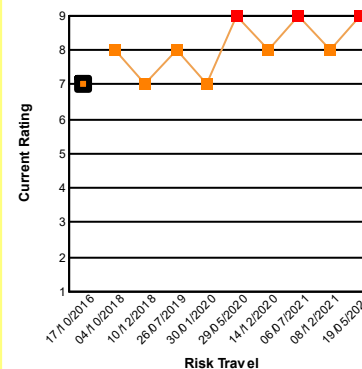


## Appendix B - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review				
Risks to MTFS delivery due to pressures in Children's Services, Social Care Reforms and inflationary pressures	SMBCC0133	Paul Johnson	06/01/2011	06/10/2022	06/11/2022				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level		
- Significant demand in Children's services - Increased cost of statutory home to school transport provision - JTAI (joint targeted area inspection) of Children's Services leading to improvement plan - Adult Social care reforms - High Inflation Levels - Higher than budgeted pay award	- Council may not be able to deliver all its priorities. - Reductions in services - The Council may not be able to pursue investment opportunities.	Red	<ul style="list-style-type: none"> <li>Children's and Adult's reserves in place</li> </ul>	In Place		Red	New Record	17/10/2016	7
		9	<ul style="list-style-type: none"> <li>Strict monitoring of Budget Delivery by CLT</li> </ul>	In Place		High	Profile Change	04/10/2018	8
			<ul style="list-style-type: none"> <li>Budget Strategy Reserve</li> </ul>	In Place		Likelihood	Profile Change	10/12/2018	7
			<ul style="list-style-type: none"> <li>Business Rates Windfall</li> </ul>	In Place		High Impact	Profile Change	26/07/2019	8
			<ul style="list-style-type: none"> <li>Regular lobbying of government for further funding</li> </ul>	In Place		High Impact	Profile Change	30/01/2020	7
			<ul style="list-style-type: none"> <li>Business Rates Windfall</li> </ul>	In Place		High Impact	Profile Change	29/05/2020	9
			<ul style="list-style-type: none"> <li>Regular lobbying of government for further funding</li> </ul>	In progress		High Impact	Profile Change	14/12/2020	8
			<ul style="list-style-type: none"> <li>Regular lobbying of government for further funding</li> </ul>	Complete		High Impact	Profile Change	06/07/2021	9
			<ul style="list-style-type: none"> <li>Regular lobbying of government for further funding</li> </ul>	Complete		High Impact	Profile Change	08/12/2021	8
			<ul style="list-style-type: none"> <li>Regular lobbying of government for further funding</li> </ul>	Complete		High Impact	Profile Change	19/05/2022	9
	<ul style="list-style-type: none"> <li>Children's Services Funding Plan presented to Children's Scrutiny in September 2022 ,RDV Scrutiny and Cabinet in October</li> </ul>								
	<ul style="list-style-type: none"> <li>Through Cross-Party Budget Strategy Group, new MTFS process 23/24 –25/26 to identify actions needed to achieve a balanced budget</li> </ul>			In progress	28/02/2023				

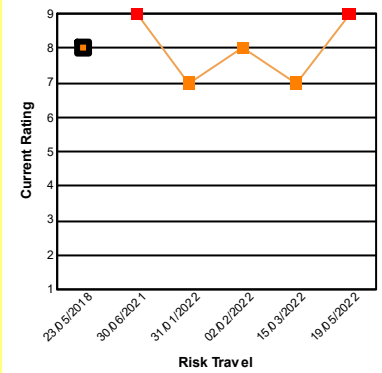


**Strategic Objectives Impacted** Financial  
Sound finance and management of assets

**Review Comments** Risk reviewed by Paul Johnson, risk and progress on mitigating actions updated  
06/10/2022

Risk Register - Corporate Risk Register

Risk Title		Risk Ref	Risk Owner	Created	Last Review	Next Review			
Failure to achieve a balanced budget in the context of unprecedented pressures, which could significantly limit the delivery of other services for Children		SMBCC0147	Pete Campbell	23/05/2018	18/10/2022	18/11/2022			
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level		
<ul style="list-style-type: none"> <li>- Unprecedented demand for Children Social Care Services at national level</li> <li>- Unpredictable demand for looked after children placements</li> <li>- Increased demand for special school places which is of necessity, met with out of borough placements causing additional costs on the SEND transport budget</li> </ul>	<ul style="list-style-type: none"> <li>- Impact on outcomes for children and young people</li> <li>- Reduction in other areas of service delivery in order to cover cost of acute services</li> <li>- Financial implications</li> <li>- Legal implications</li> <li>- Reputational damage</li> </ul>	Red	<ul style="list-style-type: none"> <li>• Joint Additional Needs Strategy and delivery plan in place</li> <li>• CDC Audit Completed and will be signed off by the JAND Board in July</li> <li>• Reshaping of Education services – completed</li> <li>• Graduated approach for children and young people with additional needs</li> <li>• Delivery Board set up</li> <li>• Review of Specialist Commissioning Strategy</li> <li>• Use of budget strategy reserve approved by full council.</li> <li>• Future Funding agreed as part of MTFs (as at 24.02.22)</li> <li>• Development of the Edge of Care Service linked to JTAI Action Plan</li> <li>• Childrens Statement of Action , Childrens Improvement Plan</li> <li>• Solihull Improvement Board – Independently Chaired ,oversight of the JTAI (Joint Targeted Area Inspection) Statement of Action</li> <li>• Ensure robust commissioning and procurement of appropriate cost effective education placements to meet children’s needs</li> <li>• In line with audit recommendations</li> <li>• Financial Recovery Plan overseen by the Director of Children’s Services &amp; reporting to the Chief Exec &amp; Leader of the council</li> <li>• SEND Improvement Board established</li> <li>• Development of workforce Strategy</li> <li>• New Workforce Strategy group implemented with the Workforce strategy operational plan developed to inform strategy.</li> <li>• Monthly Children’s Social Care financial modelling</li> <li>• Review of Sufficiency Strategy completed</li> </ul>	In Place		Red	New Record	23/05/2018	8
		9		Complete		High	Profile Change	30/06/2021	9
				In progress	31/12/2022	Likelihood	Profile Change	31/01/2022	7
				Complete		High Impact	Profile Change	31/01/2022	7
				In progress	31/12/2022		Profile Change	02/02/2022	8
				Complete			Profile Change	15/03/2022	7
				Complete			Profile Change	19/05/2022	9
				In progress	31/12/2022				
				In Place					
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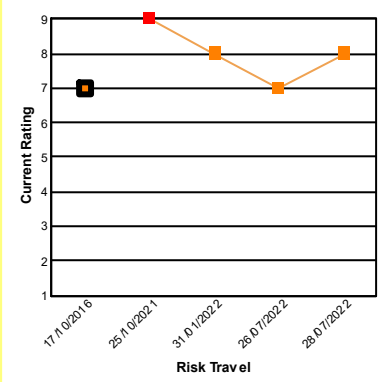


