| Complaint Area                           | Volume Closed<br>2021/22 | Upheld | Volume Closed<br>2020/21 | Upheld |
|--|--------------------------|--------|--------------------------|--------|
| Family Support Team 7                    | 0                        | N/A    | 1                        | 0      |
| Children and Family Assessment<br>Team 3 | 1                        | 0      | 1                        | 0      |
| Children and Family Assessment<br>Team 1 | 1                        | 1      | 0                        | N/A    |
| Child Protection/LADO                    | 1                        | 0      | 0                        | N/A    |
| Family Support Team 2                    | 1                        | 0      | 0                        | N/A    |

# 6. Local Government and Social Care Ombudsman (LGSCO) Complaints:

There were **nil/zero** enquiries from the Local Government and Social Care Ombudsman (LGSCO), where they reached a final decision on any cases within the reporting period. This is positive and shows that the council are effective at dealing with complaints at the first point of contact.

# 7. Alternative Dispute Resolution (ADR) Cases:

Complainants are seeking resolution and welcome the involvement of a neutral third person who will be able to assist both the complainant and the service in negotiating a settlement to their complaint. ADR is implemented as a mechanism to resolve complaints swiftly should the complainant request escalation. This involves assessment of the presenting issues by the Complaints Team. It can also include mediation with the complainant and the service area. For the reporting period, there have been **0** cases of successful ADR.

# 8. Initial Feedback:

The Council receives feedback which following assessment does not constitute a formal complaint but still requires addressing. Those within scope of an 'Initial Feedback' are sent to the service with a request that swift action takes place to resolve the issue. This should negate the need for a formal complaint taking place. For the reporting period a total of **10** 'Initial Feedback' have been recorded:

| Team                                | Feedback total |
|-------------------------------------|----------------|
| Family Support Team 4               | 1              |
| Family Support Team 2               | 1              |
| Prevention/Support Service          | 1              |
| Aftercare                           | 1              |
| Children & Family Assessment Team 1 | 1              |
| MASH                                | 1              |
| Family Support Team 3               | 1              |
| Child Protection/LADO               | 1              |
| Disabled Children                   | 1              |
| Children Looked After Team 2        | 1              |

# 9. Enquiries

During the reporting period the following enquiries were received:

- **29** Member/Cllr Enquiries
- **11** MP Enquiries

| Member/Cllr Enquiries                    | Feedback<br>Total |
|--|-------------------|
| MASH                                     | 8                 |
| All Services (Youth services)            | 4                 |
| Family Support Team 3                    | 2                 |
| Aftercare                                | 2                 |
| Children and Family<br>Assessment Team 2 | 2                 |
| Children Looked After Team<br>1          | 2                 |
| Children Looked After Team<br>2          | 1                 |
| Permanency/Court Team                    | 1                 |
| Children Looked After Team 3             | 1                 |
| Disabled Children                        | 1                 |
| Oaktree                                  | 1                 |
| Registration                             | 1                 |
| Children and Family                      | 1                 |
| Assessment Team 1                        |                   |
| Children and Family                      | 1                 |
| Assessment Team 3                        |                   |
| Family Support Team 4                    | 1                 |

| MP Enquiries                             | Feedback Total |   |
|--|----------------|---|
| MASH                                     |                | 3 |
| Permanency/Court<br>Team                 |                | 2 |
| Child                                    | 2              | 2 |
| Protection/LADO                          |                |   |
| Children Looked<br>After Team 3          |                | 1 |
| Children and Family<br>Assessment Team 2 |                | 1 |
| Family Support<br>Team 1                 |                | 1 |
| Children and Family<br>Assessment Team 3 |                | 1 |

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#### **10. External Compliments:**

25 compliments have been received during this period compared to 29 in the same period last year, breakdown of teams is below.

| Service Area (2021/22)       | Total    | Service Area (2020/21)                | Total    |
|------------------------------|----------|---------------------------------------|----------|
|                              | Received |                                       | Received |
| Prevention/Support Service   | 4        | Families Together                     | 12       |
| Family Support Team 7        | 3        | Family Support Team 6                 | 7        |
| Family Support Team 6        | 3        | Children and Family Assessment Team 1 | 2        |
| Fostering Team               | 3        | Family Support Team 1                 | 2        |
| Permanency/Court Team        | 2        | Disabled Children                     | 2        |
| Family Support Team 4        | 2        | Family Placement Service              | 1        |
| Family Support Team 1        | 2        | Children Looked After Team 1          | 1        |
| Support for childminders     | 2        | Children Looked After Team 2          | 1        |
| Aftercare                    | 1        | Family Support Team 4                 | 1        |
| Family Support Team 3        | 1        |                                       |          |
| Families Together            | 1        |                                       |          |
| Children Looked After Team 2 | 1        |                                       |          |
|                              |          |                                       |          |

#### **11. Examples of External Compliments**

#### **Prevention/Support Service:**

The young person spoke very highly of you and said that the support you provided helped to change her life as well as her families. She would like to now become a social worker so that she can offer the same support to other families which she received from you. She was so positive about the support she received from your team and is very grateful.

#### **Fostering Team:**

I would like to take this opportunity to say thank you for the opportunity to be part of the support of the Sibling group of 4.

I would like to thank both social workers for the opportunity to gain more skills. I would like to say thank you for communicating and working as a team supporting children with their reunification with Dad. Both working with us and our agency to support young people. It has been a real positive working professional relationship which I will always take with us in supporting young people.

#### Family Support Team 4:

I just wanted to thank you for finding the emergency placement for the children and all the additional support you have put in place. The children have told me how supportive you have been recently and how grateful they are for all the additional time you given them. I think we will all be relieved to see them both settled again in a new placement before Christmas.

#### 12. Benchmarking

Complaints benchmarking information is summarised below. This was requested by Committee when the 2020/21 annual report was considered.

| Council  | Complaints<br>Received | % Of complaints upheld | % Responded to within timeframe |
|----------|------------------------|------------------------|---------------------------------|
| Thurrock | 15                     | 57%                    | 80%                             |
| Croydon  | 148                    | 36%                    | 70%                             |
| Haringey | 25                     | 16%                    | 16%                             |
| Hounslow | 19                     | 37%                    | 89%                             |

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# **Appendix 4**

# Thurrock Council self-assessment – Housing Ombudsman Complaint Handling Code

Self-assessment undertaken in May 2022.

# Section 1 – Definition of a complaint

| Code section        | Code requirement   | Comply? | Evidence, commentary and explanations   |
|---------------------|--|---------|---|
| 1.<br>1.<br>Page 75 | A complaint must be defined as:<br>'an expression of dissatisfaction, however made, about<br>the standard of service, actions or lack of action by the<br>organisation, its own staff, or those acting on its behalf,<br>affecting an individual resident or group of residents' | Yes     | The definition of a complaint on our website and within<br>the complaint's procedure is as follows:<br>"A complaint is an expression of dissatisfaction, however<br>made, about the standard of service, actions, or lack of<br>action by the council, our staff, or those acting on our<br>behalf, affecting any individual, groups of individuals or<br>businesses."                          |
| 1.3                 | The resident does not have to use the word 'complaint'<br>for it to be treated as such. A complaint that is submitted<br>via a third party or representative must still be handled in<br>line with the landlord's complaints policy.   | Yes     | The council does not insist on residents using the word<br>"complaint" for a matter to be handled as a complaint<br>and this is covered within our procedure. The council's<br>Complaints team oversee this.<br>Any complaint submitted via a third party – for example,<br>an MP or councillor – will be handled in line with the<br>council complaints process and this is covered within our |



| Code section   | Code requirement   | Comply? | Evidence, commentary and explanations  |
|----------------|--|---------|--|
|                |  |         | complaints procedure. The council's Complaints team oversees this.   |
| 1.6            | if further enquiries are needed to resolve the matter, or if the resident requests it, the issue must be logged as a complaint.  | Yes     | Service request failures will be captured as a complaint.<br>This is detailed within our complaint procedure. The<br>council's Complaints team oversees this.  |
| 1.7            | A landlord must accept a complaint unless there is a valid reason not to do so.  | Yes     | The council will accept a complaint, unless the matter falls within the exclusions as set out within the complaint's procedure.  |
| 1.8<br>Page 76 | A complaints policy must clearly set out the circumstances in which a matter will not be considered, and these circumstances should be fair and reasonable to residents.   | Yes     | <ul> <li>The exclusions that are set out within the council's complaints procedure are as follows:</li> <li>something that happened more than 12 months ago although this is assessed by the council on a caseby-case basis</li> <li>something that has already gone to court, or could have gone to court</li> <li>a matter whereby the complainant has advised that they intend to, or have, initiated legal proceedings against the council in relation to the substance of the complaint</li> <li>something that has its own appeal process, such as parking fines, school admissions</li> <li>a matter that involves a potential insurance claim</li> <li>something that is being, or has been, investigated by the relevant Ombudsman</li> </ul> |
| 1.9            | If a landlord decides not to accept a complaint, a<br>detailed explanation must be provided to the resident<br>setting out the reasons why the matter is not suitable for<br>the complaints process and the right to take that<br>decision to the Ombudsman. | Yes     | <ul><li>In cases where complaints are rejected, residents will be informed:</li><li>of the decision and provided with an explanation</li></ul>   |

| Code section | Code requirement | Comply? | Evidence, commentary and explanations                   |
|--------------|------------------|---------|---|
|              |                  |         | of their right to take the decision to the Ombudsman    |
|              |                  |         | The above is detailed within our complaint's procedure. |

# Best practice 'should' requirements

| Code section    | Code requirement  | Comply? | Evidence, commentary and explanations  |
|-----------------|---|---------|--|
| 1.4             | Landlords should recognise the difference between a service request, where a resident may be unhappy with a situation that they wish to have rectified, and a complaint about the service they have/have not received.                        | Yes     | Service requests are not service failures and are<br>recorded separately by the council. However, a failure<br>by the council in responding to a service request and/or<br>if a resident raises concerns with the handling of their<br>service request, will result in the matter being recorded<br>as a complaint by the council. Service request failures<br>are referred to within our complaint's procedure. |
| <b>B</b> age 77 | Survey feedback may not necessarily need to be treated<br>as a complaint, though, where possible, the person<br>completing the survey should be made aware of how<br>they can pursue their dissatisfaction as a complaint if<br>they wish to. | Yes     | This message has been communicated to our Housing<br>Teams to ensure that when surveys are undertaken, the<br>person completing the survey is made aware of how<br>they can pursue their dissatisfaction as a complaint if<br>they wish to.  |

# Section 2 – Accessibility and awareness

| Code section | Code requirement   | Comply? | Evidence, commentary and explanations   |
|--------------|--|---------|---|
| 2.1          | Landlords must make it easy for residents to complain<br>by providing different channels through which residents<br>can make a complaint such as in person, over the<br>telephone, in writing, by email and digitally. While the | Yes     | The council's complaints procedure makes it clear that<br>individuals can make a complaint via email, phone, or<br>letter format. In addition, complaints can also be |

| Code section | Code requirement   | Comply? | Evidence, commentary and explanations   |
|--------------|--|---------|---|
|              | Ombudsman recognises that it may not be feasible for a<br>landlord to use all of the potential channels, there must<br>be more than one route of access into the complaints<br>system.   |         | received in person and our staff will assist the complainant if this is the case.   |
| 2.3          | Landlords must make their complaint policy available in<br>a clear and accessible format for all residents. This will<br>detail the number of stages involved, what will happen at<br>each stage and the timeframes for responding.  | Yes     | The complaints procedure is available on our website<br>and details the stages, timeframes for responding to<br>each stage and the escalation process.<br>The complaints procedure is also communicated to<br>individuals as part of our communications schedule (that<br>we have in place as part of this code).   |
| 2.4          | Landlord websites, if they exist, must include information<br>on how to raise a complaint. The complaints policy and<br>process must be easy to find on the website.   | Yes     | The complaints procedure is available on our website, detailing how a complaint can be made.  |
| Page 78      | Landlords must comply with the Equality Act 2010 and<br>may need to adapt normal policies, procedures, or<br>processes to accommodate an individual's needs.<br>Landlords must satisfy themselves that their policy sets<br>out how they will respond to reasonable adjustments<br>requests in line with the Equality Act and that complaints<br>handlers have had appropriate training to deal with such<br>requests. | Yes     | <ul> <li>The complaints policy makes it clear that if residents need help to make a complaint, they can appoint someone to deal with it on their behalf, or if they don't have anyone to assist them, the council can help them find someone independent to speak to.</li> <li>In addition to the above, the council also makes it clear to residents via complaint acknowledgment letters that:</li> <li>if they require assistance to take forward their complaint, they can appoint a representative to deal with their complaint on their behalf</li> <li>any individual representing or assisting them can accompany them at any meeting with the council, if a meeting is required to consider their complaint</li> </ul> |

| Code section   | Code requirement   | Comply? | Evidence, commentary and explanations  |
|----------------|--|---------|--|
|                |  |         | <ul> <li>if they require assistance with their complaint, but<br/>don't have anyone to help them, they can let us know<br/>and the council will do all it can to find them an<br/>advocate</li> <li>Equality, Diversity and Inclusion forms part of a<br/>mandatory e-learning training course within the council.<br/>The Complaints team has undertaken this training.</li> </ul>  |
| 2.6<br>Page 79 | Landlords must publicise the complaints policy and<br>process, the Complaint Handling Code and the Housing<br>Ombudsman Scheme in leaflets, posters, newsletters,<br>online and as part of regular correspondence with<br>residents. | Yes     | <ul> <li>A communication schedule is in place to cover off this requirement.</li> <li>The following wording is also included in our complaint acknowledgment communication.</li> <li>The Housing Ombudsman Service may be able to assist you with your complaint by allowing you the opportunity to engage with the Ombudsman's dispute support advisors. If you need to contact the Housing Ombudsman their contact details are below:</li> <li>Phone: 0300 111 3000</li> <li>Email: info@housing-ombudsman.org.uk</li> <li>Website: housing-ombudsman.org.uk</li> <li>The complaints handling code:</li> <li>forms part of our annual complaints report which is a public report</li> <li>is shared with our Tenants Excellence Panel</li> </ul> |

| Code section   | Code requirement  | Comply? | Evidence, commentary and explanations   |
|----------------|---|---------|---|
| 2.7            | Landlords must provide residents with contact<br>information for the Ombudsman as part of its regular<br>correspondence with residents.   | Yes     | The council is clear within complaints communications –<br>for example, acknowledgments – that the Housing<br>Ombudsman Service may be able to assist the<br>complainant by allowing them the opportunity to engage<br>with the Ombudsman's dispute support advisors. The<br>Ombudsman's contact details are provided to allow the<br>complainant to make contact if required.  |
| 2.8<br>P<br>ag | Landlords must provide early advice to residents<br>regarding their right to access the Housing Ombudsman<br>Service throughout their complaint, not only when the<br>landlord's complaints process is exhausted.   | Yes     | Residents are informed at complaint acknowledgment<br>stage that they have a right to access the Housing<br>Ombudsman Service, not only at the point when they<br>have exhausted the council's complaints process – this<br>is on the basis that the Housing Ombudsman Service<br>can assist residents throughout the life of a complaint,<br>and affords the resident the opportunity to engage with<br>the Ombudsman's dispute support advisors.  |
|                | e 'should' requirements   |         |   |
| Code section   | Code requirement  | Comply? | Evidence, commentary and explanations   |
| 2.2            | Where a landlord has set up channels to communicate<br>with its residents via social media, then it should expect<br>to receive complaints via those channels. Policies<br>should contain details of the steps that will be taken<br>when a complaint is received via social media and how<br>confidentiality and privacy will be maintained. | Yes     | Any complaint received via social media will be dealt<br>with in line with our complaint's procedure. To assist with<br>this, our communications team will request that the<br>individual sends the details of their complaint via email<br>to <u>complaints@thurrock.gov.uk</u> . The Complaints team<br>will then follow our standard complaints process to<br>consider the complaint. A response will only be sent<br>back to the complainant to ensure that the council<br>comply with the Data Protection Act. |

# Section 3 – Complaint handling personnel

# Mandatory 'must' requirements

| Code section | Code requirement  | Comply? | Evidence, commentary and explanations  |
|--------------|---|---------|--|
| 3.1          | Landlords must have a person or team assigned to take<br>responsibility for complaint handling to ensure<br>complaints receive the necessary attention, and that<br>these are reported to the governing body. This Code will<br>refer to that person or team as the "complaints officer". | Yes     | The council has a Complaints team that manages this area of work.  |
| 3.2          | the complaint handler appointed must have appropriate complaint handling skills and no conflicts of interest.   | Yes     | The Complaints team is trained in complaint handling<br>and the 2-stage process in place ensures that there is<br>no conflict of interest. |

# **Best practice 'should' requirements**

| Bode section | Code requirement  | Comply? | Evidence, commentary and explanations   |
|--------------|---|---------|---|
| ₽3<br>       | <ul> <li>Complaint handlers should:</li> <li>be able to act sensitively and fairly</li> <li>be trained to handle complaints and deal with distressed and upset residents</li> <li>have access to staff at all levels to facilitate quick resolution of complaints</li> <li>have the authority and autonomy to act to resolve disputes quickly and fairly</li> </ul> | Yes     | The Complaints team comprises individuals who are all<br>trained to work on a range of complaints-related matters.<br>Escalation processes are in place to ensure all<br>complaints are dealt with in line with timeframes. |

# Section 4 – Complaint handling principles

| Code section | Code requirement   | Comply? | Evidence, commentary and explanations  |
|--------------|--|---------|--|
| 4.1<br>Pag   | Any decision to try and resolve a concern must be taken<br>in agreement with the resident and a landlord's audit<br>trail/records should be able to demonstrate this.<br>Landlords must ensure that efforts to resolve a resident's<br>concerns do not obstruct access to the complaints<br>procedure or result in any unreasonable delay. It is not<br>appropriate to have extra named stages (such as<br>'stage 0' or 'pre-complaint stage') as this causes<br>unnecessary confusion for residents. When a complaint<br>is made, it must be acknowledged and logged at stage<br>one of the complaints procedure <b>within five days of</b><br><b>receipt</b> . | Yes     | The council does not use any extra named stages, such<br>as stage 0. All complaints are handled in line with our 2-<br>stage process. All complaints are acknowledged within<br>5 days of receipt.   |
| Pager82      | Within the complaint acknowledgement, landlords must<br>set out their understanding of the complaint and the<br>outcomes the resident is seeking. If any aspect of the<br>complaint is unclear, the resident must be asked for<br>clarification and the full definition agreed between both<br>parties.  | Yes     | <ul> <li>All acknowledgement letters include:</li> <li>the points of concern that the council consider are in scope of the complaint – and residents are given the opportunity to change this</li> <li>a request to the resident, to confirm the outcome they are seeking</li> </ul>   |
| 4.6          | A complaint investigation must be conducted in an impartial manner.  | Yes     | Council staff who may be the subject of the complaint,<br>will not be involved in the complaint investigation.<br>In addition to the above, any impartiality concerns will be<br>picked up as part of complaint escalation, as stage 2<br>complaints are investigated outside of the service area<br>by the Complaints team. |

| Code section       | Code requirement  | Comply? | Evidence, commentary and explanations  |
|--------------------|---|---------|--|
| 4.7                | <ul> <li>The complaint handler must:</li> <li>deal with complaints on their merits</li> <li>act independently and have an open mind</li> <li>take measures to address any actual or perceived conflict of interest</li> <li>consider all information and evidence carefully</li> <li>keep the complaint confidential as far as possible, with information only disclosed if necessary to properly investigate the matter</li> </ul> | Yes     | All points of concern are identified up front by the<br>Complaints team. Quality checks are in place, by the<br>Complaints team, to ensure all points of concern have<br>been fully responded to.<br>Complaints handlers are trained on Data Protection to<br>ensure information is disclosed on a need-to-know<br>basis.  |
| 4.11               | Landlords must adhere to any reasonable arrangements agreed with residents in terms of frequency and method of communication.   | Yes     | The Complaints team will ensure that any reasonable adjustments are adhered to, along with ensuring that complaint timeframes are met.   |
| 4.12<br>Page<br>83 | <ul> <li>The resident, and if applicable any staff member who is the subject of the complaint, must also be given a fair chance to:</li> <li>set out their position</li> <li>comment on any adverse findings before a final decision is made</li> </ul>   | Yes     | Staff members who are the subject of the complaint, will<br>be interviewed as part of the complaint investigation.<br>This will allow them to set out their own position.<br>Residents' concerns are firmed up at the complaint<br>acknowledgment stage. Concerns regarding overall<br>complaints findings will be picked up as part of our<br>complaint escalation process. |
| 4.13               | A landlord must include in its complaints policy its timescales for a resident to request escalation of a complaint.  | Yes     | Timeframes are clearly set out within our complaints procedure.  |
| 4.14               | A landlord must not unreasonably refuse to escalate a complaint through all stages of the complaints procedure and must have clear and valid reasons for taking that course of action. Reasons for declining to escalate a complaint must be clearly set out in a landlord's  | Yes     | The council does not refuse complaint escalations.<br>The reasons for the council not accepting a complaint<br>are detailed in section 1.8 above (exclusions). These<br>exclusions are set out within our complaints procedure.  |

| Code section | Code requirement   | Comply? | Evidence, commentary and explanations  |
|--------------|--|---------|--|
|              | complaints policy and must be the same as the reasons for not accepting a complaint.   |         |  |
| 4.15         | A full record must be kept of the complaint, any review<br>and the outcomes at each stage. This must include the<br>original complaint and the date received, all<br>correspondence with the resident, correspondence with<br>other parties and any reports or surveys prepared. | Yes     | This information is held in our complaints system.   |
| 4.18         | Landlords must have policies and procedures in place<br>for managing unacceptable behaviour from residents<br>and/or their representatives when pursuing a complaint.  | Yes     | The council has an " <i>Unreasonably persistent complainants and unreasonable behaviour</i> " procedure in place to manage this. This procedure is on our website. |

# Best practice 'should' requirements

|                 | Code requirement   | Comply? | Evidence, commentary and explanations   |
|-----------------|--|---------|---|
| a <b>g</b> e 84 | Landlords should manage residents' expectations from<br>the outset, being clear where a desired outcome is<br>unreasonable or unrealistic.   | Yes     | Unrealistic outcomes will be managed as and when received. This will be managed as part of the stage 1 process.   |
| 4.4             | A complaint should be resolved at the earliest possible<br>opportunity, having assessed what evidence is needed<br>to fully consider the issues, what outcome would resolve<br>the matter for the resident and whether there are any<br>urgent actions required. | Yes     | This forms part of our complains process and the council<br>aim to resolve all complaints as part of the stage 1<br>process.  |
| 4.5             | Landlords should give residents the opportunity to have<br>a representative deal with their complaint on their behalf,<br>and to be represented or accompanied at any meeting<br>with the landlord where this is reasonable.                                     | Yes     | <ul> <li>Our complaints procedure makes it clear that if residents:</li> <li>need help to make a complaint, they can appoint someone to deal with it on their behalf</li> </ul> |

| Code section           | Code requirement  | Comply? | Evidence, commentary and explanations   |
|------------------------|---|---------|---|
| P<br>20<br><b>9</b> .8 |   |         | <ul> <li>don't have anyone to assist, we can help them find someone independent to speak for them</li> <li>In addition to the above, residents are informed of the following at the complaint acknowledgment stage:</li> <li>"If you require assistance to take forward your complaint, you can appoint a representative to deal with your complaint on your behalf. This individual can accompany you at any meeting with the council if a meeting is required to consider your complaint. If you are considering nominating an individual to represent you, then please pass on the contact details to the council. However, if you require assistance with your complaint, but don't have anyone to help you, please let us know and the council will do all it can to find you an advocate."</li> </ul> |
| <b>4</b> .8<br>80<br>5 | Where a key issue of a complaint relates to the parties'<br>legal obligations landlords should clearly set out their<br>understanding of the obligations of both parties. | Yes     | Points of concern involving legal obligations will be<br>firmed up at the complaint acknowledgment stage. This<br>will allow the council to respond to the concern in<br>question.  |
| 4.9                    | Communication with the resident should not generally identify individual members of staff or contractors.   | Yes     | Council staff are trained on data protection and information will be released on a need-to-know basis and in line with the Data Protection Act.   |
| 4.10                   | Landlords should keep residents regularly updated about the progress of the investigation.  | Yes     | The council aims to respond to all complaints within the timeframes set out within its procedure. If it is known that timeframes cannot be met, the Complaints team will inform the resident of this.   |
| 4.16                   | Landlords should seek feedback from residents in relation to the landlord's complaint handling as part of   | Yes     | Complaints handling feedback is sought by the Complaints team.  |

| Code section | Code requirement  | Comply? | Evidence, commentary and explanations   |
|--------------|---|---------|---|
|              | the drive to encourage a positive complaint and learning culture.   |         |   |
| 4.17         | Landlords should recognise the impact that being<br>complained about can have on future service delivery.<br>Landlords should ensure that staff are supported and<br>engaged in the complaints process, including the<br>learning that can be gained. | Yes     | The council aims to get to it right first time, however we<br>view complaints as a mechanism to improve service<br>delivery. Staff are supported within the council and<br>understand the value of learning from complaints.  |
| 4.19         | Any restrictions placed on a resident's contact due to<br>unacceptable behaviour should be appropriate to their<br>needs and should demonstrate regard for the provisions<br>of the Equality Act 2010.  | Yes     | Restrictions are assessed on a case-by-case basis.<br>Prior to any restrictions being put in place, residents are<br>warned beforehand that any repeat of unacceptable<br>behaviour will result in restrictions being applied.<br>However, at the point of applying restrictions, one form<br>of contact is always offered/provided by the council. |

# Section 5 – Complaint stages

| Code section | Code requirement  | Comply? | Evidence, commentary and explanations  |
|--------------|---|---------|--|
| 5.1          | Landlords must respond to the complaint <b>within</b><br><b>10 working days</b> of the complaint being logged.<br>Exceptionally, landlords may provide an explanation to<br>the resident containing a clear timeframe for when the<br>response will be received. This should not exceed a<br>further 10 days without good reason. | Yes     | The council always aims to respond within 10 working<br>days as a maximum. We do not extend timeframes. If<br>the 10-working day timeframe is not met and the<br>complaint is overdue, the complaints team will continue<br>to keep the resident informed of progress. |
| 5.5          | A complaint response must be sent to the resident when<br>the answer to the complaint is known, not when the<br>outstanding actions required to address the issue, are<br>completed. Outstanding actions must still be tracked and  | Yes     | This is standard practice.   |

| Code section | Code requirement   | Comply? | Evidence, commentary and explanations |
|--------------|--|---------|---------------------------------------|
|              | actioned expeditiously with regular updates provided to the resident.  |         |                                       |
| 5.6          | Landlords must address all points raised in the complaint and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.   | Yes     | This is standard practice.            |
| 5.8          | Landlords must confirm the following in writing to the resident at the completion of stage one in clear, plain language:   | Yes     | This is standard practice.            |
| Page         | <ul> <li>the complaint stage</li> <li>the decision on the complaint</li> <li>the reasons for any decisions made</li> <li>the details of any remedy offered to put things right</li> <li>details of any outstanding actions</li> <li>details of how to escalate the matter to stage two if the resident is not satisfied with the answer</li> </ul> |         |                                       |

# ∞ Mandatory 'must' requirements – Stage 2

| Code section | Code requirement  | Comply? | Evidence, commentary and explanations |
|--------------|---|---------|---------------------------------------|
| 5.9          | If all or part of the complaint is not resolved to the<br>resident's satisfaction at stage one it must be<br>progressed to stage two of the landlord's procedure,<br>unless an exclusion ground now applies. In instances<br>where a landlord declines to escalate a complaint it must<br>clearly communicate in writing its reasons for not<br>escalating as well as the resident's right to approach the<br>Ombudsman about its decision. | Yes     | This is standard practice.            |

| Code section       | Code requirement   | Comply? | Evidence, commentary and explanations   |
|--------------------|--|---------|---|
| 5.10               | On receipt of the escalation request, landlords must set<br>out their understanding of issues outstanding and the<br>outcomes the resident is seeking. If any aspect of the<br>complaint is unclear, the resident must be asked for<br>clarification and the full definition agreed between both<br>parties.   | Yes     | This is standard practice.  |
| 5.11               | Landlords must only escalate a complaint to stage two once it has completed stage one and at the request of the resident.  | Yes     | This is standard practice.  |
| 5.12               | The person considering the complaint at stage two, must<br>not be the same person that considered the complaint at<br>stage one.   | Yes     | Stage 2 complaints are considered independently by the Complaints team.   |
| 5.13<br>Page<br>88 | Landlords must respond to the stage two complaint<br><b>within 20 working days</b> of the complaint being<br>escalated. Exceptionally, landlords may provide an<br>explanation to the resident containing a clear timeframe<br>for when the response will be received. This should not<br>exceed a further 10 days without good reason.  | Yes     | The council always aim to respond within 20 working<br>days as a maximum. We do not extend timeframes. If<br>the 20-working day timeframe is not met and the<br>complaint is overdue, the Complaints team will continue<br>to keep the resident informed of progress. |
| 5.16               | <ul> <li>Landlords must confirm the following in writing to the resident at the completion of stage two in clear, plain language:</li> <li>the complaint stage</li> <li>the complaint definition</li> <li>the decision on the complaint</li> <li>the reasons for any decisions made</li> <li>the details of any remedy offered to put things right</li> <li>details of any outstanding actions</li> <li>if the landlord has a third stage, details of how to escalate the matter to stage 3</li> </ul> | Yes     | This is standard practice.  |

| Code section Code requirement  | Comply? | Evidence, commentary and explanations |
|--|---------|---------------------------------------|
| <ul> <li>if this was the final stage, details of how to escalate<br/>the matter to the Housing Ombudsman Service if the<br/>resident remains dissatisfied</li> </ul> |         |                                       |

