



AUDIT COMMITTEE

DATE: Thursday, 31 March 2022
TIME: 10.30 am
VENUE: Committee Room - Town Hall,
Station Road, Clacton-on-Sea, CO15
1SE

MEMBERSHIP:

Councillor Coley (Chairman)	Councillor Miles
Councillor Alexander (Vice-Chairman)	Councillor Placey
Councillor Fairley	Councillor Steady
Councillor King	

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For further details and general enquiries about this meeting, contact Keith Simmons Email: democraticservices@tendringdc.gov.uk or Telephone Simmons on (01255 6865800 or email: democraticservices@tendringdc.gov.uk

DATE OF PUBLICATION: Wednesday, 23 March 2022

AGENDA

1 Apologies for Absence and Substitutions

The Committee is asked to note any apologies for absence and substitutions received from Members.

2 Minutes of the Last Meeting (Pages 1 - 4)

To confirm and sign as a correct record, the minutes of the last meeting of the Committee, held on Thursday 27 January 2022.

3 Declarations of Interest

Councillors are invited to declare any Disclosable Pecuniary Interests or Personal Interest, and the nature of it, in relation to any item on the agenda.

4 Questions on Notice pursuant to Council Procedure Rule 38

Subject to providing two working days' notice, a Member of the Committee may ask the Chairman of the Committee a question on any matter in relation to which the Council has powers or duties which affect the Tendring District **and** which falls within the terms of reference of the Committee.

5 Report of the Internal Audit Manager - A.1 - Internal Audit Plan 2022/2023 (Pages 5 - 18)

To seek the approval of the Audit Committee for the 2022/2023 Internal Audit Plan.

6 Report of Assistant Director (Partnerships) - A.2 - Response to Report of Ofsted following Inspection of Career Track (Pages 19 - 62)

To provide the Audit Committee with an overview of the organisation's improvement actions following the Ofsted inspection of Career Track between 3rd and 5th November 2021.

7 Report of Assistant Director (Partnerships) - A.3 - Tendring Careline: Recovery after Improvement Notice from TEC Services Association (Pages 63 - 76)

To inform the Audit Committee of the recovery actions taken by Tendring Careline after an improvement notice was issued by the TEC Services Association at its last audit of the service.

8 Report of Assistant Director (Finance & IT) - A.4 - Audit Committee Work Programme for 2022/2023 (Pages 77 - 84)

To present for approval the Audit Committee's proposed work programme covering the period April 2022 to March 2023.

9 Report of Assistant Director (Finance & IT) - A.5 - Corporate Risk Update (Pages 85 - 130)

To present to the Audit Committee the updated Corporate Risk Register.

10 Exclusion of Press and Public

The Committee is requested to consider passing the following resolution:-

“That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting during consideration of Agenda Item 11 on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 7 of Part 1 of Schedule 12A, as amended, of the Act.”

11 Report of Assistant Director (Finance & IT) - B.1 - Risk Based Verification Policy (Pages 131 - 140)

To seek the necessary annual approval of the Council’s Risk Based Verification Policy.

Date of the Next Scheduled Meeting

The next scheduled meeting of the Audit Committee is to be held in the Committee Room - Town Hall, Station Road, Clacton-on-Sea, CO15 1SE at 10.30 am on Monday, 25 April 2022.

Information for Visitors

FIRE EVACUATION PROCEDURE

There is no alarm test scheduled for this meeting. In the event of an alarm sounding, please calmly make your way out of any of the fire exits in the room and follow the exit signs out of the building.

Please heed the instructions given by any member of staff and they will assist you in leaving the building and direct you to the assembly point.

Please do not re-enter the building until you are advised it is safe to do so by the relevant member of staff.

Your calmness and assistance is greatly appreciated.

**MINUTES OF THE MEETING OF THE AUDIT COMMITTEE,
HELD ON THURSDAY, 27TH JANUARY, 2022 AT 10.30 AM
IN THE COMMITTEE ROOM - TOWN HALL, STATION ROAD, CLACTON-ON-SEA,
CO15 1SE**

Present:	Councillors Coley (Chairman), Alexander (Vice-Chairman), Fairley and Placey
In Attendance:	Richard Barrett (Assistant Director (Finance and IT) & Section 151 Officer), Gary Guiver (Acting Director (Planning)), Craig Clawson (Internal Audit Manager), Karen Townshend (Executive Projects Manager (Governance)), Keith Durran (Committee Services Officer) and Matt Cattermole (Communications Assistant)

21. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies for absence were submitted on behalf of Councillors King, Miles and Steady (with no substitution).

22. MINUTES OF THE LAST MEETING

The Minutes of the last meeting of the Committee held on Thursday 30 September 2021 were approved as a correct record and signed by the Chairman.

23. DECLARATIONS OF INTEREST

There were no declarations of interest made on this occasion.

24. QUESTIONS ON NOTICE PURSUANT TO COUNCIL PROCEDURE RULE 38

There were no Questions on Notice on this occasion.

25. REPORT OF THE INTERNAL AUDIT MANAGER - A.1 - REPORT ON INTERNAL AUDIT - OCTOBER 2021 TO DECEMBER 2021

The Committee heard an oral report from Gary Guiver (Acting Director (Planning)) in relation to the development of the new Planning Enforcement Policy and that a new Planning Enforcement Manager had been appointed as well as two new Officers.

The Committee also heard how one of the major aspects of the new Planning Enforcement Policy was a Considerate Constructor Scheme (CCS), and how this would now be in the conditions for new construction. The CCS gave residents a new avenue of communication with developers if they were unhappy with construction in the District.

Members were informed that the in the old Enforcement Policy there was a scale to assess the severity of breaches to Planning. Impact to a grade 1 listed building sat at the top of that scale with other minor breaches probably falling through the cracks. The new Enforcement Policy would give the team some discretion in evaluating complaints they felt might not score high on the scale, but believed it was in the public interest to pursue.

The Committee thanked Gary Guiver for his report.

Members were provided with a periodic report on the Internal Audit function for the period October 2021 – December 2021, as required by the professional standards, as follows:-

- *A total of 10 audits had been completed since the previous update in September 2021. Seven audits were in fieldwork phase and fieldwork was complete in one audit which awaited agreement of the draft report. The final six audits had been allocated.*
- *All audits completed in this period had received a satisfactory level of assurance.*
- *A request for a minor restructure had been made in order to increase the part time Audit Technician role to a full time role and to remove the part time Senior Auditor post from the establishment.*
- *A request had been made to defer the review of the Quality Assurance Improvement Program to complete in time for the March 2022 Audit Committee meeting.*

After a brief discussion the Committee **NOTED** the report and **RESOLVED** that:

- a) the Procurement Audit be changed to a consultative review in order to support the transition of new procurement arrangements; and
- b) the Quality Assurance Improvement Program (QAIP) review be deferred until March 2022.

26. REPORT OF THE ASSISTANT DIRECTOR (FINANCE & IT) - A.2 - TABLE OF OUTSTANDING ISSUES

The Committee had before it a report on the progress of outstanding actions identified by the Committee along with general updates on other issues that fell within the responsibilities of the Committee. The Committee also considered the proposal to opt in to the Public Sector Audit Appointments (PSAA) arrangements for appointing External Auditors from 2023/24.

Members were reminded that a Table of Outstanding Issues was maintained and reported to each meeting of the Committee. This approach enabled the Committee to effectively monitor progress on issues and items that formed part of its governance responsibilities.

Members also heard that updates were set out against general items, external audit recommendations and the Annual Governance statement within Appendices A, B, and C respectively and that to date there were no significant issues arising from the above, with work remaining in progress or updates provided elsewhere on the agenda where appropriate.

It was reported to the Committee that the Local Audit and Accountability Act 2014 required the Council to either opt in to an appointing person regime or to establish an auditor panel and conduct their own procurement exercise. The current period covered by the appointed person regime expired in 2022/23 and the Council now needed to consider whether to opt in again for the next five year period starting in 2023/24. Following a review, it was proposed to recommend to Full Council that this Council continues to opt in to the appointing person regime for a further five year period.

After an in depth discussion the Committee **RESOLVED** that it:

- a) notes the progress against the actions set out in Appendices A to C; and
- b) recommends to Full Council that this Council opts in to the appointing person arrangements made by Public Sector Audit Appointments (PSAA) for the appointment of external auditors for a five year period commencing from 2023/24.

The meeting was declared closed at 11.30 am

Chairman

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AUDIT COMMITTEE

31 MARCH 2022

REPORT OF THE INTERNAL AUDIT MANAGER

A.1 INTERNAL AUDIT PLAN 2022/23 (Report prepared by Craig Clawson)

PART 1 – KEY INFORMATION

PURPOSE OF THE REPORT

To seek the approval of the Audit Committee for the 2022/23 Internal Audit Plan.

EXECUTIVE SUMMARY

- The 2022/23 Audit Plan has been developed using a risk based approach, taking account of the Council's Corporate Objectives, Corporate Risks and Emerging Risks. The plan has been collated based on the information gained from liaising with Directors, Heads of Service and entire departments to target areas that may benefit from an independent review of processes and procedures to determine potential efficiency gains, improved technology / software requirements or if the function has not been audited for a substantial period of time due to it being considered of lower risk historically.
- The establishment for the Internal Audit function is currently four full time equivalents (fte). A recent restructure now means we have four full time members of staff with the part time Audit Technician being changed to full time. This post is to be advertised and appointed to.
- The level and range of coverage is considered sufficient for the Internal Audit Manager to be able to provide an annual opinion on the Council's assurance framework.

RECOMMENDATION(S)

- (a) That the Internal Audit Plan for 2022/23 be considered and approved; and
- (b) That the existing arrangements for updating the plan during the year, where necessary to reflect changing Authority activity and operational needs and to provide flexibility of service delivery, be continued, with significant amendments reported to this committee as part of the periodic Internal Audit reporting arrangements.

PART 2 – IMPLICATIONS OF THE DECISION

DELIVERING PRIORITIES
Provision of adequate and effective internal audit helps demonstrate the Council's commitment to corporate governance matters.
FINANCE, OTHER RESOURCES AND RISK
Finance and other resources The total direct budget for Internal Audit is £178,930 (excluding recharges) for 2022/23. The Internal Audit Team has a full time equivalent (fte) establishment of four staff members. The Internal Audit Team are currently holding a vacancy for a full time Audit Technician
Risk Review of the functions of the Council by Internal Audit assists in identifying exposure to risk, and its mitigation.
LEGAL
The Council has a statutory responsibility to undertake an effective internal audit.
OTHER IMPLICATIONS
Consideration has been given to the implications of the proposed decision in respect of the following and any significant issues are set out below. Crime and Disorder / Equality and Diversity / Health Inequalities / Area or Ward affected / Consultation/Public Engagement.
Internal Audit activity assists the Council in maintaining a control environment that mitigates the opportunity for crime.
During the course of internal audit work issues regarding equality and diversity, and health inequalities may be identified and included in internal audit reports.
There is no specific effect on any particular ward.

PART 3 – SUPPORTING INFORMATION

BACKGROUND
The Accounts and Audit Regulations 2015 require that “a relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance”.
In respect of the Internal Audit Plan the Public Sector Internal Audit Standards require the Internal Audit Manager to: -
<ul style="list-style-type: none">• Establish a risk based Internal Audit Plan, at least annually, to determine the priorities of the Internal Audit function, consistent with the Council's goals.

- Has in place a mechanism to review and adjust the plan, as necessary, in response to changes to the Council's business, risks, operations, programmes, systems and controls.
- Produces a plan that takes into account the need to produce an annual Internal Audit opinion.
- Considers the input of senior management and the Audit Committee in producing the plan.
- Assesses the Internal Audit resource requirements.

DEVELOPMENT OF THE AUDIT PLAN

The Internal Audit Plan is produced taking into account the requirements as set out in the Public Sector Internal Audit Standards, the current Internal Audit Charter and with an emphasis on continuing to use different audit techniques and reporting styles. The Internal Audit Team continue to aspire to add value by targeting particular areas of the Council that may benefit from an independent review of processes and procedures to determine potential efficiency gains, improved technology / software requirements or change through new innovative ways of working.

The 2022/23 Audit Plan has been developed using a risk based approach, taking account of the Councils Corporate Objectives, Corporate Risks and Emerging Risks. Risk is defined as 'the possibility of an event occurring that will have an impact on the achievement of objectives'. Therefore risk can be a positive and negative aspect, so as well as managing things that could have an adverse impact (downside risk) it is also important to look at potential benefits (upside risk). All audits will look at adverse impact and potential opportunities and all significant areas are reported to the Audit Committee periodically.

Every audit within the plan will include a section on the impact of COVID-19 on the service area rather than have a separate audit covering the entire organisation. This way we can continually monitor the impact throughout the year and provide a more detailed level of assurance overall.

Discussions have been held with Management Team members individually and collectively. The feedback from Management Team has been taken into account and incorporated within the plan presented to the Committee. The Committee now has the opportunity to input into the draft plan provided.

Other factors also considered when developing the plan are;

- The risk maturity of the organisation;
- The need to use specialists e.g. IT Auditors
- Contingency time to undertake ad-hoc reviews and fraud investigations
- Having the right balance of different reviews e.g Systems and risk based vs added value and consultative assessments

INTERNAL AUDIT RESOURCE REQUIREMENTS

The establishment for the Internal Audit function is currently four full time equivalents (fte). A recent restructure now means we have four full time members of staff with the part time Audit Technician being changed to full time. This post is to be advertised and appointed to.

The proposed plan has been developed based on the current resource available and the teams' adaptation to innovative and leaner ways of working. The number of audit days proposed is 450 which remains unchanged from the 2021/22 audit plan. The plan has been created with the following in mind;

- A leaner more practical audit plan has been developed using a risk based approach, knowledge of all operational processes within service areas, historical assurance opinions and an understanding of where procedural changes have occurred around the Council.
- A hybrid structure of both internal and external resource will provide additional resilience within the team as well as provide different experience, skills transfer for more junior staff and access to a hub of audit resource.
- The impact of COVID-19 will be assessed within all auditable areas identified to ensure a consistent level of assurance can be provided.

INTERNAL AUDIT PLAN DETAIL

The plan provides an outline of the work currently proposed to be undertaken during the 2022/23 financial year. In order to continue to provide a proactive and flexible approach, the plan should be considered indicative of the work currently intended. The Internal Audit Plan needs to be flexible to ensure that Internal Audit resources are directed where they are most needed, and add as much value as possible to the organisation.

The plan will be kept under review during the year, in consultation with the Council's senior management, and taking account of changes to the Council's priorities, operations and risk. Changes to the plan will be brought to the attention of the Committee for approval.

The plan is considered to be in effect a rolling programme of work, rather than being specific to one year, and audits scheduled, but incomplete at the end of any financial year roll forwards and are completed in the new financial year.

A detailed breakdown of the Audit Plan is included in Appendix A.

The Committee's attention is drawn to the following: -

- **The comments section** of the plan provides additional detail on the audit techniques to be used to deliver the reviews, a brief summary of what is included within the audit and in some instances why it is included in the plan
- **Emerging key projects** – Key projects such as Freeport East, Jaywick Sands Market, External Health Funding and the new Cremator Installation have been allocated audit days. It is still unknown at this point the level of audit coverage required and what it may involve. Time has been allocated to support the Council and further detail will be provided to the Audit Committee when the level of involvement becomes clear.
- **Emerging Risks from Legislation Changes** – This review has been included in the plan due to the impact from the pandemic and changes to legislation that we have no control over that have had a significant impact on Council resources. An example would be the rollout of Business Grants. Therefore it is felt that value could be added

by identifying all legislation that has a direct effect on Council services, collate, record and assess potential risks. This information can then influence the Council Risk Management processes. This will also provide assurance to the Audit Committee that all departments are fully aware of amendments to legislation and the impact it has on their service areas.

- **Development** – Some days have been allocated within the plan to ensure that there is enough time available for the Audit Team to incorporate all of the new processes, procedures, techniques and reporting arrangements into all areas of their work.

As referred to above mechanisms exist to allow amendment to the plan and if any issues arise regarding the risks in the current Corporate Risk Register, or new risks emerge including any identified by the Council's external auditors, then plan adjustments will be considered.

The level and range of coverage is considered sufficient for the Internal Audit Manager to be able to provide an annual opinion on the Council's assurance framework.

