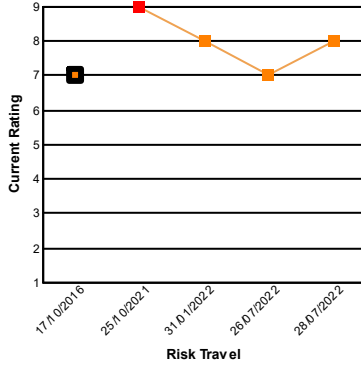
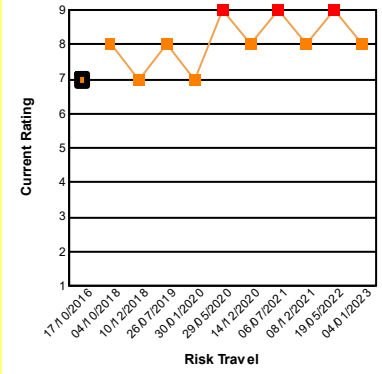


Appendix B - Corporate Risk Register

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	03/04/2023	03/07/2023																			
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"> - Negligent action or failure to take action or excessive delay in taking action - Poor quality assessment and planning - Inexperienced staff - Poor supervision - Failure of systems including partnership information sharing - Failure to follow safeguarding procedures and processes 	<ul style="list-style-type: none"> - The Council being held liable for a death or serious injury to a child - Increased risk of litigation, prosecution and compensation claims - Loss of confidence and damage to reputation - Future recruitment challenges - Cost pressures 	Red	<ul style="list-style-type: none"> • Clear Improvement plans for both Children's Social Care and also the Safeguarding Partnership have been created and shared. These are in response to Ofsted findings, JTAI and Nat Review recommendations • Monthly Executive and Lead Member meetings on safeguarding performance. • Recruitment of an Independent Scrutineer to provide 'external' objective challenge and accountability • Engagement in the Ofsted monitoring schedule, where 'mini inspections' of children's social care take place on a quarterly basis • Regular audits (full file and dip sampling) are taking in place to assess standards of practice and intervene where appropriate • Additional capacity added through a fourth head of service • Recruiting a Performance Manager to drive the oversight, reporting and accountability of the improvement journey • Progression of the commissioning of a Regional Improvement Partner to deliver a formal structure of support to children's social care in the urgent improvement in key areas • Development of Workforce Strategy to recruit and retain staff and provide necessary training. • Ongoing weekly engagement with the statutory commissioner 	In Place		Amber	Event	Date	Rating															
		8		New Record	17/10/2016	7																		
		8		Profile Change	25/10/2021	9																		
		Medium Likelihood		Profile Change	31/01/2022	8																		
		High Impact		Profile Change	26/07/2022	7																		
		High Impact		Profile Change	28/07/2022	8																		
					 <table border="1" style="display: none;"> <caption>Risk Rating History</caption> <thead> <tr> <th>Risk Travel Date</th> <th>Current Rating</th> </tr> </thead> <tbody> <tr> <td>17/10/2016</td> <td>7</td> </tr> <tr> <td>25/10/2021</td> <td>9</td> </tr> <tr> <td>31/01/2022</td> <td>8</td> </tr> <tr> <td>26/07/2022</td> <td>7</td> </tr> <tr> <td>28/07/2022</td> <td>8</td> </tr> </tbody> </table>							Risk Travel Date	Current Rating	17/10/2016	7	25/10/2021	9	31/01/2022	8	26/07/2022	7	28/07/2022	8	
		Risk Travel Date		Current Rating																				
		17/10/2016		7																				
		25/10/2021		9																				
31/01/2022	8																							
26/07/2022	7																							
28/07/2022	8																							
Strategic Objectives Impacted		Safeguarding / Safety Legal/ Reputational CORPORATE PRIORITY 1 - Improving outcomes for children and young people in Solihull																						
Review Comments	Mitigations updated 03/04/2023																							