# Mandatory 'must' requirements – Stage 3

| Code section       | Code requirement   | Comply? | Evidence, commentary and explanations                             |
|--------------------|--|---------|---|
| 5.17               | Two stage landlord complaint procedures are ideal. This<br>ensures that the complaint process is not unduly long. If<br>landlords strongly believe a third stage is necessary,<br>they must set out their reasons for this as part of their<br>self-assessment. A process with more than three stages<br>is not acceptable under any circumstances.  | Yes     | The council operates a 2-stage process.                           |
| 5.20<br>Page<br>89 | <ul> <li>Landlords must confirm the following in writing to the resident at the completion of stage three in clear, plain language:</li> <li>the complaint stage</li> <li>the complaint definition</li> <li>the decision on the complaint</li> <li>the reasons for any decisions made</li> <li>the details of any remedy offered to put things right</li> <li>details of any outstanding actions</li> <li>details of how to escalate the matter to the Housing Ombudsman Service if the resident remains dissatisfied</li> </ul> | Yes     | This is not applicable as the council operates a 2-stage process. |

# Best practice 'should' requirements – Stage 1

| Code section | Code requirement  | Comply? | Evidence, commentary and explanations  |
|--------------|---|---------|--|
| 5.2          | If an extension beyond 10 working days is required to<br>enable the landlord to respond to the complaint fully, this<br>should be agreed by both parties.   | Yes     | For stage 1 complaints, the council always aim to<br>respond within 10 working days as a maximum. We do<br>not extend timeframes. If the 10-working day timeframe<br>is not met and the complaint is overdue, the Complaints<br>team will continue to keep the resident informed of<br>progress.   |
| 5.3<br>Pag   | Where agreement over an extension period cannot be<br>reached, landlords should provide the Housing<br>Ombudsman's contact details so the resident can<br>challenge the landlord's plan for responding and/or the<br>proposed timeliness of a landlord's response.  | Yes     | This is covered in 5.2 above. In addition to this, the council are clear within complaints communications (e.g., acknowledgments), that the Housing Ombudsman Service may be able to assist the complainant by allowing them the opportunity to engage with the Ombudsman's dispute support advisors. The Ombudsman contact details are provided to allow the complainant to make contact if required. |
| Pagen 90     | Where the problem is a recurring issue, the landlord<br>should consider any older reports as part of the<br>background to the complaint if this will help to resolve<br>the issue for the resident.   | Yes     | This is standard practice within the council.  |
| 5.7          | Where residents raise additional complaints during the<br>investigation, these should be incorporated into the<br>stage one response if they are relevant and the stage<br>one response has not been issued. Where the stage one<br>response has been issued, or it would unreasonably<br>delay the response, the complaint should be logged as a<br>new complaint. | Yes     | This is standard practice within the council.  |

# **Best practice 'should' requirements – Stage 2**

| Code section   | Code requirement   | Comply? | Evidence, commentary and explanations  |
|----------------|--|---------|--|
| 5.14           | If an extension beyond 20 working days is required to<br>enable the landlord to respond to the complaint fully, this<br>should be agreed by both parties.  | Yes     | For stage 2 complaints, the council always aim to<br>respond within 20 working days as a maximum. We do<br>not extend timeframes. If the 20-working day timeframe<br>is not met and the complaint is overdue, the complaints<br>team will continue to keep the resident informed of<br>progress.   |
| 5.15<br>ව<br>හ | Where agreement over an extension period cannot be<br>reached, landlords should provide the Housing<br>Ombudsman's contact details so the resident can<br>challenge the landlord's plan for responding and/or the<br>proposed timeliness of a landlord's response. | Yes     | This is covered in 5.14 above. In addition to this, the council is clear within complaints communications – for example, acknowledgments – that the Housing Ombudsman Service may be able to assist the complainant by allowing them the opportunity to engage with the Ombudsman's dispute support advisors. The Ombudsman contact details are provided to allow the complainant to make contact if required. |

# Best practice 'should' requirements – Stage 3

| Code section | Code requirement  | Comply? | Evidence, commentary and explanations           |
|--------------|---|---------|---|
| 5.18         | Complaints should only go to a third stage if the resident<br>has actively requested a third stage review of their<br>complaint. Where a third stage is in place and has been<br>requested, landlords must respond to the stage three<br>complaint <b>within 20 working days</b> of the complaint<br>being escalated. Additional time will only be justified if<br>related to convening a panel. An explanation and a date<br>for when the stage three response will be received<br>should be provided to the resident. | Yes     | The council does not operate a 3-stage process. |

| Code section | Code requirement   | Comply? | Evidence, commentary and explanations           |
|--------------|--|---------|---|
| 5.19         | Where agreement over an extension period cannot be<br>reached, landlords should provide the Housing<br>Ombudsman's contact details so the resident can<br>challenge the landlord's plan for responding and/or the<br>proposed timeliness of a landlord's response. | Yes     | The council does not operate a 3-stage process. |

# Section 6 – Putting things right

| Code section   | Code requirement  | Comply? | Evidence, commentary and explanations   |
|----------------|---|---------|---|
| 6.1<br>Page 92 | Effective dispute resolution requires a process designed<br>to resolve complaints. Where something has gone<br>wrong a landlord must acknowledge this and set out the<br>actions it has already taken, or intends to take, to put<br>things right.  | Yes     | <ul> <li>The council's process for dealing with complaints is to:</li> <li>acknowledge where things have gone wrong and apologising in these instances</li> <li>make it clear what action will be taken when complaints are upheld</li> <li>offering financial remedies, if relevant</li> </ul> |
| 6.2            | Any remedy offered must reflect the extent of any<br>service failures and the level of detriment caused to the<br>resident as a result. A landlord must carefully manage<br>the expectations of residents and not promise anything<br>that cannot be delivered or would cause unfairness to<br>other residents. | Yes     | The council's complaints procedure sets out a range of remedies that are considered when resolving complaints.  |
| 6.5            | The remedy offer must clearly set out what will happen<br>and by when, in agreement with the resident where<br>appropriate. Any remedy proposed must be followed<br>through to completion.  | Yes     | Remedies offered will be clear and are tracked by the<br>Complaints team, to ensure they are actioned by<br>individual service areas.   |

| Code section | Code requirement  | Comply? | Evidence, commentary and explanations  |
|--------------|---|---------|--|
| 6.6          | In awarding compensation, a landlord must consider<br>whether any statutory payments are due, if any<br>quantifiable losses have been incurred, the time and<br>trouble a resident has been put to as well as any<br>distress and inconvenience caused. | Yes     | All these factors are considered at the point of offering compensation payments. |

# **Best practice 'should' requirements**

| Code section | Code requirement  | Comply? | Evidence, commentary and explanations  |
|--------------|---|---------|--|
| 6.3          | Landlords should look beyond the circumstances of the individual complaint and consider whether anything needs to be 'put right' in terms of process or systems to the benefit of all residents.                    | Yes     | This is standard practice. For example, any changes to process/procedures or reminders for staff (as forms of learning actions), will benefit more than just the complainant, as the learning action should avoid a repeat occurrence. |
| bage 93      | In some cases, a resident may have a legal entitlement<br>to redress. The landlord should still offer a resolution<br>where possible, obtaining legal advice as to how any<br>offer of resolution should be worded. | Yes     | Legal advice will be obtained as and when required.  |

# Section 7 – Continuous learning and improvement

| Code section | Code requirement   | Comply? | Evidence, commentary and explanations  |
|--------------|--|---------|--|
| 7.2          | Accountability and transparency are integral to a positive<br>complaint handling culture. Landlords must report back<br>on wider learning and improvements from complaints in<br>their annual report and more frequently to their<br>residents, staff and scrutiny panels. | Yes     | The council report back on learning and improvement<br>from complaints via its annual report. This report goes to<br>Digital and Demand Board, Directors Board and then<br>onto Standards and Audit Committee. |

| Code section | Code requirement | Comply? | Evidence, commentary and explanations   |
|--------------|------------------|---------|---|
|              |                  |         | Learning from complaints is shared with our Tenants Excellence Panel.   |
|              |                  |         | Learning from complaints is also a key part of our communication schedule, which we have in place as part of this code. |

# Best practice 'should' requirements

| Code section     | Code requirement   | Comply? | Evidence, commentary and explanations  |
|------------------|--|---------|--|
| 7.3<br>Page C    | A member of the governing body should be appointed to<br>have lead responsibility for complaints to support a<br>positive complaint handling culture. This role will be<br>responsible for ensuring the governing body receives<br>regular information on complaints that provides insight to<br>the governing body on the landlord's complaint handling<br>performance.   | Yes     | The council has a lead member with responsibility for<br>complaints. Complaints-related reports go via this<br>member prior to going onto committee.   |
| 9<br><b>7</b> .4 | <ul> <li>As a minimum, governing bodies should receive:</li> <li>regular updates on the volume, categories and outcome of complaints, alongside complaint handling performance including compliance with the Ombudsman's orders</li> <li>regular reviews of issues and trends arising from complaint handling</li> <li>the annual performance report produced by the Ombudsman, where applicable</li> <li>individual complaint outcomes where necessary, including where the Ombudsman made findings of severe maladministration or referrals to regulatory</li> </ul> | Yes     | This information is included within our annual complaints<br>reports.<br>The Housing Ombudsman annual report will be included<br>if this is received in a timely manner. If not, the council<br>still summarise all Housing Ombudsman decisions within<br>its annual report. |

| Code section | Code requirement   | Comply? | Evidence, commentary and explanations  |
|--------------|--|---------|--|
|              | <ul> <li>bodies – the implementation of management<br/>responses should be tracked to ensure they are<br/>delivered to agreed timescales</li> <li>the annual self-assessment against the Complaint<br/>Handling Code for scrutiny and challenge</li> </ul>   |         |  |
| 7.5          | Any themes or trends should be assessed by senior<br>management to identify potential systemic issues,<br>serious risks or policies and procedures that require<br>revision. They should also be used to inform staff and<br>contractor training.  | Yes     | Trends are analysed and are presented to senior<br>management via Digital and Demand Board and<br>Directors Board. |
| 7.6          | Landlords should have a standard objective in relation to complaint handling for all employees that reflects the need to:  |         | This standard objective is in place for all staff who work within the Complaints team.                             |
| Page 95      | <ul> <li>have a collaborative and co-operative approach<br/>towards resolving complaints, working with<br/>colleagues across teams and departments</li> <li>take collective responsibility for any shortfalls<br/>identified through complaints rather than blaming<br/>others</li> <li>act within the Professional Standards for engaging<br/>with complaints as set by the Chartered Institute of<br/>Housing</li> </ul> |         |  |

# Section 8 – Self-assessment and compliance

| Code section   | Code requirement  | Comply? | Evidence, commentary and explanations  |
|----------------|---|---------|--|
| 8.1            | Landlords must carry out an annual self-assessment against the Code to ensure their complaint handling remains in line with its requirements.   | Yes     | This will be undertaken annually.  |
| 8.2            | Landlords must also carry out a self-assessment following a significant restructure and/or change in procedures.  | Yes     | The self-assessment will be undertaken in the event of a significant restructure and/or change in procedures.  |
| 8.3<br>Page 96 | <ul> <li>Following each self-assessment, a landlord must:</li> <li>report the outcome of their self-assessment to their governing body. In the case of local authorities, self-assessment outcomes should be reported to elected members</li> <li>publish the outcome of their assessment on their website if they have one, or otherwise make accessible to resident</li> <li>include the self-assessment in their annual report section on complaints handling performance</li> </ul> | Yes     | <ul> <li>All self-assessments will be:</li> <li>reported to committee</li> <li>published on the council's website</li> <li>included within the annual complaints report</li> </ul> |

# 20 October 2022

ITEM 6

# **Standards and Audit Committee**

# Annual Information Governance Report April 2021 – March 2022

Wards and communities affected:

Key Decision:

Non-key

Report of: Lee Henley – Strategic Lead Information Management

Accountable Director: Jackie Hinchliffe – Director of HR, OD & Transformation

This report is: Public

## Executive Summary

All

- During 2021/22, the council processed 98% of Freedom of Information (FOI) requests within the 20-working day legal timeframe. The Information Commissioner expect public authorities to answer at least 90% on time so this is a positive. Thurrock's performance is based on 903 FOI requests that were processed.
- During the reporting period, the council received 148 Subject Access Requests under the Data Protection Legislation. 91% of these requests were processed within the legal timeframe. The volume of SAR's received for this reporting period has increased by 76% compared to 2020/21.
- The council continue to drive forward its compliance work programme in-line with the Data Protection Act.
- Records Management work activity is captured within Appendix 3. Key work areas include ensuring records are held in-line with the Data Protection Act.

#### 1. Recommendation

#### 1.1 **To note the Information Governance activity and performance**

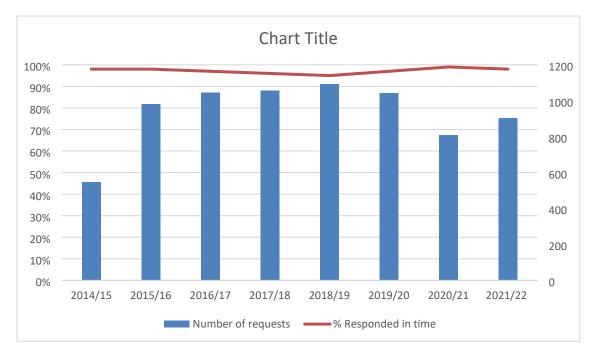
#### 2. Introduction and Background

- 2.1 This report provides an update on the following Information Governance areas:
  - Freedom of Information
  - Data Protection
  - Records Management

# 2.2 **Freedom of Information:**

2.2.1 During the reporting period, 903 FOI requests were recorded on the council's FOI system. The table and graph below details year-on-year volume and performance data since 2014. Since 2014/15, the volume of requests received have increased significantly, however strong performance has been maintained at all times. Appendix 1 provides additional information on FOI data for the reporting period.

| Year    | Number of<br>Requests | % Responded to in time |
|---------|-----------------------|------------------------|
| 2014/15 | 548                   | 98%                    |
| 2015/16 | 980                   | 98%                    |
| 2016/17 | 1046                  | 97%                    |
| 2017/18 | 1056                  | 96%                    |
| 2018/19 | 1093                  | 95%                    |
| 2019/20 | 1042                  | 97%                    |
| 2020/21 | 808                   | 99%                    |
| 2021/22 | 903                   | 98%                    |



2.2.2 There were no closed complaints from the Information Commissioners Office, where they have reached a final decision on FOI cases within the reporting period.

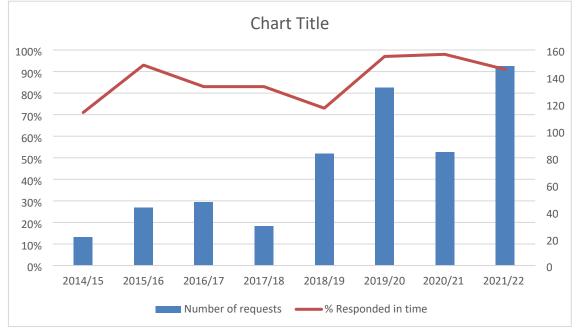
#### 2.3 Data Protection:

- 2.3.1 Subject Access Requests (SAR):
  - The Data Protection Act states that personal information must be processed in accordance with the rights of data subjects. This can result in anybody making a request to the council about any information we hold on them and these are referred to as SARs. Requests can range from very specific records such as

Council Tax, Benefits claim history, Social Care records or to all information held by the council.

- During the reporting period, the council received 148 SAR requests. This is the largest volume of SARs received by the council in any given year. Of the 148 requests, 91% were processed within the legal timeframe.
- The table and graph below details volumes of requests and performance since 2014. Appendix 2 provides a breakdown of subject access requests per Directorate.

| Year    | Volume | Performance<br>within timeframe |
|---------|--------|---------------------------------|
| 2014/15 | 21     | 71%                             |
| 2015/16 | 43     | 93%                             |
| 2016/17 | 47     | 83%                             |
| 2017/18 | 29     | 83%                             |
| 2018/19 | 83     | 73%                             |
| 2019/20 | 132    | 97%                             |
| 2020/21 | 84     | 98%                             |
| 2021/22 | 148    | 91%                             |



- 2.3.2 Data Protection Compliance Appendix 2 provides additional information on general data protection compliance for the reporting period.
- 2.3.3 Below is a summary of complaints from the Information Commissioners Office, where they have reached a final decision on Data Protection related cases within the reporting period.

| Outcome | Complaint | Outcome |
|---------|-----------|---------|
|---------|-----------|---------|

| Complaint received that the<br>council had not responded to a<br>Subject Access Request (SAR)   | The council were not the Data Controller for<br>the SAR and the individual was informed of<br>this. This was accepted by the ICO, however<br>they raised a concern that the council   |
|---|---|
|   | delayed its response to the individual.   |
| Individual was concerned with<br>the way their personal data has<br>been handled. Specifically, the<br>council has shared their<br>personal information containing<br>inaccurate data to a third party<br>without her consent | This related to a data protection incident that<br>had already been considered in-line with the<br>council's procedures. A full response was<br>provided to the ICO back in May 2021, setting<br>out how the council handled the incident. No<br>further responses were received from the ICO |
|   | In addition to the above, the council linked in<br>with the individual in relation to their right to<br>rectification concerns (due to inaccurate<br>data), however the individual chose to not<br>progress this and then made a SAR instead.   |

- 2.3.4 During the reporting period, the council processed 182 data sharing requests. Of the 182:
  - 101 were received from the Police
  - 81 were received from other third parties (e.g., another council)

For sharing requests, the Data Protection Team ensure the request is a valid request in-line with the Data Protection Act. This will include checking that the purpose of sharing is lawful.

#### 2.4 **Records Management:**

- 2.4.1 The council aim to reduce the number of physical records located at on-site and offsite storage locations. Progress on this project is reported via Digital and Demand Board.
- 2.4.2 A records management work programme is in place to drive forward best practice and compliance in relation to the management of electronic records. Appendix 3 provides additional details regarding Records Management work activity.

#### 3. Issues, Options and Analysis of Options

3.1 There are no options associated with this paper.

#### 4. Reasons for Recommendation

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 the council's Information Governance Group and Directors Board.

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

- 6.1.1 The council has effective systems and processes in place for managing Information Governance.
- 6.1.2 The council's ability to comply with information governance legislation demonstrates its commitment to openness and accountability. This will allow residents and customers to have a confidence in what we do and will help build trusting relationships.
- 6.1.3 Access to information can also be closely linked to the Customer Services and ICT Strategies.

#### 7. Implications

#### 7.1 **Financial**

Implications verified by: Jonathan Wilson

#### Assistant Director Finance

There are no specific financial implications from the report and the service response is delivered from within existing resources. It is noted there are significant financial penalties for non-compliance with the Data Protection Act.

#### 7.2 Legal

| Implications verified by: | Gina | Clarke | - | Corporate | Governance | Lawyer | & |
|---------------------------|------|--------|---|-----------|------------|--------|---|
| Deputy Monitoring Officer |      |        |   |           |            |        |   |

Given that this is an update report provided for noting purposes there are no legal implications directly arising from it. The following points are of particular note from a legal compliance perspective:

- Failure to respond to FOI requests within the statutory time limits could lead to complaints to the Information Commissioner Officer (ICO). In addition, it could result in regulatory intervention, as the ICO are now starting to target poor performing councils for the length of time taken to respond to FOI requests, which could lead to reputational damage.
- There are various avenues available to the ICO to address an organisation's shortcomings in relation to the collection, use and storage of personal information. These avenues can include criminal prosecution, non-criminal enforcement and audit. The ICO also has the power to serve a monetary penalty notice on a data controller.

#### 7.3 **Diversity and Equality**

Implications verified by:

#### Natalie Smith - Strategic Lead Community Development and Equalities

There are significant diversity issues for the whole community regarding FOI and Data Protection. The successful implementation of FOI and Data Protection allows our customers, stakeholders, partners, and the public to access and receive information.

7.4 **Other implications (where significant)** – i.e., Staff, Health Inequalities, Sustainability, Crime and Disorder or Impact on Looked After Children

None

## 8. Background papers used in preparing the report

None

## 9. Appendices to the report

Appendix 1 – Freedom of Information

Appendix 2 – Data Protection

Appendix 3 – Records Management

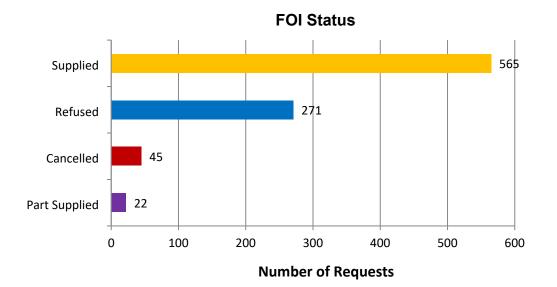
# **Report Author:**

Lee Henley

Strategic Lead Information Management

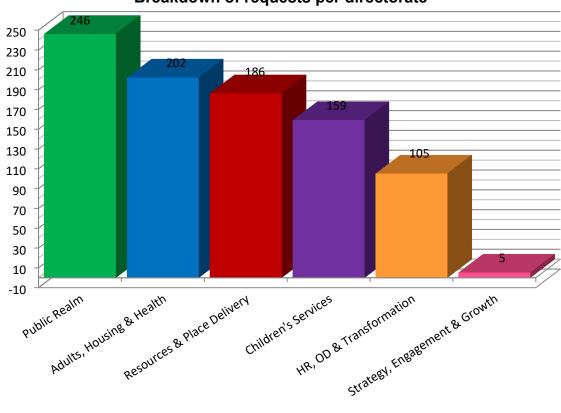
## Appendix 1 - Freedom of Information

The chart below shows that of the 903 requests received in the reporting period, 565 (63%) were supplied with all information requested, 271 (30%) were refused, 45 (5%) were cancelled and 22 (2%) were part supplied.

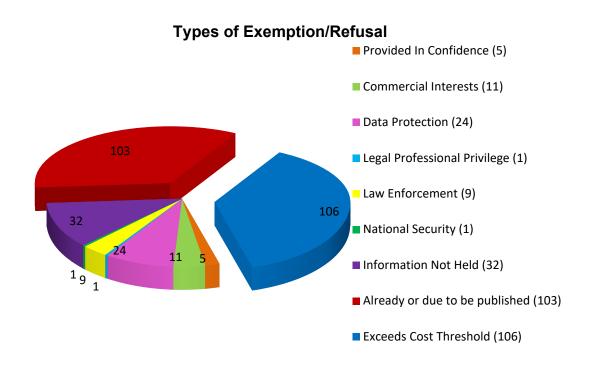


The chart below shows requests received per Directorate. In addition to this, the FOI themes for the larger Directorates (in terms of FOI volumes) are shown below:

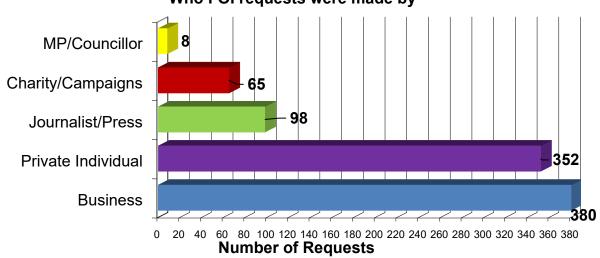
- Adults, Housing Health:
  - Care Packages/Provision
  - Housing stock
- Resources and Place Delivery:
  - Business Rates information
  - Council Tax
- Public Realm:
  - Electric Vehicle Charging
  - o Burials/Cremations
- Childrens:
  - Looked after Children
  - Special Education Needs
- HR, OD & Transformation:
  - o General Staff Enquiries
  - Software Providers and Systems



The chart below shows the type of exemptions and refusals that were applied (based on a total of 293 requests that were part supplied or refused). Please note the chart below may not always balance back to the total number of part supplied or refused requests, as more than one exemption can be applied per request.



The chart below identifies where FOI requests sent into the council originated from.

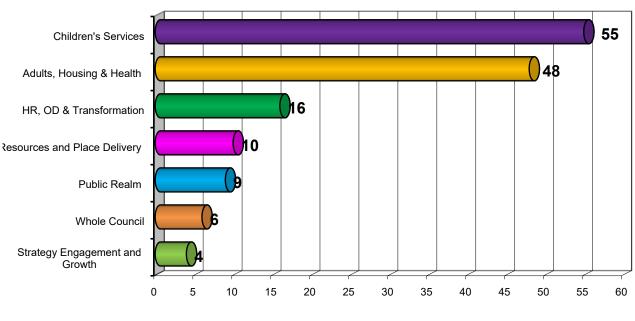


Who FOI requests were made by

## Appendix 2 - Data Protection

#### Subject Access Requests:

The chart below highlights the data owner areas for the 148 requests processed within the reporting period.



#### Subject Access Request - Data Owners

# Number of Requests

# Data Protection compliance across the Council:

Accountability is one of the data protection principles. It makes organisations responsible for complying with the UK GDPR and the Data Protection (DP) Act. Due to this, the council must be able to demonstrate how it complies with both the Regulation and DP Act.

Key to accountability is an evidence base to show compliance. This can be demonstrated in a range of ways including via policies, procedures, privacy notices, data protection impact assessments, staff training, incident management, having a dedicated Data Protection Officer in post and by ensuring effective security arrangements are in place to protect personal data. These information governance requirements are in place at Thurrock and can be evidenced.

A corporate information governance group (IGG) is in place and this Group has identified key information assets on a central Record of Processing Activity (RoPA). At the point new assets are identified and added to the ROPA, the Asset Owner is required to confirm that they will undertake the roles and responsibilities in relation to the asset; re-confirmation is then required on an annual basis along with confirmation that the details recorded in the RoPA are current and correct. These reviews allow any identified risks to be recorded and gaps in compliance to be addressed.

## Appendix 3 - Records Management

## Physical Records:

**Off-Site** - The numbers of boxes containing manual records stored off-site are shown below...



The progress of this project is reported to the council's Digital and Demand Board to ensure records held in boxes are managed in-line with the Data Protection Act.

**On-site** – Approximately 2500 archive boxes are currently stored at various locations within Civic Offices 1. On-site archive stores must be addressed before the building is vacated and a project is on-going to address this.

## Review of electronic data in Objective in-line with the records retention schedule:

The Objective system requires a 'trigger' to assign a disposal review date. For example, the retention of a standard finance file is 6 years; therefore, we need to tell the system the financial year the file relates to. This trigger is usually the date the file will be closed, therefore a finance file for the period 2021/22:

- Will have a closed date of 31 March 2022 entered on the system
- Will be held 6 years from the closed date

Previously disposal review triggers could only be applied post file creation as this was not part of the file creation process in Objective Navigator. Due to this, records were created although a retention trigger was not applied in many cases. However, the requirement to assign a disposal review trigger at file creation has now been resolved using several methods including:

- Workflow capability, as individuals are prompted via workflows to include a retention trigger
- The Records Management Team monitor all new file creations to ensure they have the relevant triggers applied

There are some legitimate reasons for not having disposal review triggers. Examples include an employee file and/or a tenancy file. A trigger cannot be applied in these cases until the member of staff leaves the council and/or a tenant moves out of a council property.

For those records that do have a retention trigger set, Departmental Information Governance Leads have been tasked with driving this forward across their service area including:

- Providing targets/deadlines for completion of tasks
- Escalation to their Assistant Director if required to obtain support and/or to agree a departmental escalation process for non-compliance

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# 20 October 2022

ITEM: 7

## **Standards and Audit Committee**

# In Quarter 2 Refresh of the Strategic/Corporate Risk and Opportunity Register

| Wards and communities affected:      | Key Decision:                  |
|--------------------------------------|--------------------------------|
| All                                  | Non-key                        |
| Report of: Andy Owen, Corporate Risk | and Insurance Manager          |
| Accountable Director: Jonathan Wilso | n, Interim Director of Finance |
| This report is a Public              |                                |

## **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 on the refresh of the register is presented on an annual basis and provide details of how the key risks and opportunities facing the authority are identified and managed.

The Corporate Risk and Insurance Manager has engaged with Services, Department Management Teams, Performance Board and Directors Board during July to September 2022 to refresh the Strategic/Corporate Risk and Opportunity Register.

This report provides Standards and Audit Committee with the key risks and opportunities identified by the review and the revised Strategic/Corporate Risk and Opportunity Register.

- 1. Recommendation(s)
- 1.1 That Standards and Audit Committee note the items and details contained in the Dashboard (Appendix 1).
- 1.2 That Standards and Audit Committee note the 'In Focus' report (Appendix 2), which highlights the higher priority items identified by the review.
- 1.3 That Standards and Audit Committee note the Best Value Inspection of the governance arrangements (including risk management) outlined in sections 2.7 and 2.8 of the report.

## 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 contributes towards the council meeting the requirements of Corporate Governance and the Account & Audit Regulations and is an important part of the Council's overall Performance Management Framework.
- 2.3 In accordance with the ROM Policy, Strategy and Framework regular reviews of the Strategic/Corporate Risk and Opportunity register were undertaken during 2021/22 and reported to Performance Board, Directors Board and Standards & Audit Committee.
- 2.4 The annual review of the Council's ROM arrangements was undertaken in the last quarter of 2021/22. As part of the review the ROM Policy, Strategy and Framework were updated and reported to Standards and Audit Committee 07 July 2022, via Directors Board and Performance Board February 2022.
- 2.5 The refresh of the Strategic/Corporate Risk and Opportunity Register is the first exercise under the updated ROM Framework. The Corporate Risk and Insurance Manager has engaged with Services, Department Management Teams and Performance Board during July to September to refresh the Strategic/Corporate Risk and Opportunity Register.
- 2.6 The review has resulted in some changes to the register (e.g. items refreshed, added or removed).
- 2.7 On 02 September 2022, the Government announced it was intervening at Thurrock Council to address concerns about the authority's investment and borrowing activity and financial situation. Under the intervention package Essex County Council (ECC) have been commissioned to oversee the management of the Thurrock Council's financial resources and affairs, undertake a Best Value Inspection of the governance arrangements (including risk management) and provide support for the development of plans to manage the position. The findings of this work are due to be reported to Government within the next 3 months by ECC.
- 2.8 Any risk management improvement opportunities identified from the inspection will be used to inform plans to further embed the ROM arrangements across the Council and updates on the position will be reported in subsequent papers to Standards & Audit Committee.

## 3. Issues, Options and Analysis of Options

3.1 The outcome of the review is shown in the Dashboard (Appendix 1), In Focus report (Appendix 2) and the following tables.

3.2 Appendix 1 – Dashboard

The dashboard provides a summary of the items in the register mapped against the council's priorities, shows the significance of the risks and opportunities, the ratings for the items along with the management time frames.