BACKGROUND PAPERS FOR THE DECISION

Audit Plan Working Papers

APPENDICES

Appendix A - Draft Internal Audit Plan 2022/23

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Tendring District Council Internal Audit				
2022/23 Internal Audit Plan				
Audit Title	Days Allocated	Total Days	Comments	Associated Inherent Risk Categories
Key Systems / Key Financial Risk Areas				
Procurement	20		To review the Councils compliance with procurement rules including internal ordering processes and the external collaborative arrangement with ECC.	<ul style="list-style-type: none"> • Financial • Reputation - General Governance and Fraud
Housing Benefits	10		Different Techniques involved. Likely to include self-assessment, Root cause analysis / Data Analytics and Assurance Mapping exercises until Universal Credit is adopted.	<ul style="list-style-type: none"> • Financial • Reputation - General Governance and Fraud
National Non Domestic Rates	15		Different Techniques involved. To include self-assessment, Root cause analysis / Data Analytics and Assurance Mapping exercises. Analysis of Legislation changes and pooling arrangements may also be required	<ul style="list-style-type: none"> • Financial • Reputation - General Governance and Fraud
Accounts Payable	10		To review the mechanisms for making payments and ensure that all required controls are in place and followed as expected.	<ul style="list-style-type: none"> • Financial
Corporate Governance	10		Assurance Mapping and Self-Assessments to be used within this audit. Interviews with Senior Management required to ascertain the culture of the organisation	<ul style="list-style-type: none"> • Reputation - General Governance
Council Tax	10		Different Techniques involved. To include self-assessment, Root cause analysis / Data Analytics and Assurance Mapping exercises.	<ul style="list-style-type: none"> • Financial • Reputation - General Governance and Fraud

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Key Systems / Key Financial Risk Areas				
Payroll	10		Data Analytics is the main audit technique used within this audit	<ul style="list-style-type: none"> • Financial • Reputation - General Governance and Fraud
Treasury Management	5		Assurance Mapping, Self-Assessments and Data Analytics are the main techniques used	<ul style="list-style-type: none"> • Financial • Reputation - General Governance and Fraud
Housing Rents	5		Root cause analysis / Data Analytics	<ul style="list-style-type: none"> • Financial
Cash and Bank	10		To review the controls in place for collecting and recording cash, including any cash collection contracts in place. Banking arrangements and the management of the Councils bank accounts will also be included within this review.	<ul style="list-style-type: none"> • Financial - General Governance
Health and Safety	5		Spot checks on service area's to ascertain compliance with H & S recommendations	<ul style="list-style-type: none"> • Safety • Reputation
		110		

Other Systems / Service Area				
Risk Management	5		Required annually under PSIAS and Cipfa guidance	<ul style="list-style-type: none"> - General Governance
Coastal Protection	10		To assess the management of Coastal Protection processes within the Council. This includes strategic planning, programme delivery and safety requirements.	<ul style="list-style-type: none"> • Reputation • Financial • Safety - General Governance and Fraud

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Other Systems / Service Area				
Partnerships – External Health Funding	10		To understand the objectives and obligations attached to external health funding and assess the governance arrangements in place for delivering against those objectives within current resources	<ul style="list-style-type: none"> • Financial • Reputation - General Governance
Recycling and Waste	15		To assess the current waste and recycling contracts in place and review the contract management and performance processes in place. Processes and procedures relating to fly tipping complaints will be included within this review.	<ul style="list-style-type: none"> • Reputation • Financial - General Governance
Housing Repairs and Maintenance	10		To assess the processes and procedures in place for managing and monitoring specific Housing Repair and Maintenance contracts.	<ul style="list-style-type: none"> • Financial - General Governance and Fraud
Parking Services	10		Undertake an Internal Audit of Parking Services and assess the internal control environment and capacity to deliver services	<ul style="list-style-type: none"> • Financial - General Governance
Open Spaces, Horticulture and Playgrounds	15		To review the management of the service and compare delivery against departmental objectives. Ensure that all relevant internal controls are followed.	<ul style="list-style-type: none"> • Safety • Reputation • Financial - General Governance
Section 106 Agreements	10		To review all processes relating to Section 106 Agreements and ensure that a robust monitoring and fee management process remains in place.	<ul style="list-style-type: none"> • Financial • Reputation - General Governance

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Other Systems / Service Area				
Land Charges	8		To review all processes relating to Land Charges and ensure that effective monitoring and fee management processes remain in place.	<ul style="list-style-type: none"> • Reputational • Financial - General Governance
Licensing	10		Licensing processes to be assessed and ensure that the Council are complying with all relevant legislative and regulatory requirements while managing licensing revenue.	<ul style="list-style-type: none"> • Reputation - General Governance
Beach Huts	5		Review the management of Beach Huts including fee income and assurance of owner compliance with relevant regulations.	<ul style="list-style-type: none"> • Reputation • Financial - General Governance
Career Track	6		Allocated days to support the Career Track service in implementing their improvement action plan for the coming year.	<ul style="list-style-type: none"> • Reputation - General Governance
Housing Allocations	15		Assess the management of housing allocations and ensure compliance with relevant legislation and regulations as well as internal controls in place.	<ul style="list-style-type: none"> • Reputation - General Governance
Seafront Management	10		To review all activities relating to the management of services on Tendring seafronts.	<ul style="list-style-type: none"> • Reputation • Financial - General Governance and Fraud
CCTV	5		Ensure that the Council is compliant with all regulations and legislation relating to the management of CCTV.	<ul style="list-style-type: none"> • Reputation - General Governance

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Freeport East	6		Allocated days to support any required reviews relating to Freeport East. Likely to involve governance or financial assessments.	<ul style="list-style-type: none"> • Reputational • Financial <p>- General Governance</p>
Jaywick Sands Market Project	10		To review the arrangements in place for the delivery of the Jaywick Sands Market. Will involve working with partners on the project and reliance on alternative assurance activities.	<ul style="list-style-type: none"> • Reputational • Financial <p>- General Governance and Fraud</p>
Emerging Risks from Legislative Changes	15		Assess all legislation that directly affects public services provided by TDC and identify potential risks in which the Council are unable to control to support future risk management activities.	<ul style="list-style-type: none"> • Reputational • Financial <p>- General Governance and Fraud</p>
Emerging Key Projects	10		Provision for emerging projects. Considered as a contingency provision to be allocated during year to specific tasks as appropriate	<ul style="list-style-type: none"> • Reputation • Financial <p>- General Governance and Fraud</p>
		185		

IT Audit				
IT Governance	5		PSIAS expectation that this will be covered each year.	- General Governance
Freedom of Information Requests / Subject Access Requests	5		To assess the processes and procedures in place for managing FOI and SAR requests	<ul style="list-style-type: none"> • Reputation <p>- General Governance</p>
		10		

Action Tracking / Follow Up	35		Time allocated to chase, monitor and review the implementation of outstanding audit actions	• N/A
		35		

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Carry Forward of Work in Progress	50		Audits in progress at 31st March 2021. May be necessary to revise figure at late stage in plan process	<ul style="list-style-type: none"> N/A
		50		

Other				
Consultancy & Advisory	50		Consultancy and advice, requested and unplanned audits, investigations.	<ul style="list-style-type: none"> N/A
Development	10		Time needed to adapt to internal and external changes and ensure that audit techniques, testing and reporting remain up to date	<ul style="list-style-type: none"> N/A
		60		

Total		450		
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***Associated Inherent Risk Categories** are the overarching risk headings in which Corporate Risks and Business Risks are developed. In order to reach a high enough level to be considered a significant risk to the authority and require management action and audit resource there must be an element of Governance, Financial, Reputational, Fraud and Safety risk identified.

Glossary

Self-Assessment	Services to assess own processes and controls. Internal Audit to undertake testing only.
Data Analytics	To compare large volumes of data and analyse specific trends, errors or anomalies.
Assurance Mapping	To review other assurance reports on the service area and take assurance from those reviews already complete where possible.
Root Cause Analysis	Where continuous issues arise, Internal Audit will identify the root cause and support the service in resolving the systemic issue rather than the singular one-off issue arising from audit testing.

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AUDIT COMMITTEE

31 MARCH 2022

REPORT OF ASSISTANT DIRECTOR (PARTNERSHIPS)

A.2 RESPONSE TO REPORT OF OFSTED FOLLOWING INSPECTION OF CAREER TRACK (Report prepared by Carol Magnus)

PART 1 – KEY INFORMATION

PURPOSE OF THE REPORT

The purpose of this report is to provide the Audit Committee with an overview of the organisation's improvement actions following the Ofsted inspection of Career Track between 3rd and 5th November 2021.

EXECUTIVE SUMMARY

Career Track was established within Tendring District Council in 1983. Since then it has continuously provided apprenticeship opportunities within the organisation and for other employers. The Council's sustained commitment to the Career Track apprentice scheme has been a central plank of its work to develop a more skilled workforce and to "grow our own" employees of the future within Tendring.

Career Track had its first full inspection by Ofsted between 3rd and 5th November 2021. Career Track had previously had a successful Ofsted Monitoring Visit (a more 'light touch' inspection in June 2019). The full report following the November Inspection was published on 24th December 2021 and can be read in Appendix A. The findings of the report graded Career Track as 'Requiring Improvement'. Following this grading, the organisation has started to develop and implement a Development Plan to address the improvement areas identified by Ofsted.

A Development Group has been established to monitor the progress against the actions identified within the Development Plan. The Development Group is chaired by the Deputy Leader, Cllr Guglielmi in his role as Portfolio Holder for Career Track, membership of the group also includes the Chief Executive; Assistant Director, Partnerships; Internal Audit Manager and the Executive Projects Manager – Governance. The Work Based Learning Manager and Organisational Development Manager report in to this group.

RECOMMENDATION(S)

It is recommended that the Audit Committee -

- (a) notes the report and findings of the Ofsted report; and
- (b) endorses the Development Plan and the actions being taken.

PART 2 – IMPLICATIONS OF THE DECISION

DELIVERING PRIORITIES

Career Track has been delivering apprenticeships since it was established in 1983. Today, its work fundamentally supports the organisation's key corporate priority of Community

Leadership by providing enhanced education and employment opportunities for the local community as well as for other employers within Essex, Suffolk and Kent.

FINANCE, OTHER RESOURCES AND RISK

Finance and other resources: To meet the requirements of the report some additional financial investment has been actioned. This is providing additional staffing capacity (£15K) and the specialist services of SDN Ltd.(up to £10K expected) The costs are being met from the carry forward held within the corporate training budget.

Additional investment is being made to introduce a software package, OneFile to improve the quality of the delivery of apprenticeships by developing a full online learning curriculum and the facility for learners to have an online portfolio of evidence of learning. The cost of licensing for OneFile and an additional learning package, known as 'Apprenti-kit' is £55 per learner¹. This investment was already planned but it has been brought forward in response to the Ofsted report.

Risk: Career Track will receive a Monitoring Visit from Ofsted anytime from seven months after the Inspection (i.e. anytime from June 2022) and a further full Ofsted Inspection within approximately 18 to 24 months. However it should be noted that this could be earlier or as late as 36 months.

If Career Track is not found to be making significant progress on the items identified by Ofsted when it has a Monitoring Visit it could be subject to a full inspection much sooner. If items identified are not being addressed to the satisfaction of the Inspectors the service could be graded as Inadequate. This grading would almost certainly result in the loss of the ESFA (Education and Skills Funding Authority) contract which would consequently close Career Track.

The Requires Improvement grading does present some reputational risk and the Communications Team have a pre-prepared statement in the event a corporate response is needed. To date this has not been required and so it appears that this risk has significantly reduced.

The grading may affect the willingness of some employers to engage with the service but as most custom is achieved through recommendation and word of mouth this risk is expected to be minimal.

A communication was sent to all Career Track apprentices and the employers in January 2022 to advise them some changes and improvements will be being made following the Ofsted visit. No negative responses have been received.

Ofsted reports are filed on their website and provider grades are noted on the Digital Apprenticeship Service along with user satisfaction ratings. This means that the report is publically available should someone choose to seek it out.

LEGAL

Tendring District Council has a legal obligation to ensure that its senior managers and 'governors' are fully conversant with the legal requirements set out in the contract held with

¹ Cost of £50 per learner for Business Administration and for Customer Service. These make up the majority of Career Track apprenticeships. For the Public Service Operational Delivery Officer apprenticeship the cost of £10 per learner,

the ESFA. Ofsted consider that TDC is not meeting the standard required in this area and that it Requires Improvement.

As part of the existing governance arrangements, regular reports have been provided to Members via the Council Tax & HR Committee and to Cabinet. In addition, information sessions have also been provided to members via All Member Briefings.

However, in light of the view of Ofsted, additional measures will now be put in place. The establishment of the Development Group is one such measure. In addition, a Career Track Governance Board will be established to be chaired by the Portfolio Holder for the service. It is anticipated that the first meeting of the Governance Board will be held sometime in April or May. The format of the Board has still to be finalised and agreed.

OTHER IMPLICATIONS

Consideration has been given to the implications of the proposed decision in respect of the following and any significant issues are set out below.

Crime and Disorder / Equality and Diversity / Health Inequalities / Area or Ward affected / Consultation/Public Engagement.

No issues have been identified.

PART 3 – SUPPORTING INFORMATION

BACKGROUND

Career Track is the name used by TDC for its apprenticeship service.

In 2017 the government changed the criteria for providers to be allowed to deliver apprenticeships. Under the new rules, Career Track was no longer eligible to operate as a sub-contractor of Colchester Institute. To secure its future, the decision was made to apply, through the national tender process, for Career Track to gain Approved Provider status on the national Register of Approved Training Providers (RoATP). The tender application was successful.

In order to provide apprenticeships the organisation has to continue to be an Approved Training Provider with the Education and Skills Funding Agency (ESFA). Periodically, the ESFA announces that providers have to re-apply to remain on the Register, usually referred to as the RoATP (Register of Approved Training Providers). All approved providers are subject to inspection from Ofsted. On Inspection, Ofsted grades the organisations it inspects as Excellent; Good; Requires Improvement; or Inadequate. Its Inspection Reports are published here www.ofsted.gov.uk/reports

An Ofsted Inspection with an 'Inadequate' rating would usually result in withdrawal of contract from the ESFA. When applying to be on the RoATP providers are asked to provide information on their Ofsted rating and details of actions to address areas identified as Requires Improvement or Inadequate. The ESFA may take this into account when deciding whether to re-approve a training provider.

Ofsted group its inspections into five categories:

- The quality of education;
- Behaviour and attitudes;

- Personal development;
- Leadership and management;
- Apprenticeships.

In June 2019 Career Track successfully re-applied to continue their Approved Provider status with the ESFA. In the same month Career Track also received a Monitoring Visit from Ofsted. A Monitoring Visit is a 'light touch' visit and the report does not provide a rating. The wording in the report and the verbal feedback received, appeared to suggest the service was on the right course to gain a Good rating from a full Ofsted Inspection.

The service made a number of plans for further improvements and developments for the following year. However, these plans were not actioned due to the impact of Covid upon the organisation in 2020; the Work Based Learning Manager was seconded to assist HR in its work supporting the workforce and the remaining team managed to keep the service running and put in extra time to ensure apprentices received extra support to help mitigate isolation and potential mental health problems such as anxiety and depression.

The numbers of apprentices supported by Career Track declined during 2020 as a result of the Covid Pandemic but increased rapidly during 2021 to reach and even exceed the numbers of 2019. At the time of the full Ofsted Inspection in November 2021 the numbers stood at 53 and are currently at 51. Apprentices are placed with a number of local authorities including Maldon, Epping, Braintree and Colchester and GP Primary Choice Ltd. Career Track has recently been approved as a provider for all Suffolk authorities to deliver the Public Service Operational Delivery Officer Apprenticeship Standard. In addition Career Track has apprentices with local businesses, the largest of which is Silverton's and it also provides apprenticeships for the Virtual School, Kent (run by Kent County Council).

The Ofsted Inspection in November 2021 was the first full Ofsted Inspection for Career Track since 2005 as previously it was subcontracted with Colchester Institute and therefore was not subject to inspection in its own right.

Shortly after the Ofsted inspection, Career Track received notification that it was to submit its application to remain on the RoAPT by the end of January 2022. A request was made for an extension and the deadline has now been extended to the end of April 2022.