Risk Register - 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	05/04/2023	05/07/2023				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level Event	Date	Rating
- Significant demand in Children's services - 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 - Cost of living impact	- Council may not be able to deliver all its priorities. - Reductions in services - The Council may not be able to pursue investment opportunities.	Red 9	• Strict monitoring of Budget Delivery by CLT	In Place		Amber	New Record	17/10/2016	7
			• Budget Strategy Reserve	In Place		8	Profile Change	04/10/2018	8
			• Business Rates Windfall	In Place		Medium Likelihood	Profile Change	10/12/2018	7
			• Regular lobbying of government for further funding	In progress		High Impact	Profile Change	26/07/2019	8
			• Some service specific reserves are in place	Complete			Profile Change	30/01/2020	7
			• The provisional local government finance settlement for 2023/24 was better than anticipated	Complete			Profile Change	29/05/2020	9
			• Budget Strategy Group will make a Budget recommendation to Cabinet in January 2023	Complete	31/01/2023		Profile Change	14/12/2020	8
			• February 2023 Full Council will need to approve a balanced budget	Complete	28/02/2023		Profile Change	06/07/2021	9
							Profile Change	08/12/2021	8
							Profile Change	19/05/2022	9
				Profile Change	04/01/2023	8			

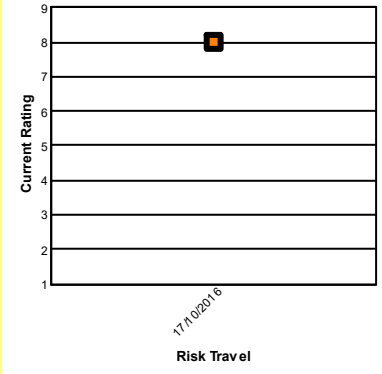


Strategic Objectives Impacted Financial
Sound finance and management of assets

Review Comments Reviewed by Sam Gilbert, no change
05/04/2023

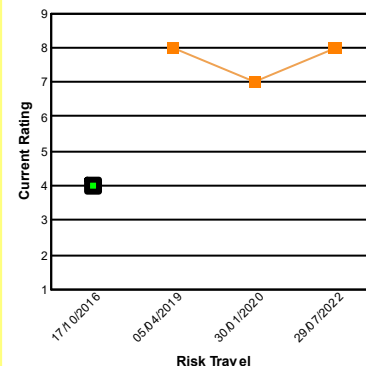
Risk Register - Corporate Risk Register

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	02/05/2023	02/08/2023		
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"> - Personal or sensitive information being sent to the wrong person by using an incorrect email or postal address - Sending or attaching the wrong personal or sensitive information to a communication - Personal or sensitive information being lost or stolen when taken out of the office 	<ul style="list-style-type: none"> - Distress to individuals concerned - Loss of public confidence in Council's ability to keep personal and sensitive information secure - Increased complaints to Local Government Ombudsman and /or Information Commissioner (ICO) - Increased possibility of regulatory enforcement action including the potential for significant fines - Reputation damage to the Council. 	Red 9	<ul style="list-style-type: none"> • Ongoing communication strategy to re-enforce good practice. • Details of poor training take up is sent to each member of CLT • Comprehensive suite of Information security policies that are periodically updated • Ongoing series of core brief items to stress the importance of information security • Take-up of training on information security monitored by the Corporate Safeguarding Board • Implement follow up to corrective actions using Directorate leads & monthly data breach measure scorecard to CLT • Mandatory training for all staff on Information Security, with all staff being up to date with their training • Full CLT review of any information security incident assessed as medium or high impact 	<ul style="list-style-type: none"> In Place In Place In Place In Place In Place In Place In progress In Place 		Amber 8 Medium Likelihood High Impact	New Record 17/10/2016 8
Strategic Objectives Impacted		Legal/ Reputational					
Review Comments	Risk reviewed 02/05/2023						



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	30/03/2023	30/06/2023				
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"> Corporate Warning Marker Board to receive monthly performance reports and Board members to complete follow-up action as needed Implement Communications Plan to ensure that staff are aware of the Register and the requirements in the Warning Marker Policy Implement audit process to ensure that local systems and other corporate systems are up to date and correct e.g. She Assure, Liquid Logic Councillor access to warning marker information being organised 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) Corporate Warning Marker Policy in place, produced by Information Governance Team and updated by Hazard Warning Marker Group Corporate Warning Marker Board led by the AD for Adults and will report back to the CSSG/HLT/CLT Membership from all key stakeholders, e.g. Information Governance, IT, Risk Management, Health and Safety, Social Care, SCH etc Corporate Warning Marker Board to meet regularly with appointed warning marker officers & ensure systems are working effectively Use of new IT system to be monitored by Corporate Safeguarding Group 	In Place		Amber	New Record	17/10/2016	4
		9		In progress	31/07/2023	Medium Likelihood	Profile Change	05/04/2019	8
				In progress	31/07/2023	High Impact	Profile Change	30/01/2020	7
				In progress	01/07/2023		Profile Change	29/07/2022	8
				In Place					
				In Place					
				In Place					
				In Place					
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				In Place					
Strategic Objectives Impacted		Safeguarding / Safety							
Review Comments		Risk reviewed by the Corporate Warning Marker Board. 30/03/2023							