## Risk Register - Corporate Risk Register

<b>Strategic Objectives Impacted</b>	Financial CORPORATE PRIORITY 1 - Improving outcomes for children and young people in Solihull
<b>Review Comments</b>	MTFS Budget Report completed outlining pressures and additional resources required in year and for the 3 year MTFS period. Report has been to Cabinet/ CLT and will shortly be going to Scrutiny in Spetember and Cabinet in October. 18/10/2022

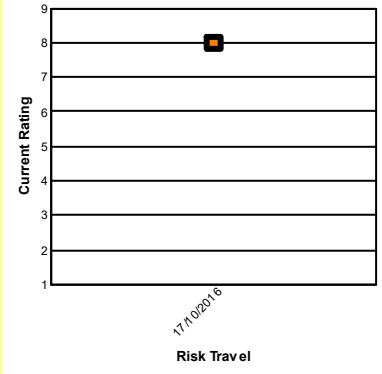
Risk Register - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review				
Avoidable death, serious harm or abuse of a child where the Council has a duty of care; Child safeguarding practice review or Domestic Homicide Review publication leading to adverse publicity	SMBCC0149	Pete Campbell	13/07/2010	13/09/2022	13/12/2022				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level		
<ul style="list-style-type: none"> <li>- Negligent action or failure to take action or excessive delay in taking action</li> <li>- Poor quality assessment and planning</li> <li>- Inexperienced staff</li> <li>- Poor supervision</li> <li>- Failure of systems including partnership information sharing</li> <li>- Failure to follow safeguarding procedures and processes</li> </ul>	<ul style="list-style-type: none"> <li>- The Council being held liable for a death or serious injury to a child</li> <li>- Increased risk of litigation, prosecution and compensation claims</li> <li>- Loss of confidence and damage to reputation</li> <li>- Future recruitment challenges</li> <li>- Cost pressures</li> </ul>	<p style="background-color: red; color: white; text-align: center; padding: 2px;">Red</p> <p style="text-align: center;">9</p>	<ul style="list-style-type: none"> <li>• Multi-Agency Improvement Board established With Independent Chair to oversee the development of and implementation of the JTAI Statement of Action</li> </ul>	In Place		Amber	New Record	17/10/2016	7
			<ul style="list-style-type: none"> <li>• Quarterly Executive and Lead Member briefings on exploitation</li> </ul>	In Place		8	Profile Change	25/10/2021	9
			<ul style="list-style-type: none"> <li>• Additional capacity added through a fourth head of service</li> </ul>	In Place		Medium Likelihood	Profile Change	31/01/2022	8
			<ul style="list-style-type: none"> <li>• Childrens Services Improvement plan in development which covers a number of key areas of change to develop, improve practice and outcomes for children and families. – these include Children’s Record Keeping Systems, Workforce, Performance Monitoring and Quality Assurance, Practice, Leadership and Management and Partnerships.</li> </ul>	In Place		High Impact	Profile Change	26/07/2022	7
			<ul style="list-style-type: none"> <li>• Childrens Statement of Action, Childrens Improvement Plan</li> </ul>	In Place	31/05/2022		Profile Change	28/07/2022	8
			<ul style="list-style-type: none"> <li>• Development of Workforce Strategy New workforce Strategy group set up with a workforce operational action plan in place to drive the development of the strategy and its implementation. New interim AD with the interim DCS developing a revised workforce response as part of the JTAI improvement plan being developed</li> </ul>	In progress	13/12/2022				
			<ul style="list-style-type: none"> <li>• Recruitment drive is ongoing</li> </ul>	In progress	13/12/2022				
<b>Strategic Objectives Impacted</b>	Safeguarding / Safety Legal/ Reputational CORPORATE PRIORITY 1 - Improving outcomes for children and young people in Solihull								
<b>Review Comments</b>	Improvement plan in place and work progressing. The plan covers a number of key areas of change to develop, improve practice and outcomes for children and families. – these include Children’s Record Keeping Systems, Workforce, Performance Monitoring and Quality Assurance, Practice, Leadership and Management and Partnerships. Additional Social worker capacity recruited and reshaping of MASH has improved quality of decision making at the front door 13/09/2022								