CURRENT POSITION

Following the Inspection, Career Track has been given a rating of Requires Improvement across all areas. Although this is a disappointment there is much that is positive in the report as it has a detailed section about things that are being done well and it is especially complimentary about the dedication and care of the team for the apprentices and about the commitment the apprentices show towards their learning and development. The emphasis is now on what is needed to make things better.

The attached Development Plan (so called as this is the phraseology used by both ESFA and Ofsted) takes each of the five inspection categories and states what is being planned to address each area. As can be seen, the document identifies the key milestones and progress by using a RAG (Red, Amber, Green) system.

Initial activity focussed on setting the foundations and getting them in place. This has involved amending the hours and workload of the Training Assessment Team Leader so

that she has been freed up to dedicate time to policy and curriculum development with the introduction of the OneFile system. To enable this to happen, a temporary Training Assessment Officer role has been created for 30 hours per week until the end of July 2022. This person has taken over the apprenticeship caseload from the Training Assessment Team leader.

The services of a specialist company known as SDN (Strategic Development Network) are being utilised for their professional help and advice for policy and curriculum development. SDN are supporting Career Track with consultants/professionals who also work alongside and train Ofsted Inspectors. In addition, their services are being used to help with the RoAPT application².

As previously stated, the service is rolling out the use of OneFile, a training software package for the administration and management of apprenticeships. OneFile is used by many apprenticeship providers as it supports the learners more effectively and enables the provider to better monitor and ensure delivery of the curriculum. Effective roll out of the package will play a significant role in addressing the Ofsted concerns regarding curriculum, Safeguarding, Prevent and British Values training.

The contract for TDC (under the name of Career Track) to provide apprenticeship training rests with the ESFA. The organisation has an allocated account manager with the ESFA and the Work Based Learning Manager has a monthly meeting with him to discuss actions and progress towards meeting the improvements required by Ofsted. The ESFA account manager has approved the attached development plan and the steps currently being taken.

The full Development Plan can be seen in Appendix B. This plan is regularly updated and a timeline shows key milestone targets and progress. The Development Group has been formed to monitor the work and ensure that the targets set against the Ofsted report are being met.

FURTHER HEADINGS RELEVANT TO THE REPORT
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None

BACKGROUND PAPERS FOR THE DECISION

None

APPENDICES

Appendix A – Ofsted Inspection Report Appendix B – Career Track Development Plan

² SDN supported Career Track in its 2019 RoAPT application.

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Inspection of Tendring District Council (Career Track)

Inspection dates: 3–5 November 2021

Overall effectiveness

Requires improvement

The quality of education	Requires improvement
Behaviour and attitudes	Requires improvement
Personal development	Requires improvement
Leadership and management	Requires improvement
Apprenticeships	Requires improvement
Overall effectiveness at previous inspection	Not previously inspected

Information about this provider

Tendring District Council (Career Track) is an apprenticeship provider based in Clacton-on-Sea, Essex. It has 53 apprentices, studying four standards-based qualifications. 31 apprentices are studying at level 2 and 22 at level 3.

Most Career Track apprentices are employed at borough and district councils in Essex, with the majority of these employed by Tendring District Council. Career Track has recently resumed providing apprenticeships to small businesses in the area and a small proportion of apprentices are employed by these.

At the time of the inspection, Career Track had apprentices studying standards in customer service, business administration and public services. Most apprentices on level 2 are studying the level 2 customer service practitioner standard. Most apprentices on level 3 are studying the level 3 business administrator standard.

Two apprentices have special educational needs and seven have additional learning needs. Career Track has no subcontractors.

What is it like to be a learner with this provider?

Apprentices value the opportunity that the Career Track apprenticeships provide to enable them to gain employment with major local employers. These employers provide apprentices with good opportunities to develop their careers in the longer term. Most apprentices work with colleagues who were apprentices previously. Many of these have progressed well in their careers, a few to senior roles in the local councils in which they work. This inspires apprentices to develop their job-related skills to a good standard.

Apprentices are very motivated to successfully complete their training, and most do so. Apprentices develop good attitudes to their learning. They develop a broad range of transferable skills which are needed for a range of roles in most council departments, where the majority are employed. This provides the necessary flexibility to enable most apprentices to secure employment at the end of their apprenticeship.

Apprentices benefit from the good support they receive from their colleagues in the workplace. Apprentices quickly gain confidence and develop professional behaviours by mirroring their more-experienced colleagues. As a result, apprentices maintain good attendance at work, they arrive on time and they dress appropriately.

Apprentices appreciate the regular and ongoing support they are receiving from their assessors during the pandemic. This has enabled apprentices to adapt to working from home and to continue their apprenticeships. Consequently, most apprentices complete their apprenticeships on time, despite the disruption of the pandemic.

Apprentices feel safe. They know who to contact if they have concerns and feel comfortable in discussing any concerns they have with their assessors.

What does the provider do well and what does it need to do better?

Leaders have ensured that the apprentices' programme meets the needs of the employers it serves. Leaders at Career Track target local residents who have low prior-educational achievement and/or low ambition. The apprenticeship programme provides a good route to employment and further training for them. Leaders have high expectations that apprentices will successfully complete their apprenticeship, and the vast majority do so.

Leaders have not ensured that assessors provide learning that meets the requirements of the apprenticeship standards. Assessors do not ensure that apprentices develop a broader range of skills and knowledge in line with the ethos and expectations of the standards. Consequently, assessors still assess apprentices on their competencies rather than on their skills, professional behaviours and

knowledge. As a result, apprentices do not develop a sufficiently broad range of skills or the understanding of how to apply these in a range of contexts as expected by their standard.

Young people who have been in care are often employed as apprentices with one council. These apprentices are employed in the 'virtual school' which provides support for young people when they leave care. Apprentices understand fully the particular challenges faced by care leavers and are empathetic to their circumstances. They use the skills and knowledge they gain from their apprenticeship to provide appropriate and effective help to care leavers.

Leaders have not developed a comprehensive and coherent plan to develop apprentices' wider skills and knowledge in any depth. Aspects of the standards, such as how to develop healthy relationships and how to stay physically and mentally healthy are not effectively taught. Assessors do not discuss issues, such as sexual harassment or workplace bullying with apprentices, to help them to extend their knowledge in these areas.

Assessors and workplace mentors and supervisors support apprentices very well, including those with special educational and additional learning needs. Staff promptly identify apprentices who have a learning support need. Staff put personalised and appropriate support in place to action apprentices' needs. They carefully consider who the most appropriate mentor would be to effectively support the apprentice. As a result, apprentices with learning support needs successfully complete their apprenticeships on time.

Throughout the pandemic, assessors have kept in close contact with apprentices to check on their progress and well-being. Where they are concerned that apprentices are not coping well with working from home, they take rapid action to help them. Assessors, for example, ask workplace supervisors and mentors to contact apprentices more regularly and to arrange more frequent visits to the workplace. Apprentices are signposted to specialist support and provided with resources to help improve their mental health. As a result, apprentices can overcome any challenges and successfully complete their apprenticeships.

Apprentices who work for local councils develop a good awareness of how to become active citizens. Their roles involve serving the public. Many took on new and additional tasks at work to support their local communities through the pandemic. Apprentices also have good opportunities through their roles to volunteer to help at local events, such as acting as marshals and stewards at the Clacton air show. However, leaders have not ensured that apprentices who do not work for local councils have the same breadth of opportunity. As a result, these apprentices do not develop a good understanding of citizenship.

Staff do not provide timely ongoing careers advice and guidance for apprentices. Staff have developed a detailed exit programme which is provided towards the end of each apprenticeship. However, this is too late to meet the needs of apprentices

who have not had a permanent job confirmed by the end of their apprenticeship. Although most apprentices do secure related employment, the delay in supporting them to do so leaves apprentices anxious and insecure.

Leaders do not identify what the areas for improvement are for their apprenticeship provision. Consequently, they have not developed relevant actions to remedy the areas for improvement identified at the inspection. Leaders have not, for example, identified the need to improve the quality of teaching to meet the requirements of the apprenticeship standard or the need to ensure that the training they provide is appropriately sequenced. As a result, apprentices do not develop a sufficiently broad range of skills and do not commit sufficient knowledge to their long-term memories.

Governance arrangements are insufficient and lack impact. Governors do not ensure that they are provided with useful reports to enable them to challenge leaders' decisions about the quality of education and training or scrutinise whether apprentices progress effectively. As a result, governors do not have a secure understanding of how they can improve the apprenticeship provision. Governors do not receive enough information on the extent to which they meet their statutory duties. Consequently, governors have a superficial oversight of these duties as related to their apprenticeship provision.

Safeguarding

The arrangements for safeguarding are effective.

Apprentices feel and are safe at work. They know how to report concerns about safeguarding. Staff check on the health, safety and well-being of their apprentices very regularly and are proactive in taking appropriate action where necessary. Most apprentices have reasonable knowledge about how to keep themselves safe from the risks of radicalisation and from safeguarding risks in the workplace. They gain this understanding through a range of online courses which they complete during their induction. Apprentices know how to stay safe online and when joining meetings remotely.

Staff do not have sufficient knowledge of local safeguarding to help apprentices contextualise local issues to their own lives. Consequently, apprentices are less knowledgeable about the specific risks in their local area and how these might apply to their daily lives.

What does the provider need to do to improve?

- Leaders must improve the awareness of staff of current and local issues relating to safeguarding and the risks of radicalisation and extremism, to ensure that they can help apprentices to understand how these issues may impact on their work and personal lives.
- Leaders must train assessors to be able to teach standards-based apprenticeships effectively. Assessors must ensure that apprentices develop the full range of knowledge, skills and behaviours required by each standard. This includes ensuring that they develop a more effective understanding of British values, appropriate relationships and how to stay mentally and physically healthy.
- Leaders must ensure that staff provide all apprentices with ongoing and timely careers advice and guidance. Staff need to ensure that apprentices understand what career options are available to them once they qualify, in particular, the jobs that are available outside of their current employer's structure.
- Leaders need to develop a thorough quality assurance and quality improvement process to ensure that they identify accurately what they do well and what they need to do to improve, so that apprentices develop a broader and deeper range of knowledge and skills. Leaders need to ensure that governors are provided with useful reports to enable them to challenge leaders' decisions about the quality of education and training and scrutinise whether apprentices progress effectively.
- Governors must improve their oversight of the apprenticeship programme. They must rapidly ensure that they have good oversight of how they meet their statutory responsibilities regarding safeguarding, the 'Prevent' duty and equality and diversity, so they are confident that apprentices are safe both at work, in their personal lives and are prepared appropriately for life in modern Britain.

Provider details

Unique reference number	54781
Address	Town Hall Station Road Clacton-On-Sea Essex CO15 1SE
Contact number	01255 686313
Website	www.tendringdc.gov.uk
Principal/CEO	Ian Davidson
Provider type	Independent learning provider
Date of previous inspection	Not previously inspected
Main subcontractors	None

Information about this inspection

The inspection team was assisted by the Training Assessment Team Leader, as nominee. Inspectors took account of the provider's most recent self-assessment report and development plans, and the previous inspection report. The inspection was carried out using the [further education and skills inspection handbook](#) and took into account all relevant provision at the provider. Inspectors collected a wide range of evidence to inform judgements, including visiting apprentices in the workplace, joining meetings between apprentices and assessors, scrutinising learners' work, seeking the views of learners, staff and other stakeholders, and examining the provider's documentation and records.

Inspection team

Christine Leeding, lead inspector	Ofsted Inspector
Linnia Khemdoudi	Her Majesty's Inspector
Michael Worgs	Her Majesty's Inspector
Rebecca Perry	Her Majesty's Inspector

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Leaders must improve the awareness of staff of current help apprentices to understand how these issues may ir

Action	Who is accountable
Meeting with Safeguarding Manager (Safer Communities Manager) to discuss and establish a system of sharing current and local issues to benefit those that need it most (apprentices, employers, CT staff)	Debianne Messenger Leanne Thornton
Ensure Keeping Children Safe in Education (KCSIE) expectations are reflected in a new Safeguarding Policy	Leanne Thornton
Ensure staff, apprentices and employers are able to access regular training and awareness updates	Hazel Bond Leanne Thornton
Enable apprentices to understand the specific risks in their local area and how these might apply to them in their daily lives	Hazel Bond Leanne Thornton
Deliver specific training for supervisors and governors on Safeguarding and British Values – supervisors forum	Debianne Messenger Hazel Bond

and local issues relating to safeguarding and the risks of radicalisation impact on their work and personal lives.

Milestones	Date started	Date to be completed	RAG
	01.12.2021	Ongoing	
KCSIE, RoAPT and Ofsted expectations shared 04.01.2022 with Safeguarding Manager	04.01.2022	28.02.2022	
	01.12.2021	28.02.2022	
Go live date with Onefile by 31.03.2022 Regular information sharing via reviews, assessment meetings, emails	01.12.2022	Ongoing	
Specific training need for governors - induction, briefings, responsibilities, progress etc	04.01.2022	01.05.2022	

n and extremism, to ensure that they can

Comments	Key Performance Indicator 1	Key Performance Indicator 2
Regular meetings and exchange of information (weekly)	Receipt of minutes from local Information and Advisory Group meeting	Receipt of newsletter from Prevent Co-ordinator
Completed	Updated Safeguarding Policy	New Safeguarding and Prevent Policy for YP
Completed	Staff CPD	ESAB Training and Future Learn (FE Sector) for KCSIE
Regular meetings and exchange of information	Learner and employer webinars	Learner reviews with employer
Supervisors forum to be booked for April 2022	Employer and governor feedback	HASS document completion which confirms employer understanding and awareness

Key Performance Indicator 3

Use of resources from Safeguarding Network where the DSL has access to the resources and courses, powerpoints and handouts

All staff completed Future Learning which incorporates KCSIE Part 1

Learner and Employer feedback

Key Performance Indicator 4

Regular meetings with Safeguarding Prevent Lead
- 23.02.2022

Leaders must train assessors to be able to teach standards behaviours required by each standard. This includes ensuring they are physically healthy.

Action	Who is accountable
Adjust staff structure and responsibilities to address improvements	Carol Magnus
Achieve the RoAPT registration April 2022.	Debianne Messenger
Introduce OneFile to support the delivery of standard	Hazel Bond
Focus on the delivery of the knowledge, skills and behaviours first and follow with the BTEC.	Hazel Bond
Supervisors Forum	Debianne Messenger Hazel Bond
Ensure the curriculum includes British values, appropriate relationships and how to stay mentally and physically healthy	Hazel Bond
Develop MHFA courses for all apprentices and employers	Hazel Bond

SDN (Chris Cherry) webinar on Curriculum Masterclass and further support if required	Hazel Bond
<i>Further development of written process and procedures to include</i>	
Policy for E&D	Carol Magnus
NEW policy for Safeguarding and Prevent (16-18 year olds)	Leanne Thornton
Policy for Safeguarding apprentices	Leanne Thornton
Policy that complies with the Prevent Duty for Apprentices	Leanne Thornton
Policy for Health and Safety of Apprentices	Clare Lewis
Policy for professional development and evidence of implementations	Carol Magnus
Policy and procedures for learners and employers complaints	Debianne Messenger
Policy for continuity of apprenticeship delivery	Debianne Messenger
Employer engagement to enable design and delivery of apprenticeships	Hazel Bond
Delivery of 20% off the job training methods to meet the needs of the employers	Hazel Bond
Delivery model for English and maths provisions	Hazel Bond

Delivery model for performing initial assessment for learners

Hazel Bond

**ards-based apprenticeships effectively. Assessors must ensure that ap
suring that they develop a more effective understanding of British valu**

Milestones	Date started	Date to be completed	RAG
Workforce Proforma 10.12.2021	01.12.2021	31.12.2021	Green
Completed question workbook and policies by 07.03.2021 - SDN	01.12.2021	30.04.2022	Orange
Start training 10.02.2022 Live by 31.03.2022	04.01.2022	01.06.2022	Orange
Curriculum Masterclass 25.01.2022 Curriculum Development CPD 17/18.03.2022	04.01.2022	01.06.2022	Orange
	04.01.2022	01.05.2022	Orange
As above	As above	As above	Orange
Apprenticeship Growth Programme information shared with employers to sign the pledge 07.02.2022	04.01.2022	01.06.2022	Orange

Training Course
25.01.2022

25.01.2022

25.01.2022



01.03.2022

14.03.2022



01.02.2022

01.06.2022



01.02.2022

02.03.2022



01.02.2022

01.04.2022

01.02.2022

02.03.2022

01.03.2022

17.03.2022

01.02.2022

02.03.2022

04.12.2021

02.03.2022

01.03.2022

01.04.2022



01.03.2022

01.04.2022

01.03.2022

01.04.2022

01.03.2022

01.04.2022



prentices develop the full range of knowledge, skills and es, appropriate relationships and how to stay mentally and

Comments	Key Performance Indicator 1	Key Performance Indicator 2
Completed	Dedicated Project Lead	Portfolio work has been handed to additional work based assessor
Working with SDN, policies and actions completed for 07.03, Question Workbook completed 08.03.2022	Successful achievement of RoAPT	
Ongoing staff training	Full ingetration and use of OneFile	75% of Apprentices using Oneline portfolios
Training for the team March 2022	TO BE UPDATED FOLLOWING TRAINING	Continuously evolving, developed and reviewed
Forum to be booked in April 2022	Newletter to employers	Employer Webinar
As above	As above	
Working closely with MHFA and employers	Educate and inform non public sector organisations to sign up to the pledge	

Completed	Attended and shared knowledge, identified next steps	
Completed	E&D Policy	Awareness of policy for sta
Draft prepared	Safeguarding and Prevent (16-18 yrs)	As above
Completed	Safeguarding Policy	As above
Completed	Prevent Policy	As above
Completed	Health and Safety Policy	As above
Completed	People Strategy	As above
Completed	Complaints policy updated	As above
Completed	Continuity policy updated	As above
Draft prepared	Employer Engagement Policy/Procedure	As above
Draft prepared	OTJT Policy/Procedure	As above
Draft prepared	English and maths provision Policy/Procedure	As above

Draft prepared

Initial Assessment
Policy/Procedure

As above

**Key Performance
Indicator 3**

Onfile resources shared
with employers


ff, apprentices and employer

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Leaders must ensure that staff provide all apprentices w available to them once they qualify, in particular, the job

Action	Who is accountable
Careers education to be visible throughout apprenticeship	Debianne Messenger
Pathways to be made available to all to further enhance personal development	Debianne Messenger
Move away from IAG and develop the term Careers Education/Career Advice and Guidance	Debianne Messenger

with ongoing and timely careers advice and guidance. Staff need to ensure that opportunities that are available outside of their current employer's structure.