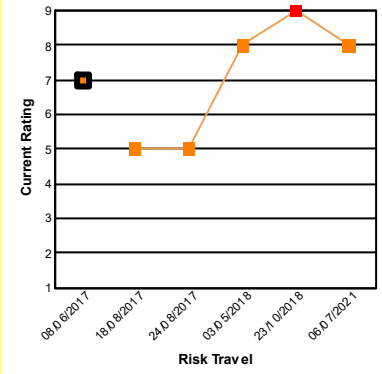


Risk Register - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review																					
Failure to meet statutory requirements within Children & Families Act relating to SEND	CSS0214	Pete Campbell	02/09/2014	02/05/2023	02/08/2023																					
Escalated from : 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	Red 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	<table border="1"> <caption>Risk Travel Data</caption> <thead> <tr> <th>Date</th> <th>Current Rating</th> </tr> </thead> <tbody> <tr> <td>17/10/2016</td> <td>6</td> </tr> <tr> <td>28/03/2017</td> <td>5</td> </tr> <tr> <td>31/05/2017</td> <td>8</td> </tr> <tr> <td>09/08/2019</td> <td>9</td> </tr> <tr> <td>04/03/2020</td> <td>8</td> </tr> <tr> <td>31/01/2022</td> <td>8</td> </tr> </tbody> </table>			Date	Current Rating	17/10/2016	6	28/03/2017	5	31/05/2017	8	09/08/2019	9	04/03/2020	8	31/01/2022	8
			Date	Current Rating																						
17/10/2016	6																									
28/03/2017	5																									
31/05/2017	8																									
09/08/2019	9																									
04/03/2020	8																									
31/01/2022	8																									
			• Statutory Assessment process and resources in place to meet timescales.	In Place																						
			• 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		Pressure remains on sufficiency of specialist capacity to meet demand . Additional provision being brought on line. However, it will be insufficient should demand remain at existing levels .																								

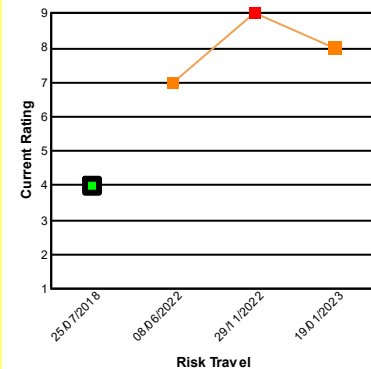
Risk Register - Corporate Risk Register

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	06/06/2023	06/09/2023				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level Event	Date	Rating
- 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. - Infrastructure and wider projects in the UK Central programme do not get funded.	Red 9	<ul style="list-style-type: none"> Updated MUSE Masterplan being developed for the Arden Cross site 	In progress		Amber 8 Medium Likelihood High Impact	New Record	08/06/2017	7
			<ul style="list-style-type: none"> Regular communication with WMCA Finance Director and Investment Director on funding position of the CA Investment Programme. 	In Place			Profile Change	18/08/2017	5
			<ul style="list-style-type: none"> Quarterly funding claims are made to WMCA 	In Place			Profile Change	24/08/2017	5
			<ul style="list-style-type: none"> Regular dialogue with HS2 Limited and the DfT about funding requirements for the UKC hub site. 	In Place			Profile Change	24/08/2017	5
			<ul style="list-style-type: none"> UGC/SMBC Director level Board in place to monitor progress and review and refine Funding Strategy (ExCom) 	In Place			Profile Change	03/05/2018	8
			<ul style="list-style-type: none"> Update Collaboration and other contract Agreements 	In progress			Profile Change	23/10/2018	9
			<ul style="list-style-type: none"> Rigorous project and financial management arrangements in place - to ensure that the Council does not spend at risk in advance of funding being approved. 	In Place			Profile Change	06/07/2021	8
			<ul style="list-style-type: none"> Governance through the Council's Urban Growth Company Board to approve and monitor project progress and financial commitments 	In Place					
			<ul style="list-style-type: none"> Contributions from other funding bodies and partner contributions being pursued as an alternative funding source incl EBLUZ & HE 	In progress					
			<ul style="list-style-type: none"> Pipeline of projects being developed to access grant funding for wider UKC objectives. 	In progress					
<ul style="list-style-type: none"> Build strong business cases, including securing resources for delivery and resilience. 	In progress								
Strategic Objectives Impacted CORPORATE PRIORITY 6 - Maximising the opportunities of UK Central and HS2.									
Review Comments Risk reviewed by Perry Wardle and Mary Morrissey. Several actions updated or closed. No change to net level. 06/06/2023									