## 3.3 Appendix 2 – Risks and Opportunities In Focus report This document highlights the higher priority items identified by the review.

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 order.

**Adult Social Care, Demand, Stability & Market Failure - Risk 2** (Rating: 16 Critical/Very Likely) Adult Social Care has received additional funding in recent years – through a precept as part of the Council Tax and also through the Improved Better Care Fund. A significant proportion of this money has been used to stabilise the marketplace and deliver sustainability for care providers. This has included increasing the capacity of the contract and brokerage team to ensure contract compliance visits and monitoring to take place in a timely manner – reducing or aiding early identification of risks. The introduction of a Brokerage function has also meant that more realistic costs and fees are negotiated. In addition, uplifts have been provided (as described in the risk description) to improve stability and domiciliary care has been retendered. Through the Better Care Fund, we have also been able to enhance capacity through investment in a Bridging Service and through enhancing existing services to ensure that people can come out of hospital when medically fit to do so – even when they are unable to return home. This has helped to reduce Delayed Transfers of Care and Waiting Lists.

The current Covid-19 Pandemic has significantly increased the strain on providers and the system as a whole with demand for home care remaining extremely high. Staffing remains a major issue across both residential and domiciliary care sectors. This is having a direct impact on the number of people we are able to provide care with across the domiciliary care sector leading to the implementation of waiting lists. This means hard decisions having to be made about how and where hours are distributed, which whilst risk assessed, is leading to some people having less care. As a result, additional strain is being placed on family members who are being asked to provide care to their loved ones where formal care capacity remains unavailable. Increased carer breakdown is a real risk. It is unclear as to whether the demand will remain high, outstripping supply, but there seems to be no sign of demand abating. In fact, there is growing evidence that demand emanating from the pandemic is now beyond dispute.

Whilst some additional funding was provided by the NHS to assist with system flow, this has now come to an end, meaning that the Council cannot afford to carry on commissioning certain services – for example providing notice to the Hospital's Bridging Service. Unfortunately, this means that there is likely to be an impact on delays to discharge from hospital and the ability to provide care required as quickly as we would like. This is already starting to be experienced.

Transformation work continues to progress to redesign a system that can respond to some of the current challenges – although some elements and benefits of the work will take time to be realised. Thurrock's Integrated Care Strategy 'A Case for Further Change' has recently been published – detailing existing and future system change activity. At the beginning of 2018, the new domiciliary care contract started with providers now well established within the Borough, although one of the organisations who were successful in the tender process have failed to deliver the capacity contracted for; this is further evidence of the fragility of this market. Work has also taken

place on alternative approaches to traditional domiciliary care, with two Wellbeing Teams now in place. Wellbeing Teams will enable us to identify the model required and will focus on enhancing Wellbeing and not just on meeting needs. It will also look at how to encourage people in to the care industry and to professionalise a caring role.

Despite the work taking place, the risk of market failure and unsustainable demand remains extremely high. The sheer number of challenges faced by the care market and the health and care system as a whole at the current time has led to the risk level being kept at 16.

## Adult Social Care, Care Reforms - Risk 6

(Rating: 16 Critical/Very Likely)

As stated in the risk description, the care reforms will place significant additional burdens on an already stretched social care budget and an already fragile market place. Additional funding is almost certainly likely to fall short of what is required – and even if sufficient funding was available, it is unlikely that the Council would be able to recruit the number of staff required to undertake additional work – both in terms of assessing those who require it as they are now eligible to receive Council service and are below the care cap, and in terms of providing sufficient workforce capacity to provide the additional demand in care.

**Medium Term Financial Strategy 2022/23 to 2024/25 - Risk 25** (Rating: 16 Critical/ Very Likely) Balanced budget for 2022/23 and remaining gap for the subsequent 2 years (2023/24 and 2024/25) reported to Cabinet and Corporate Overview & Scrutiny Committee (CO&SC) January 2022 and approved by Council in February 2022.

The Government has raised concerns around the Council's investment activity, the level of external borrowing and the financial/commercial risks potentially facing the Authority and put in place an intervention package. Essex County Council have been commissioned to oversee the management of the Council's financial resources/affairs and to support the development and implementation of plans to manage the situation.

Officers continue to work to reduce the remaining gap of £2.053m, mitigate further potential risks with the intention of delivering a balanced budget at the end of the financial year (as outlined in the Financial Update Quarter 1 2022/23 report to Cabinet 14 Sept 2022). The Council has worked with the Government, continues to fully co-operate with the appointed Commissioner and independent financial and legal experts to assess the situation. Following the review of the investments the further financial impacts to both the current year and the MTFS will be considered, and plans established to manage the situation as part of budget setting 2023/24. A revised MTFS is scheduled to be presented to Cabinet in Quarter 2. Risk and/action plan to be updated in the next risk management review (Quarter 3).

## Welfare Reform - Risk 5

(Rating: 12 Critical/Likely)

The Authority's ability to manage the effects of the reforms successfully and locally has been reevaluated. In Q3 2022/23 there is an increased risk to income because of the government's decision to restart 'managed migration' in Q2 of those on legacy benefits to Universal Credit. We understand that the DWP plans to notify claimants that they have a three-month deadline to apply for UC and that if they don't apply within that time frame, the DWP will be able to stop their current legacy benefit claim, regardless of their circumstances. In addition, we are concerned that government is still stating that all legacy benefits will be transferred to UC by 2024. If this timeline does not change then the majority of tenants i.e. those on legacy benefits will have to transfer to UC sometime between now and 2024 on what is currently an unspecified timetable.

Overall, it is to be noted that given the high levels of support that officers are required to provide a wide range of claimants affected by such reforms the resourcing of such high numbers transferring from legacy benefits to UC by 2024 is likely to present a real challenge for the Council.

We are taking a wide range of actions to mitigate the risk (as noted in the risk management action plan). The Strategic Welfare Reform Group which was established some years ago to oversee the introduction of the welfare reforms continues to oversee the most recent changes including the rollout of the Universal Credit which we have managed very effectively through our close working relationship with the DWP. We continue to work with Sanctuary Housing to provide appropriate support to tenants who may be experiencing hardship.

#### CSC, Service Standards & Inspection Outcome - Risk 8 (Rating: 12 Critical/Likely)

This risk evaluates the impact of increased demand and resource pressures on children's social care quality of service and provision. The pressures outlined throughout previous years remain acute. They include increased volumes, increased complexity and ongoing activity to review high-cost placements. The service continuously measures impact of the MASH. Thurrock has introduced a Think Family Service drawing together Commissioned and internal services to pool and reduce resource spend. The early help service model and the Thurrock multi-agency safeguarding hub (MASH) has been successful and this is being supported by the implementation of the Think Family Service. The service continues to maximize the external investment and opportunities presented through Supporting Families through continuing to achieving improved and sustained outcomes which means less children needing statutory services.

The service is demand led and cannot fail to respond to the needs of a child due to budget or resource constraints. Changes on a local, regional and national level can have a significant impact on the demand for services and local authorities duties. War such as the war in the Ukraine and international factors can result in an unplanned increase in the number of unaccompanied asylum seeking children or families with no recourse to public funds. Geographical movement of families across the Eastern Region and London can see a rise in families needing services, including large sibling groups. Areas for improvement were identified in the Ofsted (ILAC) 2019 and Focused Visit in July 2021 and a Development Plan has been updated to address identified actions required.

The level and complexity of some children and young people's needs and the lack of available national resources (specialist placements) to meet those needs is driving up cost pressures. As the Council continues to improve practice regarding the identification and tackling of Child Exploitation there is an increase in demand for service provision in terms of intervention; prevention and victim support. Duties in terms of radicalization also place pressures on the service in terms of workforce capacity. Trends can be predicted based on previous levels of demand but these are subject to variance and there has been an increase in youth violence locally.

The pressures outlined above will not be alleviated in the short term and the risk rating will remain at the higher (red) level for the period covered. It is anticipated that there will continue to be court delays regarding management of cases. The lack of available of foster placements and residential placements for children with complex needs remains a national issue.

Regular reporting of CSC performance and plans to CS Overview and Scrutiny Committee and monthly Development Board.

**CSC, Safeguarding & Protecting Children & Young People - Risk 9** (Rating: 12 Critical/Likely) The nature of the work in terms of safeguarding and supporting children at risk of harm means that this will always be a high-risk area although through the application of Local and S.E.T (Southend, Essex & Thurrock) Child Protection procedures the department actively works to mitigate this risk and reduce the likelihood.

The risk of children and young people coming to harm cannot be eliminated and the risk level needs to remain high and ensure clear vigilance across the council and partner agencies. New and emerging risk factors will arise and there is always a potential for agencies 'not knowing, what they don't know' that needs to be guarded against.

Embedding the Multi Agency Safeguarding Hub and Early Offer of Help has supported earlier identification of risk through a multi-agency approach enabling the department to work to intervene at an earlier stage and reduce the risk of harm in some cases. Thurrock Local Safeguarding Children Partnership arrangements is further improving the inter-agency arrangements to safeguard and promote the welfare of children and young people living in Thurrock.

The impact for individual children and families, particularly in cases of child death is significant and whilst actions to reduce the likelihood are implemented the impact will remain as critical. There is also a critical impact score in terms of reputational damage if a child is not safeguarded or should a child death or serious injury occur.

The ongoing nature of risk in child protection and safeguarding is such that despite effective mitigation the acknowledgement of the risk needs to remain high and will not reduce. This is not to say that the risks are unmanageable but for effective management the gravity and complexity of the risk needs to be acknowledged.

Managing this risk places inherent pressures on the Children's Social Care budget as a demand led budget. Effective demand and resource management remain a priority for the service within an overriding context of keeping children safe.

Risk will remain constant throughout the period covered. Regular reporting of performance and progress against plans are shared at CS Overview & Scrutiny Committee and regular monthly Development Board.

## Property Ownership Liability - Risk 10

(Rating: 12 Critical/Likely)

The Council's Property and Facilities Management (FM) functions have previously been outsourced and have been brought back in house in two separate phases, with FM the most recent in April 2020. The coincidence of this with the global pandemic has to a degree meant that the focus on short term actions in relation to the pandemic has been at the expense of a more strategic approach to planning and resourcing.

The ongoing financial challenges faced by local authorities and the changing ways in which services are delivered and people work, many of which have been accelerated during the pandemic, mean that a wholesale review (and thereafter regular ongoing reviews) of the council's property needs and associated policies and strategies (many of which remain as unadopted drafts) is required. These will support the Council's Retain, Reuse, Release approach to property.

The Council has already adopted a Corporate Landlord approach to operational property, but this requires appropriate policies to be finalised, the need for corporate properties to be reviewed and the portfolio reduced with sites being consolidated where appropriate and the Property & FM team appropriately resourced to carry out the review, develop and implement strategies and provide ongoing management. The Council's medium term financial plan needs to reflect this resourcing need, the previous failure to transfer full budgets from services alongside the transfer of property and a backlog of maintenance from when properties were managed by services. This pressure should reduce as the portfolio is rationalised and investment focussed on properties which will be retained in the longer term.

The Council has adopted the Concerto platform as its Asset Management System. Implementation of relevant management modules has commenced alongside the transfer of data. This process needs to be accelerated to ensure that the Council has a full picture of ownership, compliance and risk. Property & FM need to work closely with IT to ensure that the system sits smoothly within the Council wide transition to Microsoft 365.

The lack of appropriate strategies, resources and budgets increases the risk of non-compliance in the operational property portfolio and this needs to be addressed to inform the transition to a smaller, more cost efficient, fit for purpose and ultimately net-zero portfolio.

The closure of CO1 and opening of CO3 together with the changes in working practices and service delivery outlined above mean that it is now appropriate to undertake a review of the Civic Centre to ensure optimum utilisation of the space and effective systems covering health & safety and personal, data and asset security

A Property Board will now be set up to ensure effective decision making, governance and reporting around strategic property matters including asset rationalisation, investment strategy, disposals and engagement with regeneration projects.

An Accommodation Board is also being set up to work with services to ensure effective and properly planned use and reuse of operational assets whilst meeting service needs.

The Property & FM Team has a number of vacancies and is also currently over reliant on a significant number of agency staff. Following the commencement of the new Assistant Director steps are being taken to review the structure and recruit into permanent roles. A challenging recruitment market and current perceptions of the Council's financial position present a risk to achieving this.

The Council also owns and manages a portfolio of investment properties. A review of whether these properties meet the current financial, economic and social priorities of the Council and Borough is overdue. Additional resource will be required in the short term to do this and this should be carried out alongside the development of a Property Investment and Investment Management Strategy.

Properties in the Investment portfolio may be affected by the Minimum Energy Efficiency Standards (MEES) which require that no property with EPC ratings of F or G cannot continue to be leased after 1 April 2023. It is important that Council has a clear understanding and the buildings in its portfolio that may not comply. A significant number of properties still need to be assessed and this will require additional resource. Penalties of between 10 and 20% of the properties rateable value may be applied in the event of breaches.

## Fraud - Risk 20

(Rating: 12 Critical/Likely)

The Counter Fraud and investigation (CFI) department, under Thurrock Council, has an organisational-wide strategy and proactive work plan to monitor and manage the identified risks. A persistent training and education regime is in place, where experts from the service work with staff, contractors, Members and in the council's supply chain to identify and mitigate the risks, and increase awareness.

The council has current and effective policies on Counter Fraud, Bribery & Corruption and Money Laundering which are kept under constant review, with relevant updates being added or removed where appropriate. These policies acknowledge the threats and install an action plan in identified incidents including, civil & criminal litigation and redress to recover any identified losses. Any control weaknesses identified in investigations are rectified in collaboration with the affected services and Internal Audit through SMART Action Plans.

In past years (FY20/21) the council has come under pressure from COVID-19 and the situation has reduced the traditional work that CFI would complete during a year, however that has not meant the team haven't assisted in the fight against fraud. Due to the pandemic the government announced a number of grants that were to be administered by local authorities, these were collectively known as Business Support Grants (BSG). The CFI dept have worked closely with the Revenues team (those responsible for administering the grants) to complete pre and post assurance checks on all applications that were received. This preventative counter fraud work saw 61 grant applications investigated and stopped, saving over £600,000 of potential losses of public funds.

These risks have sat alongside the 'normal' fraud risks that the council faces every day, namely Single Person Discount fraud, Tenancy Fraud, Right To Buy fraud as well as other forms of fraud such as Procurement/Contract fraud. The fraud awareness programmes that were put to all staff will assist with identifying this risk and early intervention is always key to an organisation combating the risk it faces. These have continued and working alongside our alert system, staff are made aware of fraud trends and or known risks.

Covid 19 has also enabled an easier avenue for 'mandate fraud' which has been highlighted to staff, as we are not in the office spaces we once shared on a daily basis, communication is largely placed within the email systems. This can create the opportunity for criminals to compromise email accounts and facilitate a fraud. Where staff would normally be able to speak directly to a colleague, this now does not happen on a regular occurrence and must be brought into the risk faced by the council. CFI have been approached by various councils who have fallen victim to  $\pounds$ 1m+ mandate frauds.

CFI continues to run a programme of proactive work proposed to ensure the council's posture against fraud is robust and effective. Details of the proactive work programme are included in the management action plan for the risk.

The risk remains at 12, as new risks have emerged alongside old risks, the new risks have mitigated measures taken, however it is clear that those measures do not affect the 'attempts' we come across and thus it is felt that the risk to the council remains likely and critical. The council can ill afford a substantial loss of funds at this very critical time.

#### Local Plan - Risk 22b

(Rating: 12 Critical/Likely)

An up-to-date Local Plan is the main way that councils set their planning policies. Previous planning policy documents that have expired do not carry the same weight when it comes to deciding the outcome of a planning application. Without an up-to-date Local Plan, councils can lack the policies they need to prevent inappropriate or damaging development in their area.

In 2014 Thurrock Council committed itself to preparing a new Local Plan. This Plan will set out the planning strategy and priorities for the area and covers issues such as where new housing should

be built, what type of homes are needed, and what additional infrastructure will be required to accommodate those homes. It can also designate land for different purposes, such as residential or industrial, and can give protection from development to open and green spaces.

The new plan will set out a clear strategy for the council area, and for the different communities that make up that local authority. Rather than having to take a fragmented piecemeal approach to each individual development, a up to date Local Plan provides structure and represents a more coordinated and holistic approach to planning and managing growth.

Policies and allocations within the emerging plan will apply to development schemes being promoted by private individuals, businesses and organisations as well as schemes being put forward by the council and other public sector organisations.

Preparing a Local Plan in an area such as Thurrock can be very complex as there are lots of competing land pressures (balancing the need for new homes, against economic growth and the need to protect and enhance green infrastructure assets), several Nationally Significant Infrastructure Projects which have the potential to come forward or commence within the Plan Period and potential changes to the national planning system. For a Plan to be successful and to appropriately balance these competing pressures we need to ensure that the plan making process is supported by robust evidence and that all key stakeholders including locally communities have been given appropriate opportunities to feed into and shape the Plan.

**Housing Needs and Homelessness - Risk 3** (Rating: 12 Substantial/Very Likely) The C-19 pandemic saw a ban on evictions and the closure of Courts which, having reopened, are now clearing the backlog. There is a nationwide increase in Evictions of 158% according to Govt statistics. The current inflationary pressures and supply side issues detailed in the risk have seen more Thurrock residents accruing rent arrears and facing eviction with all economic indicators suggesting this will continue throughout 22/23. Neighbouring Authorities (particularly London LAs) are placing individuals and families in high volumes further saturating the Private Rental Sector market and driving up prices. Landlords are evicting for rent arrears and to achieve higher rents (above Local Housing Allowance) on their units. Landlords are insisting on large incentive payments, circa £3-5k, to grant an assured shorthold tenancy to someone on means tested benefits without a guarantor.

In the final year pre-HRA17 (2017-18), 1395 households approached the council for assistance with homelessness. The numbers of households approaching the council has been consistently higher since, with 1638 households approaching in 2018-19, 2026 households approaching in 2019-20, 1823 households approaching in 2020-21 and 1821 households approaching in 2021-22. This represents a 30% increase in approaches since the HRA17 was introduced, and the number of approaches is likely to have been higher had it not been for the action taken to protect renters during the COVID-19 pandemic. Through Q1 2022/23, 495 households approached the council for assistance with homelessness – this represents the most Q1 approaches since 2019/20 (494).

One of the most common reasons for homelessness in Thurrock remains the termination of an assured short hold tenancy. These most marked trend is for these evictions from assured shorthold tenancies are driven not by rent arrears or any other 'tenant fault' grounds, but by the landlord opting to evict the current tenant and re-let the property at a higher rent for the reasons set out above.

Thurrock's strategic geographical location (adjacent to London with excellent transport links) makes it an affordable and desirable area. The lower quintile housing market value is a realistic housing option when compared to London. As such, and in the light of London's scarce housing affordability, moving to Thurrock is increasingly an option which families now living in London are considering.

The Council's Homelessness Prevention and Rough Sleeping Strategy represents an ambitious approach rooted by the fundamental principle that homelessness is not simply a housing issue, but is instead a complex social challenge requiring true collaboration to tackle effectively. A Homelessness Partnership Board has been established which aims to achieve the key strategic aims included within the Strategy document. These will be reached having a jointly developed and owned action plan, where successful outcomes will be delivered by leveraging the collective knowledge, experience, influence and expertise of the range of board members and their

respective organisations.

Work is ongoing to reduce the use of, and thereby costs of, Temporary Accommodation (TA) in the private rented sector however the use of the council's own stock for temporary accommodation will have a detrimental impact on the availability of properties to applicants on the Housing Register. Housing Solutions are working with homeless households and private landlords to secure longer term private sector tenancies by incentivising landlords.

Last year Housing had a business case approved which utilised 'Right to Buy' receipts, combined with HRA prudential borrowing, to purchase properties in line with need. These were initially used to move people on from expensive nightly purchase TA into units incorporated into tenancy managements general needs stock. Further units were purchased which are to be used as 'Furnished Lets' as a cost-effective way of providing our own TA and maintaining homeless households within Thurrock. There is a new business case being considered under the 'transformation plan' to further expand this project.

#### **Cost of Living Fuel Poverty - Risk 7**

(Rating: 12 Substantial/Very Likely)

The Authority's ability to successfully manage the effects of the cost of living increases locally will be re-evaluated and overseen by groups such as the corporate fuel poverty group. Overall, the ability of service users to deal with this issue is a challenge and it is noted that Council workers increasingly have to provide higher levels of support to a wide range of claimants and people affected.

We are taking a wide range of actions to mitigate the risk as noted in the management action plan for the risk. We continue to work with Sanctuary Housing to provide appropriate support to tenants who may be experiencing hardship. Financial Inclusion Officers are tasked with dealing with all new claims to Universal Credit and complex or amended circumstance cases.

Major Projects (Place Delivery) - Risk 12 (Rating: 12 Substantial/Very Likely) The Thurrock growth programme crosses many disciplines within the Council. It requires significant programme management capacity from the Regeneration team to lead the programme alongside a joined up approach with other areas of the authority to ensure that relevant specialisms are brought in as required and programmes and strategies are complementary. Investment needs to be committed to project development stages before outputs and benefits are realised, significant levels of funding are committed at risk to prove feasibility and investment then needs to continue to secure the benefits from the initial funding. External funding is committed to numerous projects, whilst this reduces the financial burden to the Council, compliance with funding agreements must be achieved to ensure the Council is not exposed financially via claw back mechanisms. Projects span numerous financial years and have to be able to respond to changing market, policy and financial conditions. Strong project and programme managers are essential to ensuring that delivery stays on track and investment secures value for money outputs. Increasing resource capacity in the team via Matrix has provided some additional support and capability. The project portfolio could benefit from significant external funding which will put additional pressure on the existing staff resource as more projects are developed. Momentum needs to be maintained in the ongoing restructure to improve working approaches and secure additional resource.

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

**Investing in Growth - Opportunity 23** (Rating: 16 Exceptional/Very Likely) The Council has successfully secured significant amounts of Local Growth Fund, Getting Building Fund and other funds such as a £1.2m allocated under the UK Shared Prosperity Fund (Core) and £1.1m under the UKSPF (Multiply – Skills) to directly deliver projects and programmes that benefit local residents and businesses directly or through investment infrastructure and programmes. The results of the Towns Fund applications submitted in early 2021 have been announced and have secured, in principal, around £40m investment in Thurrock subject to business cases and due diligence. The Government has designated Thames Freeport. A formal decision from Government on Thames Freeport Business Case is expected in November / December 2022. The Freeport presents an opportunity to support projects through retained business rates to further invest in growth opportunities and support local communities in Thurrock, aligned to wider Thames Freeport objectives – levelling up and skills; innovation and net zero; and trade and investment.

**Backing Thurrock Strategy & Action Plan - Opportunity 24** (Rating: 12 Exceptional/Likely) Backing Thurrock strategy and action plan adopted by Cabinet March 2021. The Action Plan includes a series of projects and initiatives that together seek to maximise the benefits to the local economy from growth in the borough. The Governance and monitoring arrangements for the strategy are in place. Successes to date include delivery of COVID grants programme (£35m implemented); secured and implemented Welcome Back Fund and Community Renewal Fund projects and programmes; delivered Thurrock Enterprise Week; implementation of LoCASE and CLLD programmes; securing cultural development funding for Thameside Theatre and HHPP; and delivered Thames Freeport bid and business cases to support economic growth and regeneration / levelling up across Thurrock.

Available resource is being targeted at the most important priorities and projects in the programme highlighted in the action plan.

Good progress continues to be made but capacity issues mean that most important actions are being prioritised. Progress against key actions in line with the programme plan/management action plan for the opportunity. Forecast rating 12 to reflect delivery in year.

- 3.4 For members information the Criteria Guide for Impact and Likelihood levels are included under Appendix 3 to show the guidelines used to rate and prioritise the items.
- 3.5 Some items have been removed as a result of the exercise and the details are summarised in the following table:

Items in alphabetical order

## A13 Widening Scheme - Risk

Work complete to widen the A13 and the road open to traffic from 01/05/2022 and therefore the risk relating to the capacity to deliver the project no longer appropriate, and the item removed from the register.

#### Delivery of MTFS 2021/22 to 2023/24 - Risk

Item for 2021/22 managed, removed from register and replaced by new risk for the Medium-Term Financial Strategy 2022/23 - 2024/25, see new risk 25.

## Impact of Coronavirus - Risk

Focus moved from response to recovery and living with COVID and therefore the risk relating to the Council failing to respond or deal with the situation no longer applicable and the item removed from the register.

#### Pay Review, Phase 2 (Allowances) - Risk

Majority agreement (2 of the 3 Trade Unions) obtained as of 01 July 2022 and therefore the ongoing risk to the Council of the impact of the review reduced. Item removed from the register.

## Treasury Management & Investment Strategy - Opportunity & Risk

The Council's investment strategy has been paused for new activity and the opportunity removed from the register. The Government has raised concerns around the Council's investment activity, the level of external borrowing and the financial/commercial risks facing the authority and put in place an intervention package. Essex County Council have been commissioned to oversee the management of the Council's financial resources/affairs and to support the development and implementation of plans to manage the situation. Investment risk incorporated in and replaced by new risk item/management action plan for the Medium Term Financial Strategy 2022/23 - 2024/25, see new risk 25.

# 3.6 The whole register has been filed on Objective under the shared file for Risk and Opportunity Management

## 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 on the refresh of the register is presented on an 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 and Insurance Manager has engaged with Services, Department Management Teams, Performance Board and Directors Board to refresh the Strategic/Corporate Risk and Opportunity Register.
- 5.2 The refreshed Strategic/Corporate Risk and Opportunity Register was presented to Directors Board 28 September 2022 and Performance Board representatives 09 September 2022

# 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: **Dammy Adewole** 

## Senior Management Accountant

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: Gina Clarke,

Corporate Governance Lawyer and Deputy Monitoring Officer The Accounts and Audit Regulations 2015 requires the Council to have in place a sound system of internal control which includes effective arrangements for the management of risk. Effective risk and opportunity management and the processes underpinning it will provide a more robust means for ensuring that the Council's business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently, and effectively.

## 7.3 **Diversity and Equality**

Implications verified by: Rebecca Lee,

# Team Manager, Community Development and Equalities

The management of risk and opportunities provides an effective mechanism for monitoring and addressing 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 statutory equality duties, specifically, the Equality Act 2010 and Public Sector Equality Duty.