Milestones	Date started	Date to be completed	RAG
	04.01.2022	01.03.2022	
	04.01.2022	01.03.2022	
	04.01.2022	01.03.2022	

ure that apprentices understand what career options are

Comments	Key Performance Indicator 1	Key Performamnce Indicator 2
Completed	Full career education information available on website	Link to Essex Opportunities and Career Service
Completed	Careers education section on website	Spot checks with apprentices at reviews and assessments
Completed	Update documents and records to reflect change from IAG to CE	Evaluation of information

**Key Performnce
Indicator 3**

Careers Week social
media marketing -
achieved 07.03.2022

**Key Performnce
Indicator 4**

Responses to email
sent in National Careers
Week 2022

Leaders need to develop a thorough quality assurance a improve, so that apprentices develop a broader and dee them to challenge leaders' decisions about the quality o

Action	Who is accountable
Self Assessment Report	Debianne Messenger
Development Plan	Debianne Messenger
Management Team reports	Carol Magnus
Process for evaluating quality of training and outcomes	Carol Magnus Debianne Messenger
Key measures and KPI's to monitor quality	Carol Magnus Debianne Messenger
Collecting data and information process	Debianne Messenger
Apprenticeship Standard delivery	Hazel Bond
Employer and apprentices survey outcomes	Debianne Messenger
OneFile	Debianne Messenger
New Curriculum	Hazel Bond

Leaders and Managers have a vision and mission for our organisation in respect of training and apprenticeships as well as how they manage and monitor quality of training.

Carol Magnus
Debianne Messenger

Leaders and Managers documented clear expectations in relation to setting high standards of apprenticeship training – written down and agreed.

Carol Magnus
Debianne Messenger

Use the revised Career Track/Apprenticeship Governance Board to inform and update

Carol Magnus
Debianne Messenger

Specific training need for governors - induction, briefings, responsibilities, progress etc

Carol Magnus
Debianne Messenger

and quality improvement process to ensure that they identify accurately per range of knowledge and skills. Leaders need to ensure that govern of education and training and scrutinise whether apprentices progress

Milestones	Date started	Date to be completed	RAG
Draft available 01.04.2022	01.03.2022	01.05.2022	
Monthly updates	01.12.2021	01.06.2022	
First MT Report 11.01.2022	01.12.2021	ongoing	
Established governance meetings by 01.04.2022	01.03.2022	01.06.2022	
Agreed at governance meetings by 01.04.2022	01.03.2022	01.06.2022	
Revised information process through OneFile by 01.06.2022. Information to be agreed	01.03.2022	01.06.2022	
See previous	01.03.2022	01.06.2022	
Survey monkey linked to OneFile task by 01.05.2022		01.06.2022	
See previous	04.01.2021	01.06.2022	
See previous	04.02.2021	01.06.2022	

	01.03.2022	01.06.2022	
	01.03.2022	01.06.2022	
CT Development Group meeting 09.02.2022 To continue monthly	09.02.2022	01.06.2022	
To take place inbetween governors meetings	01.03.2022	01.06.2022	

what they do well and what they need to do to
 sors are provided with useful reports to enable
 effectively.

Comments **Key Performance Indicator**

SA report to be completed by May 2022 Full SA report shared with Ofsted - June 2022

Ongoing weekly updates Development plan achieved

Reports required to update MT	MT reports
Draft documents created	Governance Agenda and minutes
Draft documents created	Governance Agenda and minutes
Draft documents created	Operational Meetings Governance Meetings
Curriculum training 17 and 18 March 2022	See previous
	Employer and apprentice satisfaction data
Go live date end March 2022	See previous
	See previous

Vision and Mission, People Strategy completed	Published Vision and Mission
Vision and Mission, People Strategy completed	Governance Agenda Clear expectations
Draft documents created	Governance Agenda and minutes
Draft documents created	Training records, webinar recordings

Governors must improve their oversight of the apprentice responsibilities regarding safeguarding, the 'Prevent' duties prepared appropriately for life in modern Britain.

Action

Who is accountable

<p>Career Track/Apprenticeship Governance Board - Meet 6 monthly - Agenda items to cover aspects required by Ofsted/RoATP, i.e. Prevent, safeguarding, performance, equality and diversity etc</p>	<p>Carol Magnus Debianna Messenger</p>
<p>Management Team reports/updates</p>	<p>Carol Magnus Debianna Messenger</p>
<p>Audit Committee</p>	<p>Carol Magnus</p>
<p>Cabinet Report</p>	<p>Carol Magnus Debianna Messenger</p>
<p>HR Committee</p>	<p>Carol Magnus</p>

ceship programme. They must rapidly ensure that they have good over: ity and equality and diversity, so they are confident that apprentices are

Milestones	Date started	Date to be completed	RAG
CT Development Group meeting 09.02.2022 To continue monthly	09.02.2022	01.06.2022	Orange
First MT Report 11.01.2022	01.12.2021	01.06.2022	Orange
	04.01.2022	01.06.2022	Orange
		01.06.2022	Red
	01.02.2022	Completed	Green

sight of how they meet their statutory
 e safe both at work, in their personal lives and are

Comments	Key Performance Indicators
-----------------	---------------------------------------

Governance board to include private sector representation, first meeting/briefing to be arranged in April 2022	See previous actions in Item 4		
Reports required to update MT	MT report to include subsections on Safeguarding, Prevent, British Values, E&D		
Audit committee on 31.03.2022, report completed 17.03.2022	Report to be presented on 31.03.2022		
Planned for June/July 2022	Cabinet report to include subsections on Safeguarding, Prevent, British Values, E&D		
HR Committee took place 24.02.2022, not raised	HR Committee ongoing regular updates		

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AUDIT COMMITTEE

31 MARCH 2022

REPORT OF ASSISTANT DIRECTOR, PARTNERSHIPS

A.1 TENDRING CARELINE – RECOVERY AFTER IMPROVEMENT NOTICE FROM TEC SERVICES ASSOCIATION

(Report prepared by Head of Customer and Commercial Services)

PURPOSE OF THE REPORT

The purpose of this report is to inform Audit Committee of the recovery actions taken by Tendring Careline after an improvement notice was issued by the TEC Services Association at its last audit of the service.

BACKGROUND

Tendring Careline is a member of the TEC Services Association (TSA). This organisation is the national body of Carelines across the UK and, although membership is not mandatory, it offers the most widely recognised accreditation for the telecare industry.

In order to be accredited, each Careline must pass an annual audit by the TSA in which 13 modules are assessed. In September 2021 Careline was found compliant in 12 of these modules but was issued with an improvement notice for TEC Monitoring. The full audit report can be found in appendix 1.

DETAILED INFORMATION

The TEC Monitoring module within the TSA audit is an assessment of how quickly incoming calls to Tendring Careline are handled by the Control Centre Operators. In order to be passed as compliant the Careline should answer 97.5% of all calls within 60 seconds and in any event, 99% of all calls within 180 seconds. The September 2021 audit of Tendring Careline found that *'KPI's for calls answered within 60 seconds have only been achieved for 2 months out of the last 18 months. KPI's for calls answered within 180 seconds have been missed 6 times in the last 18 months'*.

There are mitigating circumstances for these statistics. Firstly the Covid-19 pandemic had a great impact on staff resources. Between April 2020 and June 2020 there were numerous Control Centre Operators that caught the virus and had to self isolate and numerous others that were considered vulnerable and also had to stay at home. At this point in time Tendring Careline was operating on an old analogue call handling platform which meant that all Operators had to be in the Control Centre which is a relatively small space with no windows and no fresh air circulating. It would be likely that the virus could be transmitted. The decision was taken to close the Control Centre and deploy a new digital call handling platform. This did mean that our Operators could work from home but they would also have to learn how to use the new platform. It took many months of online training for our Operators to get back up to speed and in addition we also had various

problems with staff using the wifi available in their own homes. Problems were often seen where the wifi would 'drop-out' and calls couldn't be answered.

Throughout the months April 2020 until April 2021 the service continued to see staff resources stretched and there were times when it was not possible to have enough trained staff in order to meet the KPI's. It should be recognised that call volumes also increased during this time as we saw more frequent, and longer, calls from our vulnerable service users. A recruitment campaign was initiated in September 2020 with new members of staff joining at the beginning of 2021 but the speed of training that was possible online meant that we were not able to put these new recruits onto the rota until May 2021.

The second mitigating factor is the contract with Provide CIC and the addition of service users from the Essex County Council (ECC) telecare contract. Tendring Careline has been contracted to supply out-of-hours call monitoring services to Provide CIC since 2014 (between 6pm and 8am Monday to Friday, and all weekend and bank holidays). Early in 2021 Provide CIC, with Tendring Careline as a sub-contractor, was successful in bidding for the newly let ECC Telecare contract which started in July 2021. This contract added 2500 new service users that needed to be monitored from day one and the addition of more service users on a daily basis.

The size of the contract and the speed that new service users were being added meant that Tendring Careline was again unable to meet the TSA call handling KPI's. A restructure of the Control Centre Operators was implemented in October 2021 and further recruitment has been undertaken but it became clear that Tendring Careline would not be able to manage the Provide CIC contract and maintain the TSA call handling KPIs.

Recovery Plan

At the current time there is an overlapping internal audit review of the Careline Service. Although actions have been developed in direct response to the outcome of the TSA review, it would be pragmatic to also reflect on the outcome of this internal audit review in terms of agreeing a final action / recovery plan. The outcome from this internal audit review, including the proposed action / recovery plan is due to be presented to the next meeting of the Committee in April, so it would still present a timely response.

The Tendring Careline Service will be subject to a review by TSA again in August 2022, which can be managed / accommodated within the action / recovery plan timescales highlighted above.

RECOMMENDATION

That the Committee determines whether it has any comments or recommendations it wishes to put forward the relevant Portfolio Holder or Cabinet.

Appendix 1. TSA Audit Report – October 2021



Quality · Safety · Innovation

TSA Quality Standards Framework

AUDIT REPORT



10482



Quality · Safety · Innovation



Tendring Careline Audit Report



Quality Standards Framework

Annual Review Audit Report



Quality · Safety · Innovation

Organisation

Tendring Careline

Address

Tendring District Council
Barnes House
92 Pier Avenue
Clacton-On-Sea
Essex
CO15 1N

Audit Date(s)

23rd September 2021

Auditor

Judy Allen

Scope of Audit

The Audit will cover TEC Services Association Quality Standards Framework including:

- 10 Common Standard Modules
- Service Delivery Modules
 - TEC Monitoring
 - Assessment of & Installation of TEC
 - Response Service

The Audit Scheme has been established to provide independent external audit of an organisation against the requirements of the Quality Standards Framework. TEC Quality confines its requirements, evaluation, review, decision and surveillance (if any) to those matters specifically related to the scope of certification unless an extension of scope has been agreed with the organisation concerned.

Methodology

The Audit has been conducted using a document sampling process and in discussion with Senior Management and Staff. TEC Quality are not therefore responsible for any issues present but not identified at the time of the audit.

Quality Standards Framework

Annual Review Audit Report



Quality · Safety · Innovation

Introduction

A sector of Tendring District Council, Careline is a Community Alarm Service providing Monitoring, Installation and Response Services to approximately 3,929 residents of Tendring, other local landlords and private clients across Essex and nationwide. Operating since 1988 Careline provide their service to clients with an age range from 8 years to 104 years and with differing needs. They also provide the call handling function for a neighbouring service after 18:00 hours until 08:00 a.m. weekdays, weekends and Bank Holidays.

In June 2010 Careline moved to their purpose-built Control Centre in Clacton on Sea and have continued to grow over the years. They now offer a wide range of Telecare equipment, a “Lifting Service” and an Equipment Showroom, allowing potential customer the chance to view and try different types of equipment.

Careline’s Corporate Goal is “To Support older people to live independently in their own homes” and their Mission Statement is “To provide a professional installation, call-handling and response service, enabling Service Users to maintain independent living, with dignity and peace of mind.”

The Service is managed by the Head of Customer & Commercial Services and the Service Development Manager and supported by two Supervisors, 2 Senior Operators, Administration Staff, Call Handlers, Installers and Responders.

It has been a difficult year for the service, as not only have they had to deal with the implications of the Covid-19 pandemic, but also the challenges following the change of their monitoring platform.

To maintain certification to the TSA Quality Standards Framework, the second annual audit review was conducted offsite and included a teleconference call with the Management Team.

The Audit discussions focused on the following areas:

- Evidence of any amendments and updates to policies and procedures
- BCP plans in light of Covid-19
- Performance data for all Service delivery areas
- Future development plans
- Changes in structure
- Details of Incidents / complaints and any improvements made as a result of findings.
- Details of any Safeguarding issues
- Progress on Digital switch
- Workforce plans e.g., recruitment, resource planning, training, communication etc

The Auditor was provided with supporting relevant documentation, policies and procedures which were reviewed prior to and post audit. The document review included:

- KPI’s
- Procedures
- Overview of last 12 months

Quality Standards Framework

Annual Review Audit Report



Quality · Safety · Innovation

TSA Quality Standards Framework Modules Audited

Rating	Definition
COMPLIANT	An organisation that has demonstrated compliance with all the QSF outcomes and minimum criteria. However, there may be some development observations found during the audit, which can be worked upon for the next audit.
REQUIRES IMPROVEMENT	An organisation that does not meet the minimum criteria and requires corrective action before certification can be granted. A three-month window is allowed for this improvement.
INADEQUATE	An organisation where safety concerns have been identified, which need to be corrected prior to certification being granted. A one-month period is allowed for this corrective action.