Risk Register - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review				
A serious information breach requiring notification and a fine from the Information Commissioners Office	SMBCC0134	Paul Johnson	09/01/2013	06/10/2022	06/01/2023				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level Event	Date	Rating
<ul style="list-style-type: none"> <li>- Personal or sensitive information being sent to the wrong person by using an incorrect email or postal address</li> <li>- Sending or attaching the wrong personal or sensitive information to a communication</li> <li>- Personal or sensitive information being lost or stolen when taken out of the office</li> </ul>	<ul style="list-style-type: none"> <li>- Distress to individuals concerned</li> <li>- Loss of public confidence in Council's ability to keep personal and sensitive information secure</li> <li>- Increased complaints to Local Government Ombudsman and /or Information Commissioner (ICO)</li> <li>- Increased possibility of regulatory enforcement action including the potential for significant fines</li> <li>- Reputation damage to the Council.</li> </ul>	Red  9	<ul style="list-style-type: none"> <li>• Ongoing communication strategy to re-enforce good practice.</li> <li>• Details of poor training take up is sent to each member of CLT</li> <li>• Comprehensive suite of Information security policies that are periodically updated</li> <li>• Ongoing series of core brief items to stress the importance of information security</li> <li>• Take-up of training on information security monitored by the Corporate Safeguarding Board</li> <li>• Implement follow up to corrective actions using Directorate leads &amp; monthly data breach measure scorecard to CLT</li> <li>• Mandatory training for all staff on Information Security, with all staff being up to date with their training</li> <li>• Full CLT review of any information security incident assessed as medium or high impact</li> </ul>	<ul style="list-style-type: none"> <li>In Place</li> <li>In Place</li> <li>In Place</li> <li>In Place</li> <li>In Place</li> <li>In Place</li> <li>In progress</li> <li>In Place</li> </ul>		Amber  8  Medium Likelihood  High Impact	New Record	17/10/2016	8
<b>Strategic Objectives Impacted</b>		Legal/ Reputational							
<b>Review Comments</b>		Risk reviewed by Paul Johnson, mitigations have been updated 06/10/2022							



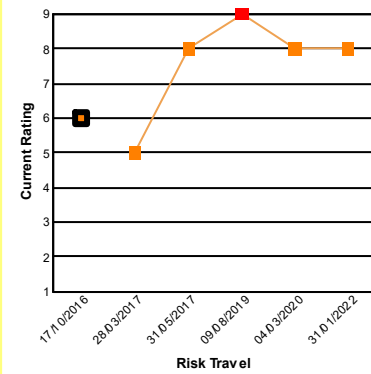
Risk Register - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review				
Inefficient systems and processes to share warning and information markers when dealing with a person , property or location for SMBC and SCH activities	SMBCC0154	Paul Johnson	25/07/2014	23/09/2022	23/12/2022				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level		
- IT system malfunction or failure - Corporate and local warning marker and information systems out of sync - Warning markers and information markers held in multiple local systems that are not reflected in corporate system, e.g. LiquidLogic, Trading Standards, SCH (Open Housing) - Information not being maintained by individual services/teams - Issues with accessing information to keep it up-to-date - Data quality issues in the corporate system - Insufficient use of the Corporate Warning Marker Register	- Employees not being aware of warning and information markers when dealing with a person, property or location - Examples include potentially violent persons, environmental issues & property hazards, dangerous pets, customers with learning difficulties or disabilities who need additional assistance when communicating with them - Potential situations which may give rise to incidents, accidents and near misses occurring affecting the health and safety of employees and other people - Risks to customers themselves - Unable to demonstrate IT had adequate arrangements to protect staff - Significant fines / prosecution for non-compliance of health and safety and data protection legislation	Red	<ul style="list-style-type: none"> <li>Corporate Warning Marker Board to receive monthly performance reports and Board members to complete follow-up action as needed</li> <li>Implement Communications Plan to ensure that staff are aware of the Register and the requirements in the Warning Marker Policy</li> <li>Implement audit process to ensure that local systems and other corporate systems are up to date and correct e.g. She Assure, Liquid Logic</li> <li>Councillor access to warning marker information being organised</li> <li>Corporate system in place and available on the Intranet and records held on other systems e.g. LiquidLogic for Adult Social Care, Trading Standards system and SCH (Open Housing)</li> <li>Corporate Warning Marker Policy in place, produced by Information Governance Team and updated by Hazard Warning Marker Group</li> <li>Corporate Warning Marker Board led by the AD for Adults and will report back to the CSSG/HLT/CLT</li> <li>Membership from all key stakeholders, e.g. Information Governance, IT, Risk Management, Health and Safety, Social Care, SCH etc</li> <li>Corporate Warning Marker Board to meet regularly with appointed warning marker officers &amp; ensure systems are working effectively</li> <li>Use of new IT system to be monitored by Corporate Safeguarding Group</li> </ul>	In Place		Amber	New Record	17/10/2016	4
		8		Profile Change	05/04/2019	8			
		Medium		Profile Change	30/01/2020	7			
		Likelihood		Profile Change	29/07/2022	8			
		High Impact							
		In progress		31/12/2022					
		In progress		31/10/2022					
		In progress		31/10/2022					
		In Place							
		In Place							
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In Place									
Strategic Objectives Impacted		Safeguarding / Safety							
Review Comments		Risk reviewed by Lizzie Edwards- mitigating actions updated- 3 actions completed 23/09/2022							

Risk Register - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review
Failure to meet statutory requirements within Children & Families Act relating to SEND	CSS0214	Tim Browne	02/09/2014	26/07/2022	26/10/2022
<b>Escalated from :</b> Children's Services & Skills Directorate			Tim Browne		

Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level					
							Event	Date	Rating			
- Poor financial controls - Insufficient staff resources - Lack of agreed process and procedures - Failure to issue educational health care plans within 20 week timescale and failure to comply with legal requirements to provide education placements	- Impact on outcomes for children and young people - Children's needs not met - Reputational damage, e.g. Quality / number of complaints - Tribunals - Judicial Review - Written statement of action	<b>Red</b>  9	• Ongoing review of Educational Health Care Plan (EHCP) timescale Continued review. Improved picture with an average of 56% compliance between May - Aug.	Complete		Amber	New Record	17/10/2016	6			
							8	Profile Change	28/03/2017	5		
							Medium Likelihood	Profile Change	28/03/2017	5		
								Profile Change	31/05/2017	8		
								Profile Change	09/08/2019	9		
								Profile Change	04/03/2020	8		
								Profile Change	31/01/2022	8		
								Profile Change	31/01/2022	8		
						• Improved trajectory of final plan timeliness (70% of plans due between Sept-Nov were sent out on time). System in place from 4/1/21 to flag any draft plans anticipated to be issued over the 16 week timescale to enable mitigating action to be taken ahead of 20 week final report expectation. Overseen weekly by the StART Team Manager.	In Place		High Impact			
						• Statutory Assessment process and resources in place to meet timescales. MTFs bid to be submitted for additional capacity for the StART to respond to the 59% increase in EHCP. Further bid to June Cabinet in the light of Covid and other demand pressures.	In Place					
			• Establish Joint Additional Needs Board, Strategy and Delivery Plan	In Place								
			• Fully recruit to SEND (including StART) team structure per 2019/20 budget	Complete								
			• Fully revise SEND performance scorecard in line with audit recommendations	In Place								
			• Monitor impact of new provider and new procedures on controls over direct payments	In Place								
			• Recruit new Head of SEND (0-25)	Complete								
			• Implement all advice from Legal Service SEND specialist including further additional training for StART team	In Place								
			• Review High Needs Block Recovery Plan and strands	Complete								
			• Implement new casework management system (Liquidlogic)	Complete								



**Strategic Objectives Impacted** Legal/ Reputational  
 CORPORATE PRIORITY 1 - Improving outcomes for children and young people in Solihull

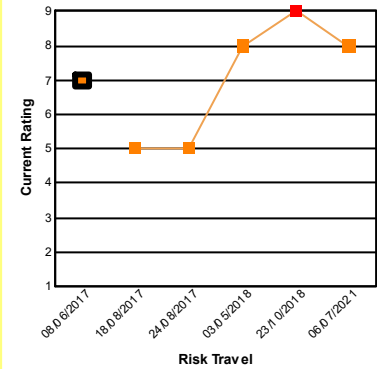
**Review Comments** Work to implement the JAND Delivery Plan continuing





Risk Register - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review				
Failure to secure sufficient funding to deliver the UK Central Programme	SMBCC0144	Mary Morrissey	08/06/2017	03/08/2022	03/11/2022				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level Event	Date	Rating
- Lack of funding in the West Midlands Combined Authority (WMCA) Investment Programme - Pace at which the UK Central Programme needs to progress compared to when funding might be available - Date by which funding commitments need to be given to HS2 Limited for them to change their base scheme.	- The full economic growth potential of UK Central is not realised. - SMBC does not get HS2 Limited to change its base scheme. - The Council's vision for a world class Health & Innovation Campus at the Arden Cross site is not delivered. - Infrastructure and wider projects in the UK Central programme do not get funded.	Red  9	<ul style="list-style-type: none"> <li>Regular communication with WMCA Finance Director and Investment Director on funding position of the CA Investment Programme.</li> <li>Quarterly funding claims are made to WMCA</li> <li>Detailed Masterplan in place for the Arden Cross site.</li> <li>The Council's UGC is in regular dialogue with HS2 Limited and the DfT about funding requirements for the UKC hub site.</li> <li>UGC/SMBC Director level Board in place to monitor progress and review and refine Funding Strategy (ExCom)</li> <li>Governance through the Council's Urban Growth Company Board to approve and monitor project progress and financial commitments</li> <li>Contributions from other funding bodies and partner contributions being pursued as an alternative funding source.</li> <li>Pipeline of projects being developed to access grant funding for wider UKC objectives.</li> <li>Build strong business cases, including securing resources for delivery and resilience.</li> <li>Chancellor's March 2021 budget approved £50 million funding towards the multi-storey car park at the hub site.</li> <li>June 2021 CA Board approved £45 million loan to provide the remaining funding for the Multi-Storey car park. as match for the £50 million funding approved in the Chancellor's March 2021 budget</li> <li>Finalise Collaboration and Land Value Capture Agreements with the Arden Cross consortium This will provide more certainty on the development plan and funding.</li> <li>Final funding commitments need to be given to HS2 by 2023, which allows some time for these to be developed and finalised.</li> <li>On-going dialogue with (and support from) senior Health colleagues about the proposed Health &amp; Innovation campus.</li> </ul>	<ul style="list-style-type: none"> <li>In progress</li> <li>In progress</li> <li>In Place</li> <li>In progress</li> <li>In progress</li> <li>In Place</li> <li>In progress</li> <li>In progress</li> <li>In Place</li> <li>In Place</li> <li>In Place</li> <li>Planned</li> <li>In progress</li> </ul>		<ul style="list-style-type: none"> <li>Amber</li> <li>8</li> <li>Medium Likelihood</li> <li>High Impact</li> </ul>	<ul style="list-style-type: none"> <li>New Record</li> <li>Profile Change</li> <li>Profile Change</li> <li>Profile Change</li> <li>Profile Change</li> <li>Profile Change</li> </ul>	<ul style="list-style-type: none"> <li>08/06/2017</li> <li>18/08/2017</li> <li>24/08/2017</li> <li>24/08/2017</li> <li>03/05/2018</li> <li>23/10/2018</li> <li>06/07/2021</li> </ul>	<ul style="list-style-type: none"> <li>7</li> <li>5</li> <li>5</li> <li>5</li> <li>8</li> <li>9</li> <li>8</li> </ul>