7.4 **Other implications** (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder and Impact on Looked After Children)

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, July 2022. The document can be accessed via the following shared Risk and Opportunity Management file on Objective: <u>https://edrms.thurrock.gov.uk:443/id:fA1213633</u>

## 9. Appendices to the report

- Appendix 1 Dashboard
- Appendix 2 In Focus report
- Appendix 3 Criteria Guide for Impact and Likelihood

## **Report Author:**

Andy Owen Corporate Risk and Insurance Manager

## Dashboard Table - Strategic/Corporate Risk & Opportunity Register July 2022

Appendix 1

|                            |  | Ris                             | sks                   |                        |                       |                       |            |          |          |
|----------------------------|--|---------------------------------|-----------------------|------------------------|-----------------------|-----------------------|------------|----------|----------|
| Risk Ref                   |  | Director / AD or                |                       | Previous Ratings       | ;                     | Latest Rating         |            | For      | recast   |
| Priority                   | Risk Heading   | Strategic Lead                  | In Qtr 2<br>(2021/22) | In Qtr 3<br>(2021/22)  | In Qtr 4<br>(2021/22) | In Qtr 2<br>(2022/23) | DOT        | Rating   | Date     |
|                            | People - A borough v   | where people of all age         | es are proud to w     | vork and play, li      | ve and stay           |                       |            |          |          |
| High o                     | quality, consistent and accessible public services which are righ  | t first time                    |                       |                        |                       |                       |            |          |          |
| 4                          | Fire Safety Housing Stock  | Ewelina Sorbjan                 | 8                     | 8                      | 8                     | 8                     | <b>→</b>   | 8        | *31/03/2 |
| 15                         | Cyber Security   | Andy Best                       | 6                     | 6                      | 9                     | 9                     | <b>→</b>   | 9        | *31/03/2 |
| 17                         | Waste Strategy for Thurrock  | Julie Rogers                    | 12                    | 12                     | 12                    | 6                     | ◆          | 6        | 31/08/2  |
| 18                         | Emergency Planning   | Cheryl Wells                    | 6                     | 6                      | 6                     | 6                     | <b>→</b>   | 6        | *31/03/2 |
| 19                         | Business Continuity Planning   | Cheryl Wells                    | 9                     | 9                      | 9                     | 6                     | →          | 6        | 31/03/2  |
| 20                         | Fraud  | David Kleinberg                 | 12                    | 12                     | 12                    | 12                    | +          | 12       | *31/03/2 |
| 25                         | Medium Term Financial Strategy 22/23 - 24/25 (New)   | Jonathan Wilson                 | -                     | -                      | -                     | 16                    | N/A        | 8        | *28/02/2 |
| Puild                      | an our partnerships with statutory community valuntary and fai   | th groups to work togot         | hor to improve he     | l<br>alth and wallhain |                       |                       |            |          | <u> </u> |
| Dulla                      | on our partnerships with statutory, community, voluntary and fai<br>ASC Demand, Stability and Market Failure | Les Billingham                  |                       |                        | 9<br>16               | 16                    | _          | 16       | *31/03/2 |
| 2                          | Housing Needs and Homelessness   | Ewelina Sorbjan                 | 16<br>9               | 16<br>9                | 9                     | 16<br>12              | →          | 16<br>12 | *31/03/2 |
| 3                          | Welfare Reform   | Peter Doherty                   | 9                     | 9                      | 9                     | 12                    |            | 12       | *31/03/2 |
| 5                          |  |                                 | -                     | -                      | -                     | 12                    | N/A        | 12       | 30/09/2  |
| $\mathbf{D}_{\frac{6}{7}}$ | ASC Care Reforms (New)<br>Cost of Living Fuel Poverty (New)  | Les Billingham<br>Peter Doherty | -                     | -                      | -                     | 10                    | N/A<br>N/A | 8        | 31/03/2  |
| <u>)</u> (<br>) 8          | CSC Service Standards & Inspection Outcome   | Janet Simon                     | 12                    | 12                     | 12                    | 12                    | N/A<br>➡   | 12       | *31/03/2 |
| 28<br>29                   | CSC Safeguarding & Protecting Children &Young People   | Janet Simon                     | 12                    | 12                     | 12                    | 12                    | →<br>→     | 12       | *31/03/2 |
| → 21                       | Failure to Comply With the Prevent Duty 2015   | Julie Rogers                    | 8                     | 8                      | 8                     | 8                     | →          | 8        | *31/03/2 |
|                            |  |                                 |                       | _                      |                       | 0                     | 7          | 0        | 51/03/2  |
| )                          |  | neritage-rich borough           | which is ambitic      | ous for its future     | )                     |                       |            |          |          |
| Roads                      | s, houses and public spaces that connect people and places   |                                 |                       |                        |                       |                       |            |          |          |
| 11                         | Lower Thames Crossing  | Colin Black                     | 9                     | 9                      | 9                     | 9                     | →          | 9        | *31/03/2 |
| 16                         | Highway Funding and Standard   | Julie Nelder                    | 9                     | 9                      | 9                     | 9                     | →          | 9        | *31/03/2 |
| Fowo                       | public buildings with better services  |                                 |                       |                        |                       |                       |            |          | <u> </u> |
| 10                         | Property Ownership Liability   | Mark Bradbury                   | 12                    | 12                     | 10                    | 12                    | <b>→</b>   | 10       | *31/03/2 |
| 10                         |  | Mark Draubury                   |                       | 12                     | 12                    |                       |            | 12       | 51/03/2  |
|                            | Prosperity - A b   | orough which enables            | s everyone to acl     | hieve their aspi       | rations               |                       |            |          |          |
| Attrac                     | tive opportunities for businesses and investors to enhance the I   | ocal economy                    |                       |                        |                       |                       |            |          |          |
| 12                         | Major Projects (Place Delivery)  | Keith Rumsey                    | 12                    | 12                     | 12                    | 12                    | →          | 12       | *31/03/2 |
| 22b                        | Local Plan   | Julie Rogers                    | 12                    | 12                     | 12                    | 12                    | +          | 12       | *31/03/2 |
|                            |  |                                 |                       |                        |                       |                       |            |          | L        |

\* = The date applies to when the risk/management action plan documentation will be refreshed (e.g. used for medium/long term risks, where the risk circumstances are expected to change over a period of time). Priority: Red = High, Amber = Medium, Green = Low. Ratings: Lower is best DOT: Latest v Previous Rating (→ Static, ↑ Increased, ♥ Decreased)

# Dashboard Table - Strategic/Corporate Risk & Opportunity Register July 2022

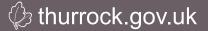
Appendix 1

|   |  | Opportu  | inities                  |   |                               |                          |             |                |           |  |  |  |  |
|---|--|--|--------------------------|---|-------------------------------|--------------------------|-------------|----------------|-----------|--|--|--|--|
| Opp Dof /                                 |  | Director / AD or   |                          | Previous Ratings                                  | ;                             | Latest Rating            |             | Foi            | recast    |  |  |  |  |
| Opp Ref /<br>Priority                     | Opportunity Heading  | Strategic Lead   | In Qtr 2<br>(2021/22)    | In Qtr 3<br>(2021/22)                             | In Qtr 4<br>(2021/22)         | In Qtr 2<br>(2022/23)    | DOT         | Rating         | Date      |  |  |  |  |
|   | People - A borough v   | where people of all ages   | are proud to w           | vork and play, li                                 | ve and stay                   |                          |             |                |           |  |  |  |  |
| <ul> <li>High qι</li> </ul>               | uality, consistent and accessible public services which are righ   | t first time   |                          |   |                               |                          |             |                |           |  |  |  |  |
| 14  | Digital Council Programme  | Jackie Hinchliffe  | 9                        | 9   | 9                             | 9                        | →           | 9              | *31/03/23 |  |  |  |  |
| Build o                                   | n our partnerships with statutory, community, voluntary and fai  | th around to work togethe  | r to improve her         | l   | a                             |                          |             |                |           |  |  |  |  |
| • Build 0                                 | Id on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing         Health & Social Care Transformation       Les Billingham       6       6       6       7                     |  |                          |   |                               |                          |             |                |           |  |  |  |  |
| -   |  | Les Billingham   | 0                        | 0   | 0                             | 0                        | 7           | 6              | *31/03/23 |  |  |  |  |
|   | Place - A  | heritage-rich borough w  | hich is ambitio          | ous for its future                                | )                             |                          |             | -              |           |  |  |  |  |
| <ul> <li>Roads,</li> </ul>                | , houses and public spaces that connect people and places  |  |                          |   |                               |                          |             |                |           |  |  |  |  |
| 13  | Thurrock Regeneration Ltd  | Keith Rumsey   | 9                        | 9   | 9                             | 9                        | →           | 9              | *31/03/23 |  |  |  |  |
|   | Brosperity A b   | orough which enables   | worwong to ac            | hiovo thoir achi                                  | rations                       |                          |             |                |           |  |  |  |  |
| <ul> <li>Attracti</li> </ul>              | ive opportunities for businesses and investors to enhance the l  |  | everyone to act          | nieve their aspi                                  | auons                         |                          |             |                |           |  |  |  |  |
| <ul> <li>Alliacti</li> <li>22a</li> </ul> | Local Plan (New)   | Julie Rogers   | _                        | _   | _                             | 8                        | N/A         | 12             | 31/07/23  |  |  |  |  |
| 22a                                       | Investing in Growth  | Gerard McCleave  | 12                       | 16  | 16                            | 16                       | →           | 12             | 31/03/23  |  |  |  |  |
| D 23                                      | Backing Thurrock Strategy & Action Plan  | Gerard McCleave  | 8                        | 12  | 12                            | 10                       | →<br>→      | 10             | 31/03/23  |  |  |  |  |
| <del>ມ 24</del>                           |  |  | 0                        | 12  | 12                            | 12                       | -           | 12             | 31/03/23  |  |  |  |  |
| 9 12 <sup>4</sup>                         | <u>Forecast Date</u> : Retained = The opportunity is managed to the required level but ongo<br>Removed = The opportunity is removed from the S/C R&O Register (e.<br>* = The date applies to when the opportunity/management action plan<br>time). | g. opportunity realised or managed<br>documentation will be refreshed (e | I to the required level) | . For items managed to<br>ong term opportunities, | where the opportun            | ity circumstances are ex | pected to c | hange over a p |           |  |  |  |  |
| + <b>-</b>                                | Priority: Gold = High, Silver = Medium, Bronze = Low.  | Ratings: Higher is best  |                          | DC  | <u>DT</u> : Latest v Previous | s Rating (🗲 Static, 🛧 Ir | ncreased, 🎙 | Decreased)     |           |  |  |  |  |

# Strategic/Corporate Risk & Opportunity Register July 2022

# In Focus Report

The items are split between Risk & Opportunity and listed in Priority (Rating) and then Reference Number Order.



**Risks In Focus** 

Impact

## UNMANAGED / INHERENT RISK

| Risk Description   |  |  |   |  |   |   |  |   | Ris        | k Owner                              |
|--|--|--|---|--|---|---|--|---|------------|--------------------------------------|
| The risk is that a combination<br>addition, there is a risk that<br>ASC external placements to<br>Meeting demand would me<br>also unaffordable. The dom<br>stability, but difficulties rem<br>demand for care following to<br>precept and some funding<br>meant hard decisions about<br>and ongoing Covid-19 parts<br>nation are dependent upon<br>significant increase in dem<br>issue, compounded by the<br>Link to Corporate Priority<br>Paople - A borough where<br>together to improve health | t pressures emana<br>budget. Whilst the<br>ean significantly in<br>hiciliary care rate h<br>hain. For example<br>the pandemic now<br>through the NHS I<br>at what is affordabl<br>demic has highligh<br>the market to pro<br>and for care which<br>National Living W<br>people of all ages | ating from the<br>creasing avail<br>has been increa-<br>issues conce<br>having an im<br>linked to ensu<br>le needing to h<br>hted the press<br>ovide care for t<br>n is pushing pr<br>age. Despite | Pandemic and loc<br>given additional re<br>able capacity. No<br>eased with the rete<br>erning recruitment<br>pact on delayed d<br>ring discharge and<br>be taken. There is<br>ures on the adult<br>the some of the Co<br>rovider capacity and<br>activity over the la | k down per<br>source in the<br>t only is it d<br>ender of the<br>and retenti<br>ischarges.<br>d system flo<br>s therefore<br>social care<br>ountry's mo<br>nd budgets<br>ast 18 mont | iod will place une form of uplif<br>ifficult to recruit<br>domiciliary caton. Hospital caton. Hospital caton<br>There has been<br>we through the<br>continuing risk<br>market and the<br>st vulnerable p<br>further still. For<br>hs, the risk of f | nsustainable of<br>s, they fall sho<br>t staff required<br>re contract – t<br>apacity remain<br>on some additi<br>pandemic whi<br>to stability and<br>extent to whi<br>eople. Covid-<br>r providers, fe<br>ailure is still ve | demand o<br>ort of wha<br>d to provic<br>his has re<br>is an issue<br>onal fundi<br>ch is due<br>d affordab<br>ch local a<br>19 has al<br>es and ra<br>ery real. | In the Council's<br>t is requested.<br>de demand, but it<br>sulted in greater<br>e, with increased<br>ing via the ASC<br>to cease. This ha<br>ility. The recent<br>uthorities and the<br>so led to a<br>ites are still an | is         | Billingham                           |
| Inherent Risk Rating   |  | Date:  | 18/07/2022  | Impact:  | Critical (4)  | Likeli  | hood:  | Very Likely (4)   | Rating     | 16                                   |
| 27   |  | ·  |   | DASH   | BOARD   | ·   | ·  |   |            |                                      |
| Inherent Risk Rating & Date: 18/07/2022  | Residual Risk R<br>as at: 18/07/2022   |  | Residual Risk Rat<br>as at:   | ing  | Residual Risk<br>as at:   | Rating  | Residua<br>as at:  | al Risk Rating  |            | ecast Risk Rating &<br>e: 31/03/2023 |
| 4         8         12         16           3         6         9         12           2         4         6         8           1         2         3         4   | Likelih<br>2 4   | 12     16       9     12       6     8       3     4   | 4         8         12           3         6         9           2         4         6           1         2         3  |  | 4         8           3         6           2         4           1         2   | 12     16       9     12       6     8       3     4  | 4<br>3<br>2<br>1   | 8         12         16           6         9         12           4         6         8           2         3         4  | Likelihood | 4812163691224681234                  |

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#### Comments

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Adult Social Care has received additional funding in recent years – through a precept as part of the Council Tax and also through the Improved Better Care Fund. A significant proportion of this money has been used to stabilise the marketplace and deliver sustainability for care providers. This has included increasing the capacity of the contract and brokerage team to ensure contract compliance visits and monitoring to take place in a timely manner – reducing or aiding early identification of risks. The introduction of a Brokerage function has also meant that more realistic costs and fees are negotiated. In addition, uplifts have been provided (as described in the risk description) to improve stability and domiciliary care has been retendered. Through the Better Care Fund, we have also been able to enhance capacity through investment in a Bridging Service and through enhancing existing services to ensure that people can come out of hospital when medically fit to do so – even when they are unable to return home. This has helped to reduce Delayed Transfers of Care and Waiting Lists.

The current Covid-19 Pandemic has significantly increased the strain on providers and the system as a whole with demand for home care remaining extremely high. Staffing remains a major issue across both residential and domiciliary care sectors. This is having a direct impact on the number of people we are able to provide care with across the domiciliary care sector leading to the implementation of waiting lists. This means hard decisions having to be made about how and where hours are distributed, which whilst risk assessed, is leading to some people having less care. As a result, additional strain is being placed on family members who are being asked to provide care to their loved ones where formal care capacity remains unavailable. Increased carer breakdown is a real risk. It is unclear as to whether the demand will remain high, outstripping supply, but there seems to be no sign of demand abating. In fact, there is growing evidence that demand emanating from the pandemic is now beyond dispute.

Whilst some additional funding was provided by the NHS to assist with system flow, this has now come to an end, meaning that the Council cannot afford to carry on commissioning certain services – for example providing notice to the Hospital's Bridging Service. Unfortunately, this means that there is likely to be an impact on delays to discharge from hospital and the ability to provide care required as quickly as we would like. This is already starting to be experienced.

The beginning of 2018, the new domiciliary care contract started with providers now well established within the Borough, although one of the organisations who were specessful in the tender process have failed to deliver the capacity contracted for; this is further evidence of the fragility of this market. Work has also taken place on alternative approaches to traditional domiciliary care, with two Wellbeing Teams now in place. Wellbeing Teams will enable us to identify the model required and will focus on enhancing Wellbeing and not just on meeting needs. It will also look at how to encourage people in to the care industry and to professionalise a caring role.

Despite the work taking place, the risk of market failure and unsustainable demand remains extremely high. The sheer number of challenges faced by the care market and the health and care system as a whole at the current time has led to the risk level being kept at 16.

#### EXISTING ACTION / RESIDUAL RISK

| Man | agement Action or Mitigation Already in Place   | Date<br>Implemented |
|-----|---|---------------------|
| 1.  | New Domiciliary Care Contract   | Implemented or      |
| 2.  | Uplifts for providers   | on-going            |
| 3.  | Development of New Model of Care – Wellbeing Teams  |                     |
| 4.  | Prevention agenda – e.g. Stronger Together, identification and management of Long Term Conditions, Enhanced Primary Care                          |                     |
| 5.  | Market Development Strategy   |                     |
| 6.  | Market Diversification – e.g. through Micro Enterprises, Shared Lives   |                     |
| 7.  | Better Care Together Health and Social Care Transformation Programme  |                     |
| 8.  | Implementation and evaluation of Wellbeing Teams pilot  |                     |
| 9.  | Market place diversification  |                     |
|     | Workforce Development Strategy – establishment and implementation of regional strategy  |                     |
| 11. | Additional Funding – Temporary resilience payments, arrangements to assist with cash flow and additional infection control allocated to providers |                     |
| 12. | Arrangement made with some micro enterprises to enable greater capacity for providing support in the home   |                     |

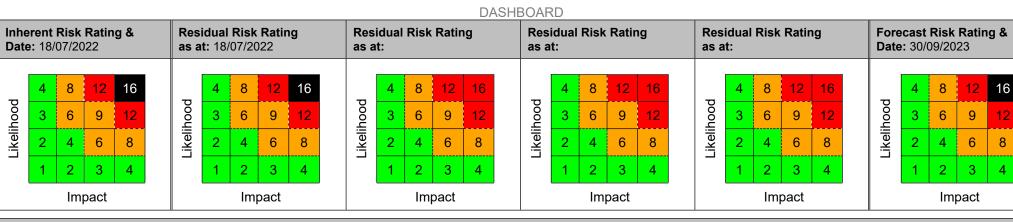
| <ol> <li>Development of a transformation pla<br/>support within the home.</li> <li>Constant review of spend – e.g. rev</li> </ol> |                   | 0 0                   | <b>.</b> . |                |          |               |                 | very of | Dec 2021<br>Ongoing |
|---|-------------------|-----------------------|------------|----------------|----------|---------------|-----------------|---------|---------------------|
| Residual Risk Rating  | Date:             | 18/07/2022            | Impact:    | Critic         | al (4)   | Likelihood:   | Very Likely (4) | Rating: | 16                  |
|   |                   | RTHER ACTION /        | FORECAST F |                |          | SIDUAL RISK   |                 |         |                     |
| Further Management or Mitigating Act  | ion               |                       | Date       |                | Progress |               |                 |         |                     |
| 15. Continuation and review of manage   | ment action 1-14  | 4                     | From July  | From July 2022 |          | ng – see comm | nents table.    |         |                     |
| Forecast Risk Rating  | Forecast<br>Date: | Refresh<br>31/03/2023 | Impact:    | Critic         | al (4)   | Likelihood:   | Very Likely (4) | Rating: | 16                  |
| Revised Residual Risk Rating  | Date:             |                       | Impact:    |                |          | Likelihood:   |                 | Rating: |                     |

Corporate Risk No. 6 / Adult Social Care, Care Reforms

2022 / 23

## UNMANAGED / INHERENT RISK

| Risk   | Description   |  |  |   |  |   |   | Risk Ov                               | wner                |
|--|---|--|--|---|--|---|---|---------------------------------------|---------------------|
| care c<br>their lo<br>to pay<br>toward<br>The cl | October 2023, the government will<br>over their lifetime. In addition, the up<br>ocal authority, will rise to £100,000<br>anything for their care from their a<br>ds the cap.<br>hanges pose a significant risk to the<br>Affordability – out of the £36 billio   | oper capital limit<br>from the current<br>ssets will increas<br>Council. This i  | (UCL), the point a<br>£23,250. The low<br>se to £20,000 from<br>ncludes the follow   | at which peopl<br>ver capital lim<br>n £14,250. An<br><i>v</i> ing:   | e become eligible<br>it (LCL), the thresh<br>y costs accrued p   | to receive some<br>hold below which<br>rior to October 20   | financial support fro<br>people will not hav<br>)23 will not count  | e                                     | ngham               |
| Page 130   | social care reform – which includ<br>Behaviour change – residents wh<br>This is likely to increase further fi<br>Market Destabilisation due to gov<br>arrange care for those who are a<br>the care for all who wish them to<br>care will pay greater rates than th<br>care and these will have limited of<br>themselves who will not have be<br>IT - a new IT system is required a<br>Workforce – additional staff will b<br>also be an increased demand on<br>Communication – Many residents<br>Not all care costs will be eligible<br>campaign. Volume of enquiries the<br>Resident challenge – the current<br>be applied to self-funders care are<br>particularly contentious where The<br>potential legal challenges to the o | es contributions<br>no historically wo<br>nancial pressure<br>vernment intentio<br>) eligible; and b)<br>This will place<br>nose arranged the<br>capacity – based<br>en commissione<br>so that people an<br>the required to un<br>Thurrock First t<br>is are likely to be<br>to be counted to<br>from residents an<br>uncertainty arou<br>counts for the p<br>purrock has a low<br>council | towards the Fair<br>ould have self-fun-<br>e on the MTFS ov<br>on to implement S<br>under the care ca<br>additional pressu<br>rough the Council<br>on current dema<br>d by the Council<br>re able to have a<br>dertake additional<br>hrough people wis<br>unaware of find i<br>wards the cap. T<br>re likely to increas<br>and what constitut<br>urposes of calcul-<br>ver standard rate | Cost of Care<br>ded may prese<br>er the medium<br>section 18(3) of<br>ap. Proposed<br>re on the curre<br>I. The Counce<br>nd. There are<br>which in itself<br>care account w<br>I Care Act ass<br>shing to make<br>t difficult to un<br>here will be a<br>se<br>es Fair Cost of<br>ating their cost<br>than other loc | ent for care earlier<br>of the Care Act– lo<br>changes mean th<br>ent market. Many<br>il has commission<br>e many providers p<br>will pose an issue.<br>which shows them<br>sessments and als<br>contact to arrange<br>derstand the comp<br>need for a compre-<br>of Care means unc<br>ts accrued toward<br>al authorities and | r, knowing that the<br>cal authorities cu<br>at local authorities<br>self-funders who<br>ed a number of p<br>providing care to t<br>progress agains<br>o Financial Asses<br>e an assessment<br>plex changes in c<br>ehensive and on-s<br>certainty as to a fa<br>s the £86K cap.<br>may result in cha | ere is a cap on cost<br>rrently only have to<br>s will have to arran<br>arrange their own<br>roviders to underta<br>those who arrange<br>t the care cap.<br>ssments. There wil<br>surrent funding rules<br>going communication<br>air cost rate that will<br>This may be<br>llenges including | s.<br>ge<br>ke<br>t<br>I<br>S.<br>ons |                     |
| for pro<br>agree<br>what t                       | lition, as there is general recognitio<br>oviders. This means that the Local<br>d by local authorities. Where the C<br>this is. The amount allocated to loc<br>ed with meeting the 'Fair Cost of Ca   | Authority has to<br>ouncil is not pro<br>al authorities thr  | establish how mu<br>viding the 'Fair Co  | ich it actual co<br>ost of Care' ra   | osts providers to pl<br>te, it will be require   | rovide care as op<br>ed to move towar   | posed to the rate<br>ds paying providers  |                                       |                     |
| Peopl  | e - A borough where people of all a   |  | work and play, li  | ve and stay -   | Build on our partne  | erships with statu  | itory, community, vo  | oluntary and f                        | aith groups to work |
| togeth   | er to improve health and wellbeing  |  |  | - 1   |  | 1   |   | 1                                     |                     |



#### Comments

As stated in the risk description, the care reforms will place significant additional burdens on an already stretched social care budget and an already fragile market place. Additional funding is almost certainly likely to fall short of what is required – and even if sufficient funding was available, it is unlikely that the Council would be able to recruit the number of staff required to undertake additional work – both in terms of assessing those who require it as they are now eligible to receive Council service and are below the care cap, and in terms of providing sufficient workforce capacity to provide the additional demand in care.

| P   |   | EXIST  | ING ACTION                                  | / RESIDUAL RISH                           |             |                 |         |                            |
|---|---|--|---|---|-------------|-----------------|---------|----------------------------|
| Management Action or Mitigation Alread  | dy in Place   |  |   |   |             |                 |         | Date<br>Implemented        |
| <ul> <li>1 Fair Cost of Care Project Group set up</li> <li>2 Early engagement with ContrOCC to a</li> <li>3. Steering Group and Programme Plants</li> <li>4. Engagement with Dept of Health &amp; Soc<br/>mitigate ongoing risks to central govern</li> </ul> | ddress IT risk a<br>being set up to<br>cial Care (DHS | and adapt the IT s<br>address and mitig<br>C) including partic | ystem<br>ate risks in th<br>ipation in regi | e light of an uncer<br>ular planned surve |             |                 |         | Implemented or<br>on-going |
| Residual Risk Rating  | Date:   | 18/07/2022   | Impact:                                     | Critical (4)                              | Likelihood: | Very Likely (4) | Rating: | 16                         |

#### FURTHER ACTION / FORECAST RISK / REVISED RESIDUAL RISK

| Further Management or Mitigating Actio      | 'n                |            | Implementa<br>Date | tion   | Progress |             |                 |         |    |
|---|-------------------|------------|--------------------|--------|----------|-------------|-----------------|---------|----|
| 5. Ongoing application of actions 1-4 above | e.                |            | From July 20       | )22    |          |             |                 |         |    |
| Forecast Risk Rating                        | Forecast<br>Date: | 30/09/2023 | Impact:            | Critic | al (4)   | Likelihood: | Very Likely (4) | Rating: | 16 |
| Revised Residual Risk Rating                | Date:             |            | Impact:            |        |          | Likelihood: |                 | Rating: |    |

## Corporate Risk No. 25 / Medium Term Financial Strategy 2022/23 - 2024/25

2022 / 23

## UNMANAGED / INHERENT RISK

| Risk Description   |   |  |  |  |   |   |                                       |  | Risk O        | wner                          |
|--|---|--|--|--|---|---|---------------------------------------|--|---------------|-------------------------------|
| The Council continues to<br>adult social care provider<br>investments, savings plar<br>approaches are importan<br>Failure to develop and im<br>could lead to budget pres<br>The Government has rais<br>potentially facing the Auth | s and expected re<br>ns, service reviews<br>t to maintain balar<br>plement plans to s<br>sures and result in<br>sed concerns arou<br>nority and put in pl | ductions in f<br>s, expenditur<br>need budgets<br>set and mair<br>n service del<br>nd the Coun<br>ace an inter | ees/charges) and to<br>re efficiencies, gene<br>s for the life of the M<br>ntain a balanced bud<br>livery impacts.<br>cil's investment act<br>vention package. Est | o develop ap<br>eral income i<br>Medium Tern<br>dget, to man<br>ivity, the leve<br>ssex County | pproaches to maintancreases, managin<br>n Financial Strategy<br>age the financial sin<br>el of external borrow<br>Council have beer | in a baland<br>g demand,<br>r (MTFS).<br>cuation and<br>ving and the<br>commissio | transfo<br>the inv<br>e financoned to | get (e.g.<br>rmation, etc). All<br>estment strategy<br>cial/commercial risl<br>oversee the |               | an Wilson                     |
| nanagement of the Coun<br>ink to Corporate Priori<br>Co<br>Co<br>Co<br>Co<br>Co<br>Co<br>Co<br>Co<br>Co<br>Co  | ty  |  |  |  | ·   | ·   |                                       | -  | s which are r | ight first time.              |
| Merent Risk Rating   |   | Date:  | 07/09/2022   | Impact:  | Critical (4)  | Likelih   | nood:                                 | Very Likely (4)  | Rating:       | 16                            |
|  |   |  | ·  | DASH   | BOARD   |   |                                       |  | ·             | ·                             |
| nherent Risk Rating &<br>Date: 07/09/2022  | Residual Risk<br>as at: 07/09/20  | -  | Residual Risk R<br>as at:  | ating  | Residual Risk Rat   | ing   | Resid<br>as at:                       | ual Risk Rating  |               | st Risk Rating &<br>3/02/2023 |

|        |   | /09/20 |      | ng & | as at  |   |    | 22   | ıg | as a    |   | RISK | Rati | ng |   | as a    |   | RISK | Ratin | ıg | as a    |   | RISK | Ratir | ıg |   |         | ecast<br>e: 28/( |    | 23   | ig & |
|--------|---|--------|------|------|--------|---|----|------|----|---------|---|------|------|----|---|---------|---|------|-------|----|---------|---|------|-------|----|---|---------|------------------|----|------|------|
|        | 4 | 8      | 12   | 16   |        | 4 | 8  | 12   | 16 |         | 4 | 8    | 12   | 16 |   |         | 4 | 8    | 12    | 16 |         | 4 | 8    | 12    | 16 |   |         | 4                | 8  | 12   | 16   |
| hood   | 3 | 6      | 9    | 12   | pooq   | 3 | 6  | 9    | 12 | pooq    | 3 | 6    | 9    | 12 |   | hood    | 3 | 6    | 9     | 12 | hood    | 3 | 6    | 9     | 12 |   | pooq    | 3                | 6  | 9    | 12   |
| ikelir | 2 | 4      | 6    | 8    | _ikeli | 2 | 4  | 6    | 8  | -ikelih | 2 | 4    | 6    | 8  |   | _ikelih | 2 | 4    | 6     | 8  | -ikelih | 2 | 4    | 6     | 8  |   | _ikelih | 2                | 4  | 6    | 8    |
|        | 1 | 2      | 3    | 4    |        | 1 | 2  | 3    | 4  | _       | 1 | 2    | 3    | 4  |   |         | 1 | 2    | 3     | 4  |         | 1 | 2    | 3     | 4  |   |         | 1                | 2  | 3    | 4    |
|        |   | Im     | pact |      |        |   | Im | pact |    |         |   | Im   | pact |    | _ |         |   | lm   | pact  |    |         |   | Im   | pact  |    | - |         |                  | Im | pact |      |

#### Comments

Balanced budget for 2022/23 and remaining gap for the subsequent 2 years (2023/24 and 2024/25) reported to Cabinet and Corporate Overview & Scrutiny Committee (CO&SC) January 2022 and approved by Council in February 2022.

The Government has raised concerns around the Council's investment activity, the level of external borrowing and the financial/commercial risks potentially facing the Authority and put in place an intervention package. Essex County Council have been commissioned to oversee the management of the Council's financial resources/affairs and to support the development and implementation of plans to manage the situation.

Officers continue to work to reduce the remaining gap of £2.053m, mitigate further potential risks with the intention of delivering a balanced budget at the end of the financial year (as outlined in the Financial Update Quarter 1 2022/23 report to Cabinet 14 Sept 2022). The Council has worked with the Government, continues to fully co-operate with the appointed Commissioner and independent financial and legal experts to assess the situation. Following the review of the investments the further financial impacts to both the current year and the MTFS will be considered, and plans established to manage the situation as part of budget setting 2023/24. A revised MTFS is scheduled to be presented to Cabinet in Quarter 2. Risk and/action plan to be updated in the next risk management review (Quarter 3).