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	Ruth Tennant	25/07/2018	22/03/2023	22/06/2023						
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				
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"> Dedicated Community Safety Team to co-ordinate/support the DHR process Temporary admin support appointed May 2022. The post holder has now been appointed to SMBC staff establishment after a recruitment process. The post holders hours have been increased from 15 hours per week to 20, although administration is not the sole function of the post holder. Demand from the increased number of DHRs is growing and putting pressure on the service to manage all DHRs. News ways of managing the DHR process with the Independent chair and authors to be explored to spread out the work load and manage demand. Escalation process if responses are not received The DHR Executive Group meet monthly and matters of concern regarding inactivity of partners or failure to reply are escalated to the group. There are a number of historic actions outstanding that are being chased. Regular engagement with the Home Office throughout the process and notification of any issues Regular contact with the Home Office is part of the process of conducting DHRs. Often when delays occur extensions to the process are sought from the Home Office. Defined DHR process including roles and responsibilities reviewed 2022 and revised - we now have an Executive DHT panel Scoping exercise is conducted with all agencies Process review and redesign Development of Executive Panel to have oversight of DHRs DHR case progress tracker 	In progress	30/06/2023	Amber	New Record	25/07/2018	4		
		8					8	Profile Change	08/06/2022	7	
							Medium		Profile Change	29/11/2022	9
							Likelihood		Profile Change	19/01/2023	8
							High Impact				
							In Place	30/06/2023			
							In Place	30/06/2023			
							Complete				
							In Place				
							Complete				
				Complete							
				In Place	30/06/2023						



Risk Register - Corporate Risk Register

		<ul style="list-style-type: none"> • DHR recommendation and action tracker • Proposal re capacity and resourcing - administration, management, appointing chairs and funding of DHRs <p>With an increasing number of DHRs in train and to be commissioned there is limited capacity within the team and the availability of chair and authors. The administration officer post has been filled permanently and is part of the SMBC establishment working 20 hours per week. The post holder supports the CSP Executive Board and DHR process.</p> <p>The current volume of DHRs exceeds the capacity of the partnership to conduct DHRs effectively. We are seeking a way to allocate some tasks of the review to the chair and authors as part of their contract and obligation to conduct the review. The greatest challenge is the limited number of independent chair and authors available as demand to conduct DHRs across the country exceeds availability. we have two DHRs awaiting the appointment of chairs and a recent recruitment process did not yield suitable candidates (30th Mar 23).</p> <p>We are seeking to find a better way to appoint these Chairs and look to explore the numbers of competent Chairs available working with Birmingham City Council. Funding from the OPCC is limited and we may exceed the annual amount of £15K. Discussions are underway to manage the funds available.</p>	<p>In Place</p> <p>In progress</p>	<p>30/06/2023</p> <p>30/06/2023</p>	
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Strategic Objectives Impacted Legal/ Reputational
CORPORATE PRIORITY 3 - Take action to improve life chances and health outcomes in our most disadvantaged communities.