Risk Register - Corporate Risk Register

		<ul style="list-style-type: none"> <li>Rigorous project and financial management arrangements in place</li> <li>- to ensure that the Council does not spend at risk in advance of funding being approved.</li> </ul>	In Place			
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**Strategic Objectives Impacted** CORPORATE PRIORITY 6 - Maximising the opportunities of UK Central and HS2.

**Review Comments** Risk reviewed by Mary Morrissey on 03/08/2022. No change at this time.  
03/08/2022

## Risk Register - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review				
High Needs Block deficit falls within the Council balances	SMBCC0162	Pete Campbell	06/10/2022	21/10/2022	21/01/2023				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level Event	Date	Rating
<p>- Significant pressures on high needs budgets have resulted in many local authorities, including Solihull, accruing deficits on their Dedicated Schools Grant (DSG).</p> <p>- Temporary government legislation ring-fences High needs block deficits to within the DSG and separates them from councils' wider financial position in their statutory accounts. At March 2022, the accumulated Dedicated schools grant (DSG) High Needs Block deficit was £13.213m. The 2022/23 outturn will add to this risk level.</p> <p>- This ring-fence is due to end after the accounts close for the financial year 2022-23.</p> <p>- Unless the ringfence is renewed, from April 2023 LAs will need to demonstrate their ability to cover DSG deficits from their available reserves.</p>	<p>- Impact on level of reserves held by the council for underwriting commitments, risks and the budget strategy.</p> <p>- Potential adverse impact on prudent level of reserves, which may have adverse impact on provision of council wide services.</p>	Red 9	<ul style="list-style-type: none"> <li>Opening of the new Autism free school (Sept 2023) is designed to reduce spend on out of borough independent places</li> <li>Cabinet has approved an updated financial plan for the DSG, which aims to recover the in-year DSG deficit within three years</li> <li>Approved - December 2021, this does not include the accumulated deficit</li> <li>SMBC in Tranche1 of the DfE's Delivering Better Value programme, which will provide external capacity to analyse cost pressures and mitigations with the aim of solving the problem of on-going in-year HNB deficits. Phase 1 is data analysis of spend to identify potential issues, Phase 2 is to develop an action plan designed to stabilise the annual in-year spend. A successful plan approved by the DfE may deliver a level of grant funding to implement the plan to resolve the in-year on-going deficit.</li> <li>Respond to Dedicated Schools Grant (DSG) Information Gathering from Central Government on the DSG Statutory Override</li> <li>Working with other LAs, and CX/Treasurer groups to raise the profile of the risk with the government</li> <li>Respond to any further consultation or requests from Central Government relating to scale &amp; impact of statutory override changes</li> </ul>	<p>In progress 30/09/2023</p> <p>Complete</p> <p>Planned 31/03/2023</p> <p>Complete</p> <p>In progress 31/03/2023</p> <p>In progress 31/03/2023</p>		Amber 8 Medium Likelihood High Impact	New Record	06/10/2022	8
<b>Strategic Objectives Impacted</b>		Financial							
<b>Review Comments</b>	New risk presented to CLT on 11.10.2022 21/10/2022								

Risk Register - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review				
Failure to manage the structural deficiency at Mell Square Car Park	SMBCC0146	Paul Johnson	07/12/2016	28/06/2022	28/12/2022				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level		
- Original construction of structure. - Lack of reinforcement in flat slab. - Deficiency in the original design code/ application of that code	- Excess structural deflection. - Development and prorogation of cracking at highly stressed location of the structure - Financial implications - Negative publicity	Amber  8	<ul style="list-style-type: none"> <li>New Structural Survey of Mell Square carried out to provide a new assessment of the structure and mitigating actions</li> <li>Report presented to CLT and agreement obtained to continue with monitoring regime</li> <li>Redevelopment scheme of Mell Square to incorporate the replacement of the Multi-Storey Car Park</li> <li>PST to continue with a detailed weekly survey to confirm that the car park should remain open</li> <li>Consulting Engineers have confirmed the car park can remain open for the next 2 years The engineer's report is active until August 2023</li> <li>Works to re-mark parking bays to reduce loading to decks agreed to be implemented</li> </ul>	Complete		Amber  7  Low Likelihood  High Impact	New Record	07/12/2016	8
				In progress	31/03/2025		Profile Change	07/12/2016	7
<b>Strategic Objectives Impacted</b>		Safeguarding / Safety							
<b>Review Comments</b>	Risk reviewed by Paul Johnson, no changes at this time 28/06/2022								

Risk Register - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review
a. Failure to co-ordinate multi agency response to support Domestic Homicide Reviews ( DHR's).	NHS0006	Mary Morrissey	25/07/2018	01/08/2022	01/02/2023
b. Failure of agencies to take action on agency and review recommendations and action plan.					