#### EXISTING ACTION / RESIDUAL RISK

| Management Action or Mitigation Already  | y in Place        |                    |                |                     |                 |                   |    | Date<br>Implemented |  |
|--|-------------------|--------------------|----------------|---------------------|-----------------|-------------------|----|---------------------|--|
| 1. Pause on new activity under the Council   | il's investment   | and capital strate | ду             |                     |                 |                   |    | Ongoing             |  |
| 2. Regular monitoring of investment rate for   | orecasts, inves   | tment programme    | and investme   | ent returns         |                 |                   |    | Ongoing             |  |
| 3. Ongoing assessment of interest rates fo   | or inclusion in t | he MTFS            |                |                     |                 |                   |    | Ongoing             |  |
| 4 Cross Party Shadow Investment Commi  | ittee establishe  | ed                 |                |                     |                 |                   |    | Q3 2020             |  |
| \$ 2022/23 budget proposals and MTFS es  | stablished and    | reported to Cabir  | net/Council Fe | b 2022 (via Overvie | w & Scrutiny Co | ommittee Jan 2022 | 2) | Jan/Feb 2022        |  |
| 6_Development of savings plans, linked to  | the refresh of    | the MTFS           |                |                     |                 |                   |    | Ongoing             |  |
| $7\omega$ Ongoing discussions with MHCLG in res  | spect of cost p   | ressures and futu  | re funding – C | Ingoing             |                 |                   |    | Ongoing             |  |
| 8. Independent assessment of existing inve   | estments and      | strategy           |                |                     |                 |                   |    | Ongoing             |  |
| <ul> <li>9. Government intervention and Essex County Council appointed to oversee the management of the Council's financial resources/affairs (including Best Value review of the governance, audit, risk management, overview and scrutiny functions) and to support the development and implementation of plans to manage the situation.</li> </ul>  |                   |                    |                |                     |                 |                   |    |                     |  |
| <ul> <li>10. Development and agreement of Improvement Plan, including:         <ul> <li>Action Plan to achieve financial sustainability and to close any short and long-term.budget gaos identified across the period of the MTFS, incorporating a robust multi-year savings plan.</li> <li>An action plan to ensure the Authority's capital, investment and treasury management strategies are sustainable and affordable.</li> <li>A strict debt reduction plan and an updated minimum revenue provision (MRP) policy</li> <li>An action plan to ensure the Authority is complying with all relevant rules and guidelines relating to the financial management of the Authority</li> <li>A suitable scheme of delegations for financial decision-making</li> </ul> </li> </ul> |                   |                    |                |                     |                 |                   |    |                     |  |
| 11. Ongoing work with the Commissioner fo  | or the impleme    | ntation of improve | ments          |                     |                 | _                 |    | Ongoing             |  |
| Residual Risk RatingDate:07/09/2022Impact:Critical (4)Likelihood:Very Likely (4)Rating:16  |                   |                    |                |                     |                 |                   |    |                     |  |

## FURTHER ACTION / FORECAST RISK / REVISED RESIDUAL RISK

| Further Management or Mitigating Action                                      | on   |        | Implementa<br>Date | ation       | Progress                                 |             |   |         |  |
|--|--|--------|--------------------|-------------|--|-------------|---|---------|--|
| 12. Ongoing application of actions 1-4, 6-7                                  | 2. Ongoing application of actions 1-4, 6-11 above. |        |                    |             |  |             |   |         |  |
| 13. Regular monitoring, review and report to the Commissioner and Committees | From Sept 2  | 2022   |                    |             | l to be reported to<br>o be presented to |             |   |         |  |
| Forecast Risk Rating   | Impact:  | Critic | al (4)             | Likelihood: | Unlikely (2)                             | Rating:     | 8 |         |  |
| Revised Residual Risk Rating Date:   |  |        | Impact:            |             |  | Likelihood: |   | Rating: |  |

#### UNMANAGED / INHERENT RISK

| Risk Description  |   |                                    |               |              |                     |                 | Risk Ov | wner |
|---|---|------------------------------------|---------------|--------------|---------------------|-----------------|---------|------|
| <ul> <li>A wide range of changes in Government Perhave had a significant impact on the Counce supporting its residents in meeting their finate Tenancy sustainment</li> <li>Access to and claim of benefits</li> <li>Increase in Universal credit claimants</li> <li>Employment related support</li> <li>Continuing Impact of Covid-19</li> </ul> | s Peter D   | oherty                             |               |              |                     |                 |         |      |
| <ul> <li>Failure to support our residents who are im</li> <li>Financial hardships for our tenants inc</li> <li>Consequent impact on demand for con</li> <li>Direct and indirect impact on Council s</li> <li>Direct impact on rent income stream to</li> <li>Resulting in an increase in Evictions/H</li> </ul>                                   | luding some or<br>re Council serv<br>staffing resource<br>the Housing I | f our most vulnera<br>⁄ices<br>ces | ble residents |              | f Covid-19 will lea | d to            |         |      |
| Let to Corporate Priority   |   |                                    |               |              |                     |                 |         |      |
| People – a borough where people of all age<br>• Duild on our partnerships with statutory, of<br>• On munities are empowered to make cho   |   |                                    |               |              |                     |                 |         |      |
| Inherent Risk Rating  | Date:   | 01/0720/22                         | Impact:       | Critical (4) | Likelihood:         | Very Likely (4) | Rating: | 16   |

#### DASHBOARD

|         |   |   | <b>Risk</b><br>17/20 | <b>Ratir</b><br>22 | ng & |         |   | <b>Risk</b><br>/07/20 | a <b>Ratir</b><br>022 | ıg |        | Resi<br>as a |   | Risk   | Ratir | ng |        | Res<br>as a |   | Risk | Ratin      | ng | Res<br>as a |   | Risk | Ratii | ng | Fore<br>Date |   |   | <b>Ratin</b><br>23 | g & |  |
|---------|---|---|----------------------|--------------------|------|---------|---|-----------------------|-----------------------|----|--------|--------------|---|--------|-------|----|--------|-------------|---|------|------------|----|-------------|---|------|-------|----|--------------|---|---|--------------------|-----|--|
|         | 4 | 4 | 8                    | 12                 | 16   |         | 4 | 8                     | 12                    | 16 |        |              | 4 | 8      | 12    | 16 |        |             | 4 | 8    | 12         | 16 |             | 4 | 8    | 12    | 16 |              | 4 | 8 | 12                 | 16  |  |
| hood    |   | 3 | 6                    | 9                  | 12   | hood    | 3 | 6                     | 9                     | 12 |        | pooq         | 3 | 6      | 9     | 12 |        | ikelihood   | 3 | 6    | 9          | 12 | hood        | 3 | 6    | 9     | 12 | pooq         | 3 | 6 | 9                  | 12  |  |
| likelih | 2 | 2 | 4                    | 6                  | 8    | _ikelih | 2 | 4                     | 6                     | 8  |        | _ikelir      | 2 | 4      | 6     | 8  |        | _ikeli      | 2 | 4    | 6          | 8  | _ikelih     | 2 | 4    | 6     | 8  | _ikelih      | 2 | 4 | 6                  | 8   |  |
| -       | - | 1 | 2                    | 3                  | 4    |         | 1 | 2                     | 3                     | 4  |        | -            | 1 | 2      | 3     | 4  |        |             | 1 | 2    | 3          | 4  | _           | 1 | 2    | 3     | 4  |              | 1 | 2 | 3                  | 4   |  |
|         |   |   | Im                   | bact               |      |         |   | Im                    | pact                  |    | Impact |              |   | Impact |       |    | Impact |             |   |      | <br>Impact |    |             |   |      |       |    |              |   |   |                    |     |  |

#### Comments

The Authority's ability to manage the effects of the reforms successfully and locally has been re-evaluated. In Q3 2022/23 there is an increased risk to income because of the government's decision to restart 'managed migration' in Q2 of those on legacy benefits to Universal Credit. We understand that the DWP plans to notify claimants that they have a three-month deadline to apply for UC and that if they don't apply within that time frame, the DWP will be able to stop their current legacy benefit claim, regardless of their circumstances. In addition, we are concerned that government is still stating that all legacy benefits will be transferred to UC by 2024. If this timeline does not change then the majority of tenants i.e. those on legacy benefits will have to transfer to UC sometime between now and 2024 on what is currently an unspecified timetable.

Overall, it is to be noted that given the high levels of support that officers are required to provide a wide range of claimants affected by such reforms the resourcing of such high numbers transferring from legacy benefits to UC by 2024 is likely to present a real challenge for the Council.

We are taking a wide range of actions to mitigate the risk (as noted in the risk management action plan). The Strategic Welfare Reform Group which was established some years ago to oversee the introduction of the welfare reforms continues to oversee the most recent changes including the rollout of the Universal Credit which we have managed very effectively through our close working relationship with the DWP. We continue to work with Sanctuary Housing to provide appropriate support to tenants who may be experiencing hardship.

#### EXISTING ACTION / RESIDUAL RISK

| Management Action or Mitigation Alread  | dy in Place       |                       |                 |                       |                   |                     |                | Date<br>Implemented |  |  |
|---|-------------------|-----------------------|-----------------|-----------------------|-------------------|---------------------|----------------|---------------------|--|--|
| 1. Welfare reform group established and r   | neeting quarter   | ly.                   |                 |                       |                   |                     |                | Ongoing             |  |  |
| 2. Utilising the Discretionary Housing Pay  | ment funds whe    | ere appropriate – fu  | und reduced b   | y over 30% to £366    | ,304.00           |                     |                | Ongoing             |  |  |
| 3 Housing Services :-   |                   |                       |                 |                       |                   |                     |                |                     |  |  |
| (i) Ensure the Rents Team are update  |                   |                       |                 |                       |                   |                     |                | Ongoing             |  |  |
| $\overline{\mathbf{D}}(\mathbf{i})$ Provide benefits, debt and money  |                   |                       |                 |                       |                   |                     |                | Ongoing             |  |  |
| home and at outreach centres whe  | ere needed. Par   | tnership with Sand    | ctuary establis | hed to provide debt   | and financial a   | dvice and other su  | ıpport         |                     |  |  |
| Services to residents.  |                   |                       |                 |                       |                   |                     |                |                     |  |  |
| <ul> <li>Optimi) Undertake monitoring and management of potential increased rent arrears/evictions:</li> <li>Rents and Welfare team monitoring the level of rent arrears and endeavour to make contact with those affected and provide advice and assistance</li> </ul>                     |                   |                       |                 |                       |                   |                     |                |                     |  |  |
| - Rents and Welfare team monitoring the level of rent arrears and endeavour to make contact with those affected and provide advice and assistance in order to assist in sustaining their tenancies.   |                   |                       |                 |                       |                   |                     |                |                     |  |  |
| in order to assist in sustaining their tenancies Financial inclusion officers working with tenants affected by changes, maximizing income and reducing expenditure and Sanctuary to provide   |                   |                       |                 |                       |                   |                     |                |                     |  |  |
|   |                   |                       |                 | g income and reduc    | ing expenditure   | e and Sanctuary to  | provide        |                     |  |  |
| financial advice and other ongoin   |                   |                       |                 |                       |                   | 1                   |                |                     |  |  |
| - Eviction and Prevention tracking  |                   |                       |                 |                       |                   |                     |                |                     |  |  |
| undertaking evaluations to inform   | n judgements or   | n whether to proce    | ed with the ev  | liction process. Bein | ig carried out vi | a the Pre-eviction  | panel (multi   |                     |  |  |
| agency approach)  |                   | anahina with kay a    | takabaldara     | auch as Deverturent   | haf wanka and m   |                     |                |                     |  |  |
| - Creating closer inter-department  | ai working relati | onships with key s    | stakenoiders, s | such as Department    | t of works and p  | ensions.            |                |                     |  |  |
| - Learning from best practice.  | contact with rea  | vidente by visit tele | nhono o moi     | l and taxt magaza     | and offer ourse   | ort whore peeded    | Ponto          | Ongoing             |  |  |
| 4. The Rents Team will continue to make   |                   |                       |                 |                       |                   |                     |                | Ongoing             |  |  |
| arrears processes will continue to be updated on a regular basis to take into account the change in Government guidelines around Welfare reform and court/eviction action, this is to ensure all tenants affected by the pandemic and welfare reform issues are offered advice and support. |                   |                       |                 |                       |                   |                     |                |                     |  |  |
| 5. Universal Credit monitoring – Numbers  |                   |                       |                 |                       |                   |                     | ars Some       | Ongoing             |  |  |
| may be better off, especially those on V  |                   |                       |                 |                       |                   | In the next two yea | ars. Come      | Chigoling           |  |  |
| 6. Continued use of Mobysoft text message   |                   |                       |                 |                       |                   |                     |                | Ongoing             |  |  |
| 7. Extending contract with RentSense hou  |                   |                       |                 |                       |                   | & management of     | tenant arrears | Ongoing             |  |  |
| 8. Engage with Mobysoft to implement 'Au  |                   |                       |                 |                       |                   |                     |                | Ongoing             |  |  |
|   |                   |                       |                 |                       |                   |                     |                |                     |  |  |
| Residual Risk Rating  | Date:             | 01/072022             | Impact:         | Critical (4)          | Likelihood:       | Likely (3)          | Rating:        | 12                  |  |  |
|   |                   |                       |                 |                       |                   |                     |                |                     |  |  |

## FURTHER ACTION / FORECAST RISK / REVISED RESIDUAL RISK

| Further Management or Mitigating Action   |         | Implementa<br>Date | ition  | Progress    |  |         |    |  |
|---|---------|--------------------|--------|-------------|--|---------|----|--|
| 9. Monitoring and implementation of actio |         |                    |        |             | Aobysoft in Januar<br>tion). Final phase t |         |    |  |
| 10. Renewal of Mobysoft                   |         |                    |        |             |  |         |    |  |
| Forecast Risk Rating                      | Impact: | Critic             | al (4) | Likelihood: | Likely (3)                                 | Rating: | 12 |  |
| Revised Residual Risk Rating              | Impact: |                    |        | Likelihood: |  | Rating: |    |  |

## Corporate Risk No. 8 / Children's Social Care, Service Standards & Inspection Outcome

Impact

Impact

Likelihood

2022 / 23

Impact

Likelihood

UNMANAGED / INHERENT RISK

| Risk Description  |                                 |                 |                           |                |                               |            |                 |                    | Risk Ov        | wner                        |
|---|---------------------------------|-----------------|---------------------------|----------------|-------------------------------|------------|-----------------|--------------------|----------------|-----------------------------|
| Failure to manage the inc<br>performance of the servic<br>the service does meet the | e provided to vul               | nerable childre |                           |                |                               |            |                 |                    |                | imon                        |
| Link to Corporate Priori<br>People - A borough where<br>ogether to improve health   | •<br>e people of all ag         | es are proud t  | o work and play, li       | ive and stay - | - Build on our partne         | erships wi | th statu        | tory, community, v | oluntary and f | faith groups to wor         |
| nherent Risk Rating   |                                 | Date:           | 28/07/2022                | Impact:        | Critical (4)                  | Likeli     | hood:           | Very Likely (4)    | Rating:        | 16                          |
|   |                                 |                 | :                         | DASHE          | BOARD                         |            |                 | :                  | 1              | :                           |
| Inherent Risk Rating &<br>Date: 28/07/2022  | Residual Risk<br>as at: 28/07/2 | •               | Residual Risk R<br>as at: | ating          | Residual Risk Ratir<br>as at: | ıg         | Resid<br>as at: | ual Risk Rating    |                | t Risk Rating &<br>/03/2023 |
|   |                                 |                 |                           |                |                               |            |                 |                    |                |                             |

Likelihood

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This risk evaluates the impact of increased demand and resource pressures on children's social care quality of service and provision. The pressures outlined throughout previous years remain acute. They include increased volumes, increased complexity and ongoing activity to review high-cost placements. The service continuously measures impact of the MASH. Thurrock has introduced a Think Family Service drawing together Commissioned and internal services to pool and reduce resource spend. The early help service model and the Thurrock multi-agency safeguarding hub (MASH) has been successful and this is being supported by the implementation of the Think Family Service. The service continues to maximize the external investment and opportunities presented through Supporting Families through continuing to achieving improved and sustained outcomes which means less children needing statutory services.

The service is demand led and cannot fail to respond to the needs of a child due to budget or resource constraints. Changes on a local, regional and national level can have a significant impact on the demand for services and local authorities duties. War such as the war in the Ukraine and international factors can result in an unplanned increase in the number of unaccompanied asylum seeking children or families with no recourse to public funds. Geographical movement of families across the Eastern Region and London can see a rise in families needing services, including large sibling groups. Areas for improvement were identified in the Ofsted (ILAC) 2019 and Focused Visit in July 2021 and a Development Plan has been updated to address identified actions required.

The level and complexity of some children and young people's needs and the lack of available national resources (specialist placements) to meet those needs is driving up cost pressures. As the Council continues to improve practice regarding the identification and tackling of Child Exploitation there is an increase in demand for service provision in terms of intervention; prevention and victim support. Duties in terms of radicalization also place pressures on the service in terms of workforce capacity. Trends can be predicted based on previous levels of demand but these are subject to variance and there has been an increase in youth violence locally.

The pressures outlined above will not be alleviated in the short term and the risk rating will remain at the higher (red) level for the period covered. It is anticipated that there will continue to be court delays regarding management of cases. The lack of available of foster placements and residential placements for children with complex needs remains a national issue.

Regular reporting of CSC performance and plans to CS Overview and Scrutiny Committee and monthly Development Board.

## EXISTING ACTION / RESIDUAL RISK

| Management Action or Mitigation Alrea  | dy in Place      |                      |                |                     |                      |                  |             | Date<br>Implemented |  |
|--|------------------|----------------------|----------------|---------------------|----------------------|------------------|-------------|---------------------|--|
| 1. Quality Assurance and Safeguarding fu   | unctions are in  | place and robustly   | / applied and  | a Development Bo    | oard takes place o   | on a monthly bas | is.         | Ongoing             |  |
| 2. Trix Policies and Procedures across Cl  | nildren's Social | care. All procedu    | res are subje  | ct to review and re | gular updating.      |                  |             | Ongoing             |  |
| <ol> <li>Joint delivery of the 'Early Offer of Help Strategy' and associated services are now embedded 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 and ensure that the 'step down and step up' processes are robustly managed.</li> <li>Internal multiple exercises and ensure that the 'step down and step up' processes are robustly managed.</li> </ol> |                  |                      |                |                     |                      |                  |             |                     |  |
| 4. Internal quality assurance audits to evid   | dence appropri   | ate application of   | thresholds.    |                     |                      |                  |             | Ongoing             |  |
| 5. Ongoing data analysis to enable us to   | benchmark and    | I target areas for i | mprovement;    | complete redesig    | n of KPI and trend   | ls analysis.     |             | Ongoing             |  |
| 6. Ofsted inspections and action plans to reviewed and updated.  | address recom    | mendations includ    | ded in inspect | ion report and sub  | osequent visits or i | nspections are o | continually | Ongoing             |  |
| Complementation of the Think Family Service to support early identification and family support and create financial efficiencies.  |                  |                      |                |                     |                      |                  |             |                     |  |
| က<br>Residual Risk Rating<br>ယ   | Date:            | 28/07/2022           | Impact:        | Critical (4)        | Likelihood:          | Likely (3)       | Rating:     | 12                  |  |
| 0  |                  |                      |                |                     |                      |                  |             |                     |  |

#### FURTHER ACTION / FORECAST RISK / REVISED RESIDUAL RISK

| Further Management or Mitigating Action                | Ongoing implementation and/or application of actions 1 - 7 above as |         |         |        |             |             |         |         |  |
|--|---|---------|---------|--------|-------------|-------------|---------|---------|--|
| 8. Ongoing implementation and/or applicat appropriate. | From July 2   | 022     |         |        |             |             |         |         |  |
| 9. Review of Think Family Service to be ur             | By Dec 202  | 2       |         |        |             |             |         |         |  |
| Forecast Risk Rating                                   | Refresh<br>31/03/2023   | Impact: | Critic  | al (4) | Likelihood: | Likely (3)  | Rating: | 12      |  |
| Revised Residual Risk Rating Date:                     |   |         | Impact: | Critic | al          | Likelihood: | Likely  | Rating: |  |

# Corporate Risk No. 9 / Children's Social Care, Safeguarding & Protecting Children & Young People

**UNMANAGED / INHERENT RISK** 

|   |   |  |  |  |   |   |   | Risk Ow   | /ner/   |
|---|---|--|--|--|---|---|---|---|---|
|   |   |  |  | eguarded and   | supported co  | uld result  | in them not   | Janet Sir   | non   |
|   |   | to work and play, liv  | e and stay -   | - Build on our   | partnerships  | with statu  | tory, community, v  | oluntary and f  | aith groups to  |
|   | Date:   | 28/07/2022   | Impact:  |  | Like  | lihood:   | Very Likely (4)   | Rating:   | 16  |
|   |   | Residual Risk Rat<br>as at   |  |  | Rating  | Residu<br>as at:  | al Risk Rating  |   | <b>Risk Rating &amp;</b><br>03/2023   |
| A     8     12     16       4     8     12     16       3     6     9     12       2     4     6     8       1     2     3     4       Impact     Impact     Impact |   |  |  | 4 8<br>3 6<br>2 4<br>1 2<br>Im   | 12     16       9     12       6     8       3     4  | Likelihood  | 4       8       12       16         3       6       9       12         2       4       6       8         4       2       3       4         4       5       3       4         5       2       3       4  | 4321  | 8       12       16         6       9       12         4       6       8         2       3       4         Impact       10       10   |
|   | and increasing         people of all age         people of all age         alth and wellbe         Residual Risk         as at: 28/07/20         Pool         Pool <t< td=""><td>and increasing the risk of a complete of all ages are proud to the ealth and wellbeing.<br/>Date:<br/>Residual Risk Rating as at: 28/07/2022</td><td>and increasing the risk of a child death or seriou<br/>people of all ages are proud to work and play, live<br/>alth and wellbeing.<br/>Date: <math>28/07/2022</math><br/>Residual Risk Rating<br/>as at: <math>28/07/2022</math><br/>A 4 8 12 16<br/>3 6 9 12<br/>2 4 6 8<br/>1 2 3 4</td><td>and increasing the risk of a child death or serious injury.<br/>people of all ages are proud to work and play, live and stay-<br/>ealth and wellbeing.<br/>Date: <math>28/07/2022</math> Impact:<br/>Date: <math>28/07/2022</math> Impact:<br/>DASHE<br/>Residual Risk Rating<br/>as at: <math>28/07/2022</math> <math>A</math> <math>A</math> <math>A</math> <math>A</math> <math>A</math> <math>A</math> <math>A</math> <math>A</math> <math>A</math> <math>A</math></td><td>and increasing the risk of a child death or serious injury.<br/>people of all ages are proud to work and play, live and stay – Build on our pealth and wellbeing.<br/>Date: <math>28/07/2022</math> Impact: Critical (4)<br/>Date: <math>28/07/2022</math> Impact: Critical (4)<br/>DASHBOARD<br/>Residual Risk Rating<br/>as at: <math>28/07/2022</math> Residual Risk Rating<br/>as at:</td><td>and increasing the risk of a child death or serious injury.<br/>people of all ages are proud to work and play, live and stay – Build on our partnerships we alth and wellbeing.<br/>Date: 28/07/2022 Impact: Critical (4) Like DASHBOARD<br/>Residual Risk Rating as at: DASHBOARD<br/>Residual Risk Rating as at: Pould of 9 12<br/>2 4 6 8<br/>1 2 3 4 Poul Pui Pui Pui Pui Pui Pui Pui Pui Pui Pui</td><td>and increasing the risk of a child death or serious injury.<br/>people of all ages are proud to work and play, live and stay – Build on our partnerships with statute<br/>people of all ages are proud to work and play, live and stay – Build on our partnerships with statute<br/>pate: 28/07/2022 Impact: Critical (4) Likelihood:<br/>Date: 28/07/2022 Impact: Critical (4) Likelihood:<br/>DASHBOARD<br/>Residual Risk Rating<br/>as at: Residual Risk Rating<br/>as at: 28/07/2022 Residual Risk Rating<br/>Additional Risk Rating</td><td>people of all ages are proud to work and play, live and stay – Build on our partnerships with statutory, community, vealth and wellbeing.<br/>Date: 28/07/2022 Impact: Critical (4) Likelihood: Very Likely (4)<br/>DASHBOARD<br/>Residual Risk Rating as at: 28/07/2022 Residual Risk Rating as at 12/06/04 Risk Rating as at: 28/07/2022 Residual Risk Rating as at 12/06/04 Risk Rating as at: 28/07/2022 Residual Risk Rating as at 12/06/04 Risk Rating Risk</td><td>and increasing the risk of a child death or serious injury.<br/>people of all ages are proud to work and play, live and stay – Build on our partnerships with statutory, community, voluntary and fealth and wellbeing.<br/>Date: 28/07/2022 Impact: Critical (4) Likelihood: Very Likely (4) Rating:<br/>Date: 28/07/2022 Impact: Critical (4) Likelihood: Very Likely (4) Rating:<br/>DASHBOARD<br/>Residual Risk Rating as at: 28/07/2022 Residual Risk Rating Residual</td></t<> | and increasing the risk of a complete of all ages are proud to the ealth and wellbeing.<br>Date:<br>Residual Risk Rating as at: 28/07/2022 | and increasing the risk of a child death or seriou<br>people of all ages are proud to work and play, live<br>alth and wellbeing.<br>Date: $28/07/2022$<br>Residual Risk Rating<br>as at: $28/07/2022$<br>A 4 8 12 16<br>3 6 9 12<br>2 4 6 8<br>1 2 3 4 | and increasing the risk of a child death or serious injury.<br>people of all ages are proud to work and play, live and stay-<br>ealth and wellbeing.<br>Date: $28/07/2022$ Impact:<br>Date: $28/07/2022$ Impact:<br>DASHE<br>Residual Risk Rating<br>as at: $28/07/2022$ $A$ | and increasing the risk of a child death or serious injury.<br>people of all ages are proud to work and play, live and stay – Build on our pealth and wellbeing.<br>Date: $28/07/2022$ Impact: Critical (4)<br>Date: $28/07/2022$ Impact: Critical (4)<br>DASHBOARD<br>Residual Risk Rating<br>as at: $28/07/2022$ Residual Risk Rating<br>as at: | and increasing the risk of a child death or serious injury.<br>people of all ages are proud to work and play, live and stay – Build on our partnerships we alth and wellbeing.<br>Date: 28/07/2022 Impact: Critical (4) Like DASHBOARD<br>Residual Risk Rating as at: DASHBOARD<br>Residual Risk Rating as at: Pould of 9 12<br>2 4 6 8<br>1 2 3 4 Poul Pui | and increasing the risk of a child death or serious injury.<br>people of all ages are proud to work and play, live and stay – Build on our partnerships with statute<br>people of all ages are proud to work and play, live and stay – Build on our partnerships with statute<br>pate: 28/07/2022 Impact: Critical (4) Likelihood:<br>Date: 28/07/2022 Impact: Critical (4) Likelihood:<br>DASHBOARD<br>Residual Risk Rating<br>as at: Residual Risk Rating<br>as at: 28/07/2022 Residual Risk Rating<br>Additional Risk Rating | people of all ages are proud to work and play, live and stay – Build on our partnerships with statutory, community, vealth and wellbeing.<br>Date: 28/07/2022 Impact: Critical (4) Likelihood: Very Likely (4)<br>DASHBOARD<br>Residual Risk Rating as at: 28/07/2022 Residual Risk Rating as at 12/06/04 Risk Rating as at: 28/07/2022 Residual Risk Rating as at 12/06/04 Risk Rating as at: 28/07/2022 Residual Risk Rating as at 12/06/04 Risk Rating Risk | and increasing the risk of a child death or serious injury.<br>people of all ages are proud to work and play, live and stay – Build on our partnerships with statutory, community, voluntary and fealth and wellbeing.<br>Date: 28/07/2022 Impact: Critical (4) Likelihood: Very Likely (4) Rating:<br>Date: 28/07/2022 Impact: Critical (4) Likelihood: Very Likely (4) Rating:<br>DASHBOARD<br>Residual Risk Rating as at: 28/07/2022 Residual Risk Rating Residual |

## Comments

The nature of the work in terms of safeguarding and supporting children at risk of harm means that this will always be a high-risk area although through the application of Local and S.E.T (Southend, Essex & Thurrock) Child Protection procedures the department actively works to mitigate this risk and reduce the likelihood.

The risk of children and young people coming to harm cannot be eliminated and the risk level needs to remain high and ensure clear vigilance across the council and partner agencies. New and emerging risk factors will arise and there is always a potential for agencies 'not knowing, what they don't know' that needs to be guarded against.

Embedding the Multi Agency Safeguarding Hub and Early Offer of Help has supported earlier identification of risk through a multi-agency approach enabling the department to work to intervene at an earlier stage and reduce the risk of harm in some cases. Thurrock Local Safeguarding Children Partnership arrangements is further improving the interagency arrangements to safeguard and promote the welfare of children and young people living in Thurrock.

The impact for individual children and families, particularly in cases of child death is significant and whilst actions to reduce the likelihood are implemented the impact will remain as critical. There is also a critical impact score in terms of reputational damage if a child is not safeguarded or should a child death or serious injury occur.

The ongoing nature of risk in child protection and safeguarding is such that despite effective mitigation the acknowledgement of the risk needs to remain high and will not reduce. This is not to say that the risks are unmanageable but for effective management the gravity and complexity of the risk needs to be acknowledged.

Managing this risk places inherent pressures on the Children's Social Care budget as a demand led budget. Effective demand and resource management remain a priority for the service within an overriding context of keeping children safe.