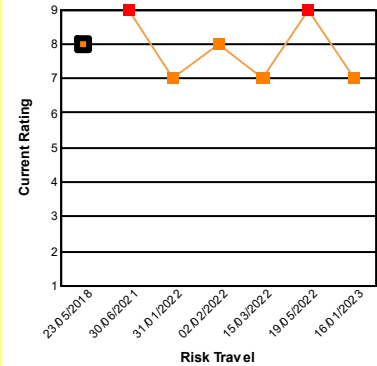
Review Comments The existing reviews are progressing. Delays do occur due to changes required by panel members and the Home Office to reports and action plans or delays with criminal justice proceedings . The two outstanding DHRs are still awaiting the appointment of chair and authors. A recent change to the chair of the CSP has led to a change in the DHR appointment process . Appointments are being expedited with a further meeting planned for the 22nd March 23 to consider 2 applicants. The DHR executive group continue to meet to review outstanding recommendations from old and new DHRs. Whilst there are some completed, others are not and present agencies with the challenge to be able to assure the CSP that DHR recommendations have been met and agency action plans implemented timely.
22/03/2023

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	06/01/2023	06/07/2023				
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"> PST to continue with a detailed weekly survey to confirm that the car park should remain open Consulting Engineers have confirmed the car park can remain open for the next 2 years The engineer's report is active until August 2023 Works to re-mark parking bays to reduce loading to decks agreed to be implemented New Structural Survey of Mell Square carried out to provide a new assessment of the structure and mitigating actions . Report presented to CLT and agreement obtained to continue with monitoring regime Redevelopment scheme of Mell Square to incorporate the replacement of the Multi-Storey Car Park 	In Place In Place Complete Complete In progress	31/03/2025	Amber 7 Low Likelihood High Impact	Event	Date	Rating
							New Record	07/12/2016	8
							Profile Change	07/12/2016	7
Strategic Objectives Impacted		Safeguarding / Safety							
Review Comments	Risk Reviewed - all remain the same and is still valid. 06/01/2023								

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	16/01/2023	16/07/2023				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level		
- Unprecedented demand for Children Social Care Services at national level - Unpredictable demand for looked after children placements - Increased demand for special school places which is of necessity, met with out of borough placements causing additional costs on the SEND transport budget	- Impact on outcomes for children and young people - Reduction in other areas of service delivery in order to cover cost of acute services - Financial implications - Legal implications - Reputational damage	Red	<ul style="list-style-type: none"> Use of budget strategy reserve approved by full council. Future Funding agreed as part of MTFS (as at 24.02.22) Development of the Edge of Care Service linked to JTAI Action Plan Childrens Statement of Action, Childrens Improvement Plan Solihull Improvement Board – Independently Chaired ,oversight of the JTAI (Joint Targeted Area Inspection) Statement of Action Ensure robust commissioning and procurement of appropriate cost effective education placements to meet children's needs In line with audit recommendations Financial Recovery Plan overseen by the Director of Children's Services & reporting to the Chief Exec & Leader of the council Joint Additional Needs Strategy and delivery plan in place CDC Audit Completed and will be signed off by the JAND Board in July Reshaping of Education services – completed Graduated approach for children and young people with additional needs Delivery Board set up Review of Specialist Commissioning Strategy SEND Improvement Board established Development of workforce Strategy New Workforce Strategy group implemented with the Workforce strategy operational plan developed to inform strategy. Monthly Children's Social Care financial modelling Review of Sufficiency Strategy completed 	Complete		Amber	New Record	23/05/2018	8
		7		Profile Change	30/06/2021	9			
		Low		Profile Change	31/01/2022	7			
		Likelihood		Profile Change	31/01/2022	7			
		High Impact		Profile Change	02/02/2022	8			
				Profile Change	15/03/2022	7			
				Profile Change	19/05/2022	9			
		Profile Change		16/01/2023	7				
		In progress							
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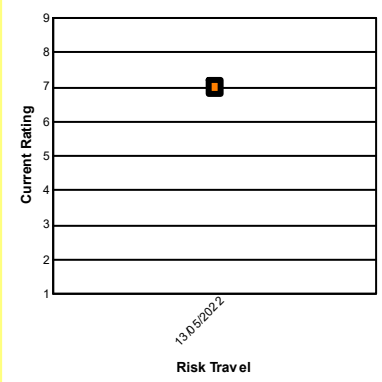


Risk Register - Corporate Risk Register

Strategic Objectives Impacted	Financial CORPORATE PRIORITY 1 - Improving outcomes for children and young people in Solihull
Review Comments	MTFS planning includes significant investment in Children's services for 2023-24 and also includes provision to cover the anticipated 2022-23 shortfall. 16/01/2023