**Escalated from :** *Community Safety and Partnerships* Gill Crabbe

Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level			
							Event	Date	Rating	
a1 Insufficient capacity within Council and partnership to support the DHR process a2. lack of robust processes to manage DHRs a3. Agencies not engaging in the process or providing update information in a timely manner b1. Agencies not being able to implement change within agreed timeframe as expected. b2 Agencies organisational priorities conflict with outcomes of reviews. b3. Lack of oversight and escalation process	- Disruption to the DHR process - Reputational damage - Legal implications	Amber	<ul style="list-style-type: none"> <li>Dedicated Community Safety Team to co-ordinate/support the DHR process</li> <li>Temporary admin support appointed May 2022</li> <li>Escalation process if responses are not received</li> </ul>	Complete		Amber	New Record	25/07/2018	4	
		8	<ul style="list-style-type: none"> <li>Regular engagement with the Home Office throughout the process and notification of any issues</li> <li>Defined DHR process including roles and responsibilities reviewed 2022 and revised - we now have an Executive DHT panel</li> <li>Scoping exercise is conducted with all agencies</li> </ul>	Complete		Low Likelihood	Profile Change	08/06/2022	7	
			<ul style="list-style-type: none"> <li>Process review and redesign</li> </ul>	In Place		High Impact	<p>The chart shows 'Current Rating' on the y-axis (1-9) and 'Risk Travel' on the x-axis with dates 25/07/2018 and 08/06/2022. A green square is at (25/07/2018, 4). An orange square is at (08/06/2022, 7). A black square is at (08/06/2022, 4).</p>			
			<ul style="list-style-type: none"> <li>Development of Executive Panel to have oversight of DHRs</li> </ul>	Complete						
			<ul style="list-style-type: none"> <li>DHR case progress tracker</li> </ul>	Complete						
			<ul style="list-style-type: none"> <li>DHR recommendation and action tracker</li> </ul>	In Place						

**Strategic Objectives Impacted** Legal/ Reputational  
 CORPORATE PRIORITY 3 - Take action to improve life chances and health outcomes in our most disadvantaged communities.

**Review Comments** A new Executive group has been established and is meeting monthly . Temporary admin support is in post to administer DHR process with oversight from Community Safety Lead . Case and recommendation trackers have been established.  
 01/08/2022

Risk Register - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review				
Failure to meet statutory duties and deliver a balanced budget in the context of nationally recognised pressures facing Adult Social Care, including the impact of Covid 19 in 22/23.	SMBCC0158	Jenny Wood	13/05/2022	08/06/2022	08/12/2022				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level Event	Date	Rating
<p>- Nationally recognised Adult Social Care challenges including financial and workforce, capacity and market fragility.</p> <p>- Demographic pressures, e.g., rising older population and younger adults with a disability living longer and needing social care.</p> <p>- Impact of Covid19, including impact on people's situations and choices, service impacts and uncertainty about financial impact and national funding models for longer term.</p> <p>- National legal and policy changes happening at pace, including implications of Health and Care Act 2022</p> <p>- Rising cost of the social care market in Solihull driven by a variety of factors, e.g., wage (see below), energy, materials and fuel cost rises.</p> <p>- Need for care wages to be competitive against other local sectors, to ensure adequate number of staff are attracted to sector.</p>	<p>- Detrimental service impact affecting those receiving support and services.</p> <p>- Inadequate delivery of service for individuals and associated factors such as increased complaints and/or legal challenges.</p> <p>- Reputational damage.</p> <p>- Adverse financial consequences, e.g., unavoidable demand-led spend to meet statutory needs, emergence of overspends.</p> <p>- Delay in delivery of new legislative or policy requirements.</p>	Red  9	<ul style="list-style-type: none"> <li>• Identification of, development and delivery of commissioning strategies/plans to improve services and respond to statutory or policy changes (e.g., Carers).</li> <li>• Utilisation of additional national funding / grants in line with national guidance, to mitigate for local pressures.</li> <li>• Utilise nationally required and local surveys to determine where improvements are needed and initiate and deliver action plans.</li> <li>• Implement MTFS plans with oversight of budget, performance &amp; quality position via DLT and reporting to ARTOP and CLT as required</li> <li>• Undertake 'Fair Cost of Care' work as set out via national guidance.</li> <li>• Transformation Programme incorporates and delivers the relevant statutory and policy changes for the year Utilisation of the Transformation Programme governance to oversee and mitigate risks associated with change management</li> <li>• Ongoing communications, co-production and engagement with people with care and support needs and carers In order to inform of service improvement.</li> <li>• Ongoing engagement with care providers to ensure appropriate responses developed to local market considerations. e.g., workforce</li> <li>• Regular reporting arrangements (performance, practice quality, complaints, HR, activity etc) at DLT.</li> <li>• Development and delivery of BCF and integrated commissioning plans (where relevant) with CCG/ICS for 22/23.</li> <li>• DLT governance arrangements for oversight of all Directorate activity, to identify and implement mitigation plans where needed</li> </ul>	<p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In Place</p> <p>In progress</p> <p>In Place</p>		Amber  7  Low Likelihood  High Impact	New Record	13/05/2022	7
<b>Strategic Objectives Impacted</b>		Financial							

CORPORATE PRIORITY 2 - Good quality, responsive, and dignified care and support for Adults in Solihull when they need it.