Risk will remain constant throughout the period covered. Regular reporting of performance and progress against plans are shared at CS Overview & Scrutiny Committee and regular monthly Development Board.

|   |                 | EXIST               | <b>FING ACTION</b> | / RESIDUAL RISI     | <                  |                   |         |                     |  |  |  |
|---|-----------------|---------------------|--------------------|---------------------|--------------------|-------------------|---------|---------------------|--|--|--|
| Management Action or Mitigation Alrea                                       | dy in Place     |                     |                    |                     |                    |                   |         | Date<br>Implemented |  |  |  |
| 1. Development and Service Plans in line                                    | with Ofsted in  | spections in 2019   | and Focused        | visit in 2021       |                    |                   |         | June 2022           |  |  |  |
| 2. Local Safeguarding Children's Partners                                   | ship arrangem   | ents established, a | action plan in     | place and regularly | / monitored/review | wed.              |         | Ongoing             |  |  |  |
| 3 Application of the Southend, Essex & Thurrock Child Protection procedures |                 |                     |                    |                     |                    |                   |         |                     |  |  |  |
| 4. Quality assurance and safeguarding function of Children's Social Care.   |                 |                     |                    |                     |                    |                   |         |                     |  |  |  |
| 5. Legal framework and court action   |                 |                     |                    |                     |                    |                   |         |                     |  |  |  |
| 6. Continue to strengthen the Thurrock M                                    | ulti Agency Sa  | afeguarding Hub, la | aunch of the T     | hink Family Appro   | ach to support ea  | arly safeguarding | ].      | Ongoing             |  |  |  |
| 7. Case Audits  |                 |                     |                    |                     |                    |                   |         | Ongoing             |  |  |  |
| 8. Quality assurance framework  |                 |                     |                    |                     |                    |                   |         | Ongoing             |  |  |  |
| 9. Maintaining safeguarding arrangement                                     | s to meet stati | utory requirements  | 5                  |                     |                    |                   |         | Ongoing             |  |  |  |
| Residual Risk Rating  | Date:           | 28/07/2022          | Impact:            | Critical (4)        | Likelihood:        | Likely (3)        | Rating: | 12                  |  |  |  |
| Je  | FU              | RTHER ACTION /      | FORECAST           | RISK / REVISED F    | RESIDUAL RISK      |                   |         |                     |  |  |  |

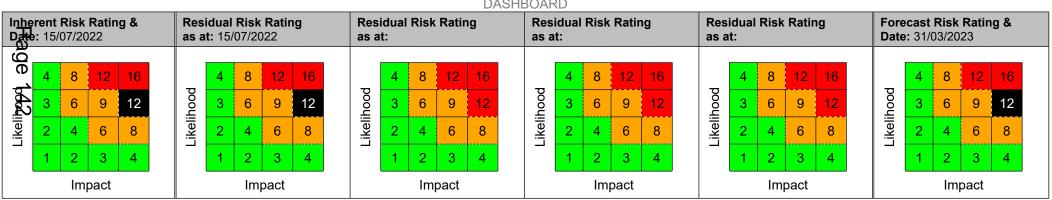
| FURTHER ACTION | / FORECAST RISK / | REVISED RESIDUAL RISK |  |
|----------------|-------------------|-----------------------|--|

| T ORTHER ACTION / T OREGAST RISK / RESIDUAL RISK   |                   |  |              |  |             |              |         |    |  |  |
|--|-------------------|--|--------------|--|-------------|--------------|---------|----|--|--|
| →<br>F∰rther Management or Mitigating Action   |                   | Implementation<br>Date   | Progress     | Progress   |             |              |         |    |  |  |
| <ol> <li>Ongoing implementation and/or application of<br/>actions 1-9 above as appropriate</li> </ol>                                      |                   | From July 2022   | with<br>ensi | <ol> <li>Development Board and Ofsted Preparation Meetings held monthly. Areas identified<br/>within previous Ofsted Inspection and Focussed Visit incorporated into these meetings to<br/>ensure they are addressed.</li> <li>2-9. Ongoing</li> </ol> |             |              |         |    |  |  |
| <ol> <li>Learning from National Safeguarding Reviews<br/>taken forward by Thurrock Local Safeguarding<br/>Children Partnership.</li> </ol> |                   | Dec 2022 Following information gathering – action plan being developed and will identify tra<br>any further areas for improvement. |              |  |             | training and |         |    |  |  |
| Forecast Risk Rating   | Forecast<br>Date: | Refresh<br>31/03/2023  | Impact:      | Critical (4)   | Likelihood: | Likely (3)   | Rating: | 12 |  |  |
| Revised Residual Risk Rating   | Date:             |  | Impact:      | Critical   | Likelihood: | Likely       | Rating: |    |  |  |

## Corporate Risk No. 10 / Property Ownership Liability

#### **UNMANAGED / INHERENT RISK**

| Risk Description   |       |            |         |              |             |                      |              | Risk Owner        |  |
|--|-------|------------|---------|--------------|-------------|----------------------|--------------|-------------------|--|
| The Council has a significant portfolio of property for operational, investment and regeneration purposes. Ensuring that these properties comply with appropriate statutory, regulatory and corporate standards is a significant challenge. In addition to the direct consequences of any incident arising from a property's non-compliance, the Council could be faced with damage to its reputation, financial loss, and the organisation and individual officers facing legal proceedings and in the worst case, the loss of lives of building users. It is therefore imperative that suitable policies and systems are in place to ensure compliance and manage these risks. |       |            |         |              |             |                      |              | Mark Bradbury     |  |
| Place – A heritage-rich borough which is a People – A borough where people of all a  |       |            |         |              |             | sible public service | es which are | right first time. |  |
|  | Date: | 15/07/2022 | Impact: | Critical (4) | Likelihood: | Likely (3)           | Rating:      | 12                |  |



#### Comments

The Council's Property and Facilities Management (FM) functions have previously been outsourced and have been brought back in house in two separate phases, with FM the most recent in April 2020. The coincidence of this with the global pandemic has to a degree meant that the focus on short term actions in relation to the pandemic has been at the expense of a more strategic approach to planning and resourcing.

The ongoing financial challenges faced by local authorities and the changing ways in which services are delivered and people work, many of which have been accelerated during the pandemic, mean that a wholesale review (and thereafter regular ongoing reviews) of the council's property needs and associated policies and strategies (many of which remain as unadopted drafts) is required. These will support the Council's Retain, Reuse, Release approach to property.

The Council has already adopted a Corporate Landlord approach to operational property, but this requires appropriate policies to be finalised, the need for corporate properties to be reviewed and the portfolio reduced with sites being consolidated where appropriate and the Property & FM team appropriately resourced to carry out the review, develop and implement strategies and provide ongoing management. The Council's medium term financial plan needs to reflect this resourcing need, the previous failure to transfer full budgets from services alongside the transfer of property and a backlog of maintenance from when properties were managed by services. This pressure should reduce as the portfolio is rationalised and investment focussed on properties which will be retained in the longer term.

The Council has adopted the Concerto platform as its Asset Management System. Implementation of relevant management modules has commenced alongside the transfer of data. This process needs to be accelerated to ensure that the Council has a full picture of ownership, compliance and risk. Property & FM need to work closely with IT to ensure that the system sits smoothly within the Council wide transition to Microsoft 365.

The lack of appropriate strategies, resources and budgets increases the risk of non-compliance in the operational property portfolio and this needs to be addressed to inform the transition to a smaller, more cost efficient, fit for purpose and ultimately net-zero portfolio.

The closure of CO1 and opening of CO3 together with the changes in working practices and service delivery outlined above mean that it is now appropriate to undertake a review of the Civic Centre to ensure optimum utilisation of the space and effective systems covering health & safety and personal, data and asset security

A Property Board will now be set up to ensure effective decision making, governance and reporting around strategic property matters including asset rationalisation, investment strategy, disposals and engagement with regeneration projects.

An Accommodation Board is also being set up to work with services to ensure effective and properly planned use and reuse of operational assets whilst meeting service needs..

The Property & FM Team has a number of vacancies and is also currently over reliant on a significant number of agency staff. Following the commencement of the new Assistant Director steps are being taken to review the structure and recruit into permanent roles. A challenging recruitment market and current perceptions of the Council's financial position present a risk to achieving this.

The Council also owns and manages a portfolio of investment properties. A review of whether these properties meet the current financial, economic and social priorities of the Council and Borough is overdue. Additional resource will be required in the short term to do this and this should be carried out alongside the development of a Property Investment and Investment Management Strategy.

Properties in the Investment portfolio may be affected by the Minimum Energy Efficiency Standards (MEES) which require that no property with EPC ratings of F or G cannot continue to be leased after 1 April 2023. It is important that Council has a clear understanding and the buildings in its portfolio that may not comply. A significant number of properties still need to be assessed and this will require additional resource. Penalties of between 10 and 20% of the properties rateable value may be applied in the event of breaches.

#### EXISTING ACTION / RESIDUAL RISK

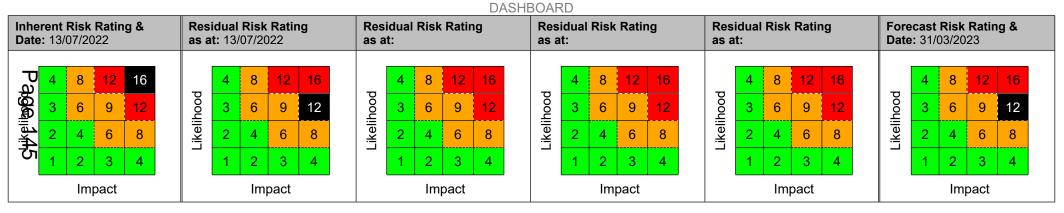
| Ма | nagement Action or Mitigation Already in Place  | Date Implemented     |
|----|---|----------------------|
| 1. | Corporate Health and Safety Committee established.  | Ongoing              |
| 2. | Asset Management Strategy drafted, consultation with officers undertaken and final draft awaiting DB approval   | 2018 & ongoing       |
| 3. | Comprehensive Asbestos Register in place – review being undertaken to ensure accurate building information in place   | 2018 & ongoing       |
| 4. | Property Procedure Rules (PPRs) prepared, consulted with officers and key members, awaiting DB approval. Additional Disposals Procedure<br>prepared and submitted for approval in March 2020.                       | Ongoing              |
| 5. | Scheme of Delegations reviewed, amended and implemented.  | Ongoing              |
| 6. | Restructure of Regeneration and Assets Service completed in September 2019 and Corporate Property Team transferred to Finance. Apleona FM staff TUPE'd in April 2020.   | Mar 2019 to Apr 2020 |
| 7. | Transfer of all phases and budgets completed  | From Jun 2018        |
| 8. | Compliance and condition surveys for Corporate Landlord Buildings completed April 2020 and new stock condition baseline established and entered into Concerto (new asset management database system), in June 2020. | Jun 2018 to Jun 2020 |

| Further Management or Mitigating Action Implementation Date Progress  |  |                   |                   |          |          |                      |                   |                  |         |        |                  |   |  |
|---|--|-------------------|-------------------|----------|----------|----------------------|-------------------|------------------|---------|--------|------------------|---|--|
| Pag   |  | FURTHE            | ER ACTION / F     | OREC     | AST R    | ISK / REVISED RES    | SIDUAL RISK       |                  |         |        |                  | _ |  |
| Res   | idual Risk Rating  | Date: 15          | 5/07/2022         | Impa     | ct:      | Critical (4)         | Likelihood:       | Likely (3)       | Rating: |        | 12               |   |  |
| 18.   | Review and restructure of the Corpora  | ate Property Team |                   |          |          |                      |                   |                  | 1       | From [ | Dec 2020         |   |  |
| 17.   | Corporate Landlord Working Group developed and work undertaken until Aug 2019       2018 to Aug 2019         New Planned & Preventative Maintenance (PPM) programme and compliance module developed and proposal submitted in March 2020 to refresh Property Board with key reporting milestones set against a clearly defined annual forward plan.       Mar 2020         Closure of Corporate Buildings due to Covid-19 - Risk assessment, closure protocols & inspection regimes implemented and measures introduced for partial use of Civic Centre and Oliver Road Depot.       March 2020         Development of plans in accordance with government guidance for the recommissioning of corporate buildings due to Covid 19       Dec 2020         An urgent review and restructure of the FM team to cover capacity, skills, technical knowledge and capability constraints.       From August 2020         Corporate Landlord Policy and Procedure approved following finalisation of resourcing and governance issue associated with PPRs and restructure of the Corporate Property Team       From Oct 2020         Finalisation of Concerto Estates Management Module and training for staff       From Oct 2020         Review and restructure of the Corporate Property Team       From Dec 2020         idual Risk Rating       Date:       15/07/2022       Impact:       Critical (4)       Likelihood:       Likely (3)       Rating:       12 |                   |                   |          |          |                      |                   |                  |         |        |                  |   |  |
| <ol> <li>Corporate Landlord Policy and Procedure approved following finalisation of resourcing and governance issue associated with PPRs and<br/>restructure approved.</li> </ol> |  |                   |                   |          |          |                      |                   |                  |         |        |                  |   |  |
| 15.   | An urgent review and restructure of th   | e FM team to cove | er capacity, skil | ls, tecl | hnical k | nowledge and capa    | bility constraint | S.               |         | From A | From August 2020 |   |  |
| 14.   | 4. Development of plans in accordance with government guidance for the recommissioning of corporate buildings due to Covid19 Dec 2020  |                   |                   |          |          |                      |                   |                  |         |        |                  |   |  |
| 13.   |  |                   |                   | sure p   | rotocols | s & inspection regim | es implemente     | d and measures   |         | March  | 2020             |   |  |
| 12.   |  | ( , , <b>)</b>    |                   | •        |          | • •                  | oposal submitt    | ed in March 2020 | to      | Mar 20 | 20               |   |  |
| 11.   | Corporate Landlord Working Group de  | eveloped and work | k undertaken ur   | ntil Aug | g 2019   |                      |                   |                  |         | 2018 t | o Aug 2019       |   |  |
| 10.   | Retain, Release, Reuse programme f   | or assets impleme | nted              |          |          |                      |                   |                  |         | From J | lune 2018        |   |  |
| 9.  | Regular updates on progress and con  | pliance presented | I to Property Bo  | bard     |          |                      |                   |                  |         | From J | luly 2018        |   |  |

|     |   |   |  | Date             |         |  |                    |             |            |         |    |  |  |  |
|-----|---|---|--|------------------|---------|--|--------------------|-------------|------------|---------|----|--|--|--|
| 1   | A full review of actions 1 to 18 above to level of completion and actions outstar |   |  | From Sept 202    | 22 Co   | omme   | encing             |             |            |         |    |  |  |  |
| 20. | A full review of all current (including dr<br>strategies                          | aft) policies &   |  | From Sept 202    | 22 Re   | esour  | cing plan in prepa | iration     |            |         |    |  |  |  |
| 21. | Establishment of Property Board and A<br>Board                                    | ment of Property Board and Accommodation  |  |                  |         | First Accommodation Board planned and invites sent |                    |             |            |         |    |  |  |  |
| 22. | Review of team structure and recruitm agency staff.                               | of team structure and recruitment to replace From Sept 2022 Business case being prepared staff. |  |                  |         |  |                    |             |            |         |    |  |  |  |
| For | ecast Risk Rating   | Forecast<br>Date:   |  | fresh<br>03/2023 | Impact: | •  | Critical (4)       | Likelihood: | Likely (3) | Rating: | 12 |  |  |  |
| Rev | rised Residual Risk Rating  | Date:   |  |                  | Impact: |  |                    | Likelihood: |            | Rating: |    |  |  |  |

#### **UNMANAGED / INHERENT RISK**

| Risk Description  |   |                     |                |                        |                 |                    | Risk O        | wner           |  |  |  |
|---|---|---------------------|----------------|------------------------|-----------------|--------------------|---------------|----------------|--|--|--|
| The Council is responsible for and provides   | uncil is responsible for and provides a wide range of functions and services. |                     |                |                        |                 |                    |               |                |  |  |  |
| There is a risk that the Authority experience laundering. This can subsequently result in | эy  |                     |                |                        |                 |                    |               |                |  |  |  |
| Link to Corporate Priority  |   |                     |                |                        |                 |                    |               |                |  |  |  |
| People – a borough where people of all ag   | es are proud to   | work and play, live | e and stay. Hi | igh quality, consister | nt and accessib | le public services | which are rig | ht first time. |  |  |  |
| Inherent Risk Rating  | Date:   | 13/07/2022          | Impact:        | Critical (4)           | Likelihood:     | Very Likely (4)    | Rating:       | 16             |  |  |  |



#### Comments

The Counter Fraud and investigation (CFI) department, under Thurrock Council, has an organisational-wide strategy and proactive work plan to monitor and manage the identified risks. A persistent training and education regime is in place, where experts from the service work with staff, contractors, Members and in the council's supply chain to identify and mitigate the risks, and increase awareness.

The council has current and effective policies on Counter Fraud, Bribery & Corruption and Money Laundering which are kept under constant review, with relevant updates being added or removed where appropriate. These policies acknowledge the threats and install an action plan in identified incidents including, civil & criminal litigation and redress to recover any identified losses. Any control weaknesses identified in investigations are rectified in collaboration with the affected services and Internal Audit through SMART Action Plans.

In past years (FY20/21) the council has come under pressure from COVID-19 and the situation has reduced the traditional work that CFI would complete during a year, however that has not meant the team haven't assisted in the fight against fraud. Due to the pandemic the government announced a number of grants that were to be administered by local authorities, these were collectively known as Business Support Grants (BSG). The CFI dept have worked closely with the Revenues team (those responsible for administering the grants) to complete pre and post assurance checks on all applications that were received. This preventative counter fraud work saw 61 grant applications investigated and stopped, saving over £600,000 of potential losses of public funds.

These risks have sat alongside the 'normal' fraud risks that the council faces every day, namely Single Person Discount fraud, Tenancy Fraud, Right To Buy fraud as well as other forms of fraud such as Procurement/Contract fraud. The fraud awareness programmes that were put to all staff will assist with identifying this risk and early intervention is always key to an organisation combating the risk it faces. These have continued and working alongside our alert system, staff are made aware of fraud trends and or known risks.

Covid 19 has also enabled an easier avenue for 'mandate fraud' which has been highlighted to staff, as we are not in the office spaces we once shared on a daily basis, communication is largely placed within the email systems. This can create the opportunity for criminals to compromise email accounts and facilitate a fraud. Where staff would normally be able to speak directly to a colleague, this now does not happen on a regular occurrence and must be brought into the risk faced by the council. CFI have been approached by various councils who have fallen victim to £1m+ mandate frauds.

CFI continues to run a programme of proactive work proposed to ensure the council's posture against fraud is robust and effective. Details of the proactive work programme are included in the management action plan for the risk.

The risk remains at 12, as new risks have emerged alongside old risks, the new risks have mitigated measures taken, however it is clear that those measures do not affect the 'attempts' we come across and thus it is felt that the risk to the council remains likely and critical. The council can ill afford a substantial loss of funds at this very critical time.

**EXISTING ACTION / RESIDUAL RISK** 

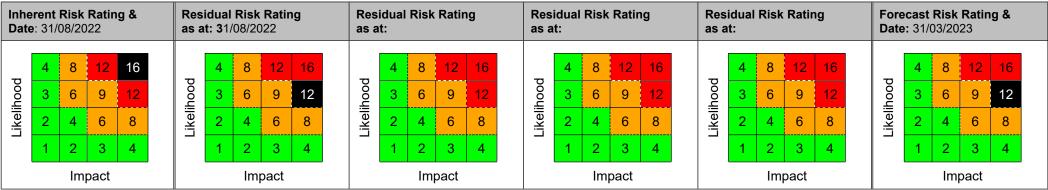
| Ма             | nagement Action or Mitigation Already in Place  | Date<br>Implemented |
|----------------|---|---------------------|
| 1.             | Establishment & proactive enhancement of CFID   | Nov 2014            |
| 2 <del>.</del> | Fraud and Corruption Policy established and maintained from 2014  | From 2014           |
| 39             |   | 2017                |
| 40             |   | From Nov 2014       |
| 5-1            | Counter Fraud and Money Laundering Policies Established and maintained.   | 2017                |
| 6.             | Corporate-wide Bribery & Corruption Risk Review   | From Oct 2018       |
| 7.             | Corporate-wide Cyber Crime Risk Review  | From Dec 2018       |
| 8.             | Fraud risk matrix/loss assessment development and roll out  | From Jul 2018       |
| 9.             | Review of supply chain against identified national crime risks  | Oct 2018            |
| 10.            | Ad-hoc services to prevent/detect fraud (e.g. operations to prevent/detect housing tenancy fraud, counter money laundering & social care fraud) | From Oct 2018       |
| 11.            | Enhanced intelligence programme   | Feb 2019            |
| 12.            | Application of Counter Fraud Risk Analytics across the council's high risk/threat areas.  | From May 2020       |
| 13.            | Install improved Anti-Money Laundering (AML) controls at all of the council's Customer Contact Points.  | From May 2020       |
| 14.            | COVID-19 Business Grants Counter Fraud Programme.   | From May 2020       |
| 15.            | Fraud e-learning training programme.  | Dec 2020            |
| 16.            | Training of high risk areas in counter fraud measures   | From Jun 2021       |
| 17.            | Mandate Fraud – Counter fraud/awareness   | July 2021           |
| 18.            | Renewed Education & Marketing Campaign for Countering Fraud, Bribery, Corruption and Money Laundering   | From Dec 2021       |
| 19.            | Ongoing review all policies concerning fraud aspects  | Jan 2022            |
| 20.            | National Fraud Initiative – matching of council data with wider-public sector data to prevent fraud and possible fraud.                         | March 2022          |

| <ul><li>21. Training of high risk areas in counter fr</li><li>22. Covid -19 Business Grants Counter Fr</li><li>23. Targeting POCA and Civil Legislation t</li></ul> | aud               | ect on criminal beh    | aviour    |                   |              |            |         | May 2022<br>May 2022<br>From Jun 2022 |
|---|-------------------|------------------------|-----------|-------------------|--------------|------------|---------|---------------------------------------|
| Residual Risk Rating  | Date:             | 13/07/2022             | Impact:   | Critical (4)      | Likelihood:  | Likely (3) | Rating: | 12                                    |
|   | FUR               | THER ACTION / F        | ORECAST F | RISK / REVISED RE | ESIDUAL RISK |            |         |                                       |
| Further Management or Mitigating Action   | n                 | Implementation<br>Date | Progres   | S                 |              |            |         |                                       |
| 24. Ongoing application of actions 1-23 al appropriate.   | oove as           | From July 2022         |           |                   |              |            |         |                                       |
| 25. Review all relevant policies concernin aspects of the council's business  | g fraud           | Jan 2023               |           |                   |              |            |         |                                       |
| 26. Fraud Health Check on the Social Ca process   | re application    | Apr 2023               |           |                   |              |            |         |                                       |
| Forecast Risk Rating  | Forecast<br>Date: | Refresh<br>31/03/2023  | Impact:   | Critical (4)      | Likelihood:  | Likely (3) | Rating: | 12                                    |
| TU<br>Roevised Residual Risk Rating   | Date:             |                        | Impact:   |                   | Likelihood:  |            | Rating: |                                       |
| Ō   | •                 | •                      |           |                   |              |            | ·       | ,                                     |

#### UNMANAGED / INHERENT RISK

| Risk Description   |  |   |  |  |   |   | Risk O   | wner                |
|--|--|---|--|--|---|---|----------|---------------------|
| Councils have a legal obligation to put toge<br>Strategy (as amended) which was adopted<br>states policies in the development plan, sh<br>then be updated as necessary. Work on re<br>Council has already undertaken two public<br>studies we are still at an early stage in the<br>Local Plan can be submitted to the Secreta<br>Failure to prepare and maintain an up-to-d<br>the loss of plan making powers and the Co<br>addition, a failure on the part of the Council<br>developers would be able to obtain plannin<br>development in the Green Belt.  | d in 2015 although som<br>ould be reviewed to as<br>eviewing the Core Stra<br>consultations on the e<br>plan making process a<br>ary of State and then s<br>ate Plan will put the Co<br>puncil's New Homes bo<br>il to provide a rolling fiv   | e policies within it<br>sess whether the<br>tegy and replacing<br>merging Local Pla<br>nd will need to ur<br>ubject to an indep<br>ouncil at risk of po<br>nus and the ability<br>e-year land suppl   | it date to 2<br>by need up<br>ig it with a<br>an and pr<br>ndertake a<br>bendent E<br>bossible int<br>ty to bid fo<br>ly would a                                 | 2011. The Nationa<br>pdating at least on<br>a new Local Plan c<br>repared/commission<br>at least two more f<br>Examination in Pub<br>tervention by the S<br>or national funding<br>also increase the p                                 | al Planning Pol<br>ice every five y<br>commenced in 2<br>oned several te<br>formal consulta<br>plic.<br>Secretary of Sta<br>support for ne<br>possibility that l                    | licy Framework<br>ears, and should<br>2014. Although the<br>echnical evidence<br>ations before the ne<br>ate and may lead to<br>w infrastructure. In<br>andowners and | ew       | ogers<br>lethercott |
| <ul> <li>Prential risks include:</li> <li>Uncertainty surrounding the alignm<br/>the availability of land for future de<br/>upon the Councils ability to submit</li> <li>Uncertainty surrounding the alignm<br/>have an adverse impact on the availability of Covid-19 in terms of tear<br/>face consultation events.</li> <li>Impact of Covid-19 in terms of tear<br/>face consultation events.</li> <li>Impact of the Census information m<br/>Unexpected changes could involve<br/>communities are appropriately add</li> <li>Further changes to the national pla<br/>causing delays to the plan making</li> <li>Potential changes to guidelines ab<br/>the Local Plan to transition over to</li> <li>An ongoing failure to recruit and reference<br/>Reduction in resource allocation to</li> <li>The impact of local and national potential places and national potential<br/>the impact of local and national potential places and p</li></ul> | evelopment. There is a<br>is its Local Plan for exar-<br>nent, design and phasi<br>ailability of land for futu-<br>m resources (risk of illr<br>releases and publication<br>e us having to recomm<br>dressed within the Plan<br>anning policy and guida<br>process as the Plan n<br>bout how a Plan should<br>the preparation of a di-<br>tetain experienced polic<br>owards the Local Plan<br>political considerations of<br>ryone to achieve their | so a risk that any<br>nination.<br>Ing of the East Ang<br>re development.<br>ess) and the plan<br>n of datasets look<br>ssion evidence to<br>the which could<br>be prepared and<br>ferent type of Loo<br>y planners to supp<br>project which coul<br>n the plan-making<br>aspirations. Attrac | y further d<br>glia Gree<br>n-making<br>king at po<br>o ensure t<br>impact up<br>formity wi<br>l its forma<br>cal Plan.<br>port and e<br>ld delay a<br>g process | delay in concluding<br>on Energy Enablem<br>process specifical<br>ost pandemic trend<br>that the future and<br>pon the content en<br>ith national policies<br>at could involve the<br>expedite the prepa<br>and/or halt the Plan<br>s. | the LTC DCO<br>nent (GREEN)<br>ly with regards<br>ls on our evide<br>existing needs<br>nerging policies<br>to be found so<br>Council having<br>aration of the Lo<br>n's production. | process will impact<br>project which could<br>to planned face to<br>nce base productions<br>of local<br>s and evidence<br>ound.<br>g halt production of<br>ocal Plan. | rt<br>n. | nomy                |
| Inherent Risk Rating   |  | /2022 Impa  |  | Critical (4)   | Likelihood:   | Very Likely (4)   | Rating:  | 16                  |

#### DASHBOARD



#### Comments

An up-to-date Local Plan is the main way that councils set their planning policies. Previous planning policy documents that have expired do not carry the same weight when it comes to deciding the outcome of a planning application. Without an up-to-date Local Plan, councils can lack the policies they need to prevent inappropriate or damaging development in their area.

In 2014 Thurrock Council committed itself to preparing a new Local Plan. This Plan will set out the planning strategy and priorities for the area and covers issues such as where new housing should be built, what type of homes are needed, and what additional infrastructure will be required to accommodate those homes. It can also designate land for different purposes, such as residential or industrial, and can give protection from development to open and green spaces.

the new plan will set out a clear strategy for the council area, and for the different communities that make up that local authority. Rather than having to take a fragmented plecemeal approach to each individual development, a up to date Local Plan provides structure and represents a more coordinated and holistic approach to planning and managing growth.

Fercies and allocations within the emerging plan will apply to development schemes being promoted by private individuals, businesses and organisations as well as schemes being put forward by the council and other public sector organisations.

Preparing a Local Plan in an area such as Thurrock can be very complex as there are lots of competing land pressures (balancing the need for new homes, against economic growth and the need to protect and enhance green infrastructure assets), several Nationally Significant Infrastructure Projects which have the potential to come forward or commence within the Plan Period and potential changes to the national planning system. For a Plan to be successful and to appropriately balance these competing pressures we need to ensure that the plan making process is supported by robust evidence and that all key stakeholders including locally communities have been given appropriate opportunities to feed into and shape the Plan.