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 23/24.	SMBCC0158	Jenny Wood	13/05/2022	31/05/2023	30/11/2023						
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level				
<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 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	<ul style="list-style-type: none"> Ongoing engagement with care providers to ensure appropriate responses developed to local market considerations. e.g., workforce Identification of, development and delivery of commissioning strategies/plans to improve services. and respond to statutory or policy changes (e.g., Carers). Utilisation of additional national funding / grants in line with national guidance, to mitigate for local pressures. Utilise nationally required and local surveys to determine where improvements are needed and initiate and deliver action plans. Implement MTFS plans with oversight of budget, performance & quality position via DLT and reporting to ARTOP and CLT as required 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 Ongoing communications, co-production and engagement with people with care and support needs and carers In order to inform of service improvement. Undertake 'Fair Cost of Care' work as set out via national guidance. Regular reporting arrangements (performance, practice quality, complaints, HR, activity etc) at DLT. Development and delivery of BCF and integrated commissioning plans (where relevant) with CCG/ICS for 23/24. DLT governance arrangements for oversight of all Directorate activity, to identify and implement mitigation plans where needed 	In Place		Amber	New Record	13/05/2022	7		
		9				In progress		7			
						In progress		Low Likelihood			
						In progress		High Impact			
						In progress					
						In progress					
						In progress					
						In Place					
						In progress					
						In Place					



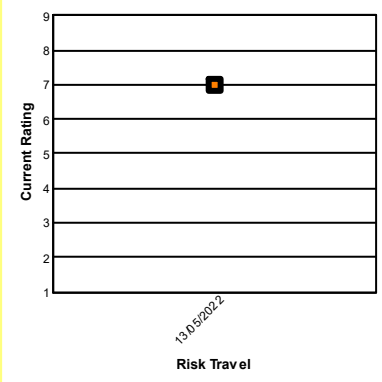
Strategic Objectives Impacted Financial

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

Review Comments minor change to 2023/24
31/05/2023

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 2023/24	SMBCC0159	Jenny Wood	13/05/2022	22/05/2023	22/11/2023				
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>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>	Red	<ul style="list-style-type: none"> • Appropriate workforce support is in place to facilitate good practice in commissioning. Examples include 1:1 supervisions, PDRs, team meetings across Commissioning Teams. • Arrangements in place for delivery of good quality, safety & good performance in independent sector with sufficient capacity. including effective contract management arrangements. • Safeguarding Manager acts as subject matter expert to provide advice and coordinate delivery of Safeguarding Management Plan which represents a process of continuous improvement • 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. • Oversight of ASC activity and performance at DLT, inc. safeguarding, with mitigating actions agreed where improvement needed. • 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. • 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. • SSAB facilitates a coordinated safeguarding approach across all key agencies and performance is regularly monitored. Performance monitored throughout the year by SSAB Independent Chair. • Operational Safeguarding Champions Group in place and ACS representation on the Corporate Safeguarding Steering Group. 	<p>In Place</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>		Amber 7 Low Likelihood High Impact	New Record	13/05/2022	7



Risk Register - Corporate Risk Register

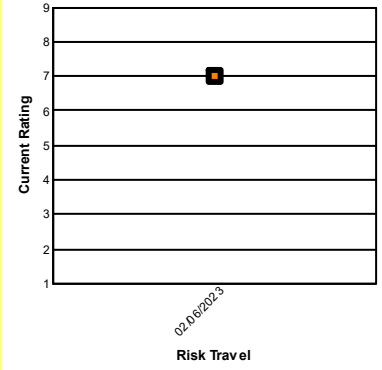
		<ul style="list-style-type: none"> • Appropriate workforce support in place to facilitate good practice in service delivery Examples of good practice being 1:1 supervisions, PDRs, team meetings across 'Service Delivery' Teams. • Robust commissioning arrangements for the safe development, launch and full establishment of new services. and overall maintenance of enough good quality service options to meet demand 	<p>In progress</p> <p>In Place</p>		
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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 Risk refreshed for 2023.24
22/05/2023