Standards Modules

MODULE	RATING	IMPROVEMENT NEED
User & Carer Experience	COMPLIANT	No
User and Service Safety	COMPLIANT	No
Effectiveness of Service	COMPLIANT	No
Information Governance	COMPLIANT	No
Partnership Working and Integrated Services	COMPLIANT	No
The Workforce	COMPLIANT	No
Business Continuity	COMPLIANT	No
Ethics	COMPLIANT	No
Performance and Contract Management	COMPLIANT	No
Continuous Improvement and Innovation	COMPLIANT	No

Service Delivery Modules

MODULE	RATING	IMPROVEMENT NEED
TEC Monitoring	REQUIRES IMPROVEMENT	Yes
Assessment & Installation of TEC	COMPLIANT	No
Response Service	COMPLIANT	No

Quality Standards Framework

Annual Review Audit Report



Quality · Safety · Innovation

Audit Summary

Evidence of KPI's provided prior to and post audit shows calls answered within 60 seconds have only been achieved on 3 occasions in the past 18 months and KPI's for calls answered within 180 seconds have been missed on 6 occasions. This was discussed fully with the Management Team who stated that KPI's have been impacted due to Covid 19 pandemic, high levels of staff sickness, self-isolation, vacancies and the introduction of a new monitoring platform which has caused some issues.

The Auditor was advised that several times a day, operators are unable to accept calls from the monitoring platform as it 'just greys out' and can cause delays in calls being answered by up to 2 minutes. A meeting was held between Tendring IT and Enovation the service platform provider and following investigations it is believed the issue is down to processing memory capacity on the Enovation server. Engineers are due on site on the 27th October to upgrade the server which will resolve this issue. The Auditor was advised at the time of the audit there has been no delay in answering fire detection calls

Tendring Careline are sub-contracted by Provide CIC to carry out their out of hours monitoring and response functions. In July of this year Provide were awarded the contract for Essex and Sussex, which has placed additional pressures on Tendring due to the significant increase in connections.

Under Tendring Councils strict recruitment processes, Careline were unable to take on additional staff to support this increase until the contract was in place and therefore were unable to maintain performance. However, they are now receiving support from the Councils HR department and Senior Managers with permission granted to shorten the recruitment process. A service review has been undertaken and recruitment is underway to increase staffing levels.

The service has also had difficulty maintaining services, particularly at weekends and have on several occasions had to transfer their call handling function to alternative service providers and with Provide supplying their staff to assist with cover.

To ensure measures being introduced are having a positive effect on performance, the Auditor requires monthly reports to be provided to TEC Quality to demonstrate ongoing improvement of KPI's.

Telecare Monitoring: **REQUIRES IMPROVEMENT**

From the evidence reviewed prior to and during the audit, the Auditor was unable to verify compliance with some minimum criteria for this module. Improvement needs were identified as follows:

QSF Requirement	Evidence	Improvement Need
97.5% of calls* answered within 60 seconds 99% of calls* answered within 180 seconds NB, calls which are answered automatically must be excluded from these figures	KPI's for calls answered within 60 seconds have only been achieved for 2 months out of the last 18 months. KPI's for calls answered within 180 seconds have been missed 6 times in the last 18 months	To identify how the KPI's will be brought back in line with the QSF Standard and how these will be monitored going forward. An action plan demonstrating how this will be undertaken

Annual Review Audit Report

		should be submitted and the Auditor will be looking for significant improvement over the next 3 months prior to recommending accreditation.
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Although the past 12 months have been difficult for the service, progress has been made on their strategic objectives including:

- April 2020 – commissioned by the CCG to deliver Operation Pendant, which is a lifting service for non-Careline residents in Tendring
- Launched the 'Footprint Service' including a response
- Carried out a review of staffing, with the recruitment process now underway

The Auditor and Management Team discussed a serious incident, which occurred last year whilst providing the out of hours service for Provide. A full investigation of the incident took place and which has resulted in the introduction of a new procedure around 'asking questions' and when to send a responder. The Auditor is satisfied appropriate measures have been introduced to prevent recurrence.

The Management Team confirmed there had been 2 data breaches over the past 12 months but were not of a serious nature and which were reported to the Councils Data Protection Officer.

Over the coming year the service is focused on making improvements and ensuring appropriate staffing levels are in place to support any growth in contracts and that they have the resilience to deliver services going forward. Future plans include:

- Completing the restructure of the Response Service and administration aspects of Careline.
- To work even closer with Provide CIC to deliver the Essex wide Monitoring and Response service
- To take-on two apprentices
- Digital platform switchover complete and now replacing the analogue equipment

The service has encountered many challenges over the last year, which have impacted on their ability to meet some of the QSF requirements. However, the Auditor was reassured that performance issues are being addressed as a priority and with a proposal being considered to re-grade staff and introduce enhanced payments for weekend working.

Quality Standards Framework

Annual Review Audit Report



Quality · Safety · Innovation

Evidence that corrective actions have been implemented and completed for the Modules rated as Requires Improvement should be submitted to TEC Quality within 3 months of receipt of the audit report. Tending Careline are also required to submit evidence of their KPI reports on a monthly basis for the next 3 months.

Auditors Signature

A handwritten signature in black ink that reads 'J. A. Allen'.

JUDY ALLEN
TEC Quality Auditor



Quality · Safety · Innovation



Telecare



Wellness Devices



E-health



Self-care Apps



Telemedicine



Telecoaching



Telecare Call Monitoring



Telehealth



Telecare Response Services

TEC Quality is the organisation set up to develop and run the Quality Standards Framework (QSF) - a set of outcome based standards developed in partnership with key stakeholders across the TEC sector. TEC Quality audits and certifies organisations against these standards.

Whilst QSF is the intellectual property of the TSA, TEC Quality has full autonomy and sector-wide support to administer the QSF standards. TEC Quality has a team of independent auditors, who have all been trained to ISO 19011 standards.



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Certificate no.

Date of issue:

Date of expiry:

THIS IS TO CERTIFY THAT

has been audited by TEC Quality on behalf of the TEC Services Association (TSA) and is compliant with the following modules and scope of the TSA **Quality Standards Framework**

STANDARDS MODULES

- | | |
|---|-------------------------------------|
| User & Service Experience | Workforce |
| User Safety | Business Continuity |
| Effectiveness of Service | Ethics |
| Information Governance | Performance & Contract Management |
| Partnership Working & Integrated Services | Continuous Improvement & Innovation |

SERVICE DELIVERY MODULES

Certified for and on behalf of TEC Quality

David Pearson

David Pearson • Chair • TEC Quality Ltd

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AUDIT COMMITTEE

31 MARCH 2022

REPORT OF ASSISTANT DIRECTOR (FINANCE & IT)

A.4 AUDIT COMMITTEE WORK PROGRAMME 2022/23

(Report prepared by Karen Townshend)

PART 1 – KEY INFORMATION

PURPOSE OF THE REPORT

To present for approval the Audit Committee's proposed work programme covering the period April 2022 to March 2023.

EXECUTIVE SUMMARY

A work programme covering the period April 2022 to March 2023 has been prepared which continues to reflect the significant element of regulatory / statutory activity required, along with other associated work, which fall within the responsibilities of the Audit Committee.

RECOMMENDATION(S)

That the Audit Committee approves its Work Programme for 2022/23.

PART 2 – IMPLICATIONS OF THE DECISION

DELIVERING PRIORITIES

The existence of sound governance, internal control and financial management practices and procedures are essential to the delivery of the Corporate priorities supported by effective management and forward planning within this overall framework.

FINANCE, OTHER RESOURCES AND RISK

Finance and other resources

Although there are no significant financial implications associated with the work programme of the Committee, additional officer time or resources may be required to support the activities of the Committee and existing budgets will be reviewed as appropriate if the potential for additional costs arises.

Risk

The work programme of the Committee covers a mix of governance arrangements along with statutory and regulatory functions. The work programme aims to address these areas of responsibility within related timescales and deadlines to support, protect and enhance the Council's reputation and governance framework.

LEGAL

Statutory and regulatory requirements have been recognised within the work programme.

OTHER IMPLICATIONS

Consideration has been given to the implications of the proposed decision in respect of the following

and any significant issues are set out below.

Crime and Disorder / Equality and Diversity / Health Inequalities / Area or Ward affected / Consultation/Public Engagement.

The work programme has no direct impact on these issues although they could feature within areas of work falling within the remit of the Audit Committee in future, which would be addressed specifically as and when they arise.

PART 3 – SUPPORTING INFORMATION

PROPOSED WORK PROGRAMME 2022/23

The Audit Committee has a wide-ranging area of responsibility with statutory and regulatory functions making up a significant element of their work. The meetings of the Committee are scheduled around a quarterly basis subject to the work required of the Committee to support the statutory and regulatory timescales and deadlines. The Audit Committee's work programme therefore needs to take account of various demands whilst balancing a number of activities within the planned number of meetings scheduled for the year.

In addition to the regulatory and statutory activities undertaken by the Committee such as the Statement of Accounts, Corporate Governance and Risk Management, the Committee are also required to review and scrutinise:

- The work and performance of the Internal Audit function
- The outcomes from the work of the Council's External Auditor
- Progress against audit recommendations and other items identified by the Committee

During the year other matters apart from those set out above may be presented to the Committee for consideration, for example the outcome from regulatory reviews or other external inspections. Given the on-going regulatory and statutory workload and the various additional activities undertaken by the Committee, any additional items that may arise will need to be considered against the proposed work programme and included for reporting at the appropriate meeting, or considered for inclusion in subsequent work programmes.

Although not included in the formal work programme, a formal Audit Committee training programme is being developed. The associated training opportunities will either form part of future meetings or, where necessary, separate arrangements made.

There has been a significant amount of specific activities and associated reporting to be considered by the Committee, therefore it has not been possible to present a number of items originally planned for the March meeting of the Committee. However, in consultation with the Chairman of the Committee, an additional meeting will be held in April 2022 to enable these outstanding items to be completed and presented to the Committee in as timely a manner as possible. The items to be considered in April include the Final Statement of Accounts 2020/21 given the challenges faced by the External Auditor in completing their associated audit work any earlier.

In respect of the on-going challenges faced by External Auditors nationally, the Government have again extended the deadline for the publication of the audited accounts. For the 2021/22 accounts, the deadline is now the end of November 2022, before being moved back to the end of September from the following year. The proposed work programme therefore includes an additional meeting in November. However, a date has

not been formally agreed for this meeting at the present time as discussions will remain on-going with the External Auditor and an update will be presented to Members later in the year following consultation with the Chairman of the Committee.

In addition to the above, the Council is still waiting for the Government's response to the wider Redmond review into the effectiveness of external audit, which is likely to have an impact on the work of the Committee and its associated work programme. Although updates will be provided to the Committee during the year, a useful summary of the latest Government response is set out below:

"The Government is committed to supporting the improvement of audit committee arrangements and delivery of good practice in response to Sir Tony's recommendations through the development and production of strengthened guidance on audit committees. CIPFA is leading this work, with support and input from the LGA, PSAA, and others, and revised guidance will be published in spring 2022.

This guidance will emphasise the important role that audit committees have in ensuring that accounts are prepared to a high standard and that issues identified by audit firms are resolved swiftly. It will also include guidance on the appointment of independent members, who can often play a key part in ensuring the apolitical role of the audit committee. The Government has recently consulted on whether the guidance, or the principle of audit committees themselves, should be made a statutory requirement, and will be setting out a response in due course, including the case for making independent members a statutory requirement.

The guidance will also allow content to be targeted at the different audiences given the role that audit committee members, those guiding and supporting the committee, and local body leadership teams all have in ensuring the processes work effectively.

Further, to strengthen the capability and skills of audit committee members, the Local Government Association, with support from DLUHC, will establish a number of targeted forums."

Taking into account the responsibilities of the Audit Committee as highlighted above the proposed work programme covering the period from April 2022 up to and including March 2023 is set out in the Appendix. Given the changes to the timing of the Statement of Accounts, it is also proposed to revert back to a meeting in June rather than July, that better reflects a quarterly 'cycle' of meetings, as was the case in earlier years.

As the year progresses, it may be necessary to review items as some reports / activities and associated timescales may be subject to change or need to be flexible. As appropriate, the Chairman of the Committee will be consulted with on any significant changes if required.

BACKGROUND PAPERS FOR THE DECISION

Not applicable

APPENDICES

Appendix A – Audit Committee Work Programme 2022/23

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A.4 APPENDIX A

Audit Committee Work Programme 2022/23

Audit Committee Meeting	Item	From
April 2022	Internal Audit Regular Monitoring Report	Internal Audit
	External Audit - Audit Plan for Year Ending March 2022	External Audit
	Certification of Claims and Returns Annual Report	External Audit / Assistant Director Finance & IT
	Audit Completion Report 2020/21 (Including Statement of Accounts 2020/21, outcomes from the annual review of the Council's Code of Corporate Governance and Annual Governance Statement 2020/21) <i>(Date for receipt of Annual Audit Letter 2020/21 remains to be confirmed by External Audit)</i>	External Audit / Assistant Director Finance & IT
	Anti-Fraud and Corruption Strategy – Annual Review	Assistant Director Finance & IT
	Table of Outstanding Issues <i>(Including update against External Audit Recommendations, Annual Governance Statement Actions and RIPA quarterly performance update)</i>	Assistant Director Finance & IT
June 2022	Annual Report of the Head of Internal Audit 2020/21	Internal Audit
	Internal Audit Regular Monitoring Report <i>(Including annual review of the Internal Audit Charter)</i>	Internal Audit
	Table of Outstanding Issues <i>(Including update against External Audit Recommendations and</i>	Assistant Director Finance & IT

	<i>Annual Governance Statement Actions)</i>	
September 2022	Internal Audit Regular Monitoring Report	Internal Audit
	Corporate Risk Update <i>(including outcomes from annual cyber security self-assessment)</i>	Assistant Director Finance & IT
	Table of Outstanding Issues <i>(Including update against External Audit Recommendations, Annual Governance Statement Actions and RIPA quarterly performance update)</i>	Assistant Director Finance & IT
November 2022	Audit Completion Report 2021/22 <i>(Including Statement of Accounts 2021/22, outcomes from the annual review of the Council's Code of Corporate Governance and Annual Governance Statement 2020/21)</i>	External Audit / Assistant Director Finance & IT
January 2023	Internal Audit Regular Monitoring Report	Internal Audit
	Annual Audit Letter 2021/22	External Audit
	Anti-Fraud and Corruption Strategy – Annual Review	Assistant Director Finance & IT
	Table of Outstanding Issues <i>(Including update against External Audit Recommendations, Annual Governance Statement Actions and RIPA quarterly performance update)</i>	Assistant Director Finance & IT
March 2023	Internal Audit Regular Monitoring Report	Internal Audit
	Internal Audit Plan 2023/24	Internal Audit

	<i>(Including annual review of Internal Audit Charter)</i>	
	External Audit - Audit Plan for Year Ending March 2023	External Audit
	Corporate Risk Update <i>(including outcomes from annual cyber security self-assessment)</i>	Assistant Director Finance & IT
	Risk Based Verification Policy – Annual Review	Assistant Director Finance & IT
	Certification of Claims and Returns Annual Report	External Audit / Assistant Director Finance & IT
	Audit Committee's Work Programme 2023/24	Assistant Director Finance & IT
	Table of Outstanding Issues <i>(Including update against External Audit Recommendations, Annual Governance Statement Actions and RIPA quarterly performance report)</i>	Assistant Director Finance & IT

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AUDIT COMMITTEE

31 MARCH 2022

REPORT OF ASSISTANT DIRECTOR (FINANCE & IT)

A.5 CORPORATE RISK UPDATE

(Report prepared by Clare Lewis)

PART 1 – KEY INFORMATION

PURPOSE OF THE REPORT

To present to the Audit Committee the updated Corporate Risk Register.

EXECUTIVE SUMMARY

- The Corporate Risk Register is normally updated and presented to the Audit Committee every 6 months. The report was last presented in September 2021.
- The following table summarises the position at the end of the period under review with updated information provided within the register where necessary:

Item	Number
New Risks Identified	0
Risks Removed	0
Risk Score Amended	1
Risks Under Review	0
Risks Amended	9

RECOMMENDATION(S)

That the Audit Committee notes the updates provided to the current Corporate Risk Register.

PART 2 – IMPLICATIONS OF THE DECISION

DELIVERING PRIORITIES

Risk assessment, monitoring and control forms the central tool for managing the strategic risks that may prevent the Council from achieving the corporate priorities as identified in the Corporate Plan and associated corporate goals.

FINANCE, OTHER RESOURCES AND RISK

Finance and other resources

The risk management approach can be delivered within existing budgets.

Risk

The subject of risk and its management by the Council is set out in the main body of this report.

LEGAL

There are no specific legal implications.

OTHER IMPLICATIONS

Consideration has been given to the implications of the proposed decision in respect of the following and any significant issues are set out below.