#### EXISTING ACTION / RESIDUAL RISK

| Management Action or Mitigation Already in Place            | Date<br>Implemented |
|---|---------------------|
| 1. Main Plan Making Stages                                  |                     |
| 1.1 Initial Call for Sites                                  | Annual/ongoing      |
| 1.2 Issues and Options (Stage 1)                            | Feb - Apr 16        |
| 1.3 Your Place, Your Voice Roadshows                        | From 2018/19        |
| 1.4 Issues and Options (Stage 2)                            | Dec18 - Mar19       |
| 1.5 Area Based Design Charrettes                            | Dec20 - Mar22       |
| 1.6 Your Place, Your Voice Roadshows, Informal consultation | In Progress         |

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#### FURTHER ACTION / FORECAST RISK / REVISED RESIDUAL RISK

| T<br>For ther Management or Mitigating Action | Implementation<br>Date | Progress   |
|---|------------------------|--|
| ମିନ୍ତୁoing application of items 1 – 2<br>ସି   | From Aug 2022          | <ul> <li>1.1 Ongoing</li> <li>1.2 &amp; 1.4 completed</li> <li>1.3 &amp; 2.2 (ii) Ongoing</li> <li>1.5 &amp; 2.2 (ii) Design Charrettes completed via online consultation portal, series of workshops across the borough and virtual events Dec 2020 to Mar 2022.</li> <li>1.6 Ongoing</li> <li>2.1 Ongoing</li> <li>2.2 Work ongoing with the Communications Team to update the web content</li> <li>2.2 (i) Ongoing Members Briefings to build understanding &amp; maintain crossparty support for the emerging Local Plan, including Portfolio Briefings, Local Plan Taskforce meetings, informal cabinet meetings and discussions with relevant Overview and Scrutiny committees.</li> <li>(iii) Ongoing engagement with landowner and developers via Local Plan Developer Forum and the Local Plan Planning Performance Agreement (PPA) process to support/ the preparation of the Local Plan.</li> <li>2.3 (i) Ongoing work with other services in planning to improve employment terms/conditions to help recruit &amp; retain experienced planners. Ongoing recruitment of additional professional/technical support (e.g. appointments of full time staff, consultants &amp; short term fixed term contracts) to support plan preparations.</li> <li>(ii) Ongoing rollout of the Local Plan Planning Performance Agreements (PPA) with site promoters to support the preparation of the Local Plan</li> </ul> |

|  |                                    |  |           |        |  |             | ot for Levelling U<br>Transport and Hi |         |    |  |  |
|--|------------------------------------|--|-----------|--------|--|-------------|--|---------|----|--|--|
| 1. Main Plan Making Stages   |                                    |  |           |        |  |             |  |         |    |  |  |
| <ul> <li>Informal consultation opportunity – Local Plan Evidence Roadshot</li> <li>Local Plan – Preferred Options (Regulation 18)</li> <li>Local Plan (Reg 19) – Pre-Submission Draft</li> <li>Local Plan - Submission</li> <li>Local Plan - Submission</li> <li>Examination in Public with people who have consulted previously</li> <li>Main modifications consultation</li> <li>Inspectors Report Published</li> <li>Adoption of Local Plan</li> <li>Other elements and/or measures developed to manage the important previously</li> </ul> |                                    |  | Nov 22    |        | 1.7 A number of technical evidence documents including those which set out anticipated housing and employment floorspace needs have been commissioned and are set to completed in September/October.   |             |  |         |    |  |  |
| <ul> <li>1.9 Local Plan (Reg 19) – Pre-Submission Draft</li> <li>1.10 Local Plan - Submission</li> <li>1.11 Examination in Public with people who have consulted previously</li> </ul>   |                                    |  | July 23   |        | 1.8 We have started pulling together a skeleton draft of the document and<br>are currently populating key sections of the draft Plan for discussion with<br>Senior Officers and elected Members. These discussions are anticipated to<br>take place over the next few months and should ensure that the content of<br>the Plan and the reasoning behind specific policy choices are fully<br>understood by all when the document is considered by Full Council in July |             |  |         |    |  |  |
| 1.9 Local Plan (Reg 19) – Pre-Submission   | n Draft                            |  | ТВС       |        | 2023.  | 5           |  | ,       | ,  |  |  |
| 1.10 Local Plan - Submission   |                                    |  | TBC       |        |  |             |  |         |    |  |  |
| 1.11 Examination in Public with people who   | o have consul                      | ted previously                         | TBC       |        |  |             |  |         |    |  |  |
| 1.12 Main modifications consultation   |                                    | 1 2                                    | TBC       |        |  |             |  |         |    |  |  |
| 1.13 Inspectors Report Published   |                                    |  | TBC       |        |  |             |  |         |    |  |  |
|  |                                    |  | TBC       |        |  |             |  |         |    |  |  |
|  | eloped to ma                       | nage the impact                        |           |        |  |             |  |         |    |  |  |
|  |                                    |  |           |        |  |             |  |         |    |  |  |
| internal & external influences:  |                                    |  |           |        |  |             |  |         |    |  |  |
| 2.5 Ongoing consideration of Nationally Sig<br>that may influence the plan (LTC, Futu<br>London Resort and National Grid Gree  | gnificant Infras<br>ire expansions | structure Projects<br>of Tilbury Port, | From Aug  | 2022   |  |             |  |         |    |  |  |
| London Resort and National Grid Gree   | en)                                |  |           |        |  |             |  |         |    |  |  |
| 20 Ongoing consideration of the Levelling  | Up and Rege                        | neration Bill                          | Sept 2022 |        |  |             |  |         |    |  |  |
| Forecast Risk Rating   | Forecast<br>Date:                  | Refresh<br>31/03/2023                  | Impact:   | Critic | al (4):  | Likelihood: | Likely (3)                             | Rating: | 12 |  |  |
| Revised Residual Risk Rating   | Date:                              |  | Impact:   |        |  | Likelihood: |  | Rating: |    |  |  |

# **Corporate Risk No. 3 / Housing Needs and Homelessness**

**UNMANAGED / INHERENT RISK** 

|  |                                    |  | 01   |  |                   |   |                    |                  |  |            |  |                    |
|--|------------------------------------|--|--|--|-------------------|---|--------------------|------------------|--|------------|--|--------------------|
| Risk Description   |                                    |  |  |  |                   |   |                    |                  |  | Ris        | k Owner  |                    |
| A lack of affordable private<br>and welfare reforms mean<br>duties under the Homeless<br>homelessness assistance                           | ing those on me<br>sness Reduction | ans tested be<br>Act 2017 (HI                                      | enefits are unable<br>RA17), have led t  | to keep pace.<br>o a year-on-ye                                    | . Thes<br>ear inc | se, coupled with th   | ne imple           | ementat          | ion of additional  | Ew         | elina Sorbjan  | _                  |
| ink to Corporate Priorit   | у                                  |  |  |  |                   |   |                    |                  |  |            |  |                    |
| People - a borough where ogether to improve health   |                                    | es are proud   | to work and play,  | live and stay.   | Build             | on our partnershi   | ips with           | statutor         | ry, community, vol   | untary ar  | nd faith groups to   | wo                 |
| Inherent Risk Rating   |                                    | Date:  | 01/07/2022   | Impact:  | Substantial (3)   |   | Likelihood:        |                  | Very Likely (4)  | Rating     | : 12   |                    |
|  |                                    |  |  | DASH   | BOAF              | RD  |                    | -                |  |            |  |                    |
| Innerent Risk Rating &   | Residual Risk<br>as at: 01/07/20   |  | Residual Risk<br>as at:  | Rating   | Res<br>as a       | sidual Risk Rating<br>at:   |                    | Residu<br>as at: | al Risk Rating   |            | ecast Risk Rating<br>e: 31/03/2023   | &                  |
| O       4       8       12       16         3       6       9       12         2       4       6       8         1       2       3       4 | 48362412                           | 12       16         9       12         6       8         3       4 | Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood<br>Likelihood | 12       16         9       12         6       8         3       4 | Likelihood        | 3     6     9     1       2     4     6     4       1     2     3     4 | 16<br>12<br>8<br>4 | Likelihood       | 4       8       12       16         3       6       9       12         2       4       6       8         4       2       3       4 | Likelihood | 4       8       12         3       6       9         2       4       6         1       2       3 | 16<br>12<br>8<br>4 |
| Impact   | l Im                               | pact   | Imp  | bact   |                   | Impact  |                    |                  | Impact   |            | Impact   |                    |

### Comments

The C-19 pandemic saw a ban on evictions and the closure of Courts which, having reopened, are now clearing the backlog. There is a nationwide increase in Evictions of 158% according to Govt statistics. The current inflationary pressures and supply side issues detailed in the risk have seen more Thurrock residents accruing rent arrears and facing eviction with all economic indicators suggesting this will continue throughout 22/23. Neighbouring Authorities (particularly London LAs) are placing individuals and families in high volumes further saturating the Private Rental Sector market and driving up prices. Landlords are evicting for rent arrears and to achieve higher rents (above Local Housing Allowance) on their units. Landlords are insisting on large incentive payments, circa £3-5k, to grant an assured shorthold tenancy to someone on means tested benefits without a guarantor.

In the final year pre-HRA17 (2017-18), 1395 households approached the council for assistance with homelessness. The numbers of households approaching the council has been consistently higher since, with 1638 households approaching in 2018-19, 2026 households approaching in 2019-20, 1823 households approaching in 2020-21 and 1821 households approaching in 2021-22. This represents a 30% increase in approaches since the HRA17 was introduced, and the number of approaches is likely to have been higher had it not been for the action taken to protect renters during the COVID-19 pandemic. Through Q1 2022/23, 495 households approached the council for assistance with homelessness – this represents the most Q1 approaches since 2019/20 (494).

One of the most common reasons for homelessness in Thurrock remains the termination of an assured short hold tenancy. These most marked trend is for these evictions from assured shorthold tenancies are driven not by rent arrears or any other 'tenant fault' grounds, but by the landlord opting to evict the current tenant and re-let the property at a higher rent for the reasons set out above.

Thurrock's strategic geographical location (adjacent to London with excellent transport links) makes it an affordable and desirable area. The lower quintile housing market value is a realistic housing option when compared to London. As such, and in the light of London's scarce housing affordability, moving to Thurrock is increasingly an option which families now living in London are considering.

The Council's Homelessness Prevention and Rough Sleeping Strategy represents an ambitious approach rooted by the fundamental principle that homelessness is not simply a housing issue, but is instead a complex social challenge requiring true collaboration to tackle effectively. A Homelessness Partnership Board has been established which aims to achieve the key strategic aims included within the Strategy document. These will be reached having a jointly developed and owned action plan, where successful outcomes will be delivered by leveraging the collective knowledge, experience, influence and expertise of the range of board members and their respective organisations.

Work is ongoing to reduce the use of, and thereby costs of, Temporary Accommodation (TA) in the private rented sector however the use of the council's own stock for temporary accommodation will have a detrimental impact on the availability of properties to applicants on the Housing Register. Housing Solutions are working with homeless households and private landlords to secure longer term private sector tenancies by incentivising landlords.

Last year Housing had a business case approved which utilised 'Right to Buy' receipts, combined with HRA prudential borrowing, to purchase properties in line with need. These were initially used to move people on from expensive nightly purchase TA into units incorporated into tenancy managements general needs stock. Further units were purchased which are to be used as 'Furnished Lets' as a cost-effective way of providing our own TA and maintaining homeless households within Thurrock. There is a new business case being considered under the 'transformation plan' to further expand this project.

#### EXISTING ACTION / RESIDUAL RISK

| Ma<br>O | hagement Action or Mitigation Already in Place   | Date<br>Implemented        |
|---------|--|----------------------------|
| ge      | Providing residents with budgeting advice as part of their personalised Housing Plan and assistance to access support services, including advice provided by our Financial Inclusion Officers  | Ongoing                    |
|         | Working with internal and external partners to support households which are homeless or at risk of homelessness through contracted services and the regular Housing Mental Health and Homelessness Forum   | Oct 2018                   |
| 3.      | Working with internal and external partners to review welfare reform and assess implications in a strategic forum, including addressing challenges resulting from welfare changes and increasing financial inclusion across the borough in conjunction with the Council's Fair Debt programme. | Jan 2019                   |
| 4.      | Provision of incentives to encourage under-occupying social housing tenants to move to smaller properties.   | Ongoing                    |
| 5.      | Use of the Jigsaw and Northgate Housing Management systems to generate management and performance information to drive improvements to<br>service delivery   | Nov 2016 /<br>Apr 2018     |
| 6.      | Additional funding achieved to mitigate impact of new duties which form part of Homelessness Reduction Act, allowing for the recruitment of additional officers.   | April 2022                 |
| 7.      | Regular contact and meetings with a Homelessness Adviser from MHCLG to ensure awareness of further funding and emerging best practice.   | Ongoing from<br>April 2019 |
| 8.      | New Homelessness Prevention and Rough Sleeping Strategy  | March 2020                 |
| 9.      | Implementation of selecting licensing to improve quality of private rental sector properties in selected localities across the borough   | Nov 2021                   |
| 10.     | Additional funding obtained from MHCLG to provide a focussed service (BEAM) aimed at empowering applicants to find employment and training opportunities.  | Jan 2020                   |
| 11.     | Establishment of Homelessness Partnership Board to drive forward the key strategic actions in the Homelessness Prevention & Rough Sleeping Strategy  | Mar 2020                   |

| 12. Adopting a Human Learning Systems for collective work across and within c |                | chieve sustainable  | interventions  | for those with multip | ble and complex | k needs emphasisi | ing the need | Nov 2021    |
|---|----------------|---------------------|----------------|-----------------------|-----------------|-------------------|--------------|-------------|
| 13. Creation of a 'Complex Care' team to their ability to access services.    | lead on Housir | ng Solutions work v | with people in | housing need whos     | e Mental Health | or Substance mis  | suse effects | August 2022 |
| Residual Risk Rating  | Date:          | 01/07/2022          | Impact:        | Substantial (3)       | Likelihood:     | Very Likely (4)   | Rating:      | 12          |

#### Implementation **Further Management or Mitigating Action** Progress Date From July 2022 14. Ongoing application of actions 1-13 above as appropriate 15. Creation of a 'Complex Care' team to lead on Housing Solutions work Aug 2022 with people in housing need whose Mental Health or Substance misuse effects their ability to access services. 16. Review of Housing Allocations Policy to identify opportunities to Nov 2022 prioritise homeless prevention ۵ Ó Management of Mandatory and Additional HMO Licensing to improve 100 TBC → the quality of HMO accommodation in the private sector, reducing the Un likelihood of approaches from households living in HMOs where the 4 presence of severe HHSRS hazards would result the property being unreasonable for the household to continue to occupy, and increasing the levels of safe and suitable PRS stock for use in the prevention and relief of homelessness 18. Expansion (5 -10 units) of Thurrock's Housing First project to include TBC - subject to those with enduring mental Health challenges in addition to homeless business Case individuals with a history of entrenched or repeat homelessness approval 19. Provision of specialised accommodation for those who've had TBC- subject to repeated unsuccessful placements. business case Forecast Refresh **Forecast Risk Rating** Substantial (3) Very Likely (4) Rating: Impact: Likelihood: 12 31/03/2023 Date: **Revised Residual Risk Rating** Date: Likelihood: Rating: Impact:

#### FURTHER ACTION / FORECAST RISK / REVISED RESIDUAL RISK

# Corporate Risk No. 7 / Cost of Living Fuel Poverty

#### UNMANAGED / INHERENT RISK

| Risk Description  |  |  |                |   |                     |                     | Risk Ow  | vner   |
|---|--|--|----------------|---|---------------------|---------------------|----------|--------|
| The cost of living is a major concern for ma<br>interest rates and rents are forcing people<br>Rent Revenue from social housing tenants<br>health events leading to increased hospital  | to make hard c<br>is likely to be i  | hoices about how t<br>mpacted. Residen                     | they spend the | eir money. The leas<br>erty are more likely | st well off are the | e worst affected ar | Peter Do | oherty |
| There are an estimated 9,000 households household energy bill is due to rise from cir   |  |  |                |   | energy price inf    | lation. The typical |          |        |
| <ul> <li>Failure to act:</li> <li>Failure to support our residents who are im</li> <li>Financial hardships for our residents i</li> <li>Consequent impact on demand for co</li> <li>Direct and indirect impact on Council s</li> <li>Direct impact on rent income stream t</li> <li>Increased demand on ASC external p</li> <li>An increase in Evictions/Homelessnes</li> </ul> | ncluding some<br>re Council serv<br>staffing resourc<br>o the Housing I<br>lacement budg | of our most vulner<br>ices<br>es<br>Revenue Account<br>ets | able residents | 5   |                     |                     |          |        |
| မ<br>မြက္ကk to Corporate Priority<br>ထ  |  |  |                |   |                     |                     |          |        |
| People – a borough where people of all ag<br>• by ild on our partnerships with statutory, c<br>• communities are empowered to make cho  | ommunity, volu   | intary and faith gro                                       | ups to work to |   | health and wellb    | being               |          |        |
| Inherent Risk Rating  | Date:  | 01/07/2022   | Impact:        | Critical (4)                                | Likelihood:         | Very Likely (4)     | Rating:  | 16     |

#### DASHBOARD



#### Comments

The Authority's ability to successfully manage the effects of the cost of living increases locally will be re-evaluated and overseen by groups such as the corporate fuel poverty group. Overall, the ability of service users to deal with this issue is a challenge and it is noted that Council workers increasingly have to provide higher levels of support to a wide range of claimants and people affected.

We are taking a wide range of actions to mitigate the risk as noted in the management action plan for the risk. We continue to work with Sanctuary Housing to provide appropriate support to tenants who may be experiencing hardship. Financial Inclusion Officers are tasked with dealing with all new claims to Universal Credit and complex or amended circumstance cases.

| Management Action or Mitigation Alread   | dy in Place  |  |  |  |   |   |                | Date<br>Implemented |
|--|--|--|--|--|---|---|----------------|---------------------|
| 1. Welfare reform group established and  | meeting quarter  | ly.  |  |  |   |   |                | Ongoing             |
| 2. Fuel Poverty Scoping Group initiated  |  |  |  |  |   |   |                | Ongoing             |
| 3. Financial Inclusion Officer intervention  | <ul> <li>increased case</li> </ul>   | se referral  |  |  |   |   |                | Ongoing             |
| <ul> <li>4. Signposting of funding streams for resi <ul> <li>Discretionary Housing Payment wher</li> <li>Foodbank/ voucher availability and is</li> </ul> </li> <li>D- Household Support Fund/ELF for Fue</li> <li>Q - Warm Homes Discount</li> <li>Q - Government support package</li> </ul>  | e appropriate a<br>sue<br>el Grants  | nd permitted – fu  |  |  |   |   |                | Ongoing             |
| 5. Staff continuously updated on new mea   | asures and sup   | port available   |  |  |   |   |                | Ongoing             |
| 607 Referrals to specialist support agencies   | s eg Sanctuary,  | CAB, Debt Mana   | agement Servi  | ces, Turn2Us   |   |   |                | Ongoing             |
| 7. Continued closer working with DWP ar  | nd Universal Cre   | edit Management  | Teams  |  |   |   |                | Ongoing             |
| <ul> <li>8. Housing Services: <ul> <li>(i) Ensure the Rents team are update</li> <li>(ii) Provide benefits, debt and money</li> <li>Partnership with Sanctuary establis</li> <li>(iii) Undertake monitoring and manage</li> <li>Rents and Welfare team monitori</li> <li>in order to assist in sustaining the</li> <li>Financial inclusion officers working</li> </ul> </li> </ul> | advice to cound<br>shed to provide<br>ement of potent<br>ing the level of<br>eir tenancies.<br>ng with tenants | il tenants, Exam<br>debt and financia<br>al increased rent<br>rent arrears and e<br>affected by chan | oles include: v<br>al advice and<br>arrears/eviction<br>endeavour to r<br>ges, maximizin | isits to residents at<br>other support servic<br>ons:<br>make contact with t | home and at ou<br>ces to residents.<br>hose affected ar | itreach centres wh<br>nd provide advice | and assistance | Ongoing             |
| 9. The Rents team will continue to make  | contact with res   | sidents by visit, te   | elephone, e-m  | ail and text messag  | e and offer sup   | port where needed                       | d.             | Ongoing             |
| 10. Continued use of Mobysoft text messa automation process to ensure early in   |  |  |  |  | ants in arrears.a                                       | and the implemen                        | tation of the  | Ongoing             |
| 11. Extended Communications methods i  | ncluding more t  | ocus on deliverin  | g key messag   | jes via resident nev   | vsletter and Soc  | ial Media platform                      | IS.            | Ongoing             |
| 12. The Council's bid to the UK Shared P inclusion, health and welling and ener category.  |  |  |  |  |   |   |                | Ongoing             |
| Residual Risk Rating   | Date:  | 01/07/2022   | Impact:  | Critical (4)   | Likelihood:   | Likely (3)                              | Rating:        | 12                  |

#### FURTHER ACTION / FORECAST RISK / REVISED RESIDUAL RISK

| Further Management or Mitigating Action   | on                |                 | Implement<br>Date | ation  | Progress    |             |              |         |   |  |  |  |  |  |  |
|---|-------------------|-----------------|-------------------|--------|-------------|-------------|--------------|---------|---|--|--|--|--|--|--|
| 13. Ongoing monitoring of points 1 – 12 a | bove through re   | eport led data. | From July 2       | 2022   |             |             |              |         |   |  |  |  |  |  |  |
| Forecast Risk Rating                      | Forecast<br>Date: | 31/03/2023      | Impact:           | Critic | cal (4)     | Likelihood: | Unlikely (2) | Rating: | 8 |  |  |  |  |  |  |
| Revised Residual Risk Rating              |                   | Impact:         |                   |        | Likelihood: |             | Rating:      |         |   |  |  |  |  |  |  |

| Risk Description  | Risk Owner       |
|---|------------------|
| The growth programme in Thurrock continues to be one of the largest and most exciting opportunities in the country. Thurrock's reputation as a place full of opportunity has helped attract a number of large scale projects including London Distribution Park at the Port of Tilbury, the continuing investment at DP World London Gateway, expansion of Lakeside, Purfleet Regeneration, Thames Freeport etc. As a direct result of the scale of the growth agenda in Thurrock the Council will be involved in three National Infrastructure Projects over the coming years.   | Keith Rumsey     |
| Managing these projects alongside the other key regeneration projects will place significant demands on the Council and ensuring the authority have capacity in key areas is important in maintaining momentum and maximising opportunity for the borough.  |                  |
| Failure to increase capacity to meet current, future or competing demands could impact the successful delivery of the major schemes and projects.   |                  |
| Link to Corporate Priority  |                  |
| Prosperity – a borough which enables everyone to achieve their aspirations:   |                  |
| Attractive opportunities for businesses and investors to enhance the local economy     Vocational and academic education skills and job opportunities   | unities for all. |
| To<br>Ptoce – a heritage rich borough which is ambitious for its future:  |                  |
| • Fewer public buildings with better services   |                  |
|   |                  |
| Inherent Risk RatingDate:03/08/2022Impact:Critical (4)Likelihood:Very Likely (4)Rational Rational Ration | ing: 16          |



|         |   | <b>Risk F</b><br>08/202 |      | y & |   | Resi<br>as a |   |    | a <b>Ratir</b><br>022 | ng |          | esid<br>at: |   | Risk | Ratir | ng | Res<br>as a |   | Risk | Rati | ng |   | Resi<br>as a |   | Risk | Ratii | ng |   | Fore<br>Date |   |    | <b>Ratin</b><br>23 | g & |  |
|---------|---|-------------------------|------|-----|---|--------------|---|----|-----------------------|----|----------|-------------|---|------|-------|----|-------------|---|------|------|----|---|--------------|---|------|-------|----|---|--------------|---|----|--------------------|-----|--|
|         | 4 | 8                       | 12   | 16  |   |              | 4 | 8  | 12                    | 16 |          |             | 4 | 8    | 12    | 16 |             | 4 | 8    | 12   | 16 |   |              | 4 | 8    | 12    | 16 |   |              | 4 | 8  | 12                 | 16  |  |
| hood    | 3 | 6                       | 9    | 12  |   | hood         | 3 | 6  | 9                     | 12 | pood     |             | 3 | 6    | 9     | 12 | ikelihood   | 3 | 6    | 9    | 12 |   | hood         | 3 | 6    | 9     | 12 |   | hood         | 3 | 6  | 9                  | 12  |  |
| _ikelih | 2 | 4                       | 6    | 8   |   | _ikelih      | 2 | 4  | 6                     | 8  | l ikalik |             | 2 | 4    | 6     | 8  | Likeli      | 2 | 4    | 6    | 8  |   | Likelih      | 2 | 4    | 6     | 8  |   | -ikelił      | 2 | 4  | 6                  | 8   |  |
|         | 1 | 2                       | 3    | 4   |   | _            | 1 | 2  | 3                     | 4  |          |             | 1 | 2    | 3     | 4  | _           | 1 | 2    | 3    | 4  |   |              | 1 | 2    | 3     | 4  |   | -            | 1 | 2  | 3                  | 4   |  |
|         |   | Im                      | pact |     | - |              |   | Im | pact                  |    |          |             |   | Imp  | oact  |    |             |   | Im   | oact |    | - |              |   | Im   | pact  |    | - |              |   | Im | pact               |     |  |

#### Comments

The Thurrock growth programme crosses many disciplines within the Council. It requires significant programme management capacity from the Regeneration team to lead the programme alongside a joined up approach with other areas of the authority to ensure that relevant specialisms are brought in as required and programmes and strategies are complementary. Investment needs to be committed to project development stages before outputs and benefits are realised, significant levels of funding are committed at risk to prove feasibility and investment then needs to continue to secure the benefits from the initial funding. External funding is committed to numerous projects, whilst this reduces the financial burden to the Council, compliance with funding agreements must be achieved to ensure the Council is not exposed financially via claw back mechanisms.

Projects span numerous financial years and have to be able to respond to changing market, policy and financial conditions. Strong project and programme managers are essential to ensuring that delivery stays on track and investment secures value for money outputs. Increasing resource capacity in the team via Matrix has provided some additional support and capability. The project portfolio could benefit from significant external funding which will put additional pressure on the existing staff resource as more projects are developed. Momentum needs to be maintained in the ongoing restructure to improve working approaches and secure additional resource.

#### EXISTING ACTION / RESIDUAL RISK

| Mana  | agement Action or Mitigation Alread   | dy in Place  |  |                 |                        |                   |                       |               | Date<br>Implemented                              |
|---|---|--|--|-----------------|------------------------|-------------------|-----------------------|---------------|--|
| 1. 0  | verall  |  |  |                 |                        |                   |                       |               |  |
| 1.1   | Managing the impact of various outo   | comes relating to  | the UK's exit fro                      | m the EU        |                        |                   |                       |               | Ongoing  |
| 1.2   | Include Brexit contingency in all proj labour/material costs.   |  |  |                 | d construction costs   | due to potentia   | l increases in        |               | Since Oct 2018                                   |
| 1.3   | Managing the impact of COVID-19 c   | on projects and pr   | ogrammes, incl                         | uding assess    | ment on the cost of    | the programme     | of all projects       |               | Ongoing  |
| 1.4   | Appropriately qualified team in place   | Э.   | 0                                      | 0               |                        |                   |                       |               | Ongoing  |
| 1.5   | Specialist expertise brought in on a  |  | s as required.                         |                 |                        |                   |                       |               | Ongoing  |
| 1.6   | Programme Management methods i  |  |  | project progr   | amme, budget and r     | risk register set | up from the outse     | t.            | Ongoing  |
| 1.7   | Area based Programme Boards to b  |  |  |                 |                        | 5                 | I                     |               | Ongoing  |
| 1.8   | Funding agreements managed to er  |  |  |                 |                        |                   |                       |               | Ongoing  |
| 1.9   | Increase of capacity required in tear   |  |  |                 |                        |                   |                       |               | Ongoing  |
|   | Standardised project management of  |  |  | consideration   | of standardised pro    | iect manageme     | ent software solution | on.           | Jun 2019   |
| 1.11  | Continuously improve our ability to c   |  |  |                 |                        | jeermaneigenne    |                       |               | Ongoing  |
| 1.12  |   |  |  |                 |                        |                   |                       |               | Ongoing  |
|   | All projects now have a 6 month lool  |  |  |                 |                        | elonment          |                       |               | Ongoing  |
| 1200<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100<br>100 | New programme and major projects  |  |  |                 |                        | ciopiniciti.      |                       |               | Ongoing  |
|   | Thurrock project lifecycle developed  |  |  |                 |                        |                   |                       |               | Ongoing  |
| <b>2.50</b><br>2.2<br>2.2<br>2.3<br>2.4                             | <b>Grays Underpass</b><br>Managing costs within GRIP stages<br>Information campaign to help prever<br>Improving design services agreemen<br>Driving the land assembly process w | nt accident or incient or incient or incient of the second s | dent at level cro<br>ect Council's int | erests now o    |                        |                   |                       |               | Ongoing<br>Ongoing<br>Current/Ongoing<br>Ongoing |
| <b>3.</b><br>3.1  | Purfleet Primary School<br>Facilitated discussions with all stake<br>site.  | holders on size of   |  | -               | -                      | •                 | funder for possibl    | e alternative | Ongoing  |
| 4.1   | Stanford le Hope Transport Interch<br>Steering Group Meetings establishe  | d including strong   |  |                 |                        |                   |                       |               | Ongoing  |
| 4.2   | Preliminary design to GRIP 4 (Single  |  |  |                 |                        | gn and Constru    | ict contractor for p  | nase 1        | Ongoing  |
| 4.3   | Concept design work to GRIP 4 com   |  |  |                 |                        |                   |                       |               | March 2022                                       |
| 4.4   | Contract award in March 22 - but no   |  |  |                 |                        | activities to pro | gress                 |               | Apr 2022   |
| 4.5   | Separate Steering Groups establish  |  |  |                 |                        |                   |                       |               | May 22 onwards                                   |
| 4.6   | Senior level engagement between T   |  |  | i leadership fo | orum for risk mitigati | on and issue re   | solution.             |               | Jun 22 onwards                                   |
| 4.7<br>4.8  | Opportunities shared and developed<br>Ensuring all parties are working towa   |  |  | /ing alignmen   | t and enhancing tea    | m collaboration   |                       |               | Jun 22 onwards<br>Jun/Jul 2022                   |
| Resi  | dual Risk Rating  | Date: 0  | )3/08/2022                             | Impact:         | Substantial (3)        | Likelihood:       | Very Likely (4)       | Rating:       | 12   |

| FURTHER ACTION / | FORECAST RISK | / REVISED RESIDUA | AL RISK] |
|------------------|---------------|-------------------|----------|
|                  |               |                   |          |

| Furtl                     | ner Management or Mitigating Actio  | on                                 |                       | Implementa<br>Date       | ation | Progress     |             |                 |         |    |
|---------------------------|---|------------------------------------|-----------------------|--------------------------|-------|--------------|-------------|-----------------|---------|----|
| 5.                        | Ongoing application or implementati appropriate   | on of actions 1                    | -4 above as           | From Jul 20              | 22    | Ongoing      |             |                 |         |    |
| <b>1.</b><br>1.16<br>1.17 | <b>Overall</b><br>Strategic reviews at each stage of lif<br>Improvements in project controls pro<br>risk and opportunity and cost manage<br>risk exposure and enhance outcome | pcesses such a<br>gement within te | s change, issues,     | TBA<br>August 202        | 2     |              |             |                 |         |    |
| <b>2.</b><br>2.5<br>2.6   | <b>Grays Underpass</b><br>Formulating contracting strategy to in<br>Performance of Network Rail and Co<br>joint working arrangements  |                                    |                       | July/Aug 20<br>Aug 2022  | 22    |              |             |                 |         |    |
| 2.7                       | Looking at partnering relationship wi and mutual benefit  | th NR to get be                    | etter outcomes        | Summer 20                | 22    |              |             |                 |         |    |
| 2.8<br>2.9<br><b>D</b>    | Developing utility diversion strategy<br>Managing costs and possible over ru<br>Rail on funding contribution.   | un via discussio                   | ons with Network      | Summer 20<br>Sept/Oct 20 |       |              |             |                 |         |    |
| දගුප 16                   | Stanford le Hope Transport Interc<br>Creating alignment of key parties thr<br>detail design can progress with low   | ough workshop                      |                       | July 2022                |       |              |             |                 |         |    |
| $\cap$                    | cast Risk Rating  | Forecast<br>Date:                  | Refresh<br>31/03/2023 | Impact:                  | Subs  | stantial (3) | Likelihood: | Very Likely (4) | Rating: | 12 |
| Revi                      | sed Residual Risk Rating  | Date:                              |                       | Impact:                  |       |              | Likelihood: |                 | Rating: |    |