**Review Comments** This risk has been reviewed by Jenny Wood and progress against mitigating actions updated .  
08/06/2022

Risk Register - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review				
Avoidable death, serious harm or abuse of an adult where the Council has a statutory duty of care in 2022/23	SMBCC0159	Jenny Wood	13/05/2022	08/06/2022	08/12/2022				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level Event	Date	Rating
<p>Poor practice by staff due to lack of experience, competence issues, poor supervision, or inadequate training</p> <p>Failure to recognise risks</p> <p>Unable to commission appropriate services to meet needs, e.g. residential care, due to lack of market interest or presence</p> <p>Lack of appropriate quality assurance processes and systems</p> <p>Demand outstrips capacity leading to lack of timely responses by services</p> <p>Policy and guidance is not in place</p> <p>Lack of essential joint working with relevant partners</p>	<p>- Serious harm, neglect or death of an adult with care and support needs.</p> <p>- Loss of confidence in the Council as the lead agency for safeguarding.</p> <p>Reputational damage.</p> <p>Domestic Homicide Review.</p> <p>Safeguarding Adults Review.</p> <p>Complaints and legal challenge.</p>	<p><b>Red</b></p> <p>9</p>	<ul style="list-style-type: none"> <li>• Arrangements in place for delivery of good quality, safety &amp; good performance in independent sector with sufficient capacity. including effective contract management arrangements.</li> <li>• Safeguarding Manager acts as subject matter expert to provide advice and coordinate delivery of Safeguarding Management Plan which represents a process of continuous improvement</li> <li>• Utilise Solihull Together and Health and Wellbeing Board as key forums to maintain effective working relations with key partners and contribute to the 'Partners Information Pack' for clarity on governance arrangements with respect to partnership forums.</li> <li>• Oversight of ASC activity and performance at DLT, inc. safeguarding, with mitigating actions agreed where improvement needed.</li> <li>• Practitioners and Managers are well trained and supported to ensure they understand and respond appropriately to situations including safeguarding concerns, utilising a Making Safeguarding Personal approach.</li> <li>• Appropriate local policy and guidance in place to deliver adult social care related responsibilities including risk management/enablement associated with individual cases. Work is overseen and scrutinised internally and externally including through case audit, case review and (where applicable) through regulation.</li> <li>• SSAB facilitates a coordinated safeguarding approach across all key agencies and performance is regularly monitored. Performance monitored throughout the year by SSAB Independent Chair.</li> <li>• Operational Safeguarding Champions Group in place and ACS representation on the Corporate Safeguarding Steering Group.</li> </ul>	<p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In progress</p>		<p><b>Amber</b></p> <p>7</p> <p>Low Likelihood</p> <p>High Impact</p>	New Record	13/05/2022	7



Risk Register - Corporate Risk Register

		<ul style="list-style-type: none"> <li>• Appropriate workforce support in place to facilitate good practice in service delivery Examples of good practice being 1:1 supervisions, PDRs, team meetings across 'Service Delivery' Teams.</li> <li>• Appropriate workforce support is in place to facilitate good practice in commissioning Examples include 1:1 supervisions, PDRs, team meetings across Commissioning Teams.</li> <li>• Robust commissioning arrangements for the safe development, launch and full establishment of new services. and overall maintenance of enough good quality service options to meet demand</li> </ul>	In progress			
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**Strategic Objectives Impacted**      Safeguarding / Safety  
CORPORATE PRIORITY 2 - Good quality, responsive, and dignified care and support for Adults in Solihull when they need it.

**Review Comments**      This risk has been reviewed by Jenny Wood and progress against mitigating actions updated .  
08/06/2022

Risk Register - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review				
Failure to meet the Council's duty to keep residents safe in high rise buildings (as landlord and regulator under the Building Safety Act 2022).	SMBCC0161	Mary Morrissey	03/08/2022	30/08/2022	28/02/2023				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level Event	Date	Rating
<ul style="list-style-type: none"> <li>- Lack of full understanding of legislation.</li> <li>- Complexity of determining which buildings are in scope.</li> <li>- Failure to appoint to key duty holder roles.</li> <li>- Governance failures leading to members not understanding roles and accountability.</li> <li>- Difficulties with integration and mapping of different legislation requirements.</li> <li>- Inadequate resources.</li> <li>- Unable to recruit and retain competent staff in a competitive market.</li> <li>- Inadequate/ incorrect data about buildings – drawings, historical works etc.</li> <li>- Lack of effective assurance and oversight of Solihull Community Housing to ensure the Council meets the requirements of the relevant legislation.</li> </ul>	<ul style="list-style-type: none"> <li>- Serious harm or death</li> <li>- Reputational damage.</li> <li>- Legal and civil actions including corporate manslaughter.</li> <li>- Non-compliance with legal duties.</li> </ul>	Red	<ul style="list-style-type: none"> <li>• Sprinkler Program to retrofit sprinklers in all 37 of the SMBC/SCH HRBs ( Higher Risk Buildings)</li> <li>• Spandrel Program to install compliant spandrel panels in 16 HRB properties</li> <li>• Smoke and carbon monoxide detection device installation program for all SCH managed properties including HRBs</li> <li>• Review policy and procedures relating to Building Safety Act and Fire Safety Act once legislation is in place.</li> <li>• Preparation of Building safety cases, commissioning structural surveys on the high rise blocks.</li> <li>• Commissioning external organisations to carry out independent verification of the information held and practices.</li> <li>• New building high rise procurement process modified to include pre engagement of Building Safety Delivery Group.</li> <li>• SCH Head of Building Safety in post and recruiting Building Safety Managers and support staff within SCH structure.</li> <li>• Proposal to recruit SMBC Head of Building Safety to support Accountable Person and review structure of Building Control team Review will aim to recruit suitable additional staff to provide resilience to support regulatory requirements.</li> <li>• Training for all Building Control officers to enable registration with HSE Building Safety Regulator The qualifications include those provided by The Chartered Institute of Building( CIOB) and Local Authority Building Control (LABC)</li> <li>• Monthly meetings of Building Safety Delivery Group (BSDG) to ensure SCH work to 'in scope' buildings is compliant.</li> <li>• Assurance on mandatory reporting of fires and structural issues provided to BSDG.</li> <li>• Monthly Reporting of ongoing activity and progress to the Accountable Person.</li> </ul>	<ul style="list-style-type: none"> <li>In progress</li> <li>In progress</li> <li>In progress</li> <li>In progress</li> <li>In progress</li> <li>Proposed</li> <li>In progress</li> <li>In progress</li> <li>In progress</li> <li>In Place</li> <li>In Place</li> <li>In Place</li> </ul>	<ul style="list-style-type: none"> <li>30/06/2023</li> <li>30/06/2023</li> <li>31/01/2023</li> <li>31/03/2023</li> <li>31/01/2024</li> <li>31/12/2022</li> <li>31/12/2022</li> <li>31/10/2022</li> <li>31/12/2022</li> <li>01/10/2023</li> </ul>	<ul style="list-style-type: none"> <li>Amber</li> <li>7</li> <li>Low Likelihood</li> <li>High Impact</li> </ul>	New Record	03/08/2022	7