Crime and Disorder / Equality and Diversity / Health Inequalities / Area or Ward affected / Consultation/Public Engagement.

There are no other direct implications.

PART 3 – SUPPORTING INFORMATION

BACKGROUND

The Corporate Risk Register was last presented to the Committee in September 2021.

The Terms of Reference for the Audit Committee include a responsibility to provide independent assurance of the adequacy of the risk management framework and the associated control environment. The Corporate Risk Register is where possible brought to the Committee at six monthly intervals to enable the Committee to fulfil its role.

CURRENT POSITION

Corporate Risk Management Framework

Although no changes have been identified as being required at this time, the framework is included at **Appendix A** for information only. A review of the framework has unfortunately been delayed and will be reported to Audit Committee in September 2022.

TDC is less impacted by COVID related matters across the whole organization, a review of lessons learnt relating to COVID 19 is currently underway by the Internal Audit Manager as well as being considered in all ongoing pieces of work and will be brought before the Audit Committee at a later meeting. This is not reflected in the Risk Register itself so we do not lose sight of the risk registers purpose.

The below table sets out all amendments to the Risk Register since it was last considered by the Committee in September 2021.

Risk Register Item	Amendments / Comments
New Risks Identified	None
Risks Removed	None
Risk Scores Amended	Item 6b - Disconnection from PSN Network – inherent risk score reduced from 20 to 12, due to end of lifecycle.
Risk under review	None
Risks Amended	Item 1a - Failure to effectively manage assets – update on main text. Item 1b - Catastrophic IT network failure – change in service

	<p>delivery target, increased from 85% to 90%.</p> <p>Item 1c - Ineffective communication / management of information – update on main wording relating to cybersecurity.</p> <p>Item 1d - Ineffective Cyber Security Physical and Application (software) Based Protection Management – updates to main wording relating to cyber security initiatives.</p> <p>Item 2d - Ineffective delivery of Transforming Tending project – update on main wording relating to main office site work being completed.</p> <p>Item 5a - Financial Strategy – Current action wording updated</p> <p>Item 6b - Disconnection from PSN Network - change in wording to reflect the inherent risk being reduced. End of lifecycle.</p> <p>Item 9a - Ineffective Emergency Planning – change to main wording and change of responsible officer.</p> <p>Item 9b - Ineffective Business Continuity Planning – update to main text.</p>
--	--

At its meeting in September 2021, the following two further potential emerging risks were highlighted to the Committee:

- Shortage of Global Supplies
- Failure to Deliver Key Contracts

In terms of the second point, a report is set out elsewhere on the agenda in respect of the Careline Service.

In terms of the first point, this continues to present a significant risk, especially in respect of computer processing chips and the impact from on-going global events. However as set out in the report in September, this continues to be managed via earlier procurement planning and remaining alert to market conditions.

The Fraud and Risk Team continue to oversee the Council’s Risk Management supported by the Council’s Internal Audit Team. The table sets out the work currently being undertaken.

Agreed Action	Current Position
Management Team to promote the importance of operational risk management within the organisation and ensure that Senior Managers implement a process for identifying and mitigating risks in coordination with the Corporate Fraud and Risk Manager.	The Fraud and Risk Manager continues to work with Management Team to effectively promote the importance of operational risk management within the Council, and continues to attend management team meetings (via Teams) on a quarterly basis and provides monthly updates for any urgent matters identified.

<p>One to one meetings will continue to take place between Senior Managers and the Corporate Fraud and Risk Manager to identify and record key operational risks within their service areas. Support to be provided by Internal Audit if required</p>	<p>These one to one meetings have commenced, but have not been fully completed due to time constraints and officers prior commitments. This matter will be reported to Audit Committee at a later meeting.</p>
<p>Follow up item</p>	
<p>Arrange Risk Management training for all departments across the council</p>	<p>Risk Management training was carried out by the Fraud and Risk Manager in October 2021. This training was not suitable to be rolled out to all departments and alternative training is currently being negotiated with a Risk Management provider that will meet the council's requirements, with a view to rolling this out in 2022.</p>
<p>Review carried out relating to the effectiveness of the current control measures in place to identify inherent risk.</p>	<p>This review is still ongoing and a report will be brought before the Audit Committee at a later meeting.</p>

<p>BACKGROUND PAPERS FOR THE DECISION</p>
<p>None</p>

<p>APPENDICES</p>
<p>Appendix A – Risk Management Framework Appendix B – Corporate Risk Register</p>



RISK MANAGEMENT FRAMEWORK

July 2018

CORPORATE SERVICES



1. INTRODUCTION

Risk management is an essential element of good governance. CIPFA / Solace in their “Delivering Good Governance in Local Government” guidance note (2012) identify as a core principle of good governance that authorities “**take informed and transparent decisions which are subject to effective scrutiny and managing risk**”.

Risk management is not about being risk averse, it is about being risk aware. For the Council to make the most of its opportunities and to achieve its objectives, the Council will be exposed to risk. By being risk aware and understanding its risk appetite, the Council will be better able to take advantage of opportunities and mitigate threats.

To secure maximum benefit for Tendring District Council, the risk management framework must be integrated with departmental planning. Risk registers must be regularly reviewed and must be meaningful, consistent and current.

This framework is to ensure that the Council has a robust yet proportionate approach to risk management.

2. THE NEED FOR RISK MANAGEMENT

Risks are uncertainties that matter and may impact on the delivery of the Council’s objectives and services. Risk exposure to the Council arises from the functions and activities it undertakes. Risk exposure will also arise as the Council increases its partnership and multiagency work – whilst control of risks in such instances may be outside of the Council’s direct control, the risk exposure needs to be taken into account within the risk management process.

Risk management is the systematic method of identifying, assessing, prioritising, controlling, monitoring, reviewing and communicating risks associated with any activity, function or process in a way that enables the Council to minimise the threats it is exposed to and to maximise the opportunities for achievement of its objectives.

The Council acknowledges that risk management plays a key role in better informed decision making and in assisting in the support and delivery of key objectives, projects and services. It aids in creating an environment that: -

- Maximises opportunities
- Minimises threats
- Adds value

3. THE MANAGEMENT OF RISK

Risk exposure occurs at all levels within the Council. Therefore the Council’s approach to risk is that it must be addressed on an integrated basis with everyone having roles and responsibilities for its management.

Risks are managed by evaluating the inherent and residual risks applicable, scored to provide a risk rating, which are then assessed taking account of the Council’s risk tolerance / appetite.

Risks are captured, and managed at two levels: -

Corporate Risks

Corporate risks are those risks that potentially impact on the delivery of the Council’s goals and objectives. They may include issues that have the potential to fundamentally affect service delivery or provision.

Corporate risks will be controlled in the Corporate Risk Register, owned by Management Team.

Operational Risks

Operational risks are those that potentially impact on the routine service delivery of the Council.

Operational risks are recorded in registers maintained by each department of the Council, and embedded in the departmental planning process. Each register is owned by the relevant Corporate Director / Head of Department.

4. RISK MANAGEMENT ROLES AND RESPONSIBILITIES

Audit Committee	Provides independent assurance of the adequacy of the risk management framework and the associated control environment	Receives reports on risk management at least twice each year
Management Team	The maintenance and review of the Corporate Risk Register	Receives updated Corporate Risk Register on a regular basis
Corporate Directors / Heads of Department / Senior Managers	Provide updates on any Corporate Risk where identified as Action Owner The maintenance and review of Departmental Risk Registers	Provide update monthly to Corporate Services Provide update monthly to Corporate Services
Audit and Governance Manager (Governance Role)	Maintenance of the Corporate Risk Register taking into account updates from Management Team, Corporate Directors / Head of Department / Senior Managers Support Departments in the continued development and maintenance of Departmental Risk Registers ensuring content is consistent with this framework Review and update of Risk Management Framework	Submit Corporate Risk Register to Management Team on a regular basis As required As required
Audit and Governance Manager (Internal Audit Role)	Maintenance of Internal Audit Universe and Audit Plans, and the undertaking of audits taking account of risks within Corporate and Departmental Risk Registers Audits of Risk Management process at Corporate and Departmental level Reporting on any significant risk exposures for consideration of inclusion in the appropriate Risk Register, identified from the work of Internal Audit.	Ongoing Annually As required
All Employees	Taking of reasonable steps to manage risk effectively in their roles	Ongoing

5. RISK REGISTERS

Risk registers are working documents that support senior management in the running of the Council.

Risk Registers will use a standard format, and record:

- A reference number for the risk
- Risk details
- Inherent risk scores and rating
- Identified controls in place to mitigate each risk
- Warning indicators
- Action owner
- Target / Review Date
- Residual risk scores and rating
- An indicator of direction of travel of each risk

The Corporate Risk Register will be structured to highlight high level corporate risk themes, with each containing detail of the identified corporate risks within that theme.

Whilst using the standard format, Departments can order risks to suit their own needs. Departments must though consider in preparing Departmental Risk Registers the exposure to risk across all of their functions, and the requirements of this framework. Registers must include all risks that would materially affect the operation of each department's activities.

The Council's Risk Registers take account of two forms of risk: -

Inherent Risk This is the level of risk that is **present before the application of any controls**. Measured by evaluating the impact and probability of the risk to calculate an Inherent Risk Rating.

Residual Risk This is the level of risk **remaining after application of controls**. The Residual Risk Rating is calculated on the same basis as for inherent risk, but factoring in any changes in impact and probability arising from the controls in place to mitigate the inherent risk.

Risks must be scored taking into account the scoring elements detailed in this framework, to provide a consistent approach across the Council.

Having identified each risk, and taking account of the extent of exposure to the Council, consideration should be given as appropriate to the level of exposure whether that risk should be:

Treated Procedures and controls in place or added that enable that risk to be mitigated to an acceptable level.

Tolerated It is not cost effective, or feasible, to address the risk, therefore the risk is accepted. This may not be acceptable where the risk is scored as High.

Transferred The risk is transferred to another body, eg by obtaining insurance cover. It will not be possible to transfer all types of risk.

Terminated Cease doing the activity that creates the risk exposure. Often this will not be possible.

Within the Council's Risk Registers it is expected that most risks identified will either be Treated or

Tolerated.

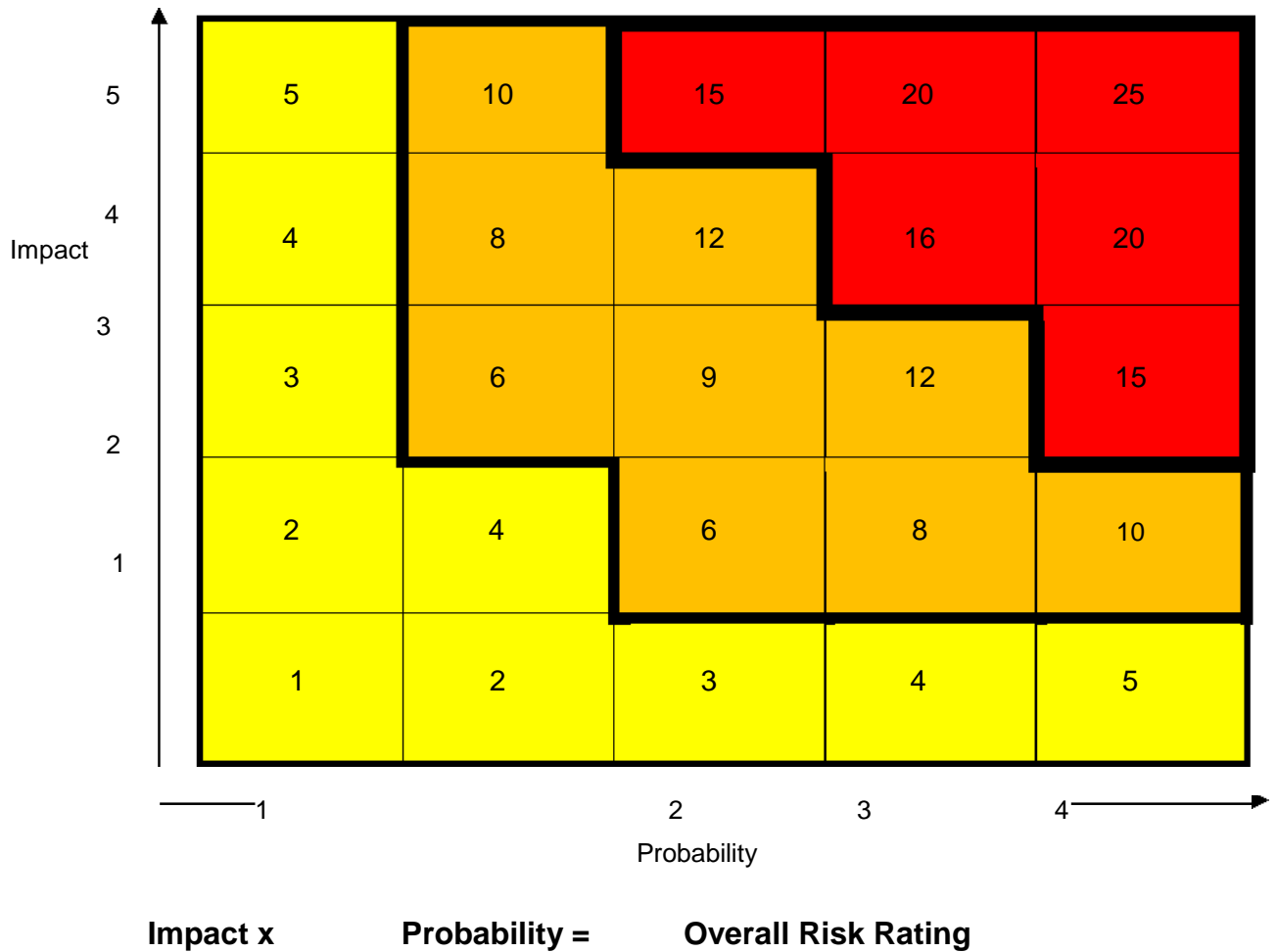
6. RISK RATING ELEMENTS - IMPACT

Risk level	Impact				
	Level	Financial	Service Delivery	Safety	Reputation
5	Critical	Loss of more than £1m	Effective service delivery is unachievable.	Fatality (Single or Multiple)	Reputation damage is severe and widespread i.e. Regulatory body intervention
4	Major	Loss above 250K but below £1m	Effective service delivery is severely disrupted in one or more areas	Multiple serious injuries requiring professional medical treatment	Reputation damage occurs with key partners.
3	Sizeable	Loss above £25K below £250K	Effective service delivery is disrupted in specific areas of the Council.	Injury to an individual(s) requiring professional medical treatment	Reputation damage is localised and/or relatively minor for the Council as a whole
2	Moderate	Loss above £5K below £25K	Delays in effective service delivery	Minor injury - no professional medical treatment	Slight reputation damage
1	Minor	Loss of up to £5K	Minor disruption to effective service delivery i.e. Staff in unplanned absence for up to one week	No treatment required	Reputation damage only on personal level

7. RISK RATING ELEMENTS - PROBABILITY

Timescale Probability	Up to 6 months	To 12 months	To 24 months	To 60 months	60+ months
Over 80%	5	4	3	2	1
65%-80%	4	4	3	2	1
50 – 64%	3	3	3	2	1
30 – 49%	2	2	2	2	1
Less than 30%	1	1	1	1	1

8. RISK MATRIX



20

High Risk (Rating of 15 -25)

Risks at this level will be considered to be above the Council's risk tolerance level. These risks require immediate attention and, as a high priority, a plan should be put together to provide sufficient mitigation resulting in a lower rating for the residual risk, wherever possible.

Management Team should regularly review any risks in the Corporate Risk Register where the mitigated level remains above the risk tolerance level.

Where a risk in a Departmental Risk Register scores at this level, consideration will be given to any corporate impact, and whether there is a need for the risk to be considered within the Corporate Risk Register.

12

Medium Risk (Rating of 6 – 12)

Controls should be put in place to mitigate the risk, wherever possible, especially where the risk is close to the risk tolerance level, or is increasing over time. However where the options for mitigation would not provide value for money, the risk may be tolerated.


4

Low Risk (Rating of 1 – 5)





No action required to mitigate these risks.