# **Opportunities In Focus**

Impact

Impact

#### **UNMANAGED / INHERENT OPPORTUNITY**

| Ор                           | portu                             | inity                               | Des                              | cripti                               | on                               |                                    |   |                                  |                                  |                           |                           |                           |                          |                          |                     |          |            |       |         |        |        |        |           |             |             |             |        |      |            | Ор     | oortu           | inity  | Own  | er   |           |
|------------------------------|-----------------------------------|-------------------------------------|----------------------------------|--------------------------------------|----------------------------------|------------------------------------|---|----------------------------------|----------------------------------|---------------------------|---------------------------|---------------------------|--------------------------|--------------------------|---------------------|----------|------------|-------|---------|--------|--------|--------|-----------|-------------|-------------|-------------|--------|------|------------|--------|-----------------|--------|------|------|-----------|
| fune<br>prog<br>• in<br>• th | ding s<br>gram<br>npact<br>ird pa | sourc<br>me. 7<br>of str<br>arty fu | es lil<br>This<br>rateg<br>undir | ke the<br>incluc<br>gic int<br>ng op | e UKS<br>les m<br>erver<br>portu | SPF t<br>naxim<br>ntions<br>nities | o ma<br>iising<br>s, eg l<br>s, eg <i>l</i> | ximis<br>oppo<br>Freep<br>Arts ( | e the<br>ortuni<br>oorts<br>Coun | e opp<br>ties o<br>cil Cu | ortun<br>create<br>ultura | iity fo<br>ed by<br>I Dev | r loca<br>the f<br>elopr | al resi<br>ollow<br>ment | dent<br>ing:<br>Fun |          | d busi     | iness | s to co | ontrib | oute t | o and  | d ben     |             |             |             |        |      |            | Ger    | ard N           | /IcCle | eave |      |           |
|                              |                                   | -                                   |                                  | e Pric                               | -                                |                                    |   |                                  |                                  | <u>ta a</u>               | abiav                     | <u>a th a</u>             |                          | inatio                   |                     | A ###### | 4:         |       |         | (-     |        |        |           | un al iun   |             |             | anh    |      | the a      |        |                 |        |      |      |           |
| Pro                          | speri                             | ty – 7                              |                                  | ougn                                 | whic                             | n ena                              | ables                                       | ever                             | yone                             | toa                       | cniev                     | e the                     | ar asp                   | Diratio                  | ons. /              | Attrac   |            | oppoi | rtuniti | es to  | or bus | siness | ses a     | na inv      | vesto       | rs to       | enna   | ance |            | ocal e | econc           | omy.   |      |      |           |
| Inh                          | erent                             | t Opp                               | oortu                            | unity                                | Ratir                            | ng                                 |   |                                  | Date                             | e:                        |                           | 01/                       | 07/20                    | )22                      |                     | Impa     | ct:        | E     | xcep    | tiona  | l (4)  | L      | ikelih    | ood:        |             | ′eryl<br>1) | Jnlike | ely  | Ra         | ating: |                 | 4      |      |      |           |
| Ъа                           | J                                 |                                     |                                  |                                      |                                  |                                    |   |                                  |                                  |                           |                           |                           |                          |                          |                     | D        | ASHE       | BOAF  | RD      |        |        |        |           |             |             |             |        |      |            |        |                 |        |      |      |           |
|                              | erent<br>e: 01/                   | <b>Opp.</b><br>07/20                | Rati<br>22                       | ng &                                 |                                  |                                    | <b>idual</b><br>at: 01/                     |                                  |                                  | ng                        |                           | Res<br>as a               |                          | Орр.                     | Rati                |          |            |       | sidual  | Opp.   | . Rati | ng     |           | Res<br>as a | idual<br>t: | Орр         | . Rati | ng   |            |        | ecast<br>e: 31/ |        |      | ng & |           |
| 62                           | 16                                | 12                                  | 8                                | 4                                    |                                  |                                    | 16  | 12                               | 8                                | 4                         |                           |                           | 16                       | 12                       | 8                   | 4        |            |       | 16      | 12     | 8      | 4      |           |             | 16          | 12          | 8      | 4    | ]          |        | 16              | 12     | 8    | 4    |           |
|                              | 12                                | 9                                   | 6                                | 3                                    | Like                             |                                    | 12  | 9                                | 6                                | 3                         | Like                      |                           | 12                       | 9                        | 6                   | 3        | Like       |       | 12      | 9      | 6      | 3      | Like      |             | 12          | 9           | 6      | 3    | Like       |        | 12              |        | 6    | 3    | Like      |
|                              |                                   | -                                   |                                  | 2                                    | Likelihood                       |                                    | 8   | 6                                | 4                                | 2                         | Likelihood                |                           | 8                        | 6                        | 4                   | 2        | Likelihood |       | 8       | 6      | 4      | 2      | Likelihoo |             | 8           | 6           | 4      | 2    | Likelihood |        | 8               | 6      | 4    | 2    | ikelihood |
|                              | 8                                 | 6                                   | 4                                |                                      |                                  |                                    |   |                                  |                                  |                           |                           |                           |                          |                          |                     |          |            | 1     |         | ~      |        |        |           |             |             | ~           |        |      |            |        |                 |        |      | -    | 0         |

#### Comments

Impact

The Council has successfully secured significant amounts of Local Growth Fund, Getting Building Fund and other funds such as a £1.2m allocated under the UK Shared Prosperity Fund (Core) and £1.1m under the UKSPF (Multiply – Skills) to directly deliver projects and programmes that benefit local residents and businesses directly or through investment infrastructure and programmes. The results of the Towns Fund applications submitted in early 2021 have been announced and have secured, in principal, around £40m investment in Thurrock subject to business cases and due diligence. The Government has designated Thames Freeport. A formal decision from Government on Thames Freeport Business Case is expected in November / December 2022. The Freeport presents an opportunity to support projects through retained business rates to further invest in growth opportunities and support local communities in Thurrock, aligned to wider Thames Freeport objectives – levelling up and skills; innovation and net zero; and trade and investment.

Impact

Impact

Impact

| Management Action Already in Place  |                                     |                  |         |                 |             |                 |         |  |  |  |
|---|-------------------------------------|------------------|---------|-----------------|-------------|-----------------|---------|--|--|--|
| <ol> <li>Monitoring of Community Renewal Funct</li> <li>Horizon scanning for investment opport</li> <li>Towns Fund bids - funding announced,</li> <li>Freeport - full business case submitted</li> <li>UKSPF investment plan developed in line</li> </ol> | unities underwa<br>projects being s | coped and busine |         | •               | eration     |                 |         | Ongoing<br>Ongoing<br>July 2021<br>April 2022<br>August 2022 |  |  |
| Residual Opportunity Rating   | Date:                               | 01/07/2022       | Impact: | Exceptional (4) | Likelihood: | Very Likely (4) | Rating: | 16   |  |  |

#### FURTHER ACTION / FORECAST OPPORTUNITY / REVISED RESIDUAL OPPORTUNITY

| Further Management Action   |                   |            | Implementa<br>Date | ation I | Progress    |             |                 |         |    |
|---|-------------------|------------|--------------------|---------|-------------|-------------|-----------------|---------|----|
| 6. Ongoing application of actions 1 - 5 as  | appropriate       |            | From July 20       | 022     |             |             |                 |         |    |
| <ol> <li>7. Ideas generation and business case de<br/>programmes support by Thames Freep</li> <li>8. Implementation of CRF projects 9. 'Gre<br/>plan being developed</li> </ol> | ort               |            |                    |         |             |             |                 |         |    |
| Forecast Opportunity Rating   | Forecast<br>Date: | 31/03/2023 | Impact:            | Excep   | otional (4) | Likelihood: | Very Likely (4) | Rating: | 16 |
| ා<br>Revised Residual Opportunity Rating  | Date:             |            | Impact:            |         |             | Likelihood: |                 | Rating: |    |

| Opportunity Description   |                               |                  |                           |                 |                             |              |                           | Opportu                | nity Owner  |
|---|-------------------------------|------------------|---------------------------|-----------------|-----------------------------|--------------|---------------------------|------------------------|---|
| Delivering Backing Thurrock – Economic Development Strategy and Action Plan to maximise opportunities to deliver the Thurrock Growth Programme by acting as an agent of change and a leader of place shaping, collaborating with partners to reshape our local economy, address the challenges we face and realise the fantastic growth potential we have in the borough. |                               |                  |                           |                 |                             |              | Gerard M                  | 1cCleave               |   |
| Link to Corporate Priority  |                               |                  |                           |                 |                             |              |                           |                        |   |
| Prosperity – A borough whi  | ch enables eve                | eryone to achiev | e their aspiration        | s. Attractive c | opportunities for busin     | esses and ir | vestors to enhance t      | he local econo         | my  |
| Inherent Opportunity Rating     Date:     01/07/2022     Impact:     Exceptional (4)     Likelihood:     Very Unlikely<br>(1)     R   |                               |                  |                           |                 |                             | Rating:      | 4                         |                        |   |
|   |                               |                  |                           | DASHE           | BOARD                       | 1            | 1                         |                        |   |
| Interent Opp. Rating &<br>Pare: 01/07/2022  | Residual Op<br>as at: 01/07/2 |                  | Residual Opp. F<br>as at: | Rating          | Residual Opp. Rating as at: | l Re<br>as   | sidual Opp. Rating<br>at: | Forecast<br>Date: 31/0 | <b>Opp. Rating &amp;</b><br>03/2023                   |
| 0 16 12 8 4   | 16 12                         | 8 4              | 16 12                     | 8 4             | 16 12 8                     | 4            | 16 12 8 4                 | 16                     | 12 8 4  |
| 12         9         6         3           8         6         4         2  | 12 9                          | 6342             | 12 9                      | 6 3 Likeli      | 12 9 6                      | 3<br>2       | 12 9 6 3                  | Likelihoo 8            | 9         6         3           6         4         2 |
| 8 6 4 2 hood  | 86                            | 4 2 hood         | 8 6                       | 4 2 dihood      | 8 6 4                       | 2 hood       | 8 6 4 2                   | hood 8                 | 6 4 2 hood  |
| 4 3 2 1   | 4 3                           | 2 1              | 4 3                       | 2 1             | 4 3 2                       | 1            | 4 3 2 1                   | 4                      | 3 2 1   |
| Impact  | In                            | ipact            | Impa                      | ct              | Impact                      |              | Impact                    |                        | Impact  |

#### Comments

Backing Thurrock strategy and action plan adopted by Cabinet March 2021. The Action Plan includes a series of projects and initiatives that together seek to maximise the benefits to the local economy from growth in the borough. The Governance and monitoring arrangements for the strategy are in place. Successes to date include delivery of COVID grants programme (£35m implemented); secured and implemented Welcome Back Fund and Community Renewal Fund projects and programmes; delivered Thurrock Enterprise Week; implementation of LoCASE and CLLD programmes; securing cultural development funding for Thameside Theatre and HHPP; and delivered Thames Freeport bid and business cases to support economic growth and regeneration / levelling up across Thurrock.

Available resource is being targeted at the most important priorities and projects in the programme highlighted in the action plan.

Good progress continues to be made but capacity issues mean that most important actions are being prioritised. Progress against key actions in line with the programme plan/management action plan for the opportunity. Forecast rating 12 to reflect delivery in year.

| Management Action Already in Place   |               |            |               |                  |             |            |         |                                  |  |  |
|--|---------------|------------|---------------|------------------|-------------|------------|---------|----------------------------------|--|--|
| <ol> <li>Backing Thurrock Strategy adopted by C</li> <li>Governance arrangements established:</li> <li>Implementation underway – Actions bein</li> </ol> | Backing Thurr |            | n Group and F | Programme Manage | ment regime |            |         | March 2021<br>Ongoing<br>Ongoing |  |  |
| Residual Opportunity Rating  | Date:         | 01/07/2022 | Impact:       | Exceptional (4)  | Likelihood: | Likely (3) | Rating: | 12                               |  |  |

#### FURTHER ACTION / FORECAST OPPORTUNITY / REVISED RESIDUAL OPPORTUNITY

| Further Management Action   |                   |                          | Implementat<br>Date      | tion   | Progress     | Progress    |            |         |    |
|---|-------------------|--------------------------|--------------------------|--|--------------|-------------|------------|---------|----|
| 4. Embedding governance and implementing monitoring arrangements  |                   |                          | Ongoing July<br>Aug 2022 |  |              |             |            |         |    |
| <ul> <li>5. Delivering against priorities identified in the action plan, including:</li> <li>Developing Freeport FBC</li> <li>Development of skills action plan</li> <li>Developing a new Cultural Strategy for Thurrock, co-design and co-produced to maximise for residents and businesses the opportunities from cultural regeneration.</li> </ul> |                   | August 2022<br>Sept 2022 |                          | OBC submitted and approved. FBC submitted.<br>Skills action plan development underway. |              |             |            |         |    |
| Facilitating delivery of Government fur   | nded Communit     | y Renewal Fund           | Ongoing                  |  | CRF delivery | underway.   |            |         |    |
| Forecast Opportunity Rating   | Forecast<br>Date: | 31/03/2023               | Impact:                  | Impact: Exceptio   |              | Likelihood: | Likely (3) | Rating: | 12 |
| Revised Residual Opportunity Rating   | Date:             |                          | Impact:                  |  |              | Likelihood: |            | Rating: |    |

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# Criteria Guide for Impact and Likelihood

# Appendix 3

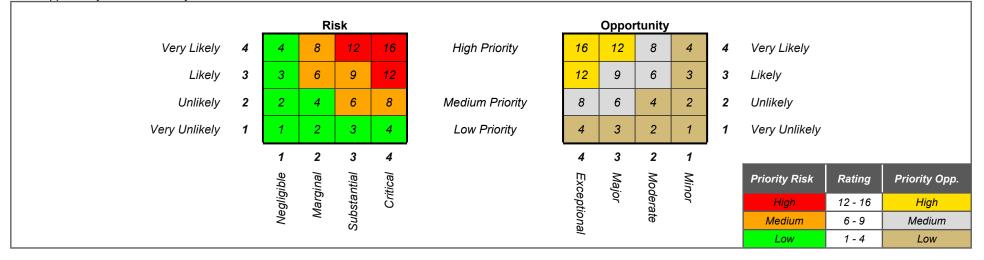
#### Criteria Guide for Impact Levels

|         | Criteria Guide for Imp | Risk   | Т |                    | Opportunity   |
|---------|------------------------|--|---|--------------------|---|
|         | Negative<br>Impact     | Description  |   | Positive<br>Impact | Description   |
|         | 4<br>Critical          | <ul> <li>Inability to deliver a number of strategic objectives or a priority.</li> <li>Major loss of service, including several important service areas</li> <li>Major reputation damage - adverse central government response, involving threat of / removal of delegated powers or adverse and persistent national media coverage</li> <li>Loss of Life</li> <li>Major personal privacy infringement - All personal details compromised / revealed</li> <li>Huge financial loss/cost - &gt;£1M in a year. Up to 75% of budget.</li> <li>Major disruption to project / huge impact on ability to achieve project objectives.</li> </ul> |   | 4<br>Exceptional   | <ul> <li>Exceptional improvement to service(s) (e.g. quality, level, speed, cost, etc) and/or delivery of strategic objectives/priorities</li> <li>National award or recognition/elevated status by national government</li> <li>Positive national press/media coverage</li> <li>Major improvement to the health, welfare &amp; safety of stakeholders</li> <li>Income/savings of &gt;£500K in a year or exceptional saving of resource (e.g. time and labour)</li> </ul>   |
| Page 16 | 3<br>Substantial       | <ul> <li>Inability to deliver an organisational priority or strategic objective.</li> <li>Major disruption to important service or a number of service areas.</li> <li>Significant reputation damage - adverse publicity in professional/municipal press or adverse local publicity of a major and persistent nature.</li> <li>Major injury.</li> <li>Many individual personal details compromised / revealed</li> <li>Major financial loss/cost - &gt;£500K - &lt;£1M in a year. Up to 50% of budget</li> <li>Significant disruption to project / significant impact on ability to achieve the project's objectives.</li> </ul>         |   | 3<br>Major         | <ul> <li>Major improvement to service(s) (e.g. quality, level, speed, cost, etc) and/or delivery of strategic objective/priority.</li> <li>Regional recognition for initiative, partnership or arrangement.</li> <li>Positive publicity in professional/municipal press or sustained positive local publicity.</li> <li>Significant improvement to the health, welfare &amp; safety of stakeholders</li> <li>Income and/or savings of &gt;£250K - &lt;£500K in a year or major savings of resource (e.g. time and labour).</li> </ul> |
| 7       | 2<br>Marginal          | <ul> <li>Significant disruption to important service or major disruption to non crucial service.</li> <li>Moderate reputation damage - adverse local publicity / local public awareness</li> <li>Serious injury</li> <li>Some individual personal details compromised / revealed</li> <li>High financial loss/cost - &gt;£100K - &lt;£500K in a year. Up to 25% of budget</li> <li>Moderate disruption to project / moderate impact on ability to achieve the project's objectives.</li> </ul>   |   | 2<br>Moderate      | <ul> <li>Moderate improvement to service(s) (e.g. quality, level, speed, cost, etc) and/or delivery of strategic objective/priority.</li> <li>Borough or County wide recognition for initiative, partnership or arrangement.</li> <li>Positive local publicity / local public awareness</li> <li>Moderate improvement to the health, welfare &amp; safety of stakeholders.</li> <li>Income and/or savings of &gt;£100K - &lt;£250K in a year or moderate savings of resource (e.g. time and labour).</li> </ul>                       |
|         | 1<br>Negligible        | <ul> <li>Brief disruption to important service or significant disruption to non crucial service.</li> <li>Minimal reputation damage - no external publicity and contained within Council</li> <li>Minor injury or discomfort.</li> <li>Isolated individual personal detail compromised/ revealed</li> <li>Low or medium financial loss/cost &lt;£100K in a year. Up to 10% of budget</li> <li>Minor disruption to project / minor impact on ability to achieve the project's objectives.</li> </ul>  |   | 1<br>Minor         | <ul> <li>Minor improvement to service(s) (e.g. quality, level, speed, cost, etc) and/or delivery of strategic objective/priority.</li> <li>Local level recognition for initiative, partnership or arrangement.</li> <li>Minor positive local publicity</li> <li>Minor improvement to the health, welfare &amp; safety of stakeholders.</li> <li>Income and/or savings of &lt;£100K in a year or minor saving of resource (e.g. time and labour)</li> </ul>  |

#### Criteria Guide for Likelihood Levels

|       |                    | Risk   | I      |                    | Opportunity  |
|-------|--------------------|--|--------|--------------------|--|
|       | Likelihood         | Description  | -      | Likelihood         | Description  |
|       | 4<br>Very Likely   | <ul> <li>More than 75% chance of occurrence</li> <li>Will probably occur at some time or in most circumstances.</li> <li>Circumstances frequently encountered - daily, weekly, monthly and quarterly.</li> </ul>       | i<br>I | 4<br>Very Likely   | <ul> <li>More than 75% chance of happening.</li> <li>A clear opportunity already apparent, which can easily be achieved with a bit of further work or management.</li> <li>Achievable in under 1 year (12 months)</li> </ul>                   |
|       | 3<br>Likely        | <ul> <li>Between 40% and 75% chance of occurrence.</li> <li>Fairly likely to occur at some time or in some circumstances.</li> <li>Circumstances occasionally encountered - occurs once every 1 to 2 years.</li> </ul> | ÷      | 3<br>Likely        | <ul> <li>Between 40% and 75% chance of happening.</li> <li>An opportunity that has been identified and/or explored and may be achievable but will require some further work or management.</li> <li>Achievable between 1 to 2 years</li> </ul> |
| _     | 2<br>Unlikely      | <ul> <li>Between 10% and 40% chance of occurrence.</li> <li>Fairly unlikely to occur, but could occur at some time.</li> <li>Occurs once every 2 to 3 years</li> </ul>   | I<br>I | 2<br>Unlikely      | <ul> <li>Between 10% and 40% chance of happening</li> <li>Opportunity that is fairly unlikely to happen that will need full investigation and require considerable work or management.</li> <li>Achievable between 2 to 3 years</li> </ul>     |
| age 1 | 1<br>Very Unlikely | <ul> <li>Less than 10% chance of occurrence.</li> <li>May occur only in exceptional circumstances.</li> <li>Has never or very rarely happened before.</li> </ul>   | 1      | 1<br>Very Unlikely | <ul> <li>Less than 10% chance of happening.</li> <li>Opportunity that is very unlikely to happen that will need full investigation and require considerable work or management.</li> <li>Achievable in more than 3 years</li> </ul>            |
| 80    |                    |  |        |                    |  |

Risk/Opportunity Matrix & Priority Table



# 20 October 2022

ITEM: 8

# **Standards & Audit Committee**

# **Counter Fraud & Investigation Quarterly Update (Q1)**

| Wards and communities affected:   | Key Decision: |  |  |  |  |  |
|---|---------------|--|--|--|--|--|
| All   | Non-Key       |  |  |  |  |  |
| <b>Report of:</b> Michael Dineen, Strategic Lead, Counter Fraud & Investigation |               |  |  |  |  |  |

**Accountable Assistant Director:** David Kleinberg, Assistant Director for Counter Fraud, Investigation & Enforcement

Accountable Director: Julie Rogers, Director of Public Realm

This report is Public

## **Executive Summary**

The Counter Fraud & Investigation service is responsible for the prevention, detection and deterrence of all instances of alleged economic crime affecting the authority including: allegations of fraud, theft, corruption, bribery and money laundering.

This report outlines the performance of the CFI team over the last quarter (Q1) for Thurrock Council as well as the work the team have delivered nationally for other public bodies.

## 1. Recommendation

1.1 The Standards & Audit Committee comments on the performance of the Counter Fraud & Investigation Department.

## 2. Introduction & Background

2.1 The Council's Counter Fraud team is responsible for delivering the corporate counter fraud programme which includes proactive work to enhance the council's controls as well as respond to intelligence from that proactive work and information from other sources.

## 3. Performance

3.1 CFI receives reports about suspected fraud from the public, government and law enforcement partners, internal referral mechanisms and proactive

operations. The figures show the performance of the department for Quarter 1 (Q1) of 2022/23.

- 12 reports of suspected fraud have been received
- 6 Investigations have been closed as 'no fraud'
- 1 sanction has been delivered in cases of proven fraud
- 1 Social housing property has been recovered
- 226 active investigations are currently being conducted
- 3.2 The ring-fenced National Investigation Service (NATIS) function within the Counter Fraud & Investigation portfolio continues to support both central and local government bodies.

## 4. Work Plan for 2022/23

- 4.1 CFI has a programme of proactive work to ensure the council's controls against fraud are robust and effective. That plan was presented and accepted by the Standards and Audit Committee in July 2022. **Appendix 1** sets out the progress made in delivering the Counter Fraud & Investigation Work Plan 2022/23.
- 4.2 The work programme is a working document and if during the year changes or additions to the plan are proposed between the CFI and the Section 151 Officer, these will be brought back to the Committee for approval.
- 4.3 The proactive work by the service continues with a focus on delivering training and knowledge across the council, from employees to members The team will be engaging with high-risk areas, such as housing and social care, to ensure all that work within these high-risk areas are aware of the signs of fraud or unlawful behaviour. This is a significant part of the pro-active work plan.
- 4.4 Closer interaction with Housing and Environment is envisaged for the year to come with specific joint working to target the assets of those that prosper from their criminal activity against the council. This will utilise officers with the appropriate powers form the CFI and share the expertise with others in the council.

## 5. Reasons for Recommendation

5.1 This report provides a detailed update to the Committee on the counter-fraud measures for the Council and how it is reducing fraud under the council's counter-fraud strategy.

## 6. Consultation (including Overview and Scrutiny, if applicable)

- 6.1 Not applicable.
- 7. Impact on corporate policies, priorities, performance and community impact

7.1 Work undertaken by CFI to reduce fraud and enhance the Council's anti-fraud and corruption culture contributes to the delivery of all its aims and priorities supporting good corporate governance.

### 8. Implications

8.1 **Financial** 

```
Implications verified by: Laura Last
Senior Management Accountant, Finance
```

There are no financial implications arising from this report

## 8.2 Legal

| Implications verified by: | Deirdre Collins                  |
|---------------------------|----------------------------------|
|                           | Senior Barrister, Legal Services |

There are no legal implications within this report.

## 8.3 Diversity and Equality

| Implications verified by: | Roxanne Scanlon  |
|---------------------------|--|
|                           | Community Engagement and Project<br>Monitoring Officer, Adults, Housing & Health |

There are no social or community issues surrounding this report. There are also no Diversity or Equality issues.

8.4 **Other implications** (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder and Impact on Looked After Children)

None.

**9. 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):

Counter Fraud & Investigation Policy & Strategy – thurrock.gov.uk/fraud Counter Money Laundering Policy & Strategy – thurrock.gov.uk/fraud CroweClarkWhitehill Annual Fraud Indicator – crowe.co.uk

## **10.** Appendices to the report

 Appendix 1 – Counter Fraud & Investigation Proactive Work Plan 2022/23

## Report Author:

Michael Dineen Strategic Lead for Counter Fraud & Investigation Appendix 1





See it. Report it. Stop it.

# **Proactive Work Plan 2022/23**



# **Counter Fraud & Investigation Annual Strategy 2022/23**

# **Our Fraud Control Strategy**

Our Strategy ensures all of our actions are considered and justified.

The Counter Fraud & Investigation team's work ensures that we are able to identify at an earlier stage intelligence relating to the key priorities below, particularly those affecting the most vulnerable of society.

A specialist function to protect public finance from fraud and serious crime, using our legal framework as a local authority service

Who are We?

# What is Our Purpose?

- Protect the public purse from crime
- <sup>2</sup> Support the wider-public sector with shared, advanced capabilities

# What are Our Priorities?

Crimes affecting a vulnerable adult or child

Insider threats in local government

Organised crime targeting local government

Improving local government's resilience to cyber crime

# How do we Succeed?

Always acting Ethically in everything that we do, working to our values, attitudes and principles

Consider opportunities to work collaboratively with others for the benefit of our purpose, sharing our knowledge, experience and expertise Apply the 4 'P' Strategy to Prevent, Protect and Prepare local government for economic crime, pursing offenders where necessary

Ensure our teams are fully equipped to respond to the threats faced from economic crime

# **Proactive Work Plan 2022/23**

| Risk Area    | Activity  | When                      | Current Status  | Responsible<br>Officer     | Date<br>Complete |
|--------------|---|---------------------------|---|----------------------------|------------------|
| Council-wide | <b>Training of high risk areas in counter fraud measures</b><br>Ensure understanding of the threats posed to those areas.<br>To be tailored to the areas and ongoing support offered via<br>a Single Point of Contact with CFI. This is a yearly activity<br>that CFI will continue to deliver. | July 2022 to<br>June 2023 | Ongoing and will be delivered to the<br>high-risk areas. Intention to deliver<br>fraud training to members within next<br>6 months. | Phil Butt/Rob<br>Kleinberg |                  |
| Council-wide | Review all relevant policies concerning fraud aspects<br>of the council's businessEnsuring that all hold the most up to date legislative<br>information as well as ensuring best practice is always<br>adhered to.  | Jan 2023                  | Will be completed by deadline.  | Michael Dineen             |                  |
| Council-wide | A Fraud Health Check on the Social Care Application Process         Ensuring the applicants that apply for Social Care assistance are entitled to and worthy of such care assistance, specifically direct payment care.   | Apr 2023                  | This is in planning and a strategy will<br>be delivered to the AD and D within<br>this work area.                                   | Phil Butt                  |                  |
| Council-wide | Targeting POCA and Civil Legislation to maximise<br>effect on criminal behaviourEnsure that CFI utilise the appropriate legislation to<br>maximise the effects on criminals and ensure that our<br>vision of protecting the public purse is adhered to by<br>promoting this work.               | June 2023                 | This will be continued and working<br>with Environment Crime Unit will be<br>first to utilise the relationship.                     | Roger Noakes               |                  |

As well as the proactive work, the CFI will continue to work on all the reactive investigations that continues every day from the referrals it receives. This is predominately the work that is required to be completed to ensure a successful CFI as can be seen throughout this report.

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## Standards & Audit Committee Work Programme 2022/23

Dates of Meetings: 7 July 2022, 20 October 2022, 1 November, 24 November 2022 and 2 March 2023

| Торіс   | Lead Officer          |
|---|-----------------------|
| 7 July 2022   |                       |
| Audit Progress Report for 2020/ 21 External Audit                                       | BDO / Jonathan Wilson |
| Regulation of Investigatory Powers Act (RIPA) 2000 – Activity Report 2021 /22           | Lee Henley            |
| Counter Fraud & Investigation Annual Report & Strategy                                  | David Kleinberg       |
| Annual Review of Risk and Opportunity Management and the Policy, Strategy and Framework | Andy Owen             |
| In Quarter 4 (2021/22) Review of the Strategic/Corporate Risk and Opportunity Register  | Andy Owen             |
| Ethical Standards Report  | Matthew Boulter       |
| Complaints received under the Members' code of conduct                                  | Matthew Boulter       |
| Red Reports (as required)   |                       |

| 20 October 2022  |                       |
|--|-----------------------|
| Annual Complaints & Enquiries Report 2021/22   | Lee Henley            |
| Annual Information Governance Report April 2021 - March 2022                                 | Lee Henley            |
| In Quarter 2 Refresh of the Strategic/Corporate Risk and Opportunity Register                | Andy Owen             |
| Counter Fraud & Investigation Performance Report Q1  | David Kleinberg       |
| Red Reports (as required)  |                       |
| 1 November 2022  |                       |
| Audit Completion Report  | BDO / Jonathan Wilson |
| Financial Statements and Annual Governance Statement 2020/21                                 | BDO / Jonathan Wilson |
| 24 November 2022   |                       |
| Regulation of Investigatory Powers Act (RIPA) - Activity Report 2022/23 (April to September) | Lee Henley            |
| Internal Audit Progress Report 2022/23   | Gary Clifford         |
| Counter Fraud & Investigation Performance Report Q2  | David Kleinberg       |
| Member Complaints Update   | Matthew Boulter       |

| Investment Briefing   | Sean Clark               |
|---|--------------------------|
| A13 Widening Project  | Sean Clark / Colin Black |
| Stanford-Le-Hope Transport Projects   | Sean Clark / Colin Black |
| Update of Program and Project Management  | Sean Clark               |
| Red Reports (as required)   |                          |
| 2 March 2023  |                          |
| Chief Internal Auditor's Annual Report – Year ended 31 March 2022                       | Gary Clifford            |
| Internal Audit Charter 2022   | Gary Clifford            |
| Internal Audit Progress Report 2022/23  | Gary Clifford            |
| Counter Fraud & Investigation Quarterly Update (Q3)                                     | David Kleinberg          |
| Internal Audit Strategy 2021/22 to 2023/23 and Annual Internal Audit Plan 2023/24       | Gary Clifford            |
| Audit Progress Report for the Year Ended 31 March 2022                                  | Jonathan Wilson          |
| In Quarter 4 Review of the Strategic/Corporate Risk and Opportunity Register            | Andy Owen                |
| Annual Review of Risk and Opportunity Management and the Policy, Strategy and Framework | Andy Owen                |

Reports for 2023/24:

Clerk: Rhiannon Whiteley Last Updated: October 2022