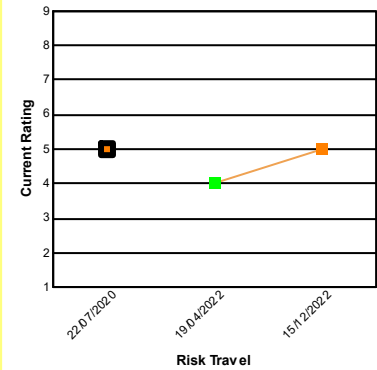
Risk Register - Corporate Risk Register

Risk Title		Risk Ref	Risk Owner	Created	Last Review	Next Review				
Failure to assure that the Council is meeting its duty under the Building Safety Act 2022 to keep residents safe in high-risk buildings.		SMBCC0164	Mary Morrissey	02/06/2023		31/08/2023				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level			
<p>Incorrect interpretation of and compliance with the legislation (includes the Building Safety Act and other legislation on fire safety)</p> <p>Not understanding roles and accountabilities and not designating those in line with the legislation</p> <p>Not having robust plans in place setting out the actions to ensure how duties are being or will be met</p> <p>Lack of effective assurance, oversight and challenge of the delivery of those plans</p> <p>Lack of information and robust analysis that ensures the plans and actions are the right ones and are being delivered.</p>	<p>Non-compliance with legal duties</p> <p>Legal and civil actions including corporate manslaughter</p> <p>Reputational damage</p>	Amber	<ul style="list-style-type: none"> • Designation of the Principal Accountable Person required by the Building Safety Act • A robust Building Safety Implementation Plan for in scope SCH high risk buildings • Expert interpretation of the legislation and provision of advice to the Principal Accountable Person . • Scrutiny and challenge of the implementation plan by Building Safety Assurance Board every 4 to 6 weeks • Review of performance of the implementation plan by a dedicated task and finish group. • Completion of independent third party audits to ensure the implementation plan captures all required actions • A Building Safety Assurance Board chaired by the PAP with representation from SCH and relevant SMBC functions • Quarterly reports to the SMBC Health and Safety Board • Regular reports to the Cabinet Member for Housing. • Reports to the SCH Quarterly Management Board and SCH Board. • Regular reports to the SMBC Strategic Housing Framework Board. • 6 monthly reports to Cabinet and the Scrutiny Board • Mandatory reporting of fires, fire related incidents and structural issues to Building Safety Assurance Board 	In Place		Amber	New Record	02/06/2023	7	
		8		In Place		7		Low Likelihood		
				In Place				High Impact		
				In Place						
				In Place						
				In	31/12/2023					
				In Place						
				In Place						
				Planned	31/08/2023					
				In Place						
	In Place									
	In Place	30/09/2023								
	In Place									
Strategic Objectives Impacted										
Review Comments										



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	23/03/2023	23/06/2023						
Escalated from : 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"> 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 Work to continue on improving our DA Safe Accommodation offer to enable it to better meet the accommodation needs of DA victims Dedicated Housing advocates incorporated into the new specialist community support service 6 bed BAME refuge contract extended to March 31st 2024 Strategic housing group scheduled to focus on improving our ability to meet the accommodation needs of da victims work on commissioning local refuge post March 24 commenced Options appraisal for re-commissioning existing refuge provision Options appraisal for re-commissioning existing refuge provision - planned – review 3 mths DA Safe Accommodation group re-established with focus on improving our offer to those who are at risk or are homeless due to DA 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 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 Needs assessment complete and strategy published 	Complete		Amber	New Record	22/07/2020	5		
		5		In progress	30/06/2023	5	Profile Change	19/04/2022	4		
						Medium Likelihood	Profile Change	15/12/2022	5		
						Medium Impact					
						Planned	07/07/2023				
						Complete					
						Complete					
			Complete								
			Complete								
			Complete								



Risk Register - Corporate Risk Register

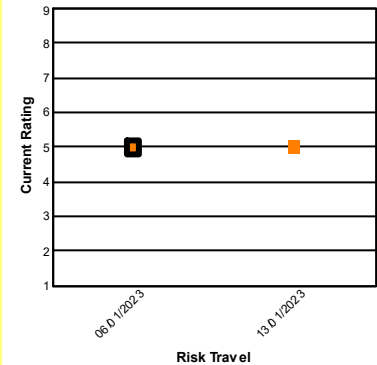
			• New board in place to meet statutory duty	Complete			
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Strategic Objectives Impacted Legal/ Reputational