9. RISK REGISTER FORMAT

Corporate Risk Register (Example of format)

Failure to deliver key services	RISK 1a - Failure to effectively manage assets - <i>failure to achieve value or benefit from property transactions</i>						
	Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
			Probability	Impact			
	January 2020	9	3	3	Unchanged 	4	September 2022
	October 2020	9	Medium	Sizable			
	May 2021	9					
	September 2021	9					
	Mach 2022	9					
	<i>Asset Strategy and associated delivery plan and ensuring an effective and flexible property dealing policy adopted by full council in May 2017 new office practice documents completed.</i>						
	Responsible Officer - Andy White						
Responsible Cabinet member(s) – Corporate Finance and Governance PFH							
Scrutiny Committee(s) – Resources and Services							

Departmental Risk Register (Example of format)

Risk No	Risk Details	Inherent Risk			Controls	Warning Indicators	Action Owner	Target Date	Residual Risk			  
		Impact 1-5	Probability 1-5	Inherent Risk Rating					We control the risk by:	Impact 1-5	Probability 1-5	
FP1	Accountancy - Accounts not approved by statutory deadline	5	2	10	Detailed timetable drawn up, regular/weekly meetings of Accountancy staff to monitor progress. liaison with External Auditor Controls adequate with normal staffing levels.	Significant adverse issues emerging from work of external audit	Richard Bull	No outstanding actions	2	2	4	

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Corporate Risk Register March 2022

Tendring
District Council

INTRODUCTION

The management of Risk is a key element to any organisation in order to protect its resources (human & physical), finances and reputation. By undertaking regular, stringent and structured analysis of the risks faced by the organisation senior managers are able to take strategic decisions to mitigate against such risks whilst still being able to take the necessary decisions for a progressive council.

This document explains the methodology used to analyse and identify the risks which are considered to be of a sufficient level to be monitored corporately. The process of identifying risks is a linear examination at service, departmental and subsequently corporate level. It is only by undertaking a thorough and detailed risk assessment that this can be achieved.

Each risk is assessed for the likelihood of the risk occurring, as well as the potential impact of such an occurrence. The combination of these two factors gives an initial risk rating. Each risk is then 'managed' by the implementation of control measures. It is then re-assessed to give a residual risk rating.

Only risks which would have a significant corporate-level impact upon the ability of the Council to undertake its normal service delivery, finances, safety, or reputation are reported at this level.

DEFINITIONS

Risk: A risk is an event or action which may adversely affect the Council. It can arise from the possibility of not realising opportunities as well as from a threat materialising. Risk management is embedded across the organisation and forms part of each directorate's everyday function. They follow the format '[x...] leading to [y...] resulting in [z]'. Please note that as we increase our partnership and multi-agency work, risks become increasingly complex as controls may become out of our direct control.

Inherent risk: This is the level of risk that is present before controls have been applied. Measured by evaluating the impact and probability of the risk to calculate an Inherent Risk Rating.

Residual risk: This is the level of risk remaining after application of controls. The Residual Risk Rating is calculated on the same basis as for inherent risk, but factoring in any changes in impact and probability arising from the controls in place to mitigate the inherent risk.

Control: Controls are a key mechanism for managing risk and are put in place to provide reasonable assurance. Examples of controls can include policies and procedures adopted, progression of ongoing actions, or implementation of recommendations resulting from internal audits.

Warning indicators: These are the mechanisms or issues that will highlight that the risk is not being mitigated by the controls identified, or to the extent expected. These can be internal or external to the organisation.

RISK RATING CATEGORIES

20 **High Risks (Rating of 15-25)**

- Risks at this level will be considered to be above the Council's risk tolerance level. These risks require immediate attention and, as a high priority, a plan needs to be put together to provide sufficient mitigation resulting in a lower rating for the residual risk, wherever possible.
- Management Team should regularly review any risks in the Corporate Risk Register where the mitigated level remains above the risk tolerance level.

- Where a risk in a Departmental Risk Register scores at this level, consideration will be given to any corporate impact, and whether there is a need for the risk to be considered in the Corporate Risk Register.


12  **Medium Risks (Rating of 6-12)**


- Controls should be put in place to mitigate the risk, wherever possible, especially where the risk is close to the risk tolerance level, or is increasing over time. However where the options for mitigation would not provide value for money, the risk may be tolerated.

4  **Low Risks (Rating of 1-5)**

- No action required to mitigate these risks.


Risk colour	Risk Headings	
	Failure to deliver key services	Pages 7-10
	Failure to deliver key projects	Pages 11-16
	Reputational Damage	Pages 17-20
	Ineffective workforce management and planning	Pages 21-22
	Failure to deliver a balanced and sustainable budget	Page 23
	Ineffective management of information	Pages 24-25
	Failure to adopt a sound Local Plan	Page 26
	Failure of income streams to meet Councils Financial requirements and obligations to other bodies.	Page 27 -28
	Failure in emergency and business continuity planning	Pages 29 - 30

Failure to deliver key services	RISK 1a - Failure to effectively manage assets - failure to achieve value or benefit from property transactions						
	Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
			Probability	Impact			
	January 2020	9	3	3	Unchanged 	4 LOW	September 2022
	October 2020	9	Medium	Sizable			
	May 2021	9					
	September 2021	9					
	Mach 2022	9					
<i>Asset Strategy and associated delivery plan and ensuring an effective and flexible property dealing policy adopted by full council in May 2017 new office practice documents completed.</i>							
Responsible Officer - Andy White							
Responsible Cabinet member(s) – Corporate Finance and Governance PFH							
Scrutiny Committee(s) – Resources and Services							


RISK 1b – Catastrophic IT network failure						
Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
January 2020	15	2	5	Reduced 	5 LOW	September 2022
October 2020	10	Moderate	Critical			
May 2021	10					
September 2021	10					
March 2022	10					
Current Action Status/ Control Strategy	<p>Significant Transformation network investment being undertaken during 2018/21 including; re-design, renewed cabling, existing equipment re-use, significant shift to Wi-Fi working/ flexibility, additional resilience, removal of all single points of failure within our control, dual firewalls, dual 1Gbt/sec data links. Our investments also include real-time enhanced 24/7 Network visibility, monitoring, reporting and alarms together with a 24/7 Security Operations Centre (SOC) provided by a 3rd party. The new network support and maintenance contract with an external company from August 2018 alongside their greatly enhanced network monitoring/ reporting proposals is giving much greater 'real time' network performance visibility and is allowing us to react swiftly and pro-actively to issues.</p> <p>Ongoing investment in remote working capabilities continues to enable the council to operate services with the majority of its staff and councillors working remotely from home.</p> <p>Resilience built into other IT Investment Strategies including 'mirrored' data storage at two national Microsoft Azure platform data centres delivering 90% of our hybrid Private/ Public Applications - all resulting in significantly increased resilience and much speedier 'disaster recovery' capability.</p> <p>Any catastrophic IT network failure is now likely to result from either a national UK network infrastructure issue or a successful cyber security attack.</p>					
Responsible Officer - John Higgins						
Responsible Cabinet member(s) - Corporate Finance and Governance PFH						
Scrutiny Committee(s) - Resources and Services						

Failure to deliver key services

RISK 1c - Ineffective communication / management of information - Failure to adopt implement and foster effective communication and information systems with an adverse impact on the ability to deliver services or relationship with key stakeholders.

Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
		3	5		10	
January 2020	15	Medium	Critical	Unchanged 	Medium	September 2022
October 2020	15					
May 2021	15					
September 2021	15					
March 2022	15					
Current Action Status/ Control Strategy	<p>Tendring District Council has robust Information Governance policies and practices based upon shared Essex-wide 'best practice' Information Governance policies. We undertake quarterly information governance monitoring through our Information Governance Policy Unit (strategic) and the Information Security Management Group (operational). Our processes are annually audited to ensure they remain fit for purpose.</p> <p>Whilst our information governance continues to strengthen, the Information Commissioner's Office (ICO) continues to 'raise the bar' on compliance matters. We are currently reviewing how Councillors access, utilise and manage personal and sensitive information and we must work to introduce changes to Councillor working practices to strengthen this aspect of Council information governance during 2021 or risk being found potentially in breach of General Data Protection Regulation legislation by the ICO. The key issue here is that having provided every councillor with a managed council device we must cease the councillor practice of forwarding council emails to personal email accounts where we have no control over cyber security protective measures.</p> <p><i>This issue has been highlighted during a cybersecurity audit by the Department for Levelling Up Housing and Communities (DLUHC) as a significant cybersecurity risk that must be ceased. We will therefore work to achieve this during early 2022 in a supportive manner with additional training provided if required.</i></p> <p><i>Security Breaches will continue to be monitored and investigated to ensure robust information governance arrangements remain in place and to raise staff awareness.</i></p> <p><i>New information governance training videos will be released shortly.</i></p>					
Responsible Officer - John Higgins - Senior Information Risk Officer (SIRO) Judy Barker – Data Protection Officer (DPO)						
Responsible Cabinet member(s) - Corporate Finance and Governance PFH						
Scrutiny Committee(s) - Resources and Services Committee						

RISK 1d - Ineffective Cyber Security Physical and Application (software) Based Protection Management - Failure to adopt, implement and deliver effective Cyber Security protective arrangements leading to a catastrophic or significant IT cyber security breach or loss of personal, sensitive or vulnerable persons' data or inability to provide IT services and applications supporting Council services (or significant operational difficulties arising from).

Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
January 2020	20	4	5	Unchanged 	15 HIGH	September 2022
October 2020	20	High	Critical			
May 2021	20					
Sept 2021	20					
March 2022	20					

Current Action Status/ Control Strategy

Tendring District Council has robust cyber-security including; physical devices (Firewalls), network segregation, protective software applications to protect the Council from the daily occurrences of external Cyber-attack. Our Cloud migration strategy has enabled us to implement further layers of Cloud cyber-security *and this action will continue during 2022 due to additional investments by Microsoft around this topic.*

Cyber-security is an essential part of our induction training. In addition phishing awareness campaigns are also planned for 2022.


The last Local Government Association cyber-security self-assessments achieved a robust Amber-green (score 65-79% Essex top-quartile) but with areas of improvement identified. We have undertaken improvements in areas the assessment highlighted.

With council cyberattacks growing exponentially in both volume and complexity *we are proposing a number of cybersecurity strengthening initiatives during 2022. We are working with the Department for Levelling Up Housing and Communities (DLUHC) and have received significant funding to assist us in our cybersecurity improvements.*


Responsible Officer - John Higgins


Responsible Cabinet member(s) - Corporate Finance and Governance PFH

Scrutiny Committee(s) - Resources and Services Committee


Failure to deliver key projects	RISK 2a - Coastal Defence - The Council has a coastline of 60km and maintains the sea defence structures along 18.5km of this frontage. These defences protect the towns of Harwich, Dovercourt, and Walton on the Naze, Frinton on Sea, Holland on Sea, Clacton and Brightlingsea. Unforeseen expenditure may be required on sea defences; which if left to deteriorate could cause catastrophic cliff failure and impact safety of residents/visitors nearby. The East Coast of the UK is vulnerable to a phenomenon called a North Sea Tidal Surge.						
	Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
			Probability	Impact			
			3	5			
	January 2020	15	High Probability	Critical	Unchanged 	5 LOW	September 2022
	October 2020	15					
	May 2021	15					
	September 2021	15					
March 2022	15						
Current Action Status/ Control Strategy	Carrying out annual inspections of coast protection structures and responding swiftly to public reporting of faults. An annual maintenance programme for the coastal frontage is set each year with an appropriate budget to cover the works. Each year sections of the sea defences are improved as part of a rolling programme of special maintenance schemes funded from the Council's Revenue Budgets. Works undertaken range from day to day maintenance of promenades and seawalls to schemes costing millions of pounds. Larger capital schemes attracting grant in aid are produced to comply with Defra guidelines and their High Level Targets for coast protection.						
Responsible Officer: Damian Williams							
Responsible Cabinet member(s) - Cllr. A. Porter – Portfolio Holder for Leisure and Tourism							
Scrutiny Committee(s) - Resources and Services							

RISK 2b - Community Leadership Projects - Potential for impact to the reputation of the Council and impact on Communities, through failure to deliver key projects with partners

Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
		3	4			
January 2020	12	Medium	Major	Unchanged 	8 MEDIUM	September 2022
October 2020	12					
May 2021	12					
September 2021	12					
March 2022	12					
Current Action Status/ Control Strategy	<p>Clearly defined Terms of Reference agreed between partners & TDC. Action plans agreed as appropriate for each project and reviewed on a regular basis.</p> <p>Action plan delivery (regular monitoring and feedback to Community Leadership Committee, Portfolio Holder and external partners)</p> <p><i>A Community Asset Map has been produced via the North East Essex Alliance, this provides a useful tool to identify where to focus resources to strengthen and build more resilient communities.</i></p>					
Responsible Officer - Anastasia Simpson / John Fox/ Rebecca Morton						
Responsible Cabinet member(s) - Partnerships PFH						
Scrutiny Committee(s) - Community Leadership						


Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
		2	4			
January 2020	8	Low	Major	Unchanged 	4 LOW	September 2022
October 2020	8					
May 2021	8					
September 2021	8					
March 2022	8					
Current Action Status/ Control Strategy	Government has removed the HRA borrowing cap but prudential borrowing rules still apply. Modelling has been undertaken within the business plan and we are comfortable that 200 new homes could be built over the next 8 – 10 years dependent upon build costs and land availability. The Government has signalled a potential continuation and extension of the PRP RTB pilot but has given no firm commitment as to how it will be funded. This is a concern as it could signal a revival of the forced sale of high value assets policy, which had been suspended. This would have a significant and detrimental impact on our business plan and capacity to build.					
Responsible Officer – D Williams						
Responsible Cabinet member(s) - Housing PFH						
Scrutiny Committee(s) – Resources and Services						


Failure to deliver key projects


RISK 2d - Ineffective delivery of Transforming Tendring project - Failure to provide effective change management and the coordination of corporate resources with an adverse impact on organisational focus and delivery						
Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
		3	5			
January 2020	15	Medium	Critical	Unchanged 	3 LOW	September 2022
October 2020	15					
May 2021	15					
September 2021	15					
March 2022	15					
Current Action Status/ Control Strategy	<p>Through the provision of effective organisational leadership through culture, change management, vision, values, communication and encouraging innovation and empowering staff.</p> <p>Physical, technological and organisational changes are <i>substantially complete</i>. Project Board monitors on an ongoing basis.</p> <p>Technological capacity has been exhaustively tested. <i>Completion of physical works in the main office sites has been completed.</i></p>					
Responsible Officer – Andy White						
Responsible Cabinet member(s) - <i>Cllr G Guglielmi</i> - Corporate Finance and Governance FH						
Scrutiny Committee(s) – Resources and Services						

Failure to deliver key projects


RISK 2e - Essex Family / Family Solutions - A TDC appointed Family Support Worker working within Tendring Family Solutions Team. Risks of the project include potential breaches of data protection, Council reputation and professional liability (working with vulnerable families)

Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
		2	4			
January 2020	8	Low	Major	Unchanged 	8 MEDIUM	September 2022
October 2020	8					
May 2021	8					
September 2021	8					
March 2022	8					
Current Action Status/ Control Strategy	<p>Matrix management arrangements in place between TDC and ECC with clear workload management. The TDC FSW will be subject to the same control environment as other team members within Family Solutions. TDC has increased management capacity to oversee the FSW position.</p> <p>Funding has now been secured to move the post onto the Council establishment, so there is less risk to families.</p>					
Responsible Officer - Anastasia Simpson						
Responsible Cabinet member(s) - Partnership PFH						
Scrutiny Committee(s) - Community Leadership						


RISK 2f - Garden Communities - The project fails to come to fruition due to land control / Local Plan issues						
Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
		4	3	Unchanged 	1 LOW	September 2022
January 2020	12	High	Sizeable			
October 2020	12					
May 2021	12					
September 2021	12					
March 2022	12					
Current Action Status/ Control Strategy	<p>Breakpoints exist which enable termination of the project if a scenario develops which provides unacceptable commercial viability.</p> <p>A development plan is being created to set out more detailed framework for the layout and delivery of the proposed garden community.</p>					
Responsible Officer: Gary Guiver						
Responsible Cabinet member(s) - Leader						
Scrutiny Committee(s) - Resources and Services						

Reputational damaged	RISK 3a - Member Conduct - The Localism Act 2011 places a statutory duty upon Councils to promote and maintain high standards of conduct amongst its own Elected Members and any co-opted Members. Upheld Code of Conduct complaints risk damaging the Council's reputation and adverse implications on its ethical governance arrangements.						
	Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
			Probability	Impact			
			3	4	Unchanged 	4 LOW	September 2022
	January 2020	12	Medium	Major			
	October 2020	12					
	May 2021	12					
	September 2021	12					
	March 2022	12					
	Current Action Status/ Control Strategy	Regular reports to Standards Committee and discussions with Group Leaders.					
Responsible Officer: Management Team (Lisa Hastings, Monitoring Officer)							
Responsible Cabinet member(s) - Code of Conduct matters are reported to the Standards Committee, as a Non-Executive function.							
Scrutiny Committee(s) – N/A							


RISK 3b - Failure to comply with legislative requirements - Risk of judicial reviews or injunctions being sought against the Council, causing delay in service delivery and financial loss to defend actions.

Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
		4	4			
January 2020	16	High	Major	Unchanged 	2 LOW	September 2022
October 2020	16					
May 2021	16					
September 2021	16					
March 2022	16					
Current Action Status/ Control Strategy	Ensuring that communication between the Directors and Service Managers with the Legal Team is kept up to date with regards to priorities and project planning. Regular discussions to be held between Services. Head of Governance and Legal Services to be kept informed of new developments through Management Team and Cabinet agendas.					
Responsible Officer - Lisa Hastings						
Responsible Cabinet member(s) - Corporate Finance and Governance Portfolio Holder						
Scrutiny Committee(s) - Resources and Services						


Reputational damage

Reputational damage	RISK 3c - Health and Safety - Failure to have effective Health and Safety processes in place exposing public and staff to increased risk of injury or illness.						
	Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
			Probability	Impact			
			4	5	Unchanged 	10 MEDIUM	September 2022
	January 2020	20	High	Critical			
	October 2020	20					
	May 2021	20					
	September 2021	20					
	March 2022	20					
	Current Action Status/ Control Strategy	Identifying an officer with overall responsibility for ensuring that effective health and safety processes in place. Providing regular Health and Safety updates to Management Team Risk Assessment review being undertaken.					
Responsible Officer: Richard Barrett							
Responsible Cabinet member(s) Corporate Finance and Governance PFH / HR and Council Tax Committee							
Scrutiny Committee(s) n/a							


RISK 3d - Fraud and Corruption - Failure to deliver effective counter fraud activities

Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
		5	3			
January 2020	15	High	Sizeable	Unchanged 	10 MEDIUM	September 2022
October 2020	15					
May 2021	15					
September 2021	15					
March 2022	15					
Current Action Status/ Control Strategy	<p>Established Fraud and Compliance Team undertaking counter fraud role</p> <p>Internal Audit Team providing advice / recommendations to improve control environment and mitigate exposure to fraud risks</p> <p>Rules and procedures as laid down in the Constitution</p> <p>Anti-Fraud and Corruption Strategy reviewed and reported to the Audit Committee annually.</p>					
Responsible Officer: - Richard Barrett						
Responsible Cabinet member(s) - Corporate Finance and Governance PFH						
Scrutiny Committee(s) - Resources and Services / Audit						


RISK 4a - Loss of Key Staff - Loss of key staff either through service changes or natural turnover impacting on delivery and /or reputational risk e.g. managing elections

Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
		3	4			
January 2020	12	Medium	Major	Unchanged 	12 MEDIUM	September 2022
October 2020	12					
May 2021	12					
September 2021	12					
March 2022	12					
Current Action Status/ Control Strategy	<p>Effective HR processes in place to identify early signs of workforce issues (including age profile). Skills focus and flexible approach across Council. “Grow your own approach to talent management”</p> <p>Daily monitoring of staff absence takes place during periods of long term disruption, such as during an emergency / pandemic to identify any areas requiring access to additional capacity and Management Team have access to a weekly update.</p>					
Responsible Officer - Management Team (Anastasia Simpson)						
Responsible Cabinet member(s) - HR and Council Tax Committee						
Scrutiny Committee(s) N/A						

Ineffective workforce management and planning

RISK 4b - Lack of capacity to deliver core services - not retaining / having access to staff capacity to deliver services and priorities						
Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
		3	4	Unchanged 	12 MEDIUM	September 2022
January 2020	12	Medium	Major			
October 2020	12					
May 2021	12					
September 2021	12					
March 2022	12					
Current Action Status/ Control Strategy	<p>Identification of areas of key person dependency, skills and competency matching and corporate approach to the delivery of key services and projects through secondments / cross service working.</p> <p>Effective succession planning information sharing through Management Team.</p>					
Responsible Officer - Management Team (Anastasia Simpson)						
Responsible Cabinet member(s) - Human Resources Committee and Council Tax Committee						
Scrutiny Committee(s) – N/A						

RISK 5A - Financial Strategy - The impact of achieving a balanced budget in an ever-tightening financial environment on service delivery objectives.

Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
		4	5	Unchanged 	15 HIGH	September 2022
January 2019	20	High	Critical			
October 2020	20					
May 2021	20					
September 2021	20					
March 2022	20					

Current Action Status/ Control Strategy

Long Term Financial Plan updated on an ongoing basis.

- Financial Strategy / Forecast Preparation including identifying and capturing significant risks such as changes to government funding, and the identification of savings which will require some challenging decisions.
- Robust and timely Budget Monitoring Processes.
- Engagement with key stakeholders, members and senior management as early as possible.
- Responding to and implementing recommendations and advice issued by the Council's External Auditor.
- Material savings options to be individually risk assessed


If the event that the long term approach does not deliver the intended outcomes then the Council can revert to the more traditional / short term approach to setting the budget.

In addition to the above a zero based approach to budget setting will continue to be developed in 2022/23 along with a corporate investment plan approach to prioritise resource allocation.

Responsible Officer: Richard Barrett


Responsible Cabinet member(s) - Corporate Finance and Governance PFH

Scrutiny Committee(s) – Resources and Services


RISK 6a - Loss of sensitive and/or personal data through malicious actions loss theft and/or hacking.						
Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
January 2020	20	5	4	 Reduced	15 HIGH	September 2022
October 2020	20	High	Major			
May 2021	20					
September 2021	20					
March 2022	20					
Current Action Status/ Control Strategy	<p>Multi-firewall network segregation implemented with role-based access to systems necessary for work. Governance procedures/ policies/ responsibilities quarterly reviewed by the Information Governance Policy Unit. All remote working is protectively 'tunnelled' utilising Microsoft VPN technology.</p> <p>All officer mobile devices (laptops, tablet and phones) are encrypted with complex passwords and are managed using Microsoft Mobile device Management (MDM) to further protect data</p> <p>Enhanced monitoring of the Council's internal network data flows focusses on early detection/ isolation of cyber-attack. The Council maintains an ongoing campaign to educate staff and members as to a range of cyber-attacks/ techniques.</p> <p>However, cyber-attacks have significantly increased during the COVID-19 global pandemic</p>					
Responsible Officer - John Higgins – Senior Information Risk Owner (SIRO) Judy Barker – Council's named Data Protection Officer						
Responsible Cabinet member(s) - Corporate Finance and Governance PFH						
Scrutiny Committee(s) - Resources and Services Committee						

Ineffective management of information

RISK 6b - Disconnection from PSN Network - Failure to achieve PSN recertification resulting in disconnection from PSN services, e.g. DWP, IER etc. and urgent alternative arrangements to continue providing statutory service.


Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
January 2020	20	3	4	Unchanged 	5 LOW	September 2022
October 2020	20	<i>Medium</i>	<i>Major</i>			
May 2021	20					
September 2021	20					
March 2022	12					
Current Action Status/ Control Strategy	<p>This risk constitutes an annual cycle of IT security Health Check using a registered consultant, remediation/ resolution of any security issues identified then completion and submission of compliance documentation to central government national Cyber Security Centre (NCSC) for PSN recertification. <i>PSN re-certification was last achieved 23 November 2019. Both the Public Services network (PSN) itself and the PSN IT Security Health Check regime is nearing the end of it lifecycle.</i></p> <p><i>Over the past two years in readiness for the PSN closure the council has been steadily undertaking a range of cybersecurity improvements to achieve compliance with new National Cyber Security Centre security standards. These in essence give Tendring District Council emails trusted status within the public sector and the robust security to enable us to exchange 'official' and 'official sensitive' information securely with other partners (which was the previous Role of the PSN).</i></p> <p><i>From a cybersecurity external health check and challenge perspective the council is working with the DLUHC cyber team. DLUHC have performed a full audit across our estate and the resultant DLUHC improvement actions (with £150,000 one-off funding) are being remediated through our DLUHC Cybersecurity Action Plan over the next 12 months.</i></p>					
Responsible Officer: John Higgins						
Responsible Cabinet member(s) - Corporate Services Portfolio Holder Cllr. Guglielmi						
Scrutiny Committee(s) - Resources and Services Committee						


Ineffective management of information


Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
		3	4			
January 2020	12	High	Major	Unchanged 	12 MEDIUM	September 2022
October 2020	12					
May 2021	12					
September 2021	12					
March 2022	12					
Current Action Status/ Control Strategy	<p>Officers worked closely with the other North Essex Authorities, other partners and have taken advice as necessary to submit a robust Local Plan to prepare for the examination in public.</p> <p>Stage one of the Local Plan has now been adopted. Stage two is awaiting the inspector's recommendations following its examination.</p>					
Responsible Officer: Gary Guiver						
Responsible Cabinet member(s) – Leader						
Scrutiny Committee(s) – Planning						


Failure to adopt a Sound Local Plan

Failure of income streams to meet Council's financial requirements and obligations to other bodies

RISK 8a - Failure to collect levels of income required from Council Tax in order to fund the Council's financial requirements.						
Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
		4	5			
January 2020	20	High	Critical	Unchanged 	10 MEDIUM	September 2022
October 2020	20					
May 2021	20					
September 2021	20					
March 2022	20					
Current Action Status/ Control Strategy	Regular budget monitoring including reports to Cabinet, which will also set out options to respond to any adverse issues as necessary.					
Responsible Officer: Richard Barrett						
Responsible Cabinet member(s) - Corporate Finance and Governance PFH						
Scrutiny Committee(s) - Resources and Services						

Failure of income streams to meet Councils financial requirements and obligations to other bodies	RISK - 8b - Failure to collect levels of income required from Non Domestic Rates in order to meet the shares between the Government, Essex County Council, Essex Fire Authority and Tendring District Council.						
	Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
			Probability	Impact			
			4	5	Unchanged 	10 MEDIUM	September 2022
	January 2020	20	High	Critical			
	October 2020	20					
	May 2021	20					
	September 2021	20					
	March 2022	20					
	Current Action Status/ Control Strategy	Regular budget monitoring including reports to Cabinet, which will also set out options to respond to any adverse issues as necessary.					
Responsible Officer: Richard Barrett							
Responsible Cabinet member(s) - Corporate Finance and Governance PFH							
Scrutiny Committee(s) - Resources and Services							

RISK 9a - Ineffective Emergency Planning - The Council fails to effectively respond to an emergency and the community is adversely effected						
Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
January 2020	12	3	4	Unchanged 	4 LOW	September 2022
October 2020	12	Moderate	Major			
May 2021	12					
September 2021	12					
March 2022	12					
Current Action Status/ Control Strategy	<p>Continued develop and regularly test of different aspects of the Council's Emergency Plan including working with multi-agency partner organisations.</p> <p>Tending <i>continues to lead the</i> Pan-Essex Vulnerable Intelligent Persons Emergency Response (VIPER) system initiative. This new (VIPER) system is now live across Essex. The system allows Emergency Planners to draw an emergency 'area of effect' on a map and VIPER will generate details of all residents affected in seconds <i>and supports vulnerable residents who may require specialist assistance/support.</i></p>					
Responsible Officer – John Fox/Catherine Boyer-Besant						
Responsible Cabinet member(s) - Partnerships PFH						
Scrutiny Committee(s) - Community Leadership						

Assessment date	Inherent risk score	Present score breakdown		Direction of Risk	Residual Risk rating	Review date
		Probability	Impact			
		2	5	Unchanged 	6 MEDIUM	September 2022
January 2020	10	Medium	Critical			
October 2020	10					
May 2021	10					
September 2021	10					
March 2022	10					
Current Action Status/ Control Strategy	<p>Ongoing development and testing of Business Continuity plans by services.</p> <p>Significant digital investment and improved resilience in information storage, applications, Cloud migration, and reduced reliance upon office premises through flexible / remote working have all reduced this ongoing operational risk.</p> <p>Use of IT to record and support the development of service risk assessments and business continuity impact assessments – <i>will be implemented during 2022 along with specialist certificated training for key staff.</i></p>					
Responsible Officer - John Higgins						
Responsible Cabinet member(s) - Partnerships PFH						
Scrutiny Committee(s) - Community Leadership						

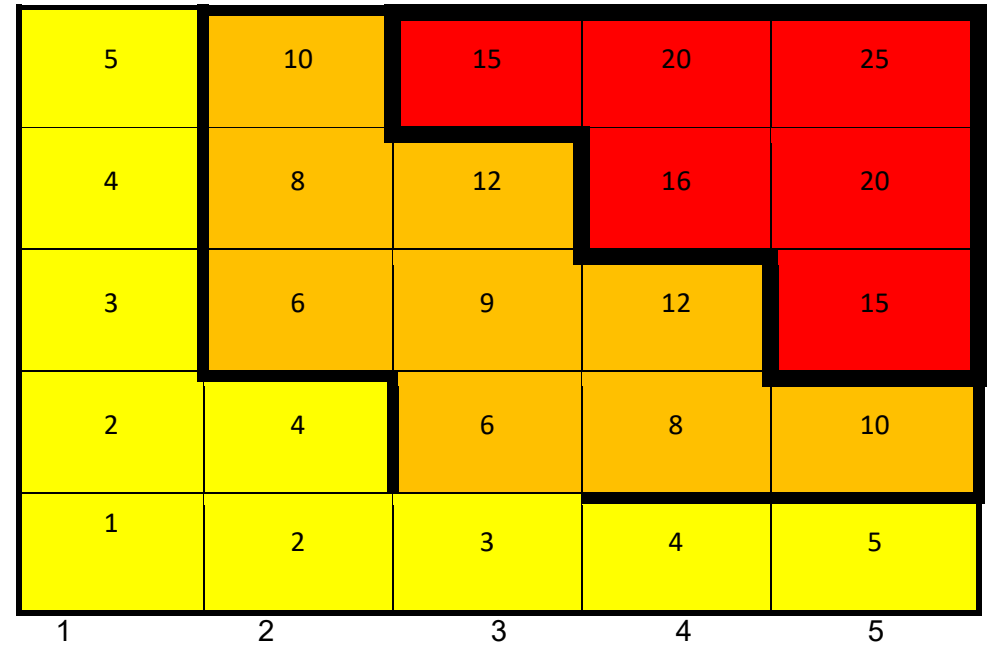
Failure in emergency and Business Continuity Planning

APPENDIX – METHODOLOGY FOR CALCULATING RISK

RISK RATING ELEMENTS - IMPACT

Risk level	Impact				
	Level	Financial	Service Delivery	Safety	Reputation
5	Critical	Loss of more than £1m	Effective service delivery is unachievable.	Fatality (Single or Multiple)	Reputation damage is severe and widespread i.e Regulatory body intervention
4	Major	Loss above 250K but below £1m	Effective service delivery is severely disrupted in one or more areas	Multiple serious injuries requiring professional medical treatment	Reputation damage occurs with key partners.
3	Sizeable	Loss above £25K below £250K	Effective service delivery is disrupted in specific areas of the Council.	Injury to an individual(s) requiring professional medical treatment	Reputation damage is localised and/or relatively minor for the Council as a whole
2	Moderate	Loss above £5K below £25K	Delays in effective service delivery	Minor injury - no professional medical treatment	Slight reputation damage
1	Minor	Loss of up to £5K	Minor disruption to effective service delivery i.e. Staff in unplanned absence for up to one week	No treatment required	Reputation damage only on personal level

Timescale ----- Probability	Up to 6 months	To 12 months	To 24 months	To 60 months	60+ months
Over 80%	5	4	3	2	1
65%-80%	4	4	3	2	1
50 – 64%	3	3	3	2	1
30 – 49%	2	2	2	2	1
Under 30%	1	1	1	1	1



Probability

Impact x Probability = Overall Risk Rating

RISK CALCULATION MATRIX

RISK RATING ELEMENTS – PROBABILITY

By virtue of paragraph(s) 7 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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