Risk Register - Corporate Risk Register

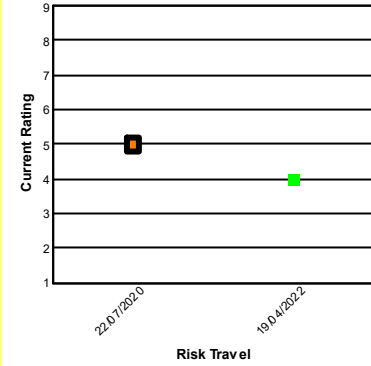
		<ul style="list-style-type: none"> <li>• Production of Building Safety Dashboard and robust reporting mechanism/detailed records of response to the Building Safety Act</li> <li>• Quarterly reports to Corporate Health &amp; Safety Board</li> <li>• Report to Strategic Housing Board.</li> <li>• Report to Quarterly Monitoring Board.</li> </ul>	Proposed	30/06/2023	
			In Place		
			In Place		
			In Place		

**Strategic Objectives Impacted**                      Safeguarding / Safety

**Review Comments**                      Editing new risk to better reflect issues  
30/08/2022

Risk Register - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review						
Failure to achieve Compliance with new duties under the Domestic abuse act 2021 including duty for provision of domestic abuse safe accommodation for victims who need to leave their home	PHD0069	Ruth Tennant	22/07/2020	05/09/2022	05/12/2022						
<b>Escalated from :</b> Public Health Directorate				Donna Vines							
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level				
							Event	Date	Rating		
- New legislation - Competitive tender process for support on our primary 11 bed unit, will require current Provider to give notice to premises landlord, which will trigger a review of property usage. - Limitations to develop suitable accommodation locally	- Failure to meet new statutory responsibilities	Amber	<ul style="list-style-type: none"> <li>Short term contract to be put in place to continue provision until 2024 Extensions via change control have been provided and all services will continue to be maintained until March 23</li> <li>Work to continue on improving our DA Safe Accommodation offer to enable it to better meet the accommodation needs of DA victims Dedicated Housing advocacy to support victims in TA community based CYP service implemented BAME refuge still not operating at full capacity, intention to reduce value of contract Continue to scope opportunities to expand our DA Safe Accommodation capacity Improving data monitoring to support completion of DLUHC data requirements</li> <li>Update reports scheduled for DAPG, SSB, HWB, CKT and SCH committee Task group continues to function and retains responsibility for DA Safe Accommodation. Currently seeking to use appropriate TA to enable enhanced capacity. Case for community based CYP specialist service scheduled for CSC DLT in two weeks. Will consult with DAPB re agreement for commissioning proposal</li> <li>DAPG transitioned into Domestic Abuse Partnership Board and able to meet statutory duty Agreement that the existing domestic abuse group is re-configured to be fit to meet the responsibilities. Competency of Board to be reviewed march 2022</li> <li>Needs assessment complete and strategy published</li> <li>New board in place to meet statutory duty</li> <li>DA Safe Accommodation group re-established with focus on improving our offer to those who are at risk or are homeless due to DA</li> </ul>	Complete		Green	New Record	22/07/2020	5		
		5		In progress	30/03/2023	4	Profile Change	19/04/2022	4		
				Complete							
				Complete							
				Complete							
				Complete							



## Risk Register - Corporate Risk Register

Strategic Objectives Impacted	Legal/ Reputational
<b>Review Comments</b>	11 bed unit in contract until March 2024 Dedicated Housing advocacy in contract until March 23, and included in community specialist support commissioning scope assessing viability of issuing an expression of interest for accommodation based support service 05/09/2022

Council Strategic Priority Impacted Summary	Low	Medium	High
CORPORATE PRIORITY 1 - Improving outcomes for children and young people in Solihull		CSS0214 SMBCC0149	SMBCC0147
CORPORATE PRIORITY 2 - Good quality, responsive, and dignified care and support for Adults in Solihull when they need it.		SMBCC0158 SMBCC0159	
CORPORATE PRIORITY 3 - Take action to improve life chances and health outcomes in our most disadvantaged communities.		NHS0006	
CORPORATE PRIORITY 6 - Maximising the opportunities of UK Central and HS2.		SMBCC0144	
Financial		SMBCC0158 SMBCC0162	SMBCC0133 SMBCC0147
Legal/ Reputational	PHD0069	CSS0214 NHS0006 SMBCC0134 SMBCC0149	
Safeguarding / Safety		SMBCC0146 SMBCC0149 SMBCC0154 SMBCC0159 SMBCC0161	
Sound finance and management of assets			SMBCC0133