Review Comments Housing and health strategic board being established which will DA Safe Accommodation include this as a priority .
 An options appraisal for commissioning existing refuge provision.
 23/03/2023

Risk Register - Corporate Risk Register

Risk Title	Risk Ref	Risk Owner	Created	Last Review	Next Review				
Difficulty in attracting and retaining staff in key positions to deliver high quality services across the council	SMBCC0163	Paul Johnson	06/01/2023	04/04/2023	04/07/2023				
Potentially Caused by	Potentially Leading to	Gross Risk Level	Mitigating Actions	Action Status	Target Date	Net Risk	Previous Net Risk Level Event	Date	Rating
- Ageing workforce - Low level of interest in roles advertised by the council - Lack of good quality candidates - Lack of assurance in job security in local authorities as councils budgets come under pressure and expectation of funding cuts - Short term funding impacting on ability to recruit - Changing nature of workforce and ways of working following Covid and people evaluating life priorities - Skill shortages	- Loss of skills, knowledge and experience which may impact on the council's ability to efficiently deliver services - Increased pressure on team members covering vacancies	Amber 8	<ul style="list-style-type: none"> Workforce and succession planning Directors to ensure services have workforce plans. Services to engage with HR team for support with the activity 	Proposed		Amber 5 Medium Likelihood Medium Impact	New Record	06/01/2023	5
			<ul style="list-style-type: none"> Good quality and relevant data on recruitment trends and challenges to support decision making HR to improve the quality of Management information to enable better decision making 	Proposed	30/06/2023		Profile Change	13/01/2023	5
			<ul style="list-style-type: none"> Revisit Job evaluation and job descriptions for key roles Directorates to look at scope and deliverables of roles to ensure they are aligned to the market in consultation with HR 	Proposed					
			<ul style="list-style-type: none"> Sustained focus on staff wellbeing 	In Place					
			<ul style="list-style-type: none"> Targeted recruitment strategy to attract a diverse range of skills and experiences This includes advertising over and above WM jobs 	In Place					
			<ul style="list-style-type: none"> Use of apprentice schemes to attract talent early Used to upskill existing staff and bring in new staff 	In Place					
			<ul style="list-style-type: none"> Use of networking activities to promote SMBC and the team Speaking assignments, work experience, building relationships with universities, interns etc to be explored as a part of the directorate activities 	Proposed					
			<ul style="list-style-type: none"> Benchmarking of pay exercise This will include benchmarking on terms and conditions, market force supplements and benefits 	In progress	30/06/2023				
			<ul style="list-style-type: none"> Attending Jobs/Careers Fairs 	In Place					
			<ul style="list-style-type: none"> Increased presence on Social media etc to build Solihull as employer brand HR to work with Communications team to enhance 	In progress	30/06/2023				
<ul style="list-style-type: none"> Review of Application Process to simplify and enable efficient recruitment 	Proposed	30/06/2023							
<ul style="list-style-type: none"> Greater transparency between HR and user directorate to enable better understanding of the process 	Proposed	30/06/2023							
<ul style="list-style-type: none"> Study of barriers in people applying and accepting a position with SMBC 	Proposed	30/06/2023							



Risk Register - Corporate Risk Register

		<ul style="list-style-type: none"> • Use of aggregated job postings to multiple sites • Additional resources provided to the resourcing team • Recruit at risk where funding is short term • Promote the benefits of working for SMBC e. g Hybrid working • Consideration of market forces payments for identified roles with significant recruitment / retention issues 	<p>In Place</p> <p>In Place</p> <p>In Place</p> <p>In Place</p> <p>In Place</p>	01/02/2023		
Strategic Objectives Impacted		Service impact				
Review Comments	Risk reviewed by Adrian Cattell, target dates updated 04/04/2023					

Council Strategic Priority Impacted Summary	Low	Medium	High
CORPORATE PRIORITY 1 - Improving outcomes for children and young people in Solihull		CSS0214 SMBCC0147 SMBCC0149	
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		SMBCC0133 SMBCC0147 SMBCC0158	
Legal/ Reputational		CSS0214 NHS0006 PHD0069 SMBCC0134 SMBCC0149	
Safeguarding / Safety		SMBCC0146 SMBCC0149 SMBCC0154 SMBCC0159	
Service impact		SMBCC0163	
Sound finance and management of assets		SMBCC